More That Matters: The Opioid Crisis

With Melinda Robinson

Diane (00:00):

How serious is the opioid crisis? Find out now on this segment of More That Matters.

Clay (00:14):

The opioid problem has been a worldwide issue for over a century, but it has now ballooned into a crisis, here in Louisiana, in the US, and beyond. To manage the crisis, we must understand the nature of opioids and their effects. Here with her much-needed expertise is Melinda Robinson, the Louisiana State Opioid Response Project Director. Thank you so much for being with us today, Melinda. This is a very, very important topic. So many people have been impacted by this subject. Let's begin at the beginning. What is the opioid crisis?

Melinda (00:54):

Well, basically, it is what's happening right now with the overdose deaths due to opioids. From the 90s, uh, we looked at begin... We began seeing waves, uh, of prescription overdose deaths. And then, later on, say 2010, um, we started seeing heroin overdose deaths. And then, 2013 we started seeing synthetic opioid overdose deaths. At some point in 2017, uh, late 2017, it was declared a public- public health emergency.

Diane (01:30):

So on a scale of one to 10, because you have the expertise to back this up, what would you say the number would be, how serious this crisis is, in the US, and then here in Louisiana?

Melinda (01:45):

Over half a million people have died of overdoses, um, including prescription and illicit opioid basically, from 1999 to 2020. Um, in 2020, we saw an average of 45 people that died per day from overdoses involving prescription opioids and more than 16,000 deaths involving prescription overdoses in 2020.

Clay (02:11):

Wow. It is sobering, uh, to have discussions about this. When was this opioid issue declared a crisis?

Melinda (02:23):

In 2017, uh, by President Trump.

Clay (02:27):

Do you believe the general population understands the gravity of, of this issue and, and how it is impacting families all across our country?

Melinda (02:39):

I, I honestly don't know because, uh, sometimes I think people are aware. But as I go out and talk to people, people I know don't seem to be that aware. Um, there's a lot of people with personal experiences, having been prescribed opioid [inaudible 00:02:57]. Um, we also have experiences where, you know, we have family members who have maybe misused opioids. Um, and I... But I don't know that everyone really understands the gravity of the situation. You know, um, I, I appreciate, you know, shows like this that come around and, uh, you want to highlight what's happening because we, we need to address it.

Diane (03:27):

Mm-hmm.

Melinda (03:27):

Um, it is the elephant in the room. And it's not gonna be better unless people are aware and understand and, um, stop stigmatizing it and acting like it, it, um, discriminates because it doesn't discriminate.

Diane (03:43):

Mm-hmm.

Melinda (03:43):

Opioid use disorder does not discriminate, so.

Clay (03:46):

Because it's a s- it's a sickness, not a weakness.

Melinda (03:50):

Right, right, right. Um, it's not a weakness. It's a, um, unfortunate. I mean, it, it's-

Diane (03:57):

Yes.

Melinda (03:57):

... just what-

Clay (03:58):

Right.

Melinda (03:58):

... can, uh, you know, it's a side effect of using [inaudible 00:04:02] prescribed medication.

Diane (04:06):

And it, and it's so difficult, too, as you said. This conversation is hard for people, some people to listen to-

Clay (04:14):
Right.

Diane (04:15):
... and our listeners to this podcast.

Clay (04:16):
Mm-hmm.

Melinda (04:16):
Mm-hmm.

Diane (04:17):
That's why we do these, to make sure that we get the best, the most current, eh, the most vital information we can to folks who need to hear. And as you said that it's a conversation we have to have.

Clay (04:29):
Right.

Diane (04:30):
It is critical to have. So, let me ask, what led to the, this becoming an epidemic to where we are right now? You said in 2017, uh, all this changed, but then it's been around for a while. So, what was... Was there a tipping point? Did something happen?

Melinda (04:46):
Um, so the epicenter is, was identified in West Virginia. Um, so, again, in the 90s there was a high prescribing rate, um, there was a lot of marketing for opioid, there was a lot of prescribing then dispensing. Um, not real... There, there wasn't the best representation of the effects of using these, these prescribed medication. Um, there was a situation with the different economies, racial/cultural factors.

