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Seminar in Composition

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Annotated Bibliography: The Opioid Epidemic

Castillo, Tessie. “Harm Reduction Strategies for the Opioid Crisis.” *North Carolina*

*Medical Journal* 79.3 (2018): 192-94. DELCAT. Web. 15 Oct. 2018.

In the midst of the opioid epidemic, Castillo addresses the dramatic steps that are being considered to mitigate the negative effects this crisis is having on the United States. These steps include making accessible nationwide a drug that reverses overdoses, turning in used syringes for new ones, and even designating locations where people can legally do drugs under medical supervision. So far, the opioid academic is only getting worse, so the radical steps of harm reduction may be necessary. Castillo explains in detail these harm reduction strategies, which may be included in my position paper. While Castillo does talk about North Carolina already implementing programs where they take in used syringes and give out new ones, she does not say who would pay for furthering these reduction steps and why such drastic measures need to be taken.

Drucker, Ernest, Kenneth Anderson, Robert Haemmig, Dan Small, Alex Walley, Evan

Wood, and Ingrid van Beek. “Treating Addictions: Harm Reduction in Clinical

Care and Prevention.” *Bioethical Inquiry* 13 (2016): 239-49. DELCAT. Web. 15 Oct. 2018.

Drucker et al. argue that people in the medical professions should help bring the harm reduction options to the public and use their authority to relay the positive effects of harm reduction options. Citing previous studies done in other countries, particularly in Spain and Switzerland, they present evidence of harm reduction being adequate in fixing the opioid crisis as it reduces overdoses, virus related diseases, and opioid related crimes. For example, these other countries provide areas where addicts can legally inject drugs under medical supervision, and these facilities have resulted in many positive outcomes such as “reducing the transmission of blood-borne infections” (245). I can use the evidence from actual studies in my position paper and say that the United States can try what has worked abroad.

Hawk, Kathryne F., Federico E. Vaca, and Gail D’Onofrio. “Reducing Fatal Opioid

Overdose: Prevention, Treatment, and Harm Reduction Strategies.” *Yale Journal of Biology and Medicine* 88 (2015): 235-45. DELCAT. Web. 15 Oct. 2018.

Hawk, who is affiliated with the Department of Emergency Medicine, and co-authors Vaca and D’Onofrio categorize opioid addiction as a disease, and they explore the biological effects of the drugs on the human body, which includes decreased gastric mobility, limited oxygenation to the blood, and respiratory depression. They believe there should be multiple steps in addressing this rising issue including decreasing the amount of prescriptions of opioids to patients in the first place. They also believe that the community should be more educated on the effects of opioids, specifically on how to recognize an overdose and how to react to one. Harm reduction strategies are additional factors they want to implement in order to address this epidemic; they advocate making a reversal drug more available to the public and not overprescribing opioids. Although they do not present much evidence that the hard reduction steps are successful, Hawk et al. include the reasoning behind the steps and the ways of implementing them. The biological component of the opioid epidemic could be used in my position paper when explaining why opioids are so dangerous. I can also use the multiple steps they present in my paper when arguing that harm reduction strategies may be necessary.

Peterson, G. M. “Drug Misuse and Harm Reduction: Pharmacy’s Magnificent

Contribution, But at What Cost?” *Journal of Clinical Pharmacy and Therapeutics* 24.3 (1999): 165-69. DELCAT. Web. 15 Oct. 2018.

Peterson, a pharmacist in Australia, explains that he administers harm reduction strategies such as exchanging old needles for new ones and distributing methadone. He does believe that pharmacies should be involved with harm reduction strategies, but he does not think it should take up all of their time since they have other patients. He says that since Australian pharmacies have started to participate in harm reduction strategies, they have been “overworked” and there has been an increase in “dispensing errors” (166). Although he does not say who, besides pharmacies, should be responsible for distributing harm reduction strategies, he feels there needs to be more oversight in the management of these strategies. His argument further supports the point that, although harm reduction strategies are far from ideal, they are being used to address the opioid epidemic abroad and should be seriously considered in the US.