

GUEST COLUMN: HOW OPIOID CRISIS AFFECTS OUR HEALTH CARE

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This is the third article in a series addressing the opioid crisis we are facing in Western North Carolina. The [first article](#) defined the problem. There are too many opioids being misused, the drugs can be addictive, and addiction (including to heroin) can lead to overdose and even death.

The [second article](#) described the community response to this crisis. Mission Hospital, Vaya Health, Western Carolina Medical Society, Buncombe County and many other organizations and individuals are attacking this problem.

But the crisis is worse than ever. In January and February alone, our first responders went to 150 overdose calls — more than all of the overdose calls in 2015. Sadly, 20 of the overdose victims could not be saved; they died.

This article is to inform the public of two things. First, your provider may be treating temporary or short-term (also called “acute”) pain differently than in the past. Second, you as the patient have the right to ask for information and get answers to the questions you have about the treatment prescribed to you.

- Pain treatment will look different now. Doctors, dentists, nurses, physician assistants, podiatrists and pharmacists in Western North Carolina are worried about the misuse of pain medicine. WNC sees too many deaths from the misuse of prescription pain medicine. That is why your provider or health care team may now be talking with you about a plan to treat your pain safely if and when you have acute pain.

They may talk to you about your pain level, any history of drug abuse by you or family members and ways to treat your pain without prescription pain medicine, or they may prescribe pain medicines you can take that are not addictive. You may hear more about acetaminophen and ibuprofen.

It may surprise you that these over-the-counter pain medicines have the best evidence for treating acute pain. One 500mg tablet of acetaminophen and one 200mg tablet of ibuprofen taken together up to four times a day with food and water has the best evidence for treating acute pain.

If your provider deems it necessary to give you an opioid prescription pain medication for acute pain, you may only receive three days of this pain medication and definitely not more than seven days. Your provider is following the new Centers for Disease Control guidelines for managing acute pain.

- Talk with your provider about your pain treatment plan. We encourage you to have a conversation with your provider if you are given an opioid prescription. Ask questions, such as: What are the side effects of this opioid medication? Will this opioid medication interact with any of my other medications I am taking?

Do I have to finish this whole prescription? Or if my pain is under control, can I stop taking this medication? When can I switch to acetaminophen and ibuprofen to control my pain?

How do I safely store my prescription pain medicine so other people cannot take it? How do I safely throw away pain medicine that I do not use (so that it does not get into the hands of others ... like my son/daughter or granddaughter/grandson or their friends)?

The next time you visit the doctor, you may encounter these changes in how we help you with pain management. Please ask questions. We care about your well-being and will work with you to treat your pain safely.

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