

Opioids 101: Straight Talk About a Misunderstood Epidemic

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Opening the meeting with “My Country Tis Of Thee,” Jimmy Collins, accompanied by Burr Stewart, reminded members that research shows that “people who sing together have open minds, a very ‘Rotarish’ characteristic.”

David Brenner read the prayer he saw at Little Bighorn Battlefield National Monument in Montana, the site of the battle between the armies of Chief Crazy Horse and Lt. Colonel George Custer. The Crazy Horse Memorial is inscribed with a prayer that reads in part:

“We know that all Mankind was given the power of Truth, Justice, and Wisdom. We know that mankind has the power of choice to do right or wrong, good or bad. Our grandfathers have told us that all mankind were created equal and they represent the earth man with no skin color. In order to heal our grandmother earth, we must unify through peace. And so this is our prayer.”

President Mark asked for a moment of silence to remember our former member, Randy Revelle, who passed away on Sunday. Revelle served as King County Executive for four years and in leadership at the Washington State Hospital Association, and was a tireless advocate for health care. He publicly acknowledged his own bipolar diagnosis and fearlessly championed the necessity of mental health care and coverage.

Connie Miller introduced our newest member, Jevon Powell, a psychologist specializing in business consulting services. His introduction is included in this issue of the Totem.

“Opioids 101 - Straight Talk About a Misunderstood Epidemic” was our main program with perspectives from three vantage points: treatment, research, and personal experience. Penny LeGate lead the conversation with Molly Carney, executive director of Evergreen Treatment Services, and Caleb Banta-Green, principal researcher at the UW Alcohol and Drug Abuse Institute. Penny said that she hoped we would learn from the facts we were about to hear and help inform others about the reality of this epidemic.

Penny said that in 2015 the number of deaths in the US from opioid overdoses surpassed the 50,000 who died in the Vietnam War, while last year, opioid overdoses among teens exceeded the numbers of teens killed in car accidents. Penny’s own daughter, Marah, died just six years ago from an opioid overdose. Penny quoted Marah who said to her, “We are not throwaway people, we are real people struggling with a real disease.”





Caleb Banta-Green said that this disease of addiction is frustrating to all involved: the person, the family, the police, and the community. But as he explained, we do know why some people become addicted and we do know how to treat the disease. First of all, access to these powerful drugs from prescriptions is about 100 million daily doses prescribed every year. In many homes, leftover prescription drugs are piled up. His research also shows that up to one third of people who try opioids end up opioid dependent, and they certainly did not start out with the goal of addiction. For many, opioid use makes them feel normal in the face of mental health issues or trauma, for example. This is a disease with biological, psychological, and social elements and the disease must be treated from each perspective.

Caleb went on to say that a person can be in recovery AND on medication, like many other common diseases, such as diabetes, cancer, etc. There are known, successful treatment pathways:

1. Social support and counseling, although without accompanying medication, the chance of dying from an overdose is twice as high.
2. Naltrexone, is an opioid blocker and can work for some people. There is less evidence accumulated about the success of this drug and some don't feel normal when they take it. However, it does work for some and is a treatment option to consider.
3. Buprenorphine/methadone reduces mortality by at least 50% and it has the strongest evidence of efficacy.

He said that public health research among those with Substance Use Disorder shows that 79% want to stop using opioids.



Molly Carney, executive director of Evergreen Treatment Services, runs four clinics in Western Washington to reach 3,000 people daily with medications and counseling to help them manage what is a chronic, relapsing medical condition. Molly is adamant that we not use judgmental and pejorative words like “junkie and addict”, but rather the term Substance Use Disorder to describe the disease the person is suffering with. Research shows that if patients leave treatment early, the relapse rate is 90%. Medications can even out the highs and lows of addiction and are both cost-effective and effective treatment.

“We can’t arrest our way out of this epidemic, we must make treatment readily available,” she said. Evergreen Treatment Service sees 3,000 patients annually for which Medicaid pays \$500 month for each person in treatment. By contrast, it costs \$50,000 a year to put a person in jail.

Caleb added that when people feel shame and are stigmatized, they don't ask for help, and if they do, too many families and providers ask why they are addicted and do not understand that no one wants to suffer from addiction. "There are 20,000 patients in Washington State on treatment medications and we need treatment for two or three times more patients."

Molly reminded that audience that we can take specific actions to decrease the access to opioids. Washington is at the forefront to rein in prescriptions. Ask your physician for just a few days of medication rather than the dozens often prescribed following surgery, etc. Take unused medication to drug take-back boxes all over King County. Don't flush unused medications but rather break up in cat litter and dispose of that way.

Finally, to learn more about Substance Use Disorder and treatment options, go to the following websites: www.marahproject.org, www.stopoverdose.org, and evergreentx.org.