CJ-480 Capstone in Criminal Justice

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Drug Problems and Opioid Crisis In Derry New Hampshire

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Overview of Community and Need:

Drug abuse and subsistence use is a social issue that affects every society. In Derry town is faced with an opioid problem. Specifically, there exists a crisis in Derry town. Derry is a town found in Rockingham County. According to a report released by the DMI, Derry town, 11-25 cases of opioid overdose deaths were recorded between July 2017 and June 2018, (Drug abuse.gov. 2018).The report indicates that within the same period, an approximate of between 51-100 cases of Narcan administration was filed, (Drug abuse.gov. 2018). Narcan is a drug that is used to reverse an opioid overdose, especially fentanyl. The human health service agency is an agency which provides emergency services to people who do not have enough resources and aims at delivering relief to the less fortunate people. People of Derry are faced with an opioid problem as per the statistics provided earlier. There is a need, therefore, to help the Derry community curb the crisis by forming rescue centers for opioid addicts.

**Communication with the Agency**

In the United States, New Hampshire state recorded the highest overdose deaths between June and July 2017 and 2018 June, (DHHS.nh.gov. 2018). Derry is a town within New Hampshire State. The human health serves agency is an agency that helps drug addicts and provides relief to needy citizens. Up to 2018, an agency called Serenity Place existed in the state whose role was to rescue treat and rehabilitate opioid drug addicts for free. The agency closed its doors in 2018 due to bankruptcy. The closure of the agency left the DHHS agency as the only body to deal with opioid cases in the Derry community. The mission of the DHHS agency, however, differs from that carried out by Serenity Place. The town requires services geared towards eradication of opioid cases. This creates a need in the agency to amass more resources to fill this gap.

**Methodology**

The research was done by analyzing the drug and substance abuse reports in new Hampshire Online libraries and news websites were searched using the keywords such as 'criminal theories in opioid crisis’ Agencies, how to curb the opioid crisis, ' impacts of the opioid crisis on ethics', 'interventions in opioid crisis',. The results from the search yielded over 50 articles. The articles were then evaluated for credibility, reliability and bias. Credibility evaluation was based on the keywords, relevance, and where such sources were published, only reports on academically permissible sites were considered. For reliability, the currency t of the articles was limited to articles published within the last four years. Articles were evaluated for bias based on authority and credentials of the authors. All the materials which passed the evaluation were used in the literature review.,

**Literature Review**

According to Peters, Monnat, Hochstetler and Berg, (2019), criminologists see social confusion as a critical relationship between network monetary hindrance and nearby wrongdoing related and abnormality results. Disorder hypothesis is collective term for various related applied models connecting social request to wrongdoing, with the most regular delineated underneath. The old-style model of social complication, as per Peters, et al. (2019), joins wrongdoing and social issues in a network to bring down financial status, high private versatility, and cultural heterogeneity and has been extended to incorporate populace thickness, urbanization, and relations disturbance. To put it plainly, hindered networks have progressively auxiliary obstructions that cutoff mundanely conducts of occupants, (Peters et al. 2019). The publicresourcesrepresentation of disorder consolidates ideas of communityconviction, interpersonal organizations, and hierarchical cooperation into the extended old-style model. These components are thought to make shared standards and qualities in the network, which thus lessens wrongdoing and social issues.

A later emphasis of social disorder hypothesis, the aggregate adequacy model, expands on the publicresourcesrepresentation to incorporate casual social control and shared network indulgences. The model connections how occupants cooperate to maintain and look after inspection; and how to join ties framed by network venture empower the co-generation of open wellbeing by police and the network, (Peters et al. 2019). In particular, systems influenced by intense financial pain will, in general turn internal, making nearby interpersonal organizations decay which prompts debilitated casual control. Criminology bolsters the different models of disruption hypothesis.

Together, these essential variables undermine casual publicreinsamid inhabitants, debilitate reliance in the criminal equity framework, and offer ascent to troublesome network standards, which are all related with higher paces of wrongdoing and aberrance. Proof demonstrates that medication demands, as showed by coincidental overdose passing, are connected to complication in substantial urban areas, (Peters et al. 2019). Further, self-revealed network disorder predicts substance use and reliance.

As indicated by Rothstein (2017) patients much of the time disillusion their doctors, for example, by being resistant with their medication regimens, neglecting to keep an arrangement for a settled upon discussion with a pro, and overlooking to improve undesirable propensities, including diet, exercise, smoking, and drinking. On the off chance that doctors terminated the entirety of their resistant patients, numerous doctors would come up short on patients. This raises the issue of whether there is something extraordinary about narcotic reliance that reasons doctors from their conventional commitment to give congruity of care which is unethical.

Sometimes Doctors notice that their patients have deviated from normal routine of opioid usage and opt not to continue treating these patients. Doctors have an calling to act in the best interest of the patient, When they fail to help opioid addicts this is unethical and unprofessional. The largest opioid sources come from doctors. Therefore to curb the opioid crisis mechanisms should be in place which monitor and scan for opioid addiction symptoms in patients before handed a prescription. .

As per Bardwell and Kerr, (2018), absence of thorough medication checking advancements assessments, including individuals who use narcotics, adds to the opioid emergency. Further research on drug testing innovations ought to like this organized to decide the sound effects of various medication checking advancements models across settings. According to Bardwell and Kerr, (2018), these assessments ought to incorporate the evaluation of the take-up of drug checking advancements by sort of medication use; effects of hold up times and contrasts in advances on utilization of drugs checking innovations; effects of drug checking advance results on tranquillize transfer, portion decrease, and other drug use designs; consequences for usage of explicit stockpile sources and medication markets; cost/advantage examinations; and potential unintended impacts coming about in overdose.

Wickramatilake et al. (2017) show that most organizations in the U.S gave narcotic endorsing rules for suppliers. These rules tended to different parts of opiate use and supporting, including dosing, screening for narcotic abuse, pee sedate testing to guarantee consistency, supplier understanding understandings for narcotic, persistent training assets, and coordination between crisis division and essential consideration suppliers. These petitions, as indicated byWickramatilake, et al., (2017) had an extraordinary effect in diminishing the opioid overdose and misuse cases by 38%.

**Need Analysis**

According to the literature review, the results indicate that the causes of the opioid crisis stem from society. Economic factors and cultural organization are factors that contribute to the crisis. The DHHS role is to provide help and relieve to people who lack sufficient resources to deal with social problems. Their most significant challenge for the agency is that it does not have the capacity in terms of personnel and resources to handle the opioid crises. There is a need for the creation of a separate facility which serves as a hospital as well as a rehabilitation center.

The resources present in the agency are for providing shelter food and financial aid to the unfortunate in society. The available interventions are curative and short time such as Narcan provision which is an antidote to opioid overdose. As per the statistics of deaths due to opioid overdose (11-25) and Narcan intervention cases (51- 100), the current interventions are not very useful.

The resources and interventions are not adequate since the agency does not have interventions aimed at detecting the problem earlier, such as education programs and opioid tracking and detection problem. Such mechanisms are not effective because they tackle the problem once it has occurred instead of preventing the problem from occurring.

The agency faces economic and societal barriers to preventing and addressing the issue of opioid abuse and providing rehabilitation services. The restrictions include lack resources, cultural characteristics such as disorganization and society's poor economic status, which prompts people to abuse drugs.

**References**

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