

## The Heroin and Opioid Epidemic: *What's Being Done & What You Can Do*

By: Mark E. Wilson, M.D., Health Officer and Chief Executive of the Jefferson County Department of Health



If you've paid much attention to the news, you know by now that Jefferson County is in the midst of an epidemic of heroin use and overdose deaths. When the number of overdose deaths increased from a baseline of 12 in 2010 up to 58 in 2012 and 58 again in 2013, law enforcement and public health officials became alarmed. At the same time, the problem of heroin overdoses, and prescription opioid overdoses was being recognized nationally as a public health crisis. Then, despite the beginnings of efforts to combat the problem, the number of overdose deaths involving heroin in Jefferson County jumped up to 137. The total number of drug deaths in 2014 was 258, up from 131 in 2012. There are now more deaths from overdose of heroin and prescription opioids than from motor vehicle accidents and homicides. Not all overdoses are from illicit use - some are among people taking their own prescription medicine as directed.

Addiction has always been with us and it will likely always be. But we are seeing a particular problem with an increase in opioid misuse and overdoses that began in the 1990's when it became more of a trend to treat nonmalignant chronic pain with this class of drugs. Alabama has the dubious distinction of being number one in opioid prescribing in the U.S. Certainly there has been a lot of legitimate and beneficial use of these drugs, but there has also unfortunately been a lot of diversion and inappropriate use that led to the problem we have today. OxyContin was marketed as less addicting because it was sustained-release, without the quick release that tends to cause more euphoria, and this seemed reasonable. But drug addicts quickly found that they could dissolve it and inject it. Then when it was reformulated to prevent this, and when the medical profession started being more careful about overprescribing of opioids and monitoring for doctor-shoppers, heroin came onto the market, cheaper than the pills and often much more potent than the heroin of the 1960's. The result: a lot of addicts switched to heroin, and

a lot have been found dead with a needle in their arm.

To complicate matters, there has also been a recent problem with heroin mixed with fentanyl, which is even more potent. There has also been a problem with illicit injection of Opana (oxymorphone). Injection use of Opana has been associated with a major outbreak of new HIV and hepatitis C cases in rural Indiana this year.

About a year ago, law enforcement, public health, addiction treatment providers and others came together to start a community-wide effort to address the problem. The "Pills to Needles" Summit at the UAB Alumni House in June 2014, was the main kick-off event. This led to the development of five strategic priorities along with specific goals under each, listed below:

**1) Public Awareness:** Create a community communications plan to educate and raise awareness among parents, schools, churches, organizations and others.

- Create a social media campaign that targets students and parents.
- Develop a commercial and PSA's. Engage talk radio.
- Develop a speaker's bureau.
- Coordinate communications efforts as needed for other stakeholders and strategies.

**2) Partnership with Law Enforcement:** Develop creative partnerships and solutions to reduce the supply and use of heroin.

- Create mechanisms to allow anyone wanting to dispose of prescription drugs an easy alternative.
- Prioritize prosecution of heroin dealing organizations and disruption of supply.
- Enhance the penalties for heroin dealers linked to deaths of specific users.

*continued on page 2*

continued from page 1

**3) Medical Community Engagement:** Collaborate with medical professionals to address the overprescribing of controlled substances and to reduce unintended diversion of controlled substances.

- Educate providers on the oversubscribing of controlled substances.
- Educate patient populations and their families on risks of prescription drug use.
- Engage providers in problem solving so that they have appropriate resources to share with patients.

**4) Effective Policy and Research:**

A. Develop research partnerships that reduce heroin deaths and harm.

- Create a new joint research center – the UA/UAB Center for Addictive Behaviors.
- Form an independent institute to provide policy makers, etc., with unbiased information.

B. Develop consensus and policies that reduce heroin deaths and harm.

- Identify, support, and implement effective policies to reduce the ill effects of heroin and opiate abuse.

**5) Access to Resources:** Engage addicts, their families, and the addiction treatment and advocacy communities to ensure optimal access to addiction resources and services.