Melinda (05:22):
Um, when you look at the situation, um, again, it wa- wasn't a lot of information and there wasn't a lot of information sharing back then. We didn't have electronic medical records. We didn't have, um, prescription, uh, data ma- monitoring systems, right? Um, so, there was a, you know, opportunity for, um, [inaudible 00:05:50] right? So, um, as we come along, then it... Like, I'm saying, the epicenters in West Virginia, but again, it was nationwide. So that was just identifies where it started or where it was the most dangerous, um, at the time that this became highlighted, right? Um, but it's basically, you know, prescribing for treatment from moderate to se- severe pain.

Melinda (06:21):
Um-

Diane (06:23):
Uh, I'm just surprised when you said that the epicenter was West Virginia? I woulda thought-

Melinda (06:30):
Everybody is surprised about that.

Clay (06:30):
Yeah

Diane (06:30):
Yeah. I would have thought New York or California, no offense-

Melinda (06:32):
No (laughs).

Diane (06:32):
... any of those wonderful states.

Clay (06:34):
Sure. Well, you, but you're-

Diane (06:34):
You know, but-

Clay (06:35):
... you're meaning that based on population.

Diane (06:36):
Ye- yes.

Clay (06:36):
How large, yeah, yeah.

Diane (06:36):
Yeah. No offense to anyone.

Melinda (06:39):
You're, you're thinking, you're thinking, yeah, you're thinking about population.

Diane (06:41):
Yeah.

Melinda (06:41):
They, you know, you gotta think about what, what those factors are, again, looking at, you know, where you see the prescribing of opioids is in, um, larger, not larger towns, um, and small cities, right? So, um, and then you gotta look at, you know, those other factors like a- such a- West Virginia is high industry, right? It's like, um-

Clay (07:10):
Never [inaudible 00:07:11].

Melinda (07:10):
... that workforce class is high there, because everybody gets manual labor.

Diane (07:15):
Right. Right.

Clay (07:15):
Yeah.

Melinda (07:16):
What happens in manual labor areas?

Diane (07:18):
You get hurt.

Melinda (07:18):
What happens in the State of Louisiana?

Diane (07:19):
Yeah.

Melinda (07:20):
Everybody works offshore-

Diane (07:21):
Mm-hmm.

Melinda (07:21):
... and we have a lot of refineries. We have a lot of places where injuries occur. There's a lotta surgery, uh, there's a lot of prescribing, because we have, you know, these situation where... Look at the, you know, I didn't pull this information, but I can almost guarantee you, if you look at the workers' comp claim in the states and do a correlational study, you're gonna see, with the prescribing, there could be a correlation there.

Diane (07:49):
Interesting. Yeah.

Melinda (07:50):
Um, yeah. Right.

Clay (07:51):
S- so what makes this so addictive?

Melinda (07:58):
So as, as with any drug or even no actions and, you know, there's parts of our brains that, you know, are, are feel good centers, you know, and that, that activate the endorphins through being released. And so again, you know, I'm gonna equate it to cupcakes. You know, I see a cupcake, I can't resist. Like, I just, I want to bite. Um, and so basically, I get the cupcake. And I say, oh, that's, you know, really good. Love it. Um, the adverse effects of it, uh, gains weight, right? But it doesn't keep me from eating that cupcake. So-

Clay (08:41):
Right.

Melinda (08:41):
... hence, the, you know, there's the addictive property, right? Makes you, that gives you a euphoria feeling, right? Um, pleasure pain situation, and adverse effects. While there are adverse effects in taking opioids, um, they do, do not outweigh the pleasure, uh, of taking opioids. Right?

Diane (09:06):
You know, we talked about the crisis in the United States, but let's talk about how it relates to our state, to Louisiana. Can you give us some information on that, Melinda?

Melinda (09:17):
Yes. So, um, with some grant funding, Louisiana has, um, actually invested funds into the Louisiana Opioid Data Surveillance System, uh, which is a great system for any of the listeners out there to go and get information, um, about the crisis, um, in the State of Louisiana. Um, and basically, we've seen a 432% increase-

Diane (09:45):
Oh, my God, say that number again.

