

Guest column: Providers and the community response to opioids

By BLAKE FAGAN, MD, *The Asheville Citizen-Times*, February 13, 2017



Last month we explored the reasons for the opioid crisis and the serious potential for addiction with the use of opioids. As providers, we have become acutely aware of the crisis because of the exponential rate of opioid overdoses and overdose deaths in our community.

However, there is hope. Many individuals and organizations in WNC have been responding to this issue for years, but now there are collective, region-wide responses to this crisis. For example, The Buncombe County Department of Health and Human Services is leading an effort to build a coalition of providers in Buncombe County, including community clinics and the hospital, to tackle this problem. VAYA Health (formerly Smoky Mountain LME), a regional health organization helping those with behavioral health and intellectual or development disabilities, is leading the effort to build a regional coalition to attack this problem for the 23 westernmost counties. There are many other individual efforts — too numerous to mention all of them in this short article — underway in hospitals, clinics and practices across WNC to address the opioid crisis.

What are some of the actions these coalitions are taking?

The physicians and the medical community are re-training themselves to reduce the flow of inappropriate opiates from providers to patients. As mentioned in the first article, over the years providers have been misinformed about the addictive

nature of opioids. Providers are increasingly in agreement that inappropriate opioid prescribing needs to be curtailed. MAHEC is offering online and live in-person educational courses to providers in our communities about appropriate opiate prescribing. MAHEC is also properly training learners at the Eschelman School of Pharmacy—Asheville, Western Carolina University Nurse Practitioner students, UNC-Chapel Hill third year medical students studying at the Asheville Regional Campus, as well as providers- in-training at the MAHEC Dental, OB, and Family Medicine Residency Programs.

Physicians and the medical community are working on prevention. We are talking to pharmacists, emergency department providers, chronic pain and addiction specialists about dispensing naloxone, a medication that reverses the effects of an opioid overdose to patients at risk of overdose. There are safe medications (“medication assisted therapy”, or MAT) available to “de-tox” patients who are addicted to opioids. We are training more providers in MAT to help stabilize patients in their addiction and get them off of heroin. Furthermore, several organizations have been talking to schools and community groups about the dangers of taking someone else’s medications and the use of illicit drugs. We will start a pilot project in Enka High School to talk to students about the dangers of opioids, including heroin to prevent young people from getting addicted. Pending funding, we want to ramp it up across WNC.

Patient engagement is key. For example, the N.C. legislature passed a law in 2016 legalizing needle exchanges. Needle exchanges are controversial. However, this important legislation was passed by our Republican Congress and signed by our Republican governor because of the research showing cost effectiveness and benefit. Studies have shown that needle exchange programs reduce infections including Hepatitis C and HIV. Whatever your feelings are on drug use, here are the cold hard facts: We can spend pennies on clean needles or we can spend \$84,000 (the average price) per person to cure Hepatitis C.

In my next article, I will describe what patients can expect from doctors when they are experiencing pain.

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