- Improve the coordination of existing services.
- Improve and expand available resources.
- Utilize data to determine the standard of care, the need and what is available.

If you want to be involved in a part of this overall community effort or offer suggestions, or if you just want to receive periodic updates via email, contact Candace Phillips at [candace@clarusgroup.net](mailto:candace@clarusgroup.net) or 205-254-0129.

**What can you as an individual practicing physician do to help? Here are several ideas:**

1. If you do prescribe opioids, be sure to follow the Alabama Board of Medical Examiners "Guidelines for the Use of Controlled Substances for the Treatment of Pain".
2. Use the Alabama Prescription Drug Monitoring Program.
3. Know your patients' risk factors for addiction before you prescribe, and learn to recognize the signs of addiction. Realize that addicts don't always fit any stereotype.
4. If you discover that one of your patients has developed an addiction, don't just discharge them or kick them to the curb - talk to them about the problem and try to connect them to an addiction treatment resource.
5. Consider further limiting the quantities of opioids per prescription, so you can re-evaluate the patient's need for more medicine, and avoid too many leftover medicines lying around.
6. Warn patients and family members of the risk and signs of addiction as you prescribe.
7. To help prevent diversion, instruct patients to properly secure their medicines and properly dispose of unused medicine to avoid opportunities for diversion.
8. Consider getting trained to treat opioid addiction with replacement therapy through your practice so that more people have access to treatment. If you choose to do this, make sure you are partnering with competent addiction counselors so that comprehensive and appropriate treatment is being provided.
9. If you are prescribing potent or long-acting opioids, consider co-prescribing naloxone (Narcan) and instructing a family member or other caretaker on its use in event of a suspected overdose.

If you would like more information regarding addiction, please visit the Addiction Prevention Coalition website: <http://www.addictionpreventioncoalition.org/> This can be used by you as a physician, and can be a good resource for your patients as well.

# SCHOLARSHIP UPDATE

The Jefferson County Medical Society Scholarship Fund was established at the School of Medicine at UAB in 2012. Through the generosity of our donors, the principal balance has been increased to almost \$85,000. We hope to raise the balance to \$100,000 through our Armchair Fundraiser later this Fall.

If you would like information on how to donate, contact Martha Wise at 933-8601 or [mwise@jcmsalabama.org](mailto:mwise@jcmsalabama.org). **The JCMS would like to thank the following people who made donations to the JCMS Medical School Scholarship Fund in the 2014-15 academic year.**

Dr. James Abroms  
 Dr. and Mrs. J. Max Austin  
 Dr. Greg Ayers  
 Dr. Austen L. Bennett  
 Dr. and Mrs. Marc Bloomston  
 Dr. John R. Boname  
 Dr. Gwendolyn L. Boyd  
 Dr. and Mrs. Anton Bueschen  
 Mrs. H. Cecil Coghlan  
 Dr. Al Cohn  
 Dr. Henry Crommelin, Jr.  
 Dr. William A. Curry  
 Dr. Richard Diethelm  
 Dr. Kimberly Morris Fagan  
 Dr. Wayne Finley  
 Dr. Liesel French  
 Dr. John Gleysteen  
 Dr. James C. Grotting  
 Dr. Barton L. Guthrie  
 Dr. Christopher B. Harmon  
 Dr. William K. Hawley  
 Dr. Ronald E Henderson  
 Dr. and Mrs. Charles Herlihy  
 Dr. Jo Herzog  
 Dr. John Holt  
 Dr. Edward Hook, III  
 Dr. and Mrs. James H. Isobe  
 Dr. F. Cleveland Kinney  
 Dr. and Mrs. James Krell  
 Drs. Steven and Pamela Kulback  
 Dr. Nova Law  
 Dr. and Mrs. Robert A. Levin  
 Dr. Elizabeth S. Martin  
 Dr. and Mrs. Robert May