Melinda (09:47):
... in opioid like involved deaths.

Diane (09:48):
No, no, say.

Melinda (09:48):
400. Oh-

Diane (09:48):
400?

Melinda (09:51):
432%-

Diane (09:52):
Percent?

Melinda (09:53):
... increase.

Diane (09:55):
For over what time period?

Melinda (09:55):
Percent.

Diane (09:56):
What time period?

Melinda (09:57):
From 2014 to 2021.

Diane (10:00):
Geez whiz.

Melinda (10:02):
So yes, so we went from 259 desk, deaths per year in 2014 to 1,378 deaths in 2021.

Clay (10:14):
That would constitute a crisis.

Melinda (10:15):
So a total of 4,744 people have, have had opioid involved deaths. So, yeah, it, State of Louisiana, we're not the epicenter, but we are in there. We are part of it. Um, the prescribing rate has decreased, um, but we went from... We have basically 72 opioid prescriptions per 100 people in 2021.

Diane (10:44):
Say that one more time. You have so, how many?

Melinda (10:48):
70- 72 opioid prescriptions per 100 people.

Diane (10:53):
That's three fourths. I mean, that's incredible.

Melinda (10:55):
Right, right, right, right. Uh-huh.

Clay (10:58):
And you think about a state-

Melinda (10:59):
So much as it has decreased, but we are higher than the national average-

Diane (11:03):
Oh, gosh.

Clay (11:03):
Well-

Melinda (11:04):
... um, in the State of Louisiana. But there's a, there's a lot of prescribing in the State of Louisiana. Um, and there's some, there's some, there's actual parishes as in 2021 that had more prescription issued than people residing in the parish.

Diane (11:19):
Oh, that just boggles my mind. How can that happen? I mean, how, how was it allowed to continue to happen-

Melinda (11:26):
Right.

Diane (11:27):
... with the prescriptions being-

Melinda (11:29):
They said it's... Yeah, i- it's a lot.

Clay (11:31):
So what do you attribute to that though?

Melinda (11:33):
But and again, like... Wait. Number one, I can say we have a lotta industry here, we have a lot of, um, injuries, we have a lot of surgeries, we have, we have a high cancer rate. So like I said, i- indeed, you know, they, they are prescribed. So you, you could consider them legit, legitimate, you know. I'm not saying there's any... I can't tell you if they're illegal or not. But what I can say is they're being prescribed. Um, I can say that they have decreased, which is great, um, but the, the prescription rate is still high in the State of Louisiana. Um-

Clay (12:11):
You know, you, you know, Melinda, that you, you referenced this earlier, just a second ago, actually, many of these are prescribed. And, and in so many cases, that end in, in overdose, it started legitimately-

Diane (12:25):
Right, right.

Clay (12:26):
... with a prescription that was dealing with some health issue.

Melinda (12:27):
Right, right.

Diane (12:30):
And to help you, not to harm you.

Clay (12:31):
Th- that's, that's exactly right. So, and, and again, don't know if I'm asking this the right way. How do we calibrate that? There are only 4.6 million people in the State of Louisiana. And with percentages that high, that impacts us in ways that it, you, you know, that you have to look at with a, with, with a more focused eye versus say, a Texas or a California. Um, what do we do about that part of it? Why are doctors still prescribing at that rate? I know you referenced all the injuries, but has there been no calibration based upon the number of deaths?

Melinda (13:06):
Um, I, I think that, to be honest, and I'm gonna, this is an opinion of mine.

Clay (13:10):
Mm-hmm.

Melinda (13:12):

Um, you gotta kinda address stigma here. Um, we look at people and we just say that's not someone that's gonna abuse this medication. Um, we... I, I don't think that... I, I can say right now, like, personal, uh, and family history and you, you, you can look at me and you see my face, um, and say, "Oh, she comes from a good family." Yeah, I do come from a good family, but that doesn't mean that there aren't individuals in my family who haven't had issues with opioids. I've actually have. And you, you... I talked about an injury, and we talked about how this happens, and people don't, and I said it doesn't discriminate, right?

