

Opioid proposal would make treatment more accessible

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Most of the additional \$1.1 billion that President Barack Obama is seeking to address America's prescription opioid abuse and heroin epidemic will go to fund agreements with states to expand medication-assisted treatment.

Kim Chosie, regional director at Bradford Health Services for the Dothan area, said substance abuse and mental health programs are "extraordinarily underfunded." She said more funding will make treatment more accessible.

"Allowing as many people to have access is key," Chosie said, provided the funds are used for what is really needed.

She said treatment facilities need input on where the funding should go "because we're out in the field and we see what the need is."

According to a White House statement, Obama's proposal escalates the fight against the epidemic on three fronts: expanding access to treatment, preventing overdose deaths and increasing community prevention strategies.

The proposal would "help every American with an opioid use disorder who wants treatment get the help they need," the statement said.

According to the Centers for Disease Control and Prevention, opioids (primarily prescription pain relievers and heroin) are the main drugs associated with overdose deaths in the United States. In 2014, opioids were involved in 28,647 deaths, or 61 percent of all drug overdose deaths.

Opioids are highly addictive drugs. Chosie said your body chemistry can predispose you to addiction.

"You don't know how your body is going to react," she said. Once you put it in your system, your body needs it from that point on.

"You're just taking a pain pill because you had surgery and so when it's time to not take it anymore you have to keep taking it or you can't function," she said. "And you had no intention of abusing it. You didn't take it wrong. You took it just as the doctor said, but the chemical makeup in your body latched on to the opiate and that happens."

Government statistics indicate approximately 2 million Americans abuse or are dependent on prescription painkillers. According to the CDC, sales of prescription opioids have quadrupled since 1999, and so have overdose deaths involving these drugs.

From 1999 to 2014, more than 165,000 people have died in the U.S. from overdoses related to prescription opioids, according to the CDC. Opioid prescribing continues to fuel the epidemic. Today, at least half of all U.S. opioid overdose deaths involve a prescription opioid. In 2014, more than 14,000 people nationwide died from overdoses involving prescription opioids.

Dothan Police Sgt. Ray Mock II said addiction can start through prescriptions. After a patient gets hooked on painkillers they may go "doctor shopping" to find other physicians who will give them the same prescription.

Statistics from the CDC show Alabama was the highest-prescribing state in 2012, with 143 opioid prescriptions per 100 people, nearly threefold the lowest prescribing state (Hawaii, with 52 for every 100 people).

Alabama has the Prescription Drug Monitoring Program, which requires anyone who dispenses certain controlled substances to report activity to the database. Mandatory reporting began April 1, 2006.

But Dothan Police Lt. Mark Nelms, supervisor of the department's narcotics unit, said he doesn't have enough people to proactively work on enforcement.

Nelms said there are well-intended programs to address the drug problem but sometimes they lack the resources to achieve their goals.

Chosie said opiates are third – behind alcohol and marijuana – in the number of patients seeking treatment at Bradford.

"Opiates (are) closing in on the marijuana," she said.

The facility provides detox and treatment for opiate addiction. "We're abstinence-based so we don't use replacement pharmacology," Chosie said.

The amount of treatment needed depends on the patient.

"It takes a while – depending on somebody's length of use – for their brain function to resume back to normal," Chosie said. "The longer someone receives treatment the better."

She said the majority of opiate users can work an abstinence-based program, but there are rare occasions where somebody may have multiple treatment failures or such a long history of use that they may need a replacement option.

"But those are rare in Bradford's view and we support those when they are necessary," Chosie said.

A person's body can become dependent on an opiate to the point where they can't function without it.



Opioids story

Dothan Police Lt. Mark Nelms, supervisor of the department's narcotics unit, talks about opioids.

“If they were to not take it, their body would physically go through withdrawal to the point where they could have seizures and die,” Chosie said.

As to whether opiates are overprescribed, Chosie said physicians have told her it is difficult sometimes to discern someone’s level of pain.

“You basically have to rely on that person to be honest with their self-report, and if they say on a scale of 1 to 10 ‘I’m on a 10’ level of pain, how can a physician really know that?” Chosie said.

Doctors don’t want their patient to be uncomfortable “so a conscientious physician is kind of in a conundrum,” Chosie said. “That’s a hard spot to be in.”

Not all addicts start with pills prescribed by a doctor. Some start through experimentation. Mock said it can begin with teenagers in high school who may not be educated to the dangers of the drugs.

“They find extra pain pills that maybe the parents (or grandparents) have in the medicine cabinet,” Mock said. They start taking them because they hear they can mix the pills with alcohol to become more inebriated.

“Before they know it they’ve got an opiate problem,” Mock said.

Once addicts go outside the legal ways to obtain painkillers, law enforcement becomes involved.

Nelms said people can obtain the drugs illegally in many ways. They can buy pills from someone who has a prescription, buy from dealers or steal from relatives and others.

Mock said a lot of teenagers are not educated on how serious the offenses can be.

“You get caught with one Lortab that you don’t have a prescription for, that’s the same as having a crack rock,” Mock said.

Unlawful possession of a controlled substance is the state charge that covers anything on the list.

Nelms said pills are socially acceptable right now.

“People will take pills right in front of each other and nobody has a second thought about it,” Nelms said. “It’s different than like heating up a crack rock and putting a pipe up to your mouth and everybody goes ‘oh, my God.’ You take a pill, nobody’s going to say nothing.”

Chosie said the stigma against needles has declined and led to increased use of heroin, which she said is cheaper than Lortab and easier to get.

Lortab is going for \$17 to \$20 a pill on the street, Chosie said. “You can get a dose of heroin for \$5 to \$8,” she said. “Most of our patients that we’ve seen are either snorting it or shooting it.”

She said people are mandated to have insurance and most insurance covers treatment, but there are agencies and facilities that provide treatment for those who don’t have insurance, are indigent or just want to pay out of their pocket.

Chosie said Bradford has a great relationship with state agencies and others treating addicts.

“We work well and collaborate, do things together, because we see the need,” she said. “Unfortunately, there are more patients than they can serve and more patients than we can serve.”