Dr. Charles A. McCallum  
 Dr. C. Rush McInnis, Jr.  
 Dr. and Mrs. Daniel Mirelman  
 Dr. and Mrs. Claude Ouimet  
 Dr. and Mrs. Thomas W. Ozbirn, Jr.  
 Dr. Mark Parker  
 Dr. Robert Pearlman  
 Dr. and Mrs. Gilbert Perry  
 Dr. John R. Porterfield, Jr.  
 Dr. Taylor C. Preston  
 Dr. Nicole Redmond  
 Dr. Jorge E Rivas  
 Dr. Paul F. Sauer  
 Dr. and Mrs. Perry Savage  
 Dr. and Mrs. John Shearer  
 Dr. Bradley Shirah  
 Drs. Stephen & Stephanie Steinmetz  
 Dr. and Mrs. William Stetler  
 Dr. and Mrs. Raymond Tobias  
 Dr. and Mrs. Van Hayne, Jr.  
 Dr. Katisha T. Vance  
 Dr. Luis O. Vasconez  
 Dr. Michael K. Wilensky  
 American Pulmonary Medicine Institute  
 Drs. Bowen & Kowalski, LLP  
 Callahan Eye Clinic, P.C.  
 Dermatology & Laser of AL  
 Gastroenterology Associates Central PC  
 Orthopedic Group of Birmingham, PC  
 Page, Hudson, & Taylor  
 Rheumatology Associates, PC  
 Rousso Facial Plastic Surgery, P.C.  
 Trinity Medical Center  
 -Medical Staff Fund

## IN MEMORIAM

THE JCMS WANTS TO ACKNOWLEDGE THE RECENT PASSING OF THE FOLLOWING JCMS MEMBERS:

WILLIAM JERRY HOWELL, M.D.  
OCTOBER 16, 2014

DONALD WEBSTER AUTRY, M.D.  
DECEMBER 3, 2014

HAROLD CECIL COGHLAN (CERDA), M.D.  
DECEMBER 23, 2014

JAMES OWEN FINNEY, JR., M.D.  
APRIL 15, 2015

MARTHA BARKER GREEN, M.D.  
JANUARY 31, 2015

WILLIAM CARY FLEMING, M.D.  
FEBRUARY 6, 2015

DAVID SPERLING, M.D.  
MARCH 2, 2015

# Annual Barons Event



Dr. Elena Llivina was recognized for her service in the U.S. Navy during our Annual Barons Event

Thank you to Healthcare Financial Services and Robin Long for sponsoring the 2015 JCMS Barons Event

## Naloxone/Good Samaritan Bill to Reduce Overdose Deaths

By: Mark E. Wilson, M.D., Health Officer and Chief Executive of the Jefferson County Department of Health

A bill, HB208, has been introduced in the Alabama House of Representatives by Allen Treadaway of North Jefferson County to help save lives from overdose deaths. A Senate version, SB318, has been introduced by Senator Jabo Waggoner. The bill, if passed, would provide immunity “from any civil or criminal liability” to a physician or dentist who prescribes naloxone (Narcan) to a person who in turn might administer it to a third party (a person suspected of opioid overdose and who is not the provider’s patient). It would also provide immunity to a pharmacist who dispenses naloxone for this purpose, and immunity to a layperson who administers it in good faith.

As of April 10, 2015, thirty-two states and the District of Columbia have passed similar laws to expand access to naloxone for use by laypersons. Tens of thousands of overdoses have been reversed by law enforcement personnel and other laypersons in these states. This type of policy has been endorsed by the American Medical Association, the American Society of Addiction Medicine, the American Public Health Association, the National Association of County and City Health Officials, the Substance Abuse and Mental Health Services Administration, and the Harm Reduction Coalition.

