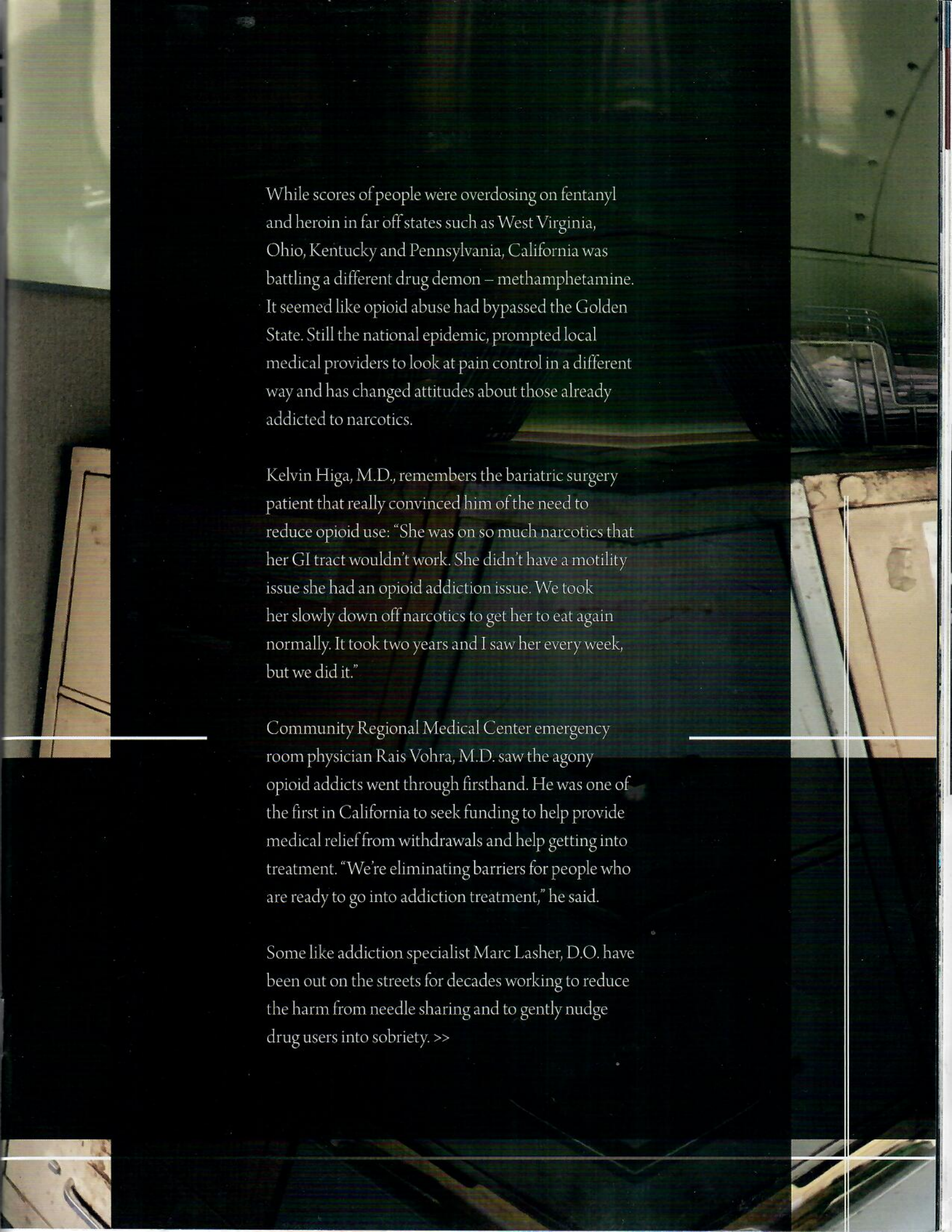
BY ERIN M. KENNEDY

MAKING IT EASIER TO PREVENT, REDUCE AND TREAT

OPIOID ADDICTION



While scores of people were overdosing on fentanyl and heroin in far off states such as West Virginia, Ohio, Kentucky and Pennsylvania, California was battling a different drug demon – methamphetamine. It seemed like opioid abuse had bypassed the Golden State. Still the national epidemic, prompted local medical providers to look at pain control in a different way and has changed attitudes about those already addicted to narcotics.

