Love Through Addiction
How to help someone get treatment

The Young & the Wasted
What every parent needs to know about the opioid crisis

How Medical Professionals Can Help Curb the Crisis

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Drug addiction has been a problem in the U.S. since the founding of the republic, with spikes from the marijuana boom of the 60s and the crack epidemic of the 80s. Today a new epidemic is upon us, constructed on the shaky edifice of opioid painkillers that drug companies developed in the 1990s with the promise that they were “safe.” Physicians prescribed them liberally until an epidemic of opioid addictions blossomed into the public consciousness two years ago.

Opioids are drugs derived from the opium poppy plant, either produced directly from the plant or manufactured in labs. They generally relax the body and interfere with pain receptors, often creating a “high.” As a result, they are extremely addictive, both physiologically and psychologically. Opioids commonly used for pain are OxyContin, Vicodin, Percocet and Fentanyl. Heroin is also an opioid, though never used as medicine.
The National Institutes of Health report that 50 million Americans suffer significant, chronic pain, and millions more experience temporary episodes of pain, such as following surgery. Prescribed opioids by unsuspecting doctors, millions of people have developed a dependence as the body acclimates and requires more and more to dull the pain.

Slow to recognize the possibility of dependence and addiction, many physicians continued to prescribe opioids to patients. Opioid addiction killed 72,000 people last year, according to the National Institute of Drug Abuse, more than died in car accidents and gun violence combined.

Whereas heroin addiction concentrated in inner cities among poor people of color, the opioid epidemic, with its roots in the doctor’s office, has spread in white, middle class, Middle America.

With renewed attention on opioids, physicians have curtailed their opioid prescriptions. They are seeking alternatives, prescribing lower doses for shorter periods, and declining to renew prescriptions beyond a certain period of time. This has been a double-edged sword, say addiction experts. The over-prescription of painkillers has begun reducing the number of people who start abusing them, but people already addicted to opioids suddenly without access to their drugs of choice often gravitate to heroin for their fix.

"Doctors who realize they should never have written prescriptions are now cutting people off. We need to include how we slowly wean people onto lower doses," says Silvana Mazzella, associate executive director of Prevention Point Philadelphia, a syringe exchange and harm reduction center. Like many drug addiction facilities, Prevention Point has seen a doubling in the number of clients in the last three years.

There is a glimmer of hope amid the crisis. Heightened attention on the issue has brought new funding for prevention and treatment, while doctors have responded with the prescription pad. There is also hope for those already caught in the clutches of opioids, says Dr. Lloyd Sederer, Adjunct Professor at the Columbia School of Public Health; Chief Medical Officer for the New York State Office of Mental Health, and author of The Addiction Solution: Treating Our Dependence on Opioids and Other Drugs.

“It’s a treatable condition that long-term studies have shown a great many people recover from if they don’t die along the way,” he says.

Therapy for those who abuse drugs begins with recognition that addiction is not a moral failing but a chemical imbalance in the brain. Treatment must consist, experts say, of medication combined with behavioral therapies like 12-step programs and cognitive therapy that concentrates on identifying and avoiding the triggers.

“Drug addiction is a disease,” Dr. Sederer says. “If you don’t treat it you will die, just as if you don’t treat diabetes you’re going to die.”

According to justplainkillers.com, from the South Carolina Department of Alcohol and Other Drug Abuse Services, the way to avoid opioid addiction is primarily to avoid using opioids. They recommend taking over-the-counter painkillers – like ibuprofen – and using exercise and alternative therapies like acupuncture and massage instead of opioids. And throw away unused opioids so others can’t misuse them.

“The three-pronged approach to tackle the epidemic is prevention, treatment and recovery,” says Dr. Chanda Brown, executive director of The Charleston Center, a substance abuse treatment center in Charleston, SC.

Only 10% of people who need it, get treatment. “There are barriers,” said Dr. Brown, “Like transportation, stigma, lack of resources, shame or guilt, lack of child care and insurance plans not covering it.”

To find treatment, Dr. Sederer says the best sources are the old fashioned kind, word-of-mouth, your primary care doctor and your clergy person. “Sometimes they’re the ones who know where the resources are,” he said.
Opioid abuse and drug addiction harms more than just the user — it affects their whole family and our entire community.

We must teach our children by word and deed that drugs are not the answer.

And we must offer help and hope to those who have fallen to the scourge of drug addiction so that they may one day recover.

This September during National Recovery Month, let’s redouble our community efforts to fight against addiction and substance abuse.

Every single day is a chance for a fresh start.
Madelyn Ellen Linsenmeir was 16 when she first tried oxycodone at a party, and her life from that point on became a battle with opioid addiction. Intervention by her parents, treatment efforts, even becoming a mother — nothing could stop it, and the disease of addiction gradually overwhelmed a vibrant, talented person until it took her life.

