



VIEW*S* & VISIONS

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Prevention and the Opioid Epidemic

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Dr. Henry is Board Chair and past President of the Kanawha Medical Society. He is a member of the Governor's Substance Abuse Review Committee and Chair of the Formulary Committee for the Department of Health and Human Resources. Dr. Henry also serves as a board member for the West Virginia Medical Professionals Health Program and the Rea of Hope substance abuse treatment center. He has served as a member of the Kanawha Valley Drug Abuse Coalition and was Chair of the Stop Meth Labs Initiative. He consults for Highmark Inc. on the Network Quality and Credentials Committee, the Care Management Committee and the Clinical Advisory Committee.

This is a historic and challenging time for West Virginia. The West Virginia State Medical Association (WVSMA) celebrates its sesquicentennial as the state's largest physician advocacy organization at a time when we face one of the greatest public health threats of recent history. WVSMA was established in 1867 with the purpose of safeguarding our profession and promoting policies for the health and welfare of the citizens of West Virginia. We are directed to enlighten and direct public opinion regarding the practice of medicine in our state. These directives demand that we be involved in assessing, analyzing and formulating plans to address what has been labeled the "opioid epidemic." This is a crisis that cannot be resolved with the efforts of one group. We must engage every aspect of our communities to regain the state we know and love.

West Virginia remains the national leader in drug overdose deaths with a rate approaching 50 persons per 100,000 – the national average is 19 per 100,000. West Virginia ranks third in opioid prescriptions and first in benzodiazepine prescriptions – a dangerous combination. The U.S. National Survey on Drug Use and Health shows that well over half of opioids misused are obtained from family and friends. An abstract presented at The American Congress of Obstetricians and Gynecologists this year determined that 53 percent of opioids prescribed after cesarean delivery were not used. Prescribing rates have trended downward as of recent years, but remain three times the 1999 rates and four times higher than Europe in 2015.

While treatment and prevention of substance use disorder are equally important, my focus this year will be on prevention. The source of this epidemic remains overprescribing and continued



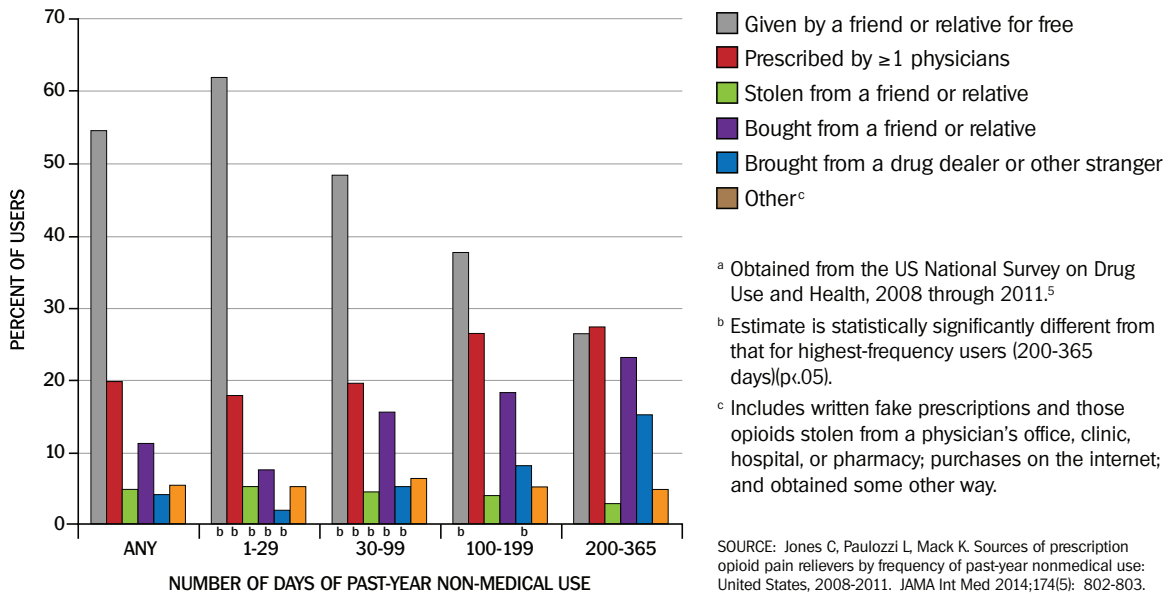
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measures to reduce the supply of opioids remains a priority. Eleven states have enacted legislation to limit prescriptions of opioids for acute pain to seven days or less. Accessing the prescription drug monitoring program remains mostly voluntary and efforts to increase the use of this important tool should be a priority. Physicians identifying substance misuse should be free to communicate these issues to physicians identified as prescribing controlled substances to such individuals. Currently there is no federal law on the prescription quantities of controlled substances. Our practice has limited the supply to 30 days with few patient complaints. Patients understand the value of this minor inconvenience.