Kelvin Higa, M.D., remembers the bariatric surgery patient that really convinced him of the need to reduce opioid use: "She was on so much narcotics that her GI tract wouldn't work. She didn't have a motility issue she had an opioid addiction issue. We took her slowly down off narcotics to get her to eat again normally. It took two years and I saw her every week, but we did it."

Community Regional Medical Center emergency room physician Rais Vohra, M.D. saw the agony opioid addicts went through firsthand. He was one of the first in California to seek funding to help provide medical relief from withdrawals and help getting into treatment. "We're eliminating barriers for people who are ready to go into addiction treatment," he said.

Some like addiction specialist Marc Lasher, D.O. have been out on the streets for decades working to reduce the harm from needle sharing and to gently nudge drug users into sobriety. >>

OPIOID ADDICTION

DALLAS BLANCHARD HAS BEEN HELPING DR. LASHER COLLECT USED NEEDLES FROM INTRAVENOUS DRUG USERS EVERY SATURDAY FOR NEARLY TWO DECADES.

To turn the opioids tide here, it will take a multi-pronged approach of reducing prescriptions to prevent addiction, making addiction treatment easier to get and helping those who are injecting their opioids from spreading deadly diseases like HIV and Hepatitis C. It starts with adjusting attitudes and destigmatizing addiction so people seek treatment early, said Dr. Vohra.

"The language we use in talking to and about patients who are struggling with drugs has a powerful effect," he explained. "A compassionate, patient-centered approach which recognizes the legitimate struggle that someone is experiencing can go a long way."

20,000 NEEDLES A WEEK HELPS REDUCE HARM OF ADDICTION

Most of the patients lining up at the Saturday Fresno Free Medical Clinic are arriving on battered bikes. They carry dozens of used needles and syringes in grungy plastic ice chests to exchange. But a few, like Mike S., pull up in new cars to see the physician who's been doling out clean needles to intravenous drug users for more than 20 years.

Dr. Lasher also drains abscesses, dresses wounds and dispenses antibiotics, naloxone for overdoses, and buprenorphine for withdrawal symptoms out of a big yellow refurbished school bus parked near Roeding Park. And if they're ready, Dr. Lasher will prescribe Buprenorphine and make an appointment for people to see him the next Monday at Aegis Medical System where he works as an addiction medicine specialist.

Mike S., who asked that his last name not be used, got hooked on opioids decades ago after a motorcycle accident and surgery to repair the damage to his leg. "I used to show up with $100 a month and get a bottle of pain pills from (another) doctor. It was exactly like a drug dealer," described Mike, who is nearing retirement age.

When prescriptions are cut off and buying pills on the street gets too expensive, people turn to more dangerous injectable narcotics. "Heroin is so much cheaper and readily available," explained Dr. Lasher.

Mike's off narcotics now, but he still comes to Dr. Lasher for

LEGISLATURE CLARIFIES LAW REQUIRING PHYSICIANS TO OFFER NALOXONE TO PATIENTS

In January, a new law took effect that requires opioid prescribers to also offer prescriptions for opioid-overdose reversal drugs such as naloxone. The California Medical Association (CMA) received numerous calls from physicians regarding the ambiguity of the new requirements.

The California Legislature recently enacted a bill that clarifies the circumstances under which physicians are required to offer opioid-overdose reversal drugs. Effective September 5, 2019, AB 714 specifies that the requirement to offer naloxone applies only if the patient is receiving a prescription for an opioid or benzodiazepine medication.

If a patient is receiving such a prescription, the law requires that the prescriber offer naloxone or other similar drug if:

The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day

An opioid medication is prescribed within a year from the date a prescription for benzodiazepine has been dispensed to the patient

The patient presents with an increased risk for opioid overdose, including a patient with a history of opioid overdose, a patient with a history of opioid use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

In addition, the law now specifies that the education physicians must provide patients who are prescribed naloxone or other similar drug must be about opioid overdose prevention and use of the opioid reversal drug. Physicians do not need to provide the education if the patient declines or if the patient has received the education within the past 24 months.

The new law further clarifies that the requirement to offer naloxone do not apply when the opioid or benzodiazepine medication is being administered in a facility or prescribed to a patient who is terminally ill.

