



“Drugs are bad, m’kay”. To the uninitiated, this is a famous quote from South Park. In the episode in question, the school counselor, Mr. Mackey, loses his job, and turns to marijuana and LSD out of desperation.

That episode aired in 1998, and presented a satirical, yet binary approach to drug use that was indicative of the era. This is in a similar vein to Nancy Reagan’s “Just Say No”, albeit without a trace of satire.

In the intervening decades since the nineties, United States culture has come a long way, with the use of so-called drugs approached with a far more nuanced perspective. In 1999, the legalization of cannabis for medical purposes was just getting started, with California, Alaska, Oregon, Washington and Maine as the sole adopters. Today, 29 states have made medical allowances, and eight, as well as Washington DC, have permitted full legalization.

While marijuana’s status has evolved beyond that of a simple binary, it is not indicative of a ‘drug-wide’ trend. There are certain substances that are deserving of their restrictive nature — Heroin, cocaine, methamphetamine and so on. In many cases, these drugs don’t make the average user happy and hungry à la marijuana, but rather have an unfortunate tendency to destroy lives via addiction.



Although a harsh statement, the statistics regarding overdoses once told a predictable story. Up until 2010, the numbers were rising at a norm within acceptable derivations, but then began to rise at a noticeably accelerated rate. Between 2010 and 2013, in fact, [recorded heroin deaths have tripled](#) in frequency. With that, the question then shifts to the “Why?” of the matter.

Let’s focus in on heroin. A natural product of the poppy plant, it’s largely produced in Afghanistan, and has an euphoric effect two to three times that of morphine. Being so powerful, and coming from so far away, a heroin addiction can be an expensive one. As with other drugs, due to this, it is common for dealers to ‘cut’ the product with other substances in order to bring down the cost.

Common ‘cutting’ agents [can run the gamut](#), in terms of materials. This means it can range from supposedly innocuous items, such as caffeine, sugar and baking soda, to the more dangerous, such as rat poison, laundry detergent and crushed painkillers. To be true, no version of cutting can be wholly safe.

Caffeine, for instance, blocks bodily signs of overdose, while rat poison can be tacitly lethal.

The real overdose epidemic is not resultant from these commonly-used substances, but rather with the modern trend of [cutting heroin with additional opioids](#). Ostensibly meant to amplify the base effect while also keeping costs low —it's easy to see where the appeal lies. As it transpires, however, the more frequently-used opioids are not meant —illicitly or otherwise— to be used in such a way.

Even though Vicodin and Percocet can be considered representative of the types of opioids being used in heroin cutting, Fentanyl is the true 'poster drug' for the issue at hand. With the capacity to be a hundred times more powerful than morphine, it is typically found in medication meant for late-stage cancer patients.



Its strength being an appealing factor, Fentanyl-cut heroin has spread quickly in popularity. According to a report from the United States Department of

Health and Human Services, Fentanyl directly [contributed to 5,544 deaths in 2013](#) —a 79% increase from the previous year. Furthermore, the United Nations' Commission on Narcotic Drugs discovered that this is [not an issue unique to the United States](#). In their findings, Fentanyl-related deaths were also at problematic levels in the following countries:

- European Union
- United Kingdom
- Algeria
- Morocco
- Australia

Without speaking as to the other nations, a key component of the problem in the United States is the ease with which people can obtain Fentanyl, as well as other, similar opioids. The CDC estimates that nearly 20% of all opioid painkillers are prescribed, in the absence of cancer, surgery or other pain-related conditions, within the setting of a medical office. This is reflected in [state prescription statistics](#), where in California, for instance, nearly one in two has an opioid prescription. This worsens in Texas, where the rate is roughly eight in ten, and in Michigan, which sits close to a grievous one to one average.

In an environment where heroin-related deaths are skyrocketing, and it is becoming ever-easier to possess powerful opioid painkillers, it is important to be aware. For those who feel that a loved-one is at risk of engaging in these activities, it is important to find the appropriate avenue of assistance, rather than seeing him or her become a statistic. Should it be decided that action needs to be taken, perhaps our [top 10 drug rehab facilities](#) would be a suitable place to begin researching.