It was every parent’s nightmare, detailed in an obituary written by her family after Linsenmeir died in October. Opioid addiction is a national health crisis, forcing many other parents to combat the same, terrible problem. Some cut their kids off financially, others refuse to pay mounting legal costs, others kick them out of the house.

But the battle begins much earlier, experts say, and starts with honest conversations with children. “Children of parents who talk to their teens about drugs are 50 percent less likely to use,” says Dr. Erin McKnight, who works with opioid-dependent youth at Nationwide Children’s Hospital in Columbus, Ohio. “Just having that conversation in and of itself is very powerful.”

Jessica Wong, a youth and addiction specialist with Hazelden Betty Ford Foundation in Plymouth, Minn., has seen kids get hooked at 8. “If you haven’t had conversations about sub-
stance abuse by age 15, kids have already formed very strong opinions what’s safe and what’s not,” she says. That opioids are prescribed makes kids think they’re safer than street drugs. Seventy percent of youths who abuse prescription medication steal them from their own homes, or those of friends. Wong knew of two youths who would hit open houses, one chatting up the real estate agent while the other raided the bathrooms looking for pills.

“The first thing you need to do is secure them,” McKnight says. “I recommend that everyone have their medicine in a lockbox or a locked cabinet that only adults in the house can get into. You can even get a tackle box and put a padlock on it. It doesn’t have to be fancy.”

If opioids are in the home, parents should know how many pills are in the bottle relative to how many have been taken. Those using the medication should transition to something like ibuprofen as soon as possible. Take the remaining pills to a disposal drop box, or grind them up with an undesirable substance like coffee grounds or kitty litter.

“Don’t throw the prescription bottle in the trash can,” McKnight says, “because teenagers who really want this medication will go through the trash and pick them out.”

But not even keeping the home opioid-free is foolproof. Signs of opioid use include sweating, nausea and contracted pupils. Also watch for sleeping too much or too little, loss of interest in hobbies or friends, secretiveness and missing money.

And when confronting the child, “It’s important for the parent to not get overly emotional,” McKnight says. “Their response needs to be measured, quiet, and serious. Not shouting and yelling. You need to have them realize it’s a serious moment. The parents have to stay calm, which can be very difficult.”

If substance abuse is suspected, experts suggest starting with the family physician. Treatment centers become an option once drug use begins to have consequences such as police involvement. Addicts are not always willing patients, but Wong urges parents to exert all the leverage they have. It can be painful and uncomfortable, but also save their life.

“You’re dancing around the possibility of upsetting your son or daughter to an extent where you’re going to lose contact with them,” Wong says. “But that doesn’t mean parents should back off. ... You have to live in that discomfort that comes when you’re a parent pushing your child toward seeking help, and they’re absolutely refusing it, because that’s part of this disease.”

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The Benevolent and Protective Order of Elks recognizes and supports their Drug Awareness Program as one of the most important community outreach programs. They have collaborated with the Drug Enforcement Agency and Marvel to help get the word out! Their goal is to prevent the abuse of prescription and illicit drugs and to educate communities to the dangers of legal drugs such as tobacco, as well as, alcohol when used in an abusive manner.

In Kern County, “overdose rates are 50 percent above the state average and quadruple in Kern River Valley.” The common names of some opioids on the rise are codeine, hydrocodone (vicodin, hycodan), morphine (MS contin, kadian), oxycodone (oxycontin, percoset), hydromorphone (dilaudid), and fentanyl (duragesic).” (discover.cdph.ca.gov) While the age group suffering the highest rates of overdoses in Kern County is 50-59, it is a fact that Burroughs High School Class of 2006 has lost eight members under questionable, drug-related circumstances. The deadly opioid, fentanyl has become a major challenge. According to a Kern Valley Public Radio (KVPR) post, “three-quarters of Kern County residents with opioid use disorders are unable to access the treatment they need to recover.” Ridgecrest has no treatment center, but desperately needs one along with other treatment resources!

Be sure to check out the following links for more information on the Elks Drug Awareness Program: https://elks.org/dap or http://www.elkskidzone.org/

If you are interested in joining us in this fight or want to know more about the Elks, contact the Ridgecrest Elks Lodge at elk@mediacombb.net or (760) 375-8551.

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It’s A National Crisis With Local Concern
Get Involved To Protect A Loved One

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DRUG AWARENESS PROGRAM

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In Opioid Battle, Schools Are on the Front Line

Schools are on the front lines of opioid awareness, given that the structure of the school day can make drug problems stand out before they would at home. An injured athlete can also inadvertently become a drug dealer if he sells his prescribed oxycodone pills to classmates for $25 apiece.