To learn more about prescribing controlled substances, including this new requirement, see CMA health law library document #3201, "Controlled Substances: Prescribing."

This document, as well as the rest of CMA's online health law library, is available free to members at cmadocs.org/health-law-library. Nonmembers can purchase documents for $2 per page.

Medical school volunteer Karina Perez (at left) assists Dr. Marc Lasher who is seeing longtime patient Mike S. at the Fresno Free Medical Clinic, a converted 1970s-era bus that he parks near Roeding Park every Saturday from 1-3 p.m.

care. "I trust him. He has stuck with me and respects me," said Mike, who came to the Fresno Free Medical Clinic for follow up on a wound that was treated in the emergency department weeks before.

And as word has spread over the years of Dr. Lasher's compassionate treatment of those suffering from addiction, the line has grown at the Saturday clinic and needle exchange.

"We're exchanging more than 20,000 needles in two hours now," said Dr. Lasher. When he and longtime volunteer Dallas Blanchard first started 20 years ago, they handed out about 1,300 needles each Saturday as they dodged the authorities. Giving sterile needles to addicts was illegal until 2012 when California law changed.

As the law has changed, so have attitudes. Dr. Ken Bird, retired Fresno County Health Officer, praised Dr. Lasher in his 2017 monthly letter to county residents: "All too often, IV drug users are discriminated against and ostracized. As a result, they fall through the cracks and suffer great physical and emotional health problems. At the Fresno Needle Exchange, there is no stigma, there is no judgment, and there is no pressure. It is a safe confidential place, where anyone suffering from an IV drug use addiction can come to find help and resources."

Most in the medical community appreciate his work, so Lasher was surprised recently when a city council member showed up with a police officer to shut him down. "I had to show them the law and tell this this is what we've been fighting for," Dr. Lasher said. "Needle exchange is part of the comprehensive community program for dealing with drug addiction. It's not the answer, but it is part of the solution."

The Fresno exchange is one of about 51 needle exchange programs in California and 400 needle exchange programs operating in the U.S., Puerto Rico and the U.S. Virgin Islands, according to the North America Syringe Exchange Network. In the Central San Joaquin Valley there's also one in Hanford and one in San Luis Obispo. Numerous studies have shown such exchange programs are associated with decreases in HIV and hepatitis.

Mike S. knows Dr. Lasher's care helped save him. "He's the best-hearted doctor. No other doctor would do this," he declared.

IMMEDIATE ADDICTION, WITHDRAWAL RELIEF PROVIDED 24/7

Any time of the day or night, people struggling with opioid addiction can walk into Community Regional Medical Center's emergency department and find immediate relief in the form of medication to suppress cravings and withdrawal symptoms – and help getting right into an addiction recovery program. They're also likely to encounter another big-hearted physician, Dr. Vohra.

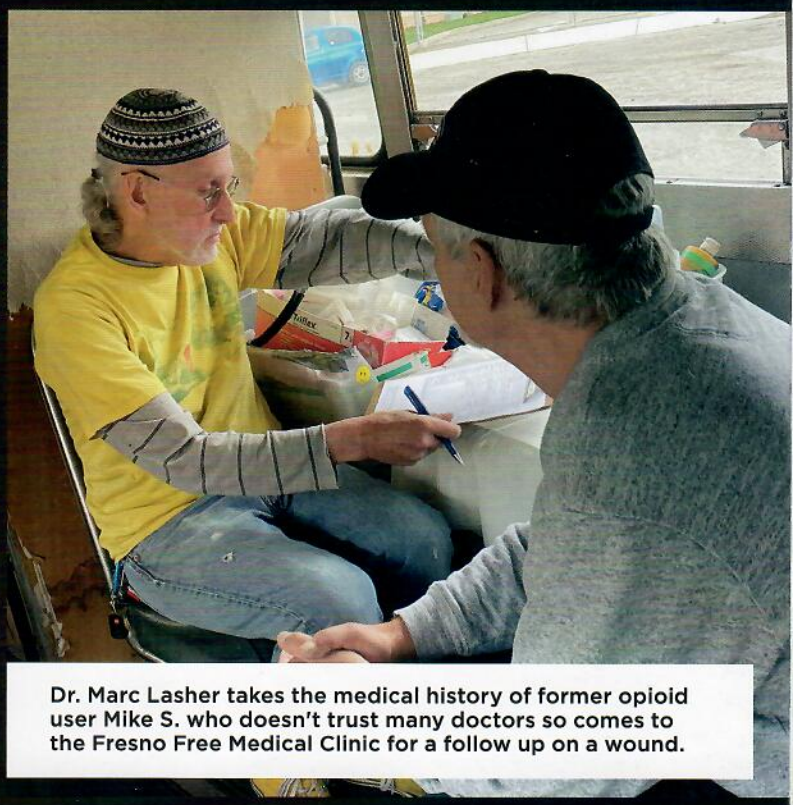
"As an emergency medicine doctor and specialist in toxicology I've seen the destruction that opioid addiction has on our patients and the despair they feel. We now have new hope to offer these patients," said Dr. Vohra, who helped establish Community Regional as one 53 clinical sites participating in California's grant-funded BRIDGE program.

