Title: The Opioid Overdose Epidemic: Current Trends, Treatment, and Hope for the Future.

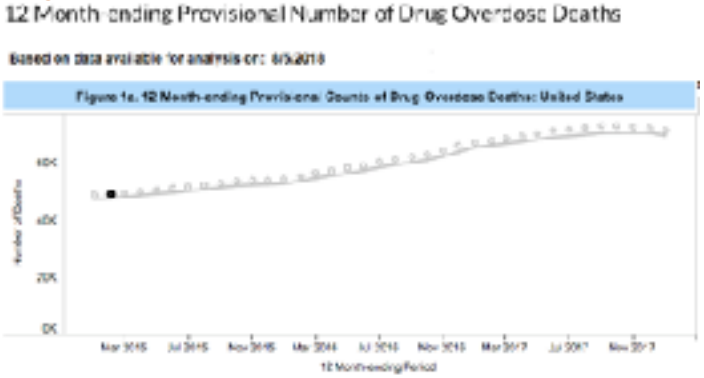
Abstract (300 word limit)

Statement of the Problem: Drug overdose deaths have reached epic proportions. The Center for Disease Control just released the 2017 epidemiological data showing over 72,000 drug overdose deaths in the United States. This represents nearly a 10% increase in drug overdose deaths over the previous year of 2016 which saw 64,000 overdose deaths. Significant increases in the death rates have been tied to the synthetic opioids, most notably, Fentanyl. While heroin overdoses are seemingly remaining flat, synthetic opioids such as Fentanyl continue to cause significant fatalities nationwide. In 2016, fentanyl and other synthetic opioids overtook prescription opioids regarding involvement in overdose deaths. With over 2 million Americans suffering from opioid dependance, the need for treatment availability and increased resources is vital.

Fentanyl is a highly concentrated synthetic that is being used on the street to cut other drugs. For example, it is commonly being used to cut other drugs such as heroin, cocaine, methamphetamine, and benzodiazepines. Often times people will buy drugs off the street expecting to get Percocet or Vicodin, not realizing that they are really purchasing a much more powerful drug that is 50 to 100 times more powerful. Carfentanil, another variation of the synthetics, is another drug that is hitting the street and is 10,000 times more powerful than morphine. This drug was originally created to be an elephant tranquilizer. It is also now being used as a powerful cutting agent for heroin, contributing even further to the drastic rise in overdose deaths.

Hope for the future is on the horizon. Despite the CDC data from 2017, there is some evidence to suggest that the death rate started to level off at the end of 2017. Better access to treatment, changes to prescription regulations, and additional government funding may be helping to reduce the problem. Future treatment methods will be discussed.

Image



Recent Publications (minimum 5)

1. Rogers, M., Anestis, J., Harrop, M., Schneider, M., **Bender, T.,** Ringer, B., & Joiner, T. (2017). Examinations of MMPI-2-RF substantive scales as indicators of acute suicidal affective disturbance components. Journal of Personality Assessment. 424-434.
2. Ward, A., **Bender, T.**, Gordon, K., Nock, M., Joiner, T., & Selby, E. (2013). Post-therapy functional impairment as a treatment outcome measure in non-suicidal self-injury disorder using archival data. Personality and mental health. 69-79.
3. Ribeiro, J., **Bender, T.**, Buchman, J., Nock, M., Rudd, M., Bryan, C., & Joiner, T. (2015). An investigation of the interactive effects of the capability for suicide and acute agitation on suicidality on a military sample. Depression and Anxiety. 32 (1) 25-31.
4. **Bender, T.,** Anestis, M., Anestis, J., Gordon, K., & Joiner, T. (2012). Affective and behavioral paths toward the acquired capacity for suicide. Journal of social and clinical psychology. 31 (1) 81-100.
5. **Bender, T.,** Gordon, K., Bresin, K., & Joiner, T. Impulsivity and suicide: The mediating role of painful and provocative experiences. Journal of affective disorders. 129 (1-3) 301-307.

Biography (150 word limit)

Dr. Bender is a clinical psychologist with expertise in the area of suicidality and addictive disorders. He is currently the Chief Executive Officer of Turning Point treatment center in Southaven Mississippi which focuses on dual diagnosis clients presenting with severe substance use disorders. Dr. Bender was a member of the Military Suicide Research Consortium for 4 years as a Post-Doc before devoting himself full-time in treating addiction and its related comorbidities. Dr. Bender's main focus is to bring community resources together to fight the opioid epidemic on all fronts. He believes that if local and national entities come together as a unified front, the opioid epidemic can be defeated saving hundreds of thousands of lives and bringing families together again.

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Notes or Comments: