

ENGLISH LEARNING  
FOR CURIOUS  
MINDS



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## Episode #230

### The Opioid Crisis

#### 21st Jan, 2022

[00:00:00] Hello, hello hello, and welcome to English Learning for Curious Minds, by Leonardo English.

[00:00:12] The show where you can listen to fascinating stories, and learn weird and wonderful things about the world at the same time as improving your English.

[00:00:22] I'm Alastair Budge, and today we are going to be talking about The Opioid Crisis in America.

[00:00:29] In the United States, 75,000 people every year, that's over 200 people every single day, die from opioid-related drug overdoses.

[00:00:41] This is a number that has [boomed](#)<sup>1</sup> since the mid 1990s.

[00:00:45] So, in this episode we are going to talk about some of the reasons why that is, why has the US become the world's [hotspot](#)<sup>2</sup>, or world capital even, of opioid

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<sup>1</sup> grown very fast

<sup>2</sup> a place of significant activity

## The Opioid Crisis

addiction, why so many Americans are becoming addicted to opioids, who is responsible for this, and what it is doing to society.

[00:01:07] OK, then, the opioid crisis.

[00:01:12] Let's start with a quick definition of what an opioid is.

[00:01:17] An opioid is a drug that kills pain and causes pleasure.

[00:01:22] The name comes from the original, natural, opioid: opium - the drug that can be found in poppy seeds.

[00:01:31] Other opioids include morphine, heroin, fentanyl, codeine, and oxycodone.

[00:01:38] And in the past twenty years, over half a million Americans, that's more than the population of Malta and almost ten times as many Americans as died in the Vietnam war, have died after overdosing on opioids.

[00:01:54] It is a [uniquely](#)<sup>3</sup> American problem, it's something that doesn't happen anywhere else to anywhere near the same [degree](#)<sup>4</sup>.

[00:02:02] In the United States there are 19 opioid-related deaths per 100,000 people.

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<sup>3</sup> in a way that is connected only to that place

<sup>4</sup> level or amount

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[00:02:09] The average for Western Europe is 2.14, so the average person in the United States is almost 9 times more likely to die of an opioid overdose than someone living in Western Europe.

[00:02:24] In 1990, however, those two numbers were much closer. In the United States there were 2.01 opioid deaths per 100,000 people vs. 1.39 in Western Europe.

[00:02:38] So, the question you might be quite rightly asking yourself is...what happened?

[00:02:45] The United States has spent over a trillion dollars on the so-called “War on Drugs”, yet there have never before been more Americans using and dying from drugs and opioids in particular.

[00:03:00] What is going on?

[00:03:02] Well, if you are [unfamiliar<sup>5</sup>](#) with the Opioid Crisis, how the United States got itself into this situation may surprise you.

[00:03:11] When we are taught in schools about why we shouldn't take drugs, we are normally shown videos of teenagers being pressured to take drugs at a party or at the [swings<sup>6</sup>](#) at a public park.

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<sup>5</sup> not having knowledge of

<sup>6</sup> seats held by ropes or chains from above used by kids for fun

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[00:03:26] The traditional view of drug addiction, or at least the view when I was growing up, was that it might start with something small - a few **puffs**<sup>7</sup> of a cigarette or secretly stealing a bottle of alcohol from your parents' cupboard to drink with your friends, which might lead to smoking cannabis, **snorting**<sup>8</sup> cocaine, and before long you are addicted to heroin and selling all of your possessions to **feed**<sup>9</sup> your habit.

[00:03:53] In the American case, however, the **boom**<sup>10</sup> in drug use was not caused by teenagers just getting **naughtier**<sup>11</sup>.

[00:04:02] In fact, when the majority of **problem**<sup>12</sup> opioid users were first introduced to opioids, it wasn't on a park bench or at a party when they were teenagers.

[00:04:14] It was in a doctor's clinic, by their doctor, who **prescribed**<sup>13</sup> them as a way to treat pain.