Naloxone is not a controlled substance. If given to a person addicted to opioids, it does cause acute withdrawal symptoms which are quite unpleasant, but if a person has major respiratory suppression from an overdose, the alternative may be death or permanent brain injury. If naloxone is given to a person not habituated to opioids and not experiencing an overdose, it has no effect – either positive or negative. There is no evidence that making naloxone available to addicts or their companions encourages greater abuse of drugs. In fact, in one study, where

heroin addicts in Los Angeles’ Skid Row were given naloxone along with education on overdoses and instructions, there was an actual decrease in drug usage, much to the researchers’ surprise. Also, if one thinks about it, the last thing an opioid addict wants to do is go into withdrawal. Much of what drives the addict to the next dose of drug is avoidance of withdrawal symptoms. So, naloxone is not likely to be just a convenient crutch to enable an addict to be more reckless.

The Alabama bill, if passed, would also provide immunity from prosecution of an individual for “a misdemeanor controlled substance offense” or for an “underage consumption or possession of alcoholic beverages” offense, if law enforcement became aware of the offense solely because the individual was seeking medical assistance for another individual suspected of an overdose, and if the individual is the first to call for help and stays at the scene until official assistance arrives. Approximately 80% of heroin users are using it in the company of other people, but when someone overdoses, people often panic and flee from the scene for fear of arrest, so that about 80% of people found dead from an overdose are found alone. This bill seeks to encourage people to call 911 and stay on the scene to assist the overdose victim. This type of “Good Samaritan” law has been passed in twenty-four states and the District of Columbia.

Neither of these measures are solutions to the underlying addiction problem, but they are short term risk reduction measures intended to simply save lives, and hopefully provide a few addicts with an opportunity to get into effective treatment and ultimate recovery.

### Upcoming Events

- May 18 Executive Committee Meeting – 5:30 p.m.  
Board of Directors Meeting – 6:30 p.m.
- May 19 The Wayne Finley 811 Breakfast Meeting – Dr. Mark Wilson will speak on “Pills to Needles – Opioid Misuse and the Increase in Heroin Deaths in Jefferson County” at 8:30 a.m. in the JCMS Board Room
- June 15 Foundation Trust Meeting – 5:00 p.m.  
Executive Committee Meeting – 5:30 p.m.
- July 20 Executive Committee Meeting – 5:30 p.m.

Contact Juanita Pruitt at 933-8601 or [jpruitt@jcmsalabama.org](mailto:jpruitt@jcmsalabama.org) for more information regarding any of the above events.