Diane (14:00):

Right, right.

Melinda (14:01):

People don't think it's going to happen to me.

Diane (14:02):

Mm-hmm.

Melinda (14:03):

The doctor looks at you and says that this isn't gonna happen to you and it does. It, it can happen to your brother, it could happen to your mom, it could happen to your grandmother, your sister. You, you don't know who it's gonna happen to, because, again, you don't go into the office thinking, I wanna abuse this medication. Nobody chooses-

Clay (14:22):

Right.

Melinda (14:22):

... to live that kinda life. Right? But it happens and it's hard to, it's hard for people to admit. Um, it's hard for people to admit that it happened to them, it's hard for people to admit that it happened in their family. Um, so, again, a- and till we get over this, like, you know, it only happens to these type of people-

Diane (14:46):

Yeah, right. Cyclically, exactly.

Melinda (14:49):

... or, you know-

Clay (14:50):

Right.

Melinda (14:52):

... it (laughs). Right. Stop focusing on that and realize that, you know, it could happen to you, it could happen to me, it can happen to anyone.

Clay (14:59):
Yeah.

Melinda (15:00):
Um, and once you realize that and put things in place and, and say, Okay, I'm gonna prescribe this medication, I'm also gonna do a screen on you right quick to determine if this could be a problem, right?

Diane (15:14):
And we talked-

Melinda (15:14):
So, it's education and, and training and, um, you know, putting things in place, which we- we've done. Um, we're just gonna get better at it and making sure that everyone's aware, like, like, this, this podcast today, uh, so people know, right?

Diane (15:32):
And we have to take ownership of our own health. The doctor is doing, obviously what he, he or she thinks is necessary-

Clay (15:42):
Correct.

Diane (15:42):
... for us to, for us to feel better, to get better, to be responsible. But ultimately, it falls on our shoulders-

Clay (15:49):
Right.

Diane (15:50):
... to do the right thing. So let me ask you, what are some of the commonly prescribed medications that are at high risk that would, that people would become addicted to the op- opioids?

Melinda (16:03):
So you have the natural opioids, which includes morphine and codeine.

Diane (16:06):
Okay.

Melinda (16:08):
You have the semisynthetic opioids, which is oxycodone. You know, everybody's heard of OxyContin-

Diane (16:14):
Right.

Melinda (16:14):
... hydrocodone, uh, Ox- Oxy-, uh, there's some other words I can't say. It might be the same word.

Diane (16:20):
(laughing) Yeah.

Melinda (16:21):
Uh, there's the synth- the synthetic opioids, uh, which includes methadone, and fentanyl, um, and heroin, which is the illicit, right? So that's not prescribed. But so the ones that are present, you know, morphine, codeine, you- you- you've all heard these-

Diane (16:37):
Right.

Melinda (16:38):
... terms.

Diane (16:38):
Right.

Melinda (16:39):
You probably didn't, but I don't know. And I, and you're right. How do you take control of your health when you don't even know that you're taking opioids (laughs)? So hopefully, that's helped, you know, we have this conversation of what, what is opioid? Um, so, and that's what you're being prescribed. And yeah, you do, we do need to take ownership of our health and, uh, learn, le- learn the facts about it.

Clay (17:04):
Are there any precautions that a doctor or a pharmacy can take to lessen the chance of a patient becoming dependent upon some of these prescriptions you just talked about?

Melinda (17:19):
Um, I think that, um, screening, uh, could be helpful, um, and I'm not a medical profession, pro- professional, but definitely, uh, screening to determine, uh, to look for the signs-

Diane (17:36):
Mm-hmm.

Melinda (17:37):

... uh, and symptoms, which is a precaution. Um, and also just taking a good, uh, observation of the individual, uh, as they're working with them, um, and making sure they're having good conversation-

Diane (17:52):
Right, right.

Melinda (17:53):
... uh, with the individuals they're working with.