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<sup>7</sup> quick smoke draws from a cigarette

<sup>8</sup> taking it in through the nose

<sup>9</sup> provide for, have enough money to pay for

<sup>10</sup> great increase

<sup>11</sup> behaving in a worse way

<sup>12</sup> being in a worrying and bad situation

<sup>13</sup> gave the order for the drugs, allowed patients to use them, especially in writing

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[00:04:22] Now, although the **boom** in **prescription**<sup>14</sup> opioids started in the late 1990s, doctors have known about the pain-killing **properties**<sup>15</sup> of opioids for hundreds of years.

[00:04:34] In the American Civil War large numbers of soldiers returned home addicted to morphine, which they had first taken as a painkiller.

[00:04:44] Heroin was also legally manufactured, and it was sold at pharmacies until 1924.

[00:04:53] The reason that it was stopped, that it was made illegal, and that doctors stopped freely **prescribing**<sup>16</sup> opioids to patients was **precisely**<sup>17</sup> because they're addictive.

[00:05:05] Opioids don't just kill pain, they make you feel pleasure, and the more you take them, the harder it is to stop taking them.

[00:05:15] They are highly addictive, and even though they might be very effective drugs to stop the pain, the body often becomes **dependent**<sup>18</sup> on the drug.

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<sup>14</sup> a written order for the use of a medicine made by a doctor

<sup>15</sup> characteristics, qualities

<sup>16</sup> giving orders for the use of drugs to patients

<sup>17</sup> exactly

<sup>18</sup> controlled by or reliant on

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[00:05:26] Doctors could **prescribe**<sup>19</sup> opioids, but they were often **reluctant**<sup>20</sup> to do so unless there were no alternatives - they knew that patients could get addicted, and wanted to avoid this at all costs.

[00:05:40] Then, in the mid 1990s there was a **new kid on the block**<sup>21</sup>, a new drug that came along, which its creators **claimed**<sup>22</sup> wasn't addictive.

[00:05:52] In 1996 an American pharmaceutical company called Purdue Pharma released a drug called OxyContin, which its representatives **claimed** was significantly less addictive than other opioids, indeed **underlining**<sup>23</sup> that less than 1% of people using the drug become addicted.

[00:06:15] Purdue Pharma already had a number of other successful painkillers, but they were used to treat severe pain for people suffering from diseases such as cancer.

[00:06:27] If they could **convince**<sup>24</sup> doctors that this new drug was non-addictive, then doctors would be more likely to **prescribe** it for patients with less severe pain - people

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<sup>19</sup> give the order for the drugs, allow patients to use them, especially in writing

<sup>20</sup> not wanting or willing

<sup>21</sup> newcomer, new presence

<sup>22</sup> said that it was true that

<sup>23</sup> stressing, emphasizing

<sup>24</sup> make them believe

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recovering from accidents, people who weren't always in extreme pain but people who would benefit from pain relief.

[00:06:49] And if these patients were able to be **relieved**<sup>25</sup> of their pain, no matter how small, on this drug that was incredibly unlikely to lead to addiction, then that was the right thing for the doctors to do.

[00:07:05] What's more, sales representatives, the employees who were responsible for **encouraging**<sup>26</sup> doctors to **prescribe** these drugs to their patients, were highly **incentivised**<sup>27</sup> to get doctors to start **prescribing** their drugs - the more drugs their doctors **prescribed**, the bigger bonus the salesperson would get.

[00:07:26] Indeed, in 2001 the average sales representative's salary for Purdue Pharma was \$55,000 yet the average bonus paid out was \$71,500, so more than half of their total pay was coming from these bonuses they got after **persuading**<sup>28</sup> doctors to sell more and more OxyContin.

[00:07:52] As you might expect, sales grew quickly, and by 2001 Oxycontin was the most **prescribed** brand name **narcotic**<sup>29</sup> medication for treating moderate-to-severe pain.

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<sup>25</sup> caused it to be less

<sup>26</sup> making them want to do it

<sup>27</sup> made to want

<sup>28</sup> making them want to do it after talking to them

<sup>29</sup> a drug that makes it easier to deal with pain



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[00:08:06] Millions of Americans were using it, and the Purdue Pharma salespeople had become increasingly [efficient](#)<sup>30</sup> at getting doctors to [prescribe](#) it to more and more people, and in larger and larger [doses](#).

[00:08:21] The FDA, the Food and Drug Administration, first approved 10mg, 20mg and 40mg doses of the pill, but later on approved 80 and 160 mg [doses](#)<sup>31</sup>.

[00:08:38] The larger the [dose](#)<sup>32</sup> and the more pills doctors [prescribed](#), the more money Purdue Pharma and its salespeople made, and there are multiple reports of employees being [encouraged](#)<sup>33</sup> to pressure the doctors into [prescribing](#) more and more OxyContin.

[00:08:56] After all, fewer than 1% of patients become addicted, and it was very effective at killing the pain, so what was the issue?

[00:09:06] Well, the issue was that the “less than 1%” number could not be [substantiated](#)<sup>34</sup>, they couldn’t prove it, and it simply wasn’t true.

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<sup>30</sup> good, effective

<sup>31</sup> specified amounts

<sup>32</sup> specified amount

<sup>33</sup> made, persuaded

<sup>34</sup> proved to be true

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[00:09:17] Before long, doctors started to see this for themselves, and to suspect that the real number was much higher. Patients couldn't [get off](#)<sup>35</sup> OxyContin, they couldn't stop using it. When they did, many suffered [withdrawal symptoms](#)<sup>36</sup>, pain, and [mood swings](#)<sup>37</sup>.

[00:09:37] Their bodies needed the drug to continue functioning. They couldn't live a normal life without it.

[00:09:45] What's more, people had started to [abuse](#)<sup>38</sup> OxyContin, they had started to use it in a way it wasn't designed for, and in a way that Purdue Pharma had [claimed](#) was not possible, or at least was not easy to do.

[00:10:01] In its original form, it came as a tablet, which the patient would [swallow](#)<sup>39</sup>, and the pill would be [broken down](#)<sup>40</sup> in the body over a period of 12 hours.

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<sup>35</sup> stop using

<sup>36</sup> unpleasant effects that result when someone stops taking an addictive drug

<sup>37</sup> extreme changes in mood or ways of behaving

<sup>38</sup> use it to a bad effect

<sup>39</sup> cause it to pass through the mouth and into the stomach

<sup>40</sup> broken into small pieces

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[00:10:14] Essentially, the claim was that, although one pill contained a powerful drug, only small amounts of the drug would be released into the body over a [prolonged](#)<sup>41</sup> period.

[00:10:26] Before long, people found ways to take the pill in other ways, either [crushing](#) [up](#)<sup>42</sup> the pill and [snorting](#) it, that's [sucking it up](#)<sup>43</sup> into their nose, or even [injecting](#)<sup>44</sup> it directly into their [veins](#)<sup>45</sup>.

[00:10:43] Taking the drug in this way meant that the high, the feeling of pleasure, was a lot more [intense](#)<sup>46</sup> - the drug went directly into the system, as opposed to being released over a longer period.

[00:11:00] Recent investigations have shown that Purdue Pharma senior executives were [aware](#)<sup>47</sup> of this - they knew exactly what was going on - but didn't do anything about it.

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<sup>41</sup> continuing for a long time, extended

<sup>42</sup> breaking it into small pieces

<sup>43</sup> drawing it, putting it

<sup>44</sup> putting it in using a needle

<sup>45</sup> body channels or tubes that carry blood

<sup>46</sup> strong

<sup>47</sup> knowing, conscious

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[00:11:13] This increasing **abuse** of OxyContin led to both a black market in the drug and the growth of so-called “**pill mills**<sup>48</sup>”, doctors’ clinics that were happy to provide **prescriptions**<sup>49</sup> to anyone even if they didn’t medically need them.

[00:11:32] But even if these pills were bought on the black market, from a **pill mill**<sup>50</sup> or from another **unlicensed**<sup>51</sup> individual, **prescription** opioids weren’t cheap. It might cost \$15 or \$20 for one OxyContin pill, if bought illegally.

[00:11:51] And the same types of people that were illegally selling these **prescription** pills, the drug dealers essentially, they would often have something else for sale that was much more powerful and much cheaper: heroin, and later its even more powerful cousin, fentanyl.

[00:12:12] The cycle of addiction that doctors started to see would be someone first **prescribed** an opioid to treat pain, which would lead to **abuse** of the drug - either using it more frequently or in larger quantities than **prescribed** by the doctor - and often lead to the **abuse** of more serious, illegal and really dangerous opioids such as heroin and fentanyl.

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<sup>48</sup> clinics that illegally gave pain medications

<sup>49</sup> written orders for the use of a medicine made by a doctor

<sup>50</sup> a clinic that illegally gave pain medications

<sup>51</sup> not having a legal license, authorisation or permit

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[00:12:40] To give you some numbers on this, data from the National Institute on Drug [Abuse](#) suggests that in America anywhere between 20-30% of patients who are [prescribed](#) opioids [misuse](#)<sup>52</sup> them, and around 10% of people who use opioids develop some sort of addiction.

[00:13:03] Of those people who [misuse](#) opioids, around 5% of them [move on](#)<sup>53</sup> to heroin and fentanyl. So, for every 100 people who are [prescribed](#) opioids by their doctor, 1 is likely to develop a heroin or fentanyl addiction.

[00:13:21] Put the other way, of heroin users in the United States, 80% of them first [abused](#)<sup>54</sup> [prescription](#) opioids - 4 out of 5 heroin users in the country got started with drugs [prescribed](#) by a doctor.

[00:13:38] And to state the obvious, to say what we all know, becoming a heroin addict isn't generally a [sensible](#)<sup>55</sup> life choice.

[00:13:47] For most addicts, it is an [all-consuming](#)<sup>56</sup> disease, and your entire life becomes based on [feeding](#)<sup>57</sup> your expensive drug addiction. For many people it is a

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<sup>52</sup> use to a bad effect or for a bad purpose

<sup>53</sup> changed, started doing something else

<sup>54</sup> used to a bad effect

<sup>55</sup> logical, based on good judgement

<sup>56</sup> taking up all of their attention

<sup>57</sup> providing for, having enough money to pay for

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disease that leads to [homelessness](#)<sup>58</sup>, increased criminal activity, and overdose and death.

[00:14:07] What's more, the [boom](#) in use of fentanyl, which is a [synthetic](#)<sup>59</sup> opioid even more powerful and dangerous than heroin, has made the life of an American opioid addict even more [precarious](#)<sup>60</sup>, even more scary and dangerous.

[00:14:25] Fentanyl, like heroin and morphine, is nothing new.

[00:14:29] It was first made in 1960 and used as a pain killer. But it is even stronger than heroin - about 50 times stronger to be precise - and cheaper.

[00:14:41] So, as more and more Americans looked for cheaper alternatives to the opioids their doctors were [prescribing](#) them, there was a [boom](#) in the production of fentanyl for sale on the street.

[00:14:55] Because it is so powerful and cheap to produce, it can be [smuggled](#)<sup>61</sup> into the United States more easily than any other drug.

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<sup>58</sup> the state of having no home

<sup>59</sup> made artificially, not naturally

<sup>60</sup> in a dangerous situation, uncertain

<sup>61</sup> moved illegally

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[00:15:04] One kilogramme of fentanyl can be bought from suppliers in East Asia for around \$3,000, and relatively easily brought into the United States, either simply posted in the normal post or sent first to Mexico and then **smuggled** across the border.

[00:15:23] This one kilo, because it is so incredibly powerful, can be **cut up**<sup>62</sup> and mixed with other substances and can lead to up to \$1.5 million in profits for the drug dealers.

[00:15:37] And of course, for the drug users, the people who are either using fentanyl **knowingly**<sup>63</sup>, or are using other drugs that have small amounts of fentanyl in them, this can be incredibly dangerous.

[00:15:51] Just 2mg, 0.002 grammes, is considered to be a **lethal dose**<sup>64</sup> for the average person, so it is very easy for someone to **unwittingly**<sup>65</sup>, **unintentionally**<sup>66</sup>, take more than they think and die.

[00:16:10] Indeed, of the 100,000 people who died of a drug overdose in the United States in the last year, two thirds were **linked**<sup>67</sup> to fentanyl.

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<sup>62</sup> cut into pieces

<sup>63</sup> on purpose, deliberately

<sup>64</sup> an amount that can lead to death

<sup>65</sup> without being aware, without knowing it

<sup>66</sup> without being aware, without knowing it

<sup>67</sup> connected

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[00:16:20] So, you might be thinking, who is actually responsible for this, and is this situation going to change any time soon?

[00:16:30] In terms of the responsibility question, there have been numerous lawsuits against the drug manufacturers and sales organisations for pushing their drugs on doctors, encouraging them to [prescribe](#) them while being [aware](#) that they were more addictive than they [claimed](#).

[00:16:49] The main target in this is Purdue Pharma, the company behind OxyContin, and indeed the Sackler family, the people who own Purdue Pharma.

[00:17:01] There is no doubt that Purdue Pharma and the Sackler family grew [fabulously](#)<sup>68</sup> wealthy [on the back of](#)<sup>69</sup> OxyContin, with estimates of sales of the drug totalling \$30 billion over the past 25 years or so.

[00:17:16] Evidence [has come to light](#)<sup>70</sup> that has shown that senior executives were [aware](#) of the fact that it was addictive, and the company was fined \$4.5 billion in exchange for the Sackler family receiving [immunity](#)<sup>71</sup> from future prosecution.

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<sup>68</sup> extremely

<sup>69</sup> because of

<sup>70</sup> has become known

<sup>71</sup> protection



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[00:17:34] Essentially, the Sacklers agreed to [pay out](#)<sup>72</sup> this vast amount of money so that they wouldn't have to [pay out](#) any more, or didn't risk being [thrown in](#)<sup>73</sup> prison.

[00:17:46] This case is still ongoing, so we will have to see where it ends.

[00:17:52] US authorities have been [clamping down on](#)<sup>74</sup> "[pill mills](#)", the doctors clinics and pharmacies that were giving out [prescriptions](#) to anyone, regardless of whether they were actually in pain or not. And dozens of doctors and pharmacy owners have been prosecuted and [ended up](#)<sup>75</sup> in jail.

[00:18:11] But the reality is that the very drugs that started the opioid crisis - drugs such as OxyContin - are still [prescribed](#) in vast amounts every single day.

[00:18:23] In 2020 there were 142,816,781 opioid [prescriptions](#), one for every 2.4 people, including children.

[00:18:37] To put it another way, if you were to take five average Americans, two would have a [prescription](#) for opioids.

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<sup>72</sup> pay (for a large amount of money)

<sup>73</sup> put into

<sup>74</sup> putting an end to, stopping

<sup>75</sup> finally put

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[00:18:47] In the interests of balance - this number has gone down. At its peak in 2012 there were 255,207,954 opioid [prescriptions](#), almost exactly one opioid [prescription](#) for every single adult in the United States.

[00:19:09] So, doctors are [prescribing](#) fewer opioids than they were 10 years ago, but the number is still massive.

[00:19:17] What's next, you might be thinking?

[00:19:19] "Fixing" the opioid crisis is clearly far more complicated than simply stopping [prescribing](#) opioids.

[00:19:27] Opioids are incredibly effective at reducing pain, and pain is recognised as a global health problem that affects 20% of the adult population. There are hundreds of millions of people who use opioids, use [prescription](#) painkillers, safely and happily, and for whom these drugs allow them to live a normal and [pain-free](#)<sup>76</sup> life when the alternative would be constant pain.

[00:19:55] So there are few that are suggesting that preventing the use of opioids is the answer.

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<sup>76</sup> without involving pain

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[00:20:01] Indeed, there are plenty of other countries, Germany for example, that **prescribe** opioids in similarly high levels to the United States, but where there has not been a **corresponding<sup>77</sup> epidemic<sup>78</sup>** of opioid **misuse** and addiction.

[00:20:18] There is also the problem of the ten million or so Americans who currently **misuse** opioids, and the million or so who are currently addicted to heroin and fentanyl. Again, clearly simply telling them to “stop” is not a solution, especially - for the ones addicted to heroin and fentanyl at least - they are already getting their drugs from illegal drug dealers. The fact that what they are doing is illegal is not a sufficient **deterrent<sup>79</sup>**.

[00:20:48] In terms of making it harder to **abuse** these opioids, the makers of OxyContin have made the drug harder to **misuse**.

[00:20:58] In 2010 they released a new form of the pill which meant that if it was **crushed<sup>80</sup>** it would **turn into<sup>81</sup>** a substance that was harder to **snort<sup>82</sup>** or **inject<sup>83</sup>**.

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<sup>77</sup> equal, comparable

<sup>78</sup> fast growth or development

<sup>79</sup> something that makes people not want to do it

<sup>80</sup> broken into small pieces

<sup>81</sup> changed or transformed into

<sup>82</sup> take in through the nose

<sup>83</sup> put it in using a needle

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[00:21:10] The idea was good - the theory was that if it were harder to **abuse**, people would **abuse** it less. They would have to **swallow** it, and the **slow-release**<sup>84</sup> system would mean that there wasn't a **near-instant**<sup>85</sup> high.

[00:21:25] Unfortunately, data suggests that this simply **accelerated**<sup>86</sup> people's switch to heroin and fentanyl. Almost immediately after this new "**abuse-proof**<sup>87</sup>" pill was released, heroin overdoses **jumped up**<sup>88</sup>.

[00:21:41] So the theory goes that abusing this legal, **prescription** pill became such a **hassle**<sup>89</sup> that people just **switched over**<sup>90</sup> to the easy, illegal, cheaper and more powerful alternatives.

[00:21:55] Of course, there are plenty of theories about how to reduce the number of people who **end up**<sup>91</sup> addicted to opioids, and there are really three **key**<sup>92</sup> stages to this journey, three **key** areas that people talk about.

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<sup>84</sup> released into the body slowly over a period of time

<sup>85</sup> happening almost immediately

<sup>86</sup> made it happen more quickly

<sup>87</sup> protected from being used to a bad effect

<sup>88</sup> increased

<sup>89</sup> difficulty, trouble

<sup>90</sup> changed

<sup>91</sup> finally get

<sup>92</sup> very important

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[00:22:10] Firstly, it starts with the manufacturers of [prescription](#) opioids, and [ensuring](#)<sup>93</sup> that the drugs that they are bringing to market can be taken as safely as possible, and that these drugs are offered to doctors with correct, [evidence-based](#)<sup>94</sup> guidance on their use.

[00:22:29] Secondly, that the doctors are [prescribing](#) the drugs to the people who really need them, not to people who want to [abuse](#) them.

[00:22:38] And thirdly, for people who do unfortunately [end up](#) abusing opioids, especially those who move to more powerful and dangerous “street” drugs, such as heroin and fentanyl, that there are [support networks](#)<sup>95</sup> for them to both take drugs safely, without the risk of dying, and to [overcome](#)<sup>96</sup> their addiction, [to kick their habit](#)<sup>97</sup>, and to return to society and live a normal life again.