The program aims to create easy access and encouragement for patients to enter and remain in treatment by dispensing Buprenorphine with the active component Suboxone to control withdrawal symptoms and, to cut cravings for opioids. The medication is highly effective and is now considered the best option for long-term management of substance use disorder, said Dr. Vohra.

"We want them to get medications, information and encouragement by simply walking into our ER — or any other place in the hospital," explained Dr. Vohra, a UCSF Fresno professor of emergency medicine and clinical pharmacy who sees patients at Community Regional. He's also medical director of the California Poison Control System and interim Fresno County Public Health Officer.

Dr. Vohra estimates he and his addiction navigator Chala Vang see 20-30 patients a month and have helped nearly 400 so far in the pilot project funded by California Department of Health Care Services. Vang helps patients with insurance paperwork, transportation directly to drug rehab, or referral for follow up care in the community.

"There's actually lot of treatment programs now and a lot of insurance companies are setting up telemedicine programs for this," said Dr. Vohra. Many patients who are working prefer the telemedicine option so they can get their



Dr. Marc Lasher takes the medical history of former opioid user Mike S. who doesn't trust many doctors so comes to the Fresno Free Medical Clinic for a follow up on a wound.

buprenorphine prescription and talk over the phone or by skype with a physician about their progress, said Vang.

Dr. Vohra is now seeking funding to expand the program and hire more addiction navigators. "The State of California has set aside $20 million for addiction navigators. Their vision is to have one in every ER," he said. "We need more navigators to get to other kinds of patients. We're still working to get the word out, especially to surgical patients and pregnant women" who may be struggling with opioid addiction.

APPROACHING SURGICAL PAIN RELIEF DIFFERENTLY

For the past few years many Community Medical Centers and Kaiser Permanente surgeons have been using Enhanced Recovery After Surgery (ERAS) protocols to help reduce opioid use and improve outcomes.

In a paradigm shift, instead of fasting 12 hours, patients are given a high-calorie, high-carbohydrate drink a few hours before surgery to boost their metabolic recovery. Dr. Amir Fathi, director of hepato-pancreato-biliary surgery at Community Regional, who helped establish ERAS at the hospital, goes further and has patients try to stop smoking and work on their nutrition for several days before surgery to get their blood sugar under control. He told MedWatch Today that using ERAS produced "better outcomes, less infection, shorter length of stay, less re-admissions, and dramatic decrease in the narcotic pain medication usage."

With ERAS patients are also encouraged to get up and move a few hours after surgery and surgeons stay away from pain medication that inhibits movement. "Key was the pre-operative counseling and managing the expectations of pain," said Dr. Pearl Ma who practices with Dr. Higa at Advanced Laparoscopic Surgery Associates Medical Group (ALSA).

"We tell patients it's normal to feel some pain, that 'You should feel sort of sore like we made you do sit ups.' And we tell them, 'If you feel gas pain, but best thing to do is to get up and walk with it.' We ask them if maybe their pain is emotional or anxiety and there are other things besides pain medication that help better," Dr. Ma said. "We ask patients not to ask for pain meds unless they really need it."