Clay (17:56):
You know, 'cause I can imagine if someone has had a surgery, an injury, or as you said-

Diane (17:59):
And they're in pain.

Clay (17:59):
... they're in pain.

Diane (17:59):
They're in huge pain.

Clay (18:01):
And they come to you, they're legitimately in pains-

Diane (18:03):
Yes.

Clay (18:04):
... and you're prescribing it to deal with the pain. Um, but I'd like you could drill down a little bit more on this, though, 'cause what, 'cause you're basically talking about an assessment of the person before making the prescription. And obviously, yeah, and, and you said, you're not a medical professional, but what do you know about the assessments that are employed before a prescription is written?

Melinda (18:27):
Um, there are brief assessments that you can look at, look at, and it, also look at their, um, uh, look at their, uh, past history, right?

Diane (18:41):
Mm-hmm.

Clay (18:41):
Yeah, yeah.

Melinda (18:42):

Have they had issues in the past with substance abuse? Do they have some issues in the family? Um, so there's a lotta information that we put on these forms that can be used to kinda look at that. Um, but also, you know, asking the individual, um, if they've had issues, look at behavioral health disorders, you know, have had they had issues in the past? And also, look at the age of the individual, um-

Diane (19:11):

Exactly. Yeah.

Melinda (19:13):

Yeah, right. Um, so there's, there's some telltale signs, there are some screening tools out there, um, that physicians can use, and there's also training that they can be involved in, to, to look at that as well.

Diane (19:29):

And the physicians, you know, to a degree, they probably know that patient's history, and they have to 'cause that's got to be so difficult, Clay. They're weighing the pros and the cons. And Melinda, you know, there, we were talking about the fact that the patient just wants to feel better. And even in, in years gone by, not so much now with this crisis, but you heard about people, you know, whispering, He got, he got a back injury and got-

Clay (19:54):

Right.

Diane (19:54):

... addicted to pain medicine.

Clay (19:56):

Right.

Diane (19:56):

And that was, you know, that was 20, 30, 40 years ago. So it's just, it's, it's been just hyper. Just now, there's so much out there and I don't know that people are afraid to talk about, as we said earlier, Melinda, it's an uncomfortable conversation, but we certainly have to talk about it. So that leads me to the question, are there any legal mechanisms in place to restrict, uh, the overprescribing of these drugs of these dangerous substances?

Melinda (20:25):

So yeah, I can actually say that, um, you know, there's regulations by the DEA, there's regulations by FDA, uh, CDC, and then you've got your state regulations. So there- there's a lot of regulations out there-

Diane (20:39):

Okay.

Melinda (20:40):

... um, around the prescribing and dispensing of, um, opioids. So that's helpful. We also have in place like I, I mentioned earlier, the, um, Prescription Drug Monitoring System, uh, a program where we actually have to, anything that's, um, dispensed or prescribed is monitored in those systems. Um, and, you know, hopefully, we'll see some, you know, regulations coming soon as far as, you know, the training and education of medical professionals in the arena of substance abuse.

Diane (21:19):

Well, you know, I think that everyone, you know, that we're, uh, Clay and myself, a- and you and our listeners, everyone agrees we're to a point that something has to happen.

Clay (21:28):

Uh, 100%, yes.

Diane (21:28):

Something. It should have happened yesterday, but now, you know, it has to happen.

Clay (21:33):

Right, right. You know, you, we, we talked about this earlier and you referenced it that that's only gonna affect, quote unquote, those people or-

Diane (21:40):

Mm-hmm.

Clay (21:41):

.... uh, people who live over there or whatever and, and we know that that isn't true. That this, this could befall any family on any-

Diane (21:48):

Exactly.

Clay (21:49):

... in any part of our city or any city for that matter. Uh, but who would you say would be the most vulnerable population for this, for the opioid addiction?

Melinda (22:05):

Uh, so those people that, again, have had, um, you know, substance use issues in the past, um, for those individuals, that's a, that's a given. But, um, younger people, um, people who... You know younger people tend to, you know, en- engage in more risky behavior than they did. Like, uh, like, uh, Dymatize. But, um, we also have individuals who, I'll say younger people, but you know, there are people who engage in risky behaviors, and those individuals are gonna be more likely or vulnerable to, um, opioid use-

Diane (22:45):
Mm-hmm.

