The History of Opium

by Vyjayanti Vasudevan



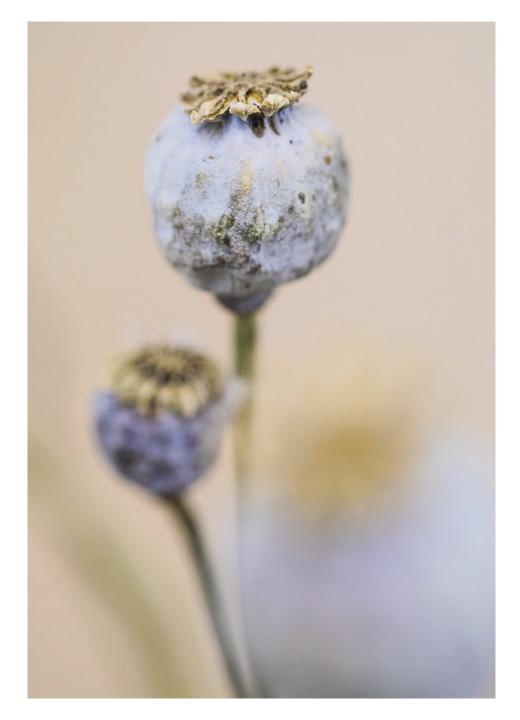
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Before the 17th century, opium was assigned within a physician's armamentarium as a pain-relieving product. Due to its high demand for chronic and acute relief since ancient times, the drug was first introduced to China in 7th CE. During the Qing dynasty, when Emperor YongZheng's new despotic form of regime came into play within society, he banned the smoking, use, and peddling of the drug due to China's increase in both addiction rates and imports. Albeit China's ban on Opium in 1792, no progress was seen in the reduction of the opium market; the aftermath of the Taiping rebellion left opium as not only an accessible but also flexible form of currency.

Since the Tang dynasty, China had found pride in 95% of its gross margins being produced locally. Subsequent to the rebellion, multiple agriculture bases were damaged, thus, prompting China to face yet another challenge with fulfilling ration quotas. The cultivation of poppy seeds seemed to aid the gap in the market. Due to the poppy seeds' unique quality to adapt to the soils and climates of its environment, it was used as a means to fill in the monthly quotas. Additionally, the laws enforced by YongZheng didn't constrain the already high moral acceptance of commercial traffic that had built up for opium's derivatives. The Chinese authority, at the time, chose to forge loose ties in times of need through means including but not limited to trade, military forces, and foreign affairs. The implementation of this worldwide communication network gave the British grounds to penetrate military forces in China. When the Qing dynasty rulers refused to distribute power to foreign ambassadors within their own country, it served as leverage for Britain to resume their flow of opium exports.

By the 1840s, the British government had racked up ninefold from China compared to what they had imported. This prompted the forced cultivation of poppy within India to trade with China for its tea. When the Chinese Viceroy tried to forcibly stop the smuggling of opium into China via Pearl River delta, Britain launched the Opium wars, opening up the floodgates to opium imports. The increasing addiction rates amongst the local population led to the collapse of the Qing dynasty and the destabilization of Chinese society, leaving them susceptible to other colonisers.

In 2020, 93,331 people died due to a synthetic form of opioids (eg. fentanyl and methadone) overdose. The number of opioid-involved overdose deaths also rose by more than 100% from 2010 to 2017. Healthcare systems in the US introduced pain scores as part of the measurement of vitals, and the goal was to get the pain score to zero or as low as possible. This led to the creation of a pain management pyramid with opioids as an integral component of pain relief.



Physicians were encouraged to use opioids after the preceding failure of non-opioids; they increased the dose or changed the route of administration until the pain had subsided. This was seen as wave 1 of opioid overdose with an increase in prescriptions for opioids. Pharmaceutical companies began ideating newer and more potent forms of synthetic opioids. Patients addicted to these synthetic prescription opioids started substituting heroin with prescription drugs, resulting in the second wave of opioid overdose deaths. The 3rd wave started with fentanyl, which was manufactured illegally and oftentimes used to cut street drugs.

On July 17th, 1971, President Nixon declared the War on Drugs within America, which would not only lead into one of the worst systemic humanitarian crises in human history, but also the neglect of political destabilization in the U.S., the massive incarceration of many, and the funding of global terrorism. The U.S.'s counterproductive drug policies worked on limiting the supply of opioids by strict oversight and eradication of major pharmaceutical manufacturing; this, however, did not mitigate the ongoing addiction crisis. Opioids is neither a price-sensitive product nor one that limits the supply for the end-user (this is due to its unique supply and demand chart). Instead, what the War on Drugs did achieve was fuel pre-existing drug cartels alongside newer ones through the American-Mexican border to produce opioids in more potent forms and yet sell them for a greater profit. The profits from opioids demand within the U.S funded terrorist organizations within the communities from which poppy seeds were cultivated. These illicit drugs were used as a form of currency in order to fund a nation's terrorist attacks against itself, its own form of self-sabotage.

An alternate model would be Portugal's. The decriminalization of drugs, involvement of family social support for drug users (drug peddlers are still criminalized by federal law), needle exchange programs, methadone clinics, and

progressive drug policies led to a decrease in drug overdose deaths by over 80%. Before the institutionalization of these laws, drug users accounted for over 50% of HIV cases within Portugal, dropping down to a mere 6% in 2015. Afore, a 2012 study funded by the Department of Veteran Affairs tested the use of opioids and nonopioids as a painkiller in joint pain. In this study, it was found that out of the 240 participants, those categorized in the nonopioid group recorded the same pain level with fewer side effects in comparison to the opioid group. It is the responsibility of the healthcare industry to utilize opioids only for improving the function and quality of life, not to adhere to pain scores. Pain is a fact of existence, but pain relief should be weighed with the ultimate value of life and death.

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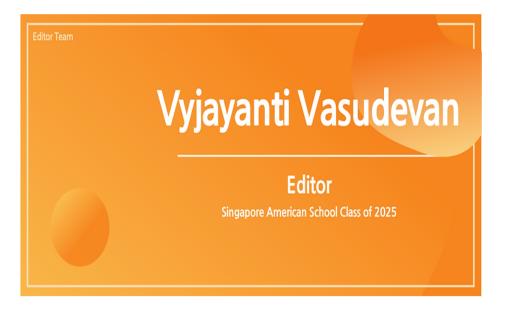
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