

The frequency and therapeutic treatment of psychotic episodes in people with borderline personality disorder

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ABSTRACT

Overdoses from illegal synthetic opioids (e.g., fentanyl and fentanyl analogues) have been on the rise in the United States both before and during the COVID-19 epidemic. Fentanyl-related overdose is becoming more common in new geographic locations, such as the western United States. Methamphetamine and cocaine are also causing an increase in stimulant-related overdoses across the country. Polysubstance usage, such as the use of a stimulant in conjunction with an opioid, is fueling

stimulant-related overdose. HIV and hepatitis C infections are among the other medical implications of injectable drug use that are on the rise. Medication-based methods to treating opioid use disorder remain the gold standard of treatment, while new potential pharmacological approaches to treating methamphetamine use disorder are emerging. In the United States, a 'fourth wave' of increased mortality linked to methamphetamine and cocaine usage is gaining traction. Overdose deaths are still primarily caused by the availability and usage of illegal fentanyls, and the current spike in stimulant-related mortality appears to be linked to the ongoing opioid pandemic.

Key Words: COVID; Methadone; Centers for Disease Control and Prevention

INTRODUCTION

Another increasing catastrophe, drug overdose, has been eclipsed by the COVID-19 pandemic of 2020–2021. Over 750,000 people died in the United States from 1999 to 2018, the majority of them died from an opioid overdose. The rise in overdose deaths has been described as a triple wave phenomenon. Another increasing catastrophe, drug overdose, has been eclipsed by the COVID-19 pandemic of 2020–2021 [1]. Over 750,000 people died in the United States from 1999 to 2018, the majority of them died from an opioid overdose. The rise in overdose deaths has been described as a triple wave phenomenon: deaths from prescription opioids (natural and semi-synthetics) increased from 1999 to 2017; heroin-related overdose increased significantly after 2010 and peaked in 2017; and synthetic opioids-related overdose (primarily illicit fentanyl and fentanyl analogues) overdose increased dramatically from 2014 to present [2]. This review gives an update on recent research on the growth of illegal fentanyls, overdose risks, interactions with other chemicals, such as stimulants, repercussions, and therapy on: deaths from prescription opioids (natural and semi-synthetics) increased from 1999 to 2017; heroin-related overdose increased significantly after 2010 and peaked in 2017; and synthetic opioids-related overdose (primarily illicit fentanyl and fentanyl analogues) overdose increased dramatically from 2014 to present [3].

This review gives an update on recent research on the growth of illegal fentanyls, overdose risks, interactions with other chemicals, such as stimulants, repercussions, and therapy. The triple wave overdose phenomena have continued into 2018, with new and troubling variations. As of this writing, the most current official US Centers for Disease Control and Prevention (CDC) overdose report shows a modest overall drop in opioid-related mortality from 2017 to 2018. During this time span, deaths from all opioids (2%) decreased, prescription opioids (14%), and heroin (4%) rose, but synthetic opioids (10%) decreased [4]. The overall downward trend was driven by decreases in prescription opioid-related deaths. Seventeen states reported decreases in opioid-related mortality, while none reported increases. At the time of writing, the CDC's preliminary overdose data was only available for the 12-month period ending September 2020. When we compare the previous 12-month period to the one ending September 30, 2019, we get a more striking picture. Overall opioid-related overdose deaths jumped 33.9 percent (to 64,472 deaths in September 2020), owing to a substantial increase in synthetic opioid-related overdose—a 53.1 percent increase (September, 2020: 52,157 deaths) [5]. Prescription opioid-related overdoses have increased for the first time in years, rising 10.6 percent year on year. And heroin-related overdoses continued to fall, falling 3.6 percentage points. At the time of writing, the CDC's preliminary overdose data

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was only available for the 12-month period ending September 2020. When we compare the previous 12-month period to the one ending September 30, 2019, we get a more striking picture. Overall opioid-related overdose deaths jumped 33.9 percent (to 64,472 deaths in September 2020), owing to a substantial increase in synthetic opioid-related overdoses—a 53.1 percent increase (September, 2020:52,157 deaths). Prescription opioid-related overdoses have increased for the first time in years, rising 10.6 percent year on year [6]. And heroin-related overdoses continued to fall, falling 3.6% points. Nonfentanyl synthetic opioids such as isotornitazine and buprenorphine are also present in modest but increasing amounts. The increased availability and usage of fentanyls creates a higher structural risk environment for drug users. Understanding the supply forces is critical to comprehending the current high-risk environment. Historically, fentanyl has been linked to a number of overdose deaths in the United States. However, the recent surge in overdose mortality linked to illegal fentanyls is unusual. The recent spike in fentanyls is seen as a positive supply shock, i.e., a supply-driven rather than a demand-driven phenomenon [7].

Evidence for this includes the fact that fentanyls are commonly marketed as 'heroin,' i.e., heroin fentanyl-laced or Fentanyl-Substituted Heroin (FASH) ; FASH wholesale distribution and related overdose is dispersed regionally with the the Northeast and Midwest were the most hit, followed by the South; these are not legal products diverted medications; there was a time when FASH has mixed desirability; and is a market incentive in that fentanyl dose-for-dose is less expensive to produce than heroin. The explanations why were fentanyls launched amid the present crisis [8]. The surge is complicated; one argument, based on past experience, is that the reason for these episodes is that they serve as a substitute for heroin during certain times of the year. The surge can be explained by a convergence of supply-side forces of fentanyls.

Overdose trends and demographic shifts in usage are significant. During the initial wave of the overdose epidemic, rates of overdose death were higher among non-Hispanic Whites and those aged 45–54. This has been ascribed in part to racial inequities in healthcare and limited access to opioid pain drugs among Black and Latino communities [9]. During the first two waves, heroin usage rose among non-Hispanic Whites but fell among non-White groups. During the heroin-related overdose crisis, the overdose curve also migrated to younger age groups. The Chicago Urban League's research, whitewashed: The African American Opioid Epidemic, was the first to show that overdose rates are rising among African-Americans. In comparison to other demographics, non-Hispanic Blacks 45–64 had the greatest risk of heroin poisoning from 2000 to 2013. In terms of the fentanyls wave, while Whites have the greatest rates of synthetic opioid-related death, Blacks and Hispanics residing in urban areas have seen higher rates in recent years [10]. There is a need to address racial inequities in healthcare, including access to culturally appropriate and inexpensive addiction treatment. Fentanyl demand has been described as 'polarised,' with some PWUD seeking it out and others attempting to avoid it. FASH continues to be marketed as 'heroin' in the east, while fentanyls are increasingly being sold as 'fentanyl' as the supply of the drug expands westward, according to unpublished statistics [11].

In two recent assessments of PWUD in four eastern US sites, the preference for fentanyl was shown to range between 27 and 44 percent in both samples. The predilection for fentanyl among PWUD residing in western US areas is uncertain. To address the opioid overdose crisis, advocates have advocated for a comprehensive public health approach. Among other preventative, treatment, and policy concepts, this strategy includes greater investment on treatment and harm reduction, stigma-reduction campaigns, and criminal justice policy change. Although there is solid evidence for the efficacy of medications to treat OUD, such as methadone and buprenorphine, inequities in access and prejudices against pharmaceutical therapy remain hurdles to comprehensive coverage. New pharmacological treatments for methamphetamine use disorder show potential. The success of supply-side measures is varied. Interdiction attempts are now being hampered by the high potency-to-volume ratio of fentanyls. Fentanyl supply vicissitudes are linked to mortality, and real-time surveillance might be used as part of an early warning system.

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