Which is why the U.S. Department of Education urges schools to take steps to combat the opioid epidemic, with steps like educating students about the dangers of drug use, and delivering evidenced-based prevention programs. But those efforts vary from one district to another, and hinge on funding.

“There are schools that could do better in this area, and a lot of it has to do with resources,” says Jessica Wong of Hazelden Betty Ford Foundation. “Schools are struggling for a lot of competing resources, and unfortunately a lot of the resources that get cut are those are drug and alcohol support services.”

Outside programs help bridge the gap. Dr. Erin McKnight of Nationwide Children’s Hospital is creating an “opioid safety toolkit” for school systems in Ohio. The DEA partnered with Discovery on a national awareness campaign called Operation Prevention. RAND Corp. developed a middle school curriculum on drug prevention.

The onus, though, still falls on the schools. Even coaches and athletic trainers, working with injured athletes who may be prescribed opioids, need to be educated. “It’s important for schools to definitely start being partners in this prevention effort,” McKnight says, “and taking action when they do see an issue.”

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Be Aware
And Keep Your Friends
And Family Safe

COSO
Your Community Partner
A few weeks ago, actress Amanda Bynes announced that she was four years sober, combating the drug addictions that derailed her career and is ready for a Hollywood comeback. She admitted, in an interview with Paper magazine, that she was high on Adderall on the set of her last movie, Hall Pass in 2010. She quit that movie and proceeded to make very provocative and questionable Twitter posts before publicly announcing that she was retiring from acting.

She continued her downward spiral of drug use before deciding that she wanted to get well, but openly credits her parents for “helping me get back on track.”

If you have a loved one who is struggling with addiction, you may want to help them get back on track too, but how do you do it?

1. Urge them to talk to their doctor

   “If you are concerned about a family member or loved one who uses opioids, urge them to talk to whoever prescribed their medications,” says Tammy Slater, assistant professor at the Johns Hopkins School of Nursing in Baltimore, Maryland.

   Their doctor might be able to provide medications to help treat their addiction. “Opioid use disorder is a chronic disease, much like diabetes or heart disease. There is an evidence-based approach for treating opioid addiction using medications that have been approved by the Food and Drug Administration along with counseling and other supportive service,” says Slater. “Prescribers such as nurse practitioners, physicians and physician assistants who are specially trained to provide treatment for opioid addiction can prescribe medications, such as buprenorphine and naltrexone.”
2. Be honest
In some cases, a good long talk might pull at their heartstrings and encourage them to seek treatment. “People make the decision to enter treatment based on their assessment of how their addiction is affecting their life, including their family and the people around them that they care about,” says Dr. Stefan Kertesz, University of Alabama at Birmingham professor and addiction specialist. “Reiterate how important it is to them, and how harmful it is to their relationships with their loved ones, that they seek out help for their addiction.”

Forget about getting tough: For years, Kertesz says that we were schooled that addicts needed tough love and rejection in order to show them they have a problem and get them help.

4. Provide resources
Finally, your loved one might not know where to turn for rehabilitation, so provide them with a list of resources, including local therapists. Your list can include the National Institute on Alcohol Abuse and Alcoholism (www.niaaa.nih.gov; 301-443-3860); and The Center for Substance Abuse Treatment, a part of the Substance Abuse and Mental Health Services Administration (24-hour National Treatment Referral Hotline (1-800-662-HELP and www.samhsa.gov/about-us/who-we-are/offices-centers/csa).

5. Find a treatment center
“If you have money and can get your loved one into treatment and they are open to it, it’s a possibility but just know that it’s not a guaranteed fix,” says Kerstesz, who recommends the research of addictive behavior by author William Miller. In his book, “Motivational Interviewing: Preparing People to Change Addictive Behavior” (The Guilford Press, 2012), Miller writes, “Making a change, however, does not guarantee that the change will be maintained. Obviously, human experience is filled with good intentions and initial changes, followed by minor (“slips”) or major (“relapses”) steps backward. Maintaining a change may require a different set of skills and strategies than were needed to accomplish the change in the first place.”

6. Understand you can’t fix it
It’s hard to watch a loved one suffer from addiction and as much as you may want to help, it’s not up to you and it might not work. They may refuse to go to treatment and refuse your support.

“We don’t have the power to make the recovery happen,” says Kertesz. “Family has more power than doctors, but unless you have the power of the law on your side, you are waiting for the individual to recalibrate, but that doesn’t always work. In some cases, if they are suffering severe memory loss because of years of drinking, they can’t even remember their own intentions.”

Kertesz says to remain loving, direct and clear with your loved one and hopefully, like Amanda Bynes, they will get help and ultimately succeed in their recovery.