[00:23:07] There is increasing pressure on the government, especially from groups of people who have lost a loved one to the opioid crisis, to work on each of these three stages, three areas, but the Opioid Crisis is not just still [in full swing](#)<sup>98</sup>, there are more and more people dying every single year.

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<sup>93</sup> making sure

<sup>94</sup> based on correct information

<sup>95</sup> groups of people or organisations that offer help

<sup>96</sup> succeed in dealing with

<sup>97</sup> give up or stop doing drugs

<sup>98</sup> at the highest level of activity

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[00:23:27] Indeed, there were 35% more opioid-related deaths in 2021 than in 2020, and although the number of opioids [prescribed](#) is reducing, the number of people dying continues to increase every year.

[00:23:45] In some areas of the United States, the levels of opioid-related deaths have even meant that the average life expectancy has decreased, so for the first time in history people are dying younger than their parents.

[00:24:03] So, while there is no easy or simple solution in sight, and the American opioid industry remains a multi-billion dollar market, the [grim](#)<sup>99</sup> reality is that hundreds of thousands, if not millions, of people will continue to die [unnecessarily](#)<sup>100</sup>.

[00:24:21] And the terrible irony of it all is that for the majority of people who will die, the journey towards addiction and death will start with being [handed](#)<sup>101</sup> a [harmless-looking](#)<sup>102</sup> piece of paper by their doctor.

[00:24:38] OK then, that is it for today's episode on The Opioid Crisis. I know we normally like to finish on a positive note, but unfortunately when it comes to this particular subject, there isn't a lot of good news to share.

[00:24:53] As always, I would love to know what you thought of this episode.

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<sup>99</sup> worrying, depressing

<sup>100</sup> in a way that is not needed

<sup>101</sup> given

<sup>102</sup> not seeming likely to cause harm or damage

**The Opioid Crisis**

[00:24:57] What do you see as some potential solutions to this crisis?

[00:25:01] What are the policies towards drug use and drug addiction in your country?

[00:25:05] What do you think works, and doesn't work?

[00:25:09] I would love to know.

[00:25:11] You can head right into our community forum, which is at [community.leonardoenglish.com](https://community.leonardoenglish.com) and get chatting away to other curious minds.

[00:25:20] You've been listening to English Learning for Curious Minds, by Leonardo English.

[00:25:25] I'm Alastair Budge, you stay safe, and I'll catch you in the next episode.

[END OF EPISODE]

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## Key vocabulary

<b>Word</b>	<b>Definition</b>
<b>Boomed</b>	grown very fast
<b>Hotspot</b>	a place of significant activity
<b>Uniquely</b>	in a way that is connected only to that place
<b>Degree</b>	level or amount
<b>Unfamiliar</b>	not having knowledge of
<b>Swings</b>	seats held by ropes or chains from above used by kids for fun
<b>Puffs</b>	quick smoke draws from a cigarette
<b>Snorting</b>	taking it in through the nose
<b>Feed</b>	provide for, have enough money to pay for
<b>Boom</b>	great increase
<b>Naughtier</b>	behaving in a worse way
<b>Problem</b>	being in a worrying and bad situation



