Carteret County NEWS-TIMES

Policies inhibit treatment

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The opioid crisis shows no signs of subsiding.

When addicts show up at emergency rooms, there's a good chance they won't find help, says Julie Havlak, writing for Carolina Journal News Service.

"I see individuals walk into the emergency department, saying, 'I'm fed up, I'm done, I want to stop doing heroin. Can you help me?' she quotes Dr. Stanley Koontz of New Bern saying. "And usually I'll send the majority of them home."

The reason, says Ms. Havlak is treatment programs are saturated and patients are often left to battle addiction on their own. Physicians place part of the blame on the federal government.

"America's war on drugs has mutated in the past decade almost as radically as real warfare has during the past century," says Ms. Havlak. "Where President Nixon once declared war, and Nancy Reagan preached 'Just Say No,' politicians and doctors alike are rebranding addiction as a disease and replacing abstinence with medication-assisted treatment.

"On the front lines of the fight against addiction are buprenorphine and methadone, drugs that block cravings and withdrawal symptoms. But expert say getting more addicts medication-assisted treatment programs is an uphill slog, slowed by skepticism within the industry, shortages of providers, and lawmakers' regulations.

"Buprenorphine and its cousins are either hailed as life-saving drugs or suspected as the next chimera in America's search for a 'magic bullet.'"

She quotes Dr. Francis Gorrigan, CEO of Solas Health in Pinehurst saying: "You can have a woman who is shooting up the night before, and within 24 hours she can go to work and take care of her children. All signs of an addictive disorder pretty much vanish."

But says Ms. Havlak, buprenorphine also has a dark side. "Lawmakers slapped regulations on the treatment after buprenorphine leaked out of doctors' offices, spread on the streets and infiltrated North Carolina's prisons.

"In the Brunswick County Detention Center, inmates smuggle in buprenorphine strips behind mailing stamps and in the creases of books.

“We do occasionally have someone going through heroin withdrawal, and it is just horrific,” said Brunswick County officer Emily Flax. “But it is mostly for the high.”

Dr. Jeffrey Singer, a surgeon and senior fellow at the Cato Institute, a libertarian think tank in Washington, D.C., disagrees, telling Ms. Havlak:

“There is a lot of data now suggesting most of the suboxone (buprenorphine) sold on the street is sold to people who are worried about going into withdrawal. They are not using it to get high. Oxycodone is the drug to get high on, heroin is the drug to get high on. Buprenorphine is no big deal.”

There are constraints on how many patients doctors can treat with buprenorphine. If they apply for a waiver and complete eight hours of training, they can treat up to 30 patients in the first year, 100 the next and eventually can apply to treat up to 275, says Ms. Havlak.

She says according to the National Alliance of Advocates for Buprenorphine Treatment about 12,000 providers actively prescribe buprenorphine in the U.S.

“The government is getting in the way of themselves if they want to stem the tide of opioid addiction,” she quotes Dr. Gorrigan saying. “They have made it impossible, especially for the poor. What has occurred from this is an artificial shortage of treatment, and what occurs from that is most providers of buprenorphine charge cash — which most people can’t afford.”

Inspections, regulations and fears of drug diversion, said Dr. Singer have scared primary physicians away from prescribing medication based treatments.

Ms. Havlak quotes WakeMed Vice President Rick Shrum saying: “The volumes are incredible. Placing them in enough good hands is the real challenge.”

She says that while patient caps were meant to stop the rise of illicit buprenorphine empires, doctors say restrictions exacerbate the shortage of care.

However, Dr. Koontz says “I don’t think [the cap] is high enough at all. When somebody finally says they need help, we take their blood, we make sure they don’t have an underlying medical condition, and we say, ‘Here’s our list or resources, we’ve called around, nobody has beds, here you go.’ “Usually they grow just as discouraged and quickly relapse because it seems like the impossible journey.

“I can tell you from the front lines,” he continues, “it’s a narrow window when someone says they’ve finally had enough, ‘I want help.’ You have to try to get them into treatment, but the issue is the psychiatric and substance abuse systems for many years have been broken.”

Ms. Havlak says restrictions are much tighter on methadone, “which carries a higher risk of abuse. Patients have to travel to a methadone clinic, where nurses watch them take the dose each day for the first 90 days.”

To operate a methadone clinic, doctors must apply through three federal agencies, qualify for an Opioid Treatment Program license and jump through other hoops meant to choke drug abuse.

“It’s very, very tightly regulated by the state and federal government,” she quotes Eric Morse, who operates eight opioid treatment programs, saying. “You’re inspected constantly and randomly by the state and DEA.”

In the meantime, the opioid crisis will worsen.