Having nurses onboard to help the efforts and coordinate how to help patients deal with pain rather than just giving them a narcotic has made a huge difference as well. "We reduced our opioid use by 60% right away from ERAS," said Dr. Ma.

Kaiser Permanente Fresno saw similar results of a 59% decrease in the number of surgical patients prescribed opioids between 2015 and 2018, according to the study published in the Annals of Surgery.

ALSA surgeons went even further to look at the pain relief they were using during surgery. Many in their field were turning to Experal instead of the usual opioids. "We were looking for a magic bullet to do surgery without pain," Dr. Ma said of the promises of Experal. So she and Dr. Higa did a double-blind study to see if their bariatric surgery patients did fare better. They've just published their results.

"We found the medication didn't really do any better. There was no difference in the amount of pain meds patients needed in the hospital," said Dr. Ma.

The study concluded: "A greater percentage of patients in the standard bupivacaine group did not require any narcotics at home which was significant on postoperative days 2-4. In order to become completely opioid free after bariatric surgery, resources should be focused on multimodal approaches instead of reliance on type of anesthetic medication used."

Dr. Higa said surgeons who don't work on reducing opioid prescriptions create problems for their colleagues: "The people who bear the brunt of this are the primary care doctors because they're getting the calls from patients demanding more pills. The surgeon fixes a problem and send them home with 20 pills and some patients become addicted and the primary care doctor has to deal with that."

Statistics show patients have a 6% chance to become hooked on opioids if they are exposed to them in surgery or afterwards, said Dr. Ma. But that's 6% too many.

Dr. Ma and Dr. Higa aim to eliminate all opioids from their practice. They're starting new protocols this month. "We won't give patients any narcotic pills to go home with and we let them know we'll evaluate if they need them. I think we'll find that patients get used to the idea," said Dr. Higa.

AN OPIOID RX FOR EVERY TWO PEOPLE IN FRESNO, MADERA COUNTIES

Prescriptions for opioids peaked in Fresno and Madera counties in mid-2015 and have been steadily declining, according to the Central Valley Opioid Safety Coalition's

data. Opioid prescriptions were down 33% between the high point and April 2019, but still being written at a rate of 507 for every 1,000 people in Fresno and Madera counties, according to the California Department of Public Health. That's one prescription for every two people locally.

In 2018, the latest year available, Fresno and Madera counties residents dying from opioid overdoses were highest among those ages 55 to 64 – a group more likely to have had surgery and pain medication prescriptions. That year 41 people died from opioid overdoses locally and 178 people were rushed to hospital emergency department with overdoses. Since 2008, nearly 800 people have died from opioids in the two counties.

But those numbers too are decreasing each year.

The widespread distribution of naloxone, also known as Narcan, to reverse overdoses is saving lives locally. Dr. Lasher estimates he hands out 30-35 boxes of Narcan nasal spray each week. "We're arming the local population and training them how to use it at home," he said. "Every week I hear about 12 reversals."

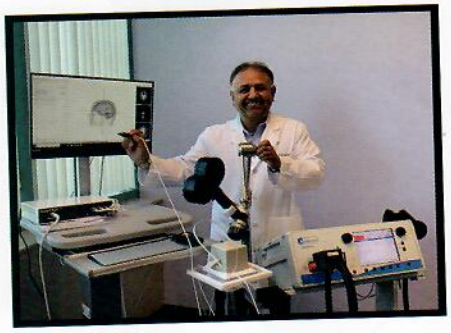
Patient Mike S. says he always picks up boxes or Narcan when he sees Dr. Lasher and makes sure he takes a few doses with him everywhere he goes. "I've personally saved eight people with Narcan," he said.

On this Saturday, Mike S. also stepped off the Fresno Free Medical Clinic bus with a prescription for antibiotics and an admonition to come back in two weeks to check his leg wound. He looked around at the trash bins brimming with used needles and the people leaving with boxes of sterile syringes and shook his head. "Look at all the kids here. It's sad. There's a growing epidemic," he observed.

"This is not something they chose. It chose them," said Mike, who knows firsthand how opioids pick the unlucky.

Advanced Treatment for Major Depressive Disorder

Very often patients suffering from depression obtain no relief from multiple medications. Furthermore drug therapy can cause significant side effects.



Edgar Castillo-Armas, MD
Psychiatrist

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