



OPIATES & OUR COMMUNITY

THE PROBLEM

There has been a rapid and alarming rise in the abuse of narcotic pain pills and heroin over the past several years in Vermont. This has led to an increase in crimes such as breaking and entering, robberies, etc., not to mention the escalation in overdoses and the devastation these drugs do to those that become addicted to them and their families.

This epidemic arose out of the increased use of opioid pain medication – Percocets, Vicodin, Oxycodone, Oxycontin, and others - starting in the early 1990's. Over the past several years, physicians have been attempting to be more judicious with their prescribing of these medications. As the supply of these medications/drugs became less available on the street, addicts turned to heroin, which was more plentiful and thus cheaper, to feed their habit. Thus, more recently we have had an increase in heroin abuse.

WHAT CAN WE DO AS A COMMUNITY?

One thing we can do as a community is to be as knowledgeable as possible about these drugs, particularly what to look for within our own families and social networks to identify persons that may be using these substances and then make every effort to get them help.

Secondly, we, as a community and a society across the nation, must adjust our expectations of how pain is to be managed. We have become accustomed to going to our doctors or ERs and getting narcotic pain medications. Thus, we now have a problem. So going forward, we must when possible, utilize non-addicting pain medications and alternative forms of pain control such as physical therapy, acupuncture, massage, hot/cold treatments, etc. And when we are prescribed narcotic pain medications, we should use them only as prescribed and for as little time as necessary to control the severe pain. Most importantly, when we are no longer in need of them, the remaining supply needs to be destroyed (dissolved in wet, hot coffee grounds) or turned into designated receiving agencies such as law enforcement or pharmacies. If not, they may end up on the street, further feeding someone's addiction and the epidemic.

TREATMENT OPTIONS

When someone is dependent/addicted to narcotic pain meds and/or heroin and they want to get free of them, they basically have two options. One is to go to "a hub" (there are a number around the state) and be inducted onto Methadone or Suboxone (Buprenorphine), which are themselves opiates, that allows the individual to be maintained and hopefully stabilized on a controlled amount of prescribed opiates while they engage in a recovery program and work on rebuilding their life. The second option is to detox off of heroin or pain meds and then participate in a strong recovery program such as a residential rehab, Intensive Outpatient Program (IOP), and/or NA/AA. The choice should be based on what is going to give the person the best chance of staying clean and rebuilding their life with the least risk of causing harm. However, the system is weighted toward going onto Methadone or Suboxone as that is where the funding is prioritized. This Medication Assisted Treatment (MAT) population is ever growing, locking people into long term maintenance on opiates and requiring ever increasing funding and resources. It is not sustainable or, in my opinion, healthy for the individual or the state. More funding and emphasis should be put into the second option by creating more availability for individuals to detox completely off opiates then go to rehab centers and/or IOPs and other substance abuse treatment supports. MAT programs should be reserved for refractory cases that repeatedly fail the second option.

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Dr. Kevin Buchanan is the Medical Director at Clara Martin Center. He joined the Clara Martin Center initially through a contract with West Central Services as the Medical Director in 2002 following four years of practice at Rutland Regional Medical Center/Rutland Mental Health. He became employed by the Clara Martin Center in 2008, providing leadership, vision and oversight of all medical services for the agency. He also provides direct client care through the Community Support Program in Randolph, as well as the Adult Outpatient and Substance Abuse programs. Dr. Buchanan received his PhD in Neuroanatomy and MD from Loma Linda University. He did his psychiatry residency at Dartmouth-Hitchcock Medical Center from 1994-1998. He has been certified by the American Board of Psychiatry/Neurology since 2002.