## The Opioid Crisis

**Prescribed** gave the order for the drugs, allowed patients to use them, especially in writing

**Prescription** a written order for the use of a medicine made by a doctor

**Properties** characteristics, qualities

**Prescribing** giving orders for the use of drugs to patients

**Precisely** exactly

**Dependent** controlled by or reliant on

**Prescribe** give the order for the drugs, allow patients to use them, especially in writing

**Reluctant** not wanting or willing

**New kid on the block** newcomer, new presence

**Claimed** said that it was true that

**Underlining** stressing, emphasizing

**Convince** make them believe

**Relieved** caused it to be less

**Encouraging** making them want to do it

## The Opioid Crisis

<b>Incentivised</b>	made to want
<b>Persuading</b>	making them want to do it after talking to them
<b>Narcotic</b>	a drug that makes it easier to deal with pain
<b>Efficient</b>	good, effective
<b>Doses</b>	specified amounts
<b>Dose</b>	specified amount
<b>Encouraged</b>	made, persuaded
<b>Substantiated</b>	proved to be true
<b>Get off</b>	stop using
<b>Withdrawal symptoms</b>	unpleasant effects that result when someone stops taking an addictive drug
<b>Mood swings</b>	extreme changes in mood or ways of behaving
<b>Abuse</b>	use it to a bad effect
<b>Swallow</b>	cause it to pass through the mouth and into the stomach
<b>Broken down</b>	broken into small pieces
<b>Prolonged</b>	continuing for a long time, extended

## The Opioid Crisis

<b>Crushing up</b>	breaking it into small pieces
<b>Sucking it up</b>	drawing it, putting it
<b>Injecting</b>	putting it in using a needle
<b>Veins</b>	body channels or tubes that carry blood
<b>Intense</b>	strong
<b>Aware</b>	knowing, conscious
<b>Pill mills</b>	clinics that illegally gave pain medications
<b>Prescriptions</b>	written orders for the use of a medicine made by a doctor
<b>Pill mill</b>	a clinic that illegally gave pain medications
<b>Unlicensed</b>	not having a legal license, authorisation or permit
<b>Misuse</b>	use to a bad effect or for a bad purpose
<b>Move on</b>	changed, started doing something else
<b>Abused</b>	used to a bad effect
<b>Sensible</b>	logical, based on good judgement
<b>All-consuming</b>	taking up all of their attention

The Opioid Crisis

<b>Feeding</b>	providing for, having enough money to pay for
<b>Homelessness</b>	the state of having no home
<b>Synthetic</b>	made artificially, not naturally
<b>Precarious</b>	in a dangerous situation, uncertain
<b>Smuggled</b>	moved illegally
<b>Cut up</b>	cut into pieces
<b>Knowingly</b>	on purpose, deliberately
<b>Lethal dose</b>	an amount that can lead to death
<b>Unwittingly</b>	without being aware, without knowing it
<b>Unintentionally</b>	without being aware, without knowing it
<b>Linked</b>	connected
<b>Fabulously</b>	extremely
<b>On the back of</b>	because of
<b>Has come to light</b>	has become known
<b>Immunity</b>	protection

The Opioid Crisis

<b>Pay out</b>	pay (for a large amount of money)
<b>Thrown in</b>	put into
<b>Clamping down on</b>	putting an end to, stopping
<b>Ended up</b>	finally put
<b>Pain-free</b>	without involving pain
<b>Corresponding</b>	equal, comparable
<b>Epidemic</b>	fast growth or development
<b>Deterrent</b>	something that makes people not want to do it
<b>Crushed</b>	broken into small pieces
<b>Turn into</b>	changed or transformed into
<b>Snort</b>	take in through the nose
<b>Inject</b>	put it in using a needle
<b>Slow-release</b>	released into the body slowly over a period of time
<b>Near-instant</b>	happening almost immediately
<b>Accelerated</b>	made it happen more quickly

The Opioid Crisis

**Abuse-proof** protected from being used to a bad effect

**Jumped up** increased

**Hassle** difficulty, trouble

**Switched over** changed

**End up** finally get

**Key** very important

**Ensuring** making sure

**Evidence-based** based on correct information

**Support networks** groups of people or organisations that offer help

**Overcome** succeed in dealing with

**To kick their habit** give up or stop doing drugs

**In full swing** at the highest level of activity

**Grim** worrying, depressing

**Unnecessarily** in a way that is not needed

**Handed** given

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**The Opioid Crisis**

**Harmless-looking** not seeming likely to cause harm or damage

*We'd love to get your feedback on this episode.*

*What did you like? What could we do better?*

*What did you struggle to understand?*

*Let us know in the forum [community.leonardoenglish.com](https://community.leonardoenglish.com)*