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OPIOID AWARENESS

Change of Prescription

BY LISA IANNUCCI
CTW FEATURES

Statistics on opioid misuse are startling. According to the National Institute on Drug Abuse, roughly 21 to 29 percent of patients who are prescribed opioids for chronic pain ultimately misuse them. Between 8 and 12 percent of opioid users will develop an opioid use disorder and, perhaps the most saddening statistic, more than 115 people in the United States will die every day from an opioid overdose.

What’s being done to help combat the troublesome problem? Of course, friends and family try to get their loved ones the help that they need, but the responsibility for curbing the opioid addiction crisis shouldn’t stop there. Several recent studies show that there are steps that both physicians and insurance companies can take to help win the war on opioid addiction.

Cutting Opioids Down to Size

What are the odds that when you are served a big delicious meal you feel obligated to clean your plate? Ever been given an oversized hot
adds, “In what we tell patients about dent and the paper’s first author, made them feel.”

“Pain or just because they like how it to use them months later for other Medicine. “The patients will continue research fellow at Michigan paper and a surgical resident and Joceline Vu, senior author of the be related to their pain,” says Dr. much the patients consume may not bottle, but what we know is that how they think they have to take many of them.”

To solve the problem, the authors are working on solutions to have physicians prescribe less medication after surgery.

The study used in-depth data from 2,392 patients who had one of 12 different common operations at 33 Michigan hospitals. On average, patients took only 27 percent of all opioids prescribed to them, but for every 10 additional pills they were prescribed, patients took five of them.

“It says ‘take as needed’ on the bottle, but what we know is that how much the patients consume may not be related to their pain,” says Dr. Joceline Vu, senior author of the paper and a surgical resident and research fellow at Michigan Medicine. “The patients will continue to use them months later for other pain or just because they like how it made them feel.”

Dr. Ryan Howard, the surgical resident and the paper’s first author, adds, “In what we tell patients about what kind of pain to expect after surgery, and how many pills we give, we set their expectations — and what the patient expects plays a huge role in their post-operative pain experience. So if they get 60 pain pills, they think they have to take many of them.”

To solve the problem, the authors are working on solutions to have physicians prescribe less medication after surgery.

Try Something Else

How about getting rid of opioid painkillers altogether? In a Mayo Clinic National Health Checkup, 94 percent of those surveyed said they would pick an alternative to opioid pain relievers for after their surgery, but only one-quarter of respondents actually told that to their health care provider.

Many cited the fear of becoming addicted (34 percent) as the top reason for seeking an alternative treatment option. Instead of using opioids, patients were open to using physical therapy (80 percent), over-the-counter pain relievers (75 percent); alternative medicine, such as acupuncture (53 percent); and medical marijuana (49 percent) to help keep their pain at bay.

Better Disposal Programs

Jane had surgery and used only a few of her pain pills. She didn’t know what to do with the rest of them and just left them in her medicine cabinet. She has curious teenagers who are at risk for getting into those extra pills. Better disposal instructions may actually help to deter opioid addiction.

“One of the most important steps people can take to prevent prescription drug abuse is to properly get rid of any unused medications in their medicine cabinet,” says Dr. Halena Gazelka, chair of Mayo Clinic’s Opioid Stewardship Program.

“Proper disposal helps prevent medication from getting into the wrong hands — someone who is already addicted, or perhaps a teenager or a curious child.”

No Coverage, No Prescription

If a particular medication isn’t covered by insurance, will it curb opioid abuse? Not necessarily, but Blue Cross of Alabama is willing to try to do their part. After there were an overwhelming 742 overdose deaths in 2016 related to OxyContin, the insurance company announced it would drop the standard formulation of OxyContin coverage starting in 2019.

“About seven years ago, long-acting OxyContin was reformulated to be harder to misuse or inject,” says University of Alabama at Birmingham professor and addiction specialist Dr. Stefan Kertesz. “Dropping the reformulated version will not help this crisis. What’s driving our crisis at this point in time is that there is a reservoir of people who have an opioid addiction and who are using heroin or short-acting OxyContin pills that can be still gotten through distribution.”

Kertesz says that what Blue Cross has done is more of a symbolic gesture. “What insurance companies need to do is remove barriers that the physicians must overcome in order to treat their patients,” he says.

“They need easier ways to prescribe Buprenorphine, otherwise known as Suboxone, which can treat pain as well as addiction. However, doctors need waivers to do this and they don’t want to go through an eight-hour course.”

He also says that doctors aren’t comfortable with the legal risks of using their waivers. “Doctors need more incentives to help those who are addicted.”

There doesn’t seem to be one solution to the opioid addiction crisis. Instead, these studies show that if prescriptions are reduced, other pain management options are offered and extra pills are disposed of properly, there might be a chance to reduce the risk of addiction.
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