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.
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. 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 Coghill
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. Grattan
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 S. Stetler
Dr. and Mrs. Raymond Tobias
Dr. and Mrs. Van Hayne, Jr.
Dr. Katiisha 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

**WILLIAM BARKER GREEN, M.D.**  
January 31, 2015

**WILLIAM CARY FLEMING, M.D.**  
February 6, 2015

**DAVID SPERLING, M.D.**  
March 2, 2015

**MARTHA BARKER GREEN, M.D.**  
January 31, 2015

**Dr. and Mrs. Robert May**  
-Medical Staff Fund

**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 S. Stetler**

**Dr. and Mrs. Raymond Tobias**

**Dr. and Mrs. Van Hayne, Jr.**

**Dr. Katiisha 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**
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.
When you need it.

Medical professional liability insurance specialists providing a single-source solution

ProAssurance.com

901 South 18th Street
Birmingham, Alabama 35205