## New Members

Osemelu Aburime, M.D.	Resident	David Kim, M.D.	Resident
Firas Al Solaiman, M.D.	Interventional Cardiology	Rebecca B. Kissel, M.D.	Dermatology
Foluke Alli, M.D.	Family Medicine	Kennedy F. Kunz, M.D.	Family Medicine
Cameron Samantha Askew, M.D.	Surgery	Aitemad A. Lander, D.O.	Resident
Kyle Nathan Backer, M.D.	Resident	James Combs Lasker, M.D.	Oncology/Hematology
Zachary Ryan Balest, M.D.	Resident	Kristopher F. Lay, M.D.	Otolaryngology
Stephen Gerald Bell, M.D.	Internal Medicine	Greg Little, M.D.	Resident
William Conrad Black, M.D.	Resident	James Douglas Lyman, M.D.	Internal Medicine
Zach Boylan, M.D.	Family Medicine	Jeanine Scarber Maclin, M.D.	Pediatrics
Eugene Willis Brabston, M.D.	Orthopedics	Samuel Marcrom, M.D.	Resident
Eldred M. Brunson, M.D.	Family Medicine	Ronnie Edwin Mathews, Jr., M.D.	Internal Medicine
Laura Kay Buell, M.D.	Internal Medicine	Tatum Adams McArthur, M.D.	Radiology
Nicholas J. CaJacob, M.D.	Resident	Don Earl McCormick III, M.D.	Resident
John Justin Caulfield, M.D.	Urology	Kathleen E. McKeon, M.D.	Orthopedic Surgery
Joseph R. Chaudry, M.D.	Radiology	David J. Mooney, M.D.	Hematology/Oncology
David Michael Cherry, M.D.	Internal Medicine	John Thomas Nelson, Jr., M.D.	Resident
Pavani Chintalapani, M.D.	Resident	Anthony Peter Nicholas, M.D.	Neurology
Do-Yeon Cho, M.D.	Otolaryngology	John G. Nicholas, M.D.	Anesthesiology
Daniel I-Hsin Chu, M.D.	Surgery	Wayne Joseph Overman, II, M.D.	Resident
Zachary Clark, M.D.	Resident	Catherine Caldwell Parker, M.D.	Surgery
Caroline Wingo Colvin, M.D.	Pediatric Endocrinology	Neha Mahen Patel, M.D.	Internal Medicine
Catherine Ann Coomer, M.D.	Internal Medicine	Deniz Peker, M.D.	Pathology
Lynn Sturtevant Crawford, M.D.	Internal Medicine	Huy Phu Pham, M.D.	Pathology
Sarah Peters Cribbs, M.D.	Internal Medicine	Matthew L. Purcell, M.D.	Urology
Peter Benjamin Daniel, M.D.	Resident	Soroush Rais-Bahrami, M.D.	Urology
Hima Bindu Darapu, M.D.	Resident	Mr. Tushar Ramesh	Medical Student
Charles A. Dasher, Jr., M.D.	Gastroenterology	Julian Robledo, M.D.	Internal Medicine
Sameera Davuluri, M.D.	Family Medicine	Brandon George Rocque, M.D.	Neurological Surgery
Kyle Den Beste, M.D.	Resident	Mackenzie D. Rodgers, M.D.	Pediatrics
Samuel L. A. Douglas, M.D.	Resident	Frida Rosenblum Donath, M.D.	Pathology
Candice Nicole Dubose, M.D.	Orthopedics	Jamie M. Routman, M.D.	Obstetrics/Gynecology
Colby Duckett, M.D.	Resident	Kyle Joseph Rudemiller, M.D.	Internal Medicine
Robert Garth Eberly, M.D.	Resident	Teddy W. Sartin, M.D.	Anesthesiology
Ali Ebrahimi, M.D.	Resident	Mary L. Scott, M.D.	Pediatrics
Michael Eddins, M.D.	Resident	Kendra Dionne Sheppard, M.D.	Internal Medicine
Anna Michelle Edmiston, M.D.	Resident	Daniel C. Simpson, M.D.	Resident
Chandra Varner Ellis, M.D.	Plastic Surgery	Franjo Siric, M.D.	Cardiothoracic Surgery
Jian Feng, M.D.	Internal Medicine	Benjamin Ross Snead, M.D.	Resident
David Forbush, M.D.	Resident	Amanda D. Soong, M.D.	Pediatrics
Robert Gathings, M.D.	Resident	Kristen Sicard Spruill, M.D.	Resident
Darshika Goswami, M.D.	Resident	Sylvie Rose Stacy, M.D.	Preventive Medicine
Robert L. Green, III, M.D.	Internal Medicine	Jordan Stanley, M.D.	Resident
Ankur Gupta, M.D.	Cardiology	Jonathan Strong, M.D.	Resident
David Hardin, M.D.	Resident	Amy Oglesby Stubbs, M.D.	Hematology/Oncology
Jeremy Matthew Hatchett, M.D.	Internal Medicine	Adam L. Summerlin, M.D.	Radiology
Riem Hawi, M.D.	Cardiology	Jerzy Pawel Szafarski, M.D.	Neurology
Marquita Norman Hicks, M.D.	Emergency Medicine	Amit Kumar Taggar, M.D.	Surgery
James Trever Highsmith, M.D.	Fellow	John S. Thurber, M.D.	Cardiovascular & Thoracic Surgery
Stephanie M. Hightower, M.D.	Family Medicine	Robert Bradley Troxler, M.D.	Pediatrics
Meredith Cheryl Hitch, M.D.	Pediatric Gastroenterology	Eroboghene E. Ubogu, M.D.	Neurology
Hayden Ruth Hughes, M.D.	Anesthesiology	Swathi Vallabhaneni, M.D.	Resident
Allen N. Jarzombek, M.D.	Resident	Jerald Payden Wallace, M.D.	Resident
Traci Watkins Jester, M.D.	Pediatrics	Drake B. Williams, M.D.	Family Medicine
Michael David Johnson, M.D.	Orthopedics	Lawrence Albert Williams III, M.D.	Pathology
Kierstin Cates Kennedy, M.D.	Internal Medicine	Adam Zelickson, M.D.	Resident
Adam Ross Kessler, D.O.	Emergency Medicine		