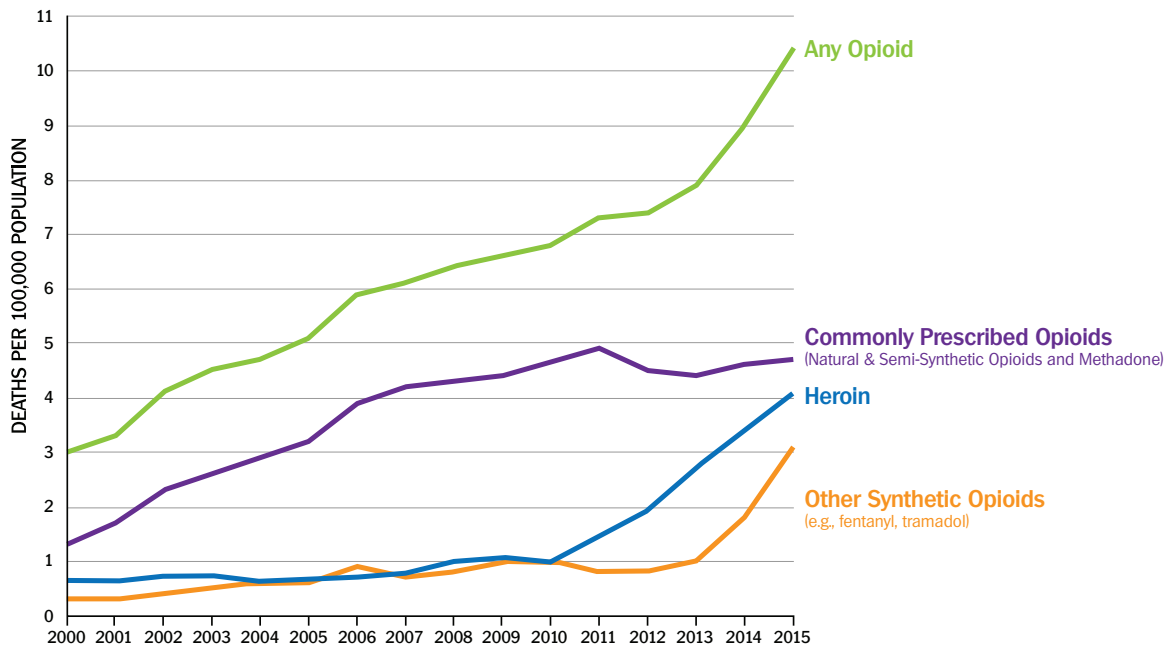
Education concerning the dangers of opioids is a necessary part of any solution. Patients need to be aware of the dangers of substance misuse and the potential of addiction. Parents and grandparents need to be aware of the widespread availability of prescription drugs and encouraged to address the dangers with their kids. Even legitimate use of opioids in youth has been associated with later substance abuse. But a negative view of marijuana at age 12 has been associated with a decrease of later DUI. Public school health curriculum needs to ensure a real understanding of the concept of addiction and the dangers of prescription drugs.

For any patient prescribed a controlled substance, I educate them not only about the dangers of the medications, but also their

Sources of Prescription Opioids Among Past-Year Non-Medical Users^a



Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC: 2016. <https://wonder.cdc.gov/>.

responsibility to secure such medications. I advise them to lock up the medications in a secure place to assure they do not fall into the wrong hands. Most prescription drugs that are misused are obtained from family and friends. By limiting the quantity prescribed and securing the prescriptions, we can impact the supply of over 50 percent of the medications being misused. The responsibility for change rests on all of us. Both patients and physicians need to work toward a solution.

West Virginia has never been an economically rich state, but what we've lacked in financial riches has always been more than made up for by our communities, a sense of safety and family values. This epidemic has eroded the wealth of peace and security that has always drawn us home. A feeling of doubt has been created about our beautiful state. We must meet the challenge to regain the peace and tranquility of our home and cast out this plague on our society. "Do not be overcome by evil, but overcome evil with good." ∇