SUBSTANCE USE DISORDER, ADDICTION AND RECOVERY

By Michael Bailin, M.D.

Another anesthesiologist joins in the combat to fight the epidemic of opioid addiction.

Evidence suggests many if not most people with opioid use disorder became addicted after a substantial course of prescription opioids supplied to them by physicians, dentists, and others they trust. Physical dependency ensued, habits intensified and increased, addiction supervened, and many found heroin as a cheap and available alternative to licit or illicit prescription pain-killers. Fast forward to crime, arrest, court appearance, jails, convictions, hopelessness, broken families, shame, homelessness and diminishing empathic support. Branded and stigmatized, burdens to family, friends and community, addicts are deeply isolated and alone. Few think of addiction as a medical problem and many assume a moral failure of the afflicted. It is a deadly disease taking 2 to 3 percent of its sufferer's lives each year.

Thousands of our Massachusetts neighbors have died because of opioids, and behind these tragic lives lost are tens of thousands of hospital stays, inpatient residential commitments, emergency department visits, and inestimable anguish and distress on their families and in our communities. Our Governor recently convened an expert panel, chaired by Secretary Sudder, tasking the group to reduce harm and produce actionable recommendations to address the opioid epidemic in the Commonwealth. The battle neither started nor stops there. It is essential we take action too.

Two physicians greatly influenced me, both colleagues, neither an anesthesiologist. I now volunteer evening and weekend time hopefully making a positive difference. Saving one young life more than justifies the moments spent, and will save a family from terrible permanent grief. I listened to Dr. Alfred McKee give grand rounds to obstetricians at Baystate Medical Center on the medical

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science and published evidence supporting parturients with addiction already in buprenorphine treatment programs, and I began to appreciate why opioid centered analgesia would in all likelihood fail in this cohort. His conclusions were clear; other solutions needed to be designed and implemented. This stimulated pulling scientific papers with varying conclusions, re-education on opioid antagonists, and meeting with colleagues to discuss and better understand addiction, opioid substitution therapy, and emerging involvement with the judicial system and opioid task forces in Massachusetts.

Then I heard Dr. Ruth Potee, a leader of the opioid task force in Franklin County, who makes an absolutely compelling argument in both her medical and public lectures that addiction is a brain disease, and more so, a pediatric disease requiring screening, immediate intervention, and multifaceted treatment. A cola, cheeseburger and fries diet, coupled with unlucky genetics and a cigarette habit, may lead to a combination of diabetes, premature coronary disease, COPD and a massive infarction. We treat these patients with primary care, and for the ensuing predictable complications they receive advanced tertiary care. Consultants think in terms of endothelial and vascular disease, as we offer daily prescription medicines, obesity surgery, CABG, nutritional support, outpatient rehabilitation and continuous lifelong follow-up. We support the diabetic who cannot seem to control her diabetes, and the hypertensive smoker with out of control blood pressure who can't kick his nicotine. Yet we stigmatize the addict who shows up with an overdose, and send them home with a phone number and no follow up visits or structure to treat a disease more immediately life threatening than heart failure.

As anesthesiologists we are best positioned to know the abuse and addiction potential of opioids, especially in the adolescent brain. We can discern why people are more likely to die an overdose death upon discharge from abstinence programs. We recognize the utility and pharmacology of methadone and buprenorphine programs. We know the medicine and the evidence-based logic to support criminal defendants getting treatment over being imprisoned without counseling, support or a post-incarceration plan.

I have met several Massachusetts Anesthesiologists on task forces, at conferences, and on committees who are deeply concerned. These individuals are making a difference. Every small effort raises awareness, and your action will make the person next to you less likely to propagate the stigma and shame, which is a big barrier to overcome. Help a junkie? Addicts are our sons and daughters, and none of them during elementary school thought they would grow up spending their days looking to get 'fixed'. The sickness is real, pervasive and painful. This is a call to gain momentum to control the devastation.

Anesthesiologists are uniquely positioned to understand the effects of prescription drug use, to encourage our dental, surgical and podiatrist colleagues to warn and teach our patients where much modern heroin or opioid use disorder begins – with prescription meds. ? A recent study from the Harvard School of Public Health indicated that nearly 40% of Massachusetts residents personally

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know someone who abused prescription opioids. Do we check to see if our patients get discharged with 60 oxycodone tablets or with a lecture on physical dependence and its dangers?

Here are other ways to begin or continue involvement in the battle against the epidemic:

- Learn about Smart Scripts MA; the safe and responsible prescribing guidelines
- Volunteer in recovery groups as an educator or support staff
- Host or organize social events such as recovery film showings in your hospital
- Acquire the DEA X-waiver to prescribe buprenorphine (8 hours of study)
- If you treat pain, be sure to connect with the patient's primary care physician
- Become a member of the American Society of Addiction Medicine
- Meet your legislators and talk about what you and they can do (e.g. increase support beds, programs and availability of naloxone)
- Learn what addiction resources are in your town and county and know how to contact them
- Meet your local members of the Bureau of Substance Abuse Services (DPH-BSAS)
- Organize educational conferences on neonatal abstinence syndrome
- Coordinate or attend symposia on opioid use disorder, tolerance and addiction
- Join in and participate on addiction task force or working groups
- Lend your expertise to help inform policies and procedures. Become a partner or leader.
- Know how to find behavioral health support in addition to traditional medical support
- Develop protocols and procedures in your hospital for patients on buprenorphine and methadone
- Register for and use our Massachusetts prescription drug monitoring program
- Work with your obstetrical colleagues and develop policies, guidelines or clinical pathways to screen for and manage pregnant women using alcohol or illicit drugs in a way that is professional and does not engender stigma.
- Find and take a course on SBIRT (screening, brief intervention, and referral to treatment). This is an integrated, public health approach to deliver early intervention and treatment services for persons with substance use disorders.
- Visit Plymouth Trial Court and observe Judge Rosemary Minehan presiding over Drug Court, while she helps guide citizens with drug and alcohol related behaviors.
- Visit and volunteer at the local jail – especially for youth in DYS custody.

Many anesthesiologists have joined the fight, and we need you, the cavalry. Friends, colleagues, practicing anesthesiologists and your children will give you first-hand accounts of people they know suffering from or struck down by addiction and the opioid epidemic. Volunteer work may bring you face to face with heroin users and people with the "dual diagnosis" of mental illness and substance abuse, making some efforts much more challenging. Helping a veteran or a teen with the difficult process of re-entering a stable sober life, fighting societal labels, the cravings and the feelings low self-esteem will help shift the public perception of the addict and allow society to gain a deeper appreciation of the struggles they face. It is impossible for many to live in a drug-free environment, and without structure or support, positive reinforcement, relapse is assured. They need a community of recovering people providing social support united with physicians like you and Ruth Potee who see the good in people and have empathy for those with the medical problem of addiction. ~