## Lose or break your pager? We will replace it that day!!

Alpha and numeric replacement pagers are available 24/7. We are here when you need us!  
Call Mary Whitehead at (205) 933-8601. Please visit us at [jeffersoncountymedicalfoundationtrust.org](http://jeffersoncountymedicalfoundationtrust.org)  
for more information about our paging services as well as our other services.

## CME Opportunities

Southern Medical Association presents the  
**3 R's of Prescribing Controlled Substances: Rules, Regulations and Risks**

June 12, 2015, 9:00 am-3:30 pm CT  
at the Hattiesburg Clinic, Hattiesburg, MS.

This activity is designed to provide prescribers in Mississippi with key information to assist them in making decisions regarding controlled substances and fulfills the Mississippi State Licensure Board's requirement of 5 CME credits on Prescribing Controlled Substances.

For additional information or to register, visit <http://sma.org/pcs>, or call 800-423-4992, ext. 620.

The National Institute on Drug Abuse (NIDA) offers the following two CME/CEs for health care clinicians who want to know how to treat patients with opioid medications in ways that mitigate the risk of abuse, as well as what steps to take if a patient begins showing signs and symptoms of abuse:

- Safe Prescribing for Pain
- Managing Pain Patients Who Abuse Rx Drugs

Over 100,000 certificates have been issued to date for these popular courses. This is the last year they will be offered on Medscape, so we encourage you to give them a look before they expire. Visit NIDAMED's website to learn more about these CME/CEs and other clinical resources, including screening tools, opioid agreements, and patient education materials.

Questions? Contact

[NIDAMEDteam@jbsinternational.com](mailto:NIDAMEDteam@jbsinternational.com).

## Needed: Family Physician/Internist

Focus MD-Birmingham, a clinic focused on the treatment of ADHD and related disorders, is seeking an adult provider to join its well established pediatric provider. Waiting list of patients. Training and ongoing support provided. No call; no weekends. Interested parties please contact [jwily@focus-md.com](mailto:jwily@focus-md.com)



## Let us be your Business Partner!

Quality collection services customized to specific client needs.

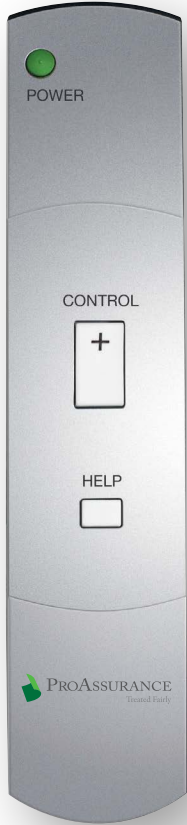
- For "fee" collections • Pre-collects
- No collections • No fees
- Accounts Receivable Specialists
- Consulting Services • Training • Seminars

**HEALTHCARE**  
FINANCIAL SERVICES, LLC

643 Lakeland East Dr. • Jackson, MS 39232

**Robin Long • (601) 420-1242**

Fax (601) 933-2530



**When you need it.**

*Medical professional liability insurance specialists  
providing a single-source solution* | [ProAssurance.com](http://ProAssurance.com)

**PROASSURANCE.**  
Treated Fairly

901 South 18th Street  
Birmingham, Alabama 35205



Non-Profit Organization  
U.S. Postage  
PAID  
Birmingham, Alabama  
Permit No. 1442