Melinda (22:45):
... or misuse. Um, and then those individuals who have interaction with people who also misuse or use drugs. Um, so there's these, these risk factors of basically, the highest risk factor is people engaging in risky behaviors. Uh, so (laughs)-

Diane (23:03):
Yeah.

Melinda (23:04):
... um, those people that, you know, and sometimes it is a cultural thing. It's like, ah, you know, our prescription sharing, and what have you, and like, oh, you don't need to go to doctor for that, lemme get you some-

Diane (23:15):
I've got something, yeah.

Melinda (23:16):
... lemme go in my purse (laughs).

Diane (23:16):
Gosh.

Melinda (23:19):
And, and I mean, I mean, I'm from rural, uh, Louisiana and I mean, [inaudible 00:23:22]. You can't go to the doctor today, here. Tell your aunt to see if she's got something, you know.

Diane (23:26):
Right. She have a little something that I can use. Yeah.

Melinda (23:29):
Uh, and it's, yeah. So that, that's that social, uh, cultural situation, right? Like-

Diane (23:34):
Yeah.

Melinda (23:34):
... that's just what we do. And no, we don't think about the consequences. And, and so that's probably, you know, the worst part, you know, this is, we have this, you know, Oh, yeah. Lemme go get.

Diane (23:48):
Mm-hmm.

Melinda (23:49):
We share everything around here (laughs).

Diane (23:51):
Right. Well, you, you know, s- some of our-

Melinda (23:53):
In the State of Louisiana, we are best generous people ever (laughs).

Diane (23:55):
(laughs) Yes, we, yes, we are generous, are we not? But, you know, some of our listeners-

Melinda (23:59):
(laughs)

Diane (24:00):
... who are following us today and who have followed our podcast, you know, it, this might, you know, they might have the question that it's, it's kind of a stretch. It's kind of, how do we go from legally using this medication, to going to stronger substances to heroin? How, how does that, how does a patient or a person progress from legally and healthily using something to go to something stronger? Uh, could you walk us through that?

Melinda (24:31):
Well, I, I... So I- I'll take, uh, my personal experience, but, um, not me personally, but, you know, what I've witnessed.

Diane (24:41):
Mm-hmm.

Melinda (24:41):
And you know, you have somebody in the hospital let's say get an accident, um, and, and this happened with people with accidents on the job, too. I mean, it's basically, you have a prescription, um, and then you have, um, you know, you're in the hospital a long time or something's happened, you're pres- you're prescribed. So I've seen-

Diane (25:04):
Mm-hmm.

Melinda (25:04):

... um, they're on morphine, you're on morphine for a month, you know. So, here you are on morphine for a month, you get out. Okay, and now you're, you're gonna go through rehabilitation and you're gonna go, you're on the opioids. Um, at some point, you're gonna, you're gonna titrate off the opioids, but there's also these factors that go on. Also, um, there could be a bit of depression, because when you're hurt-

Diane (25:31):

True, yes.

Melinda (25:33):

... in the hospital, you're isolated. And-

Diane (25:34):

Yeah.

Melinda (25:34):

... you know it, so there's, it, it comes like a, a storm, right? So it's, you know, you probably you may have lost your job because of this situation, you know, and now you're, now you're stuck with all these medical bills. And so, as you can see it, you know, I'm building up on emotional stress and trauma-

Diane (25:54):

Mm-hmm.

Melinda (25:54):

... um, you know, of what just happened, um, what my situation is, and then all of a sudden, you know, I'm, I'm not feeling well. I'm, I'm in a lotta pain. Um, and, you know, again, you don't just wake up and say, I, I just want, I wanna go see a drug dealer and, and-

Diane (26:09):

Right. Yeah.

Melinda (26:10):

... and do this, but that's, that's what happens. Basically, you're gonna go from morphine to, you- you know, a [inaudible 00:26:18]. Like, you're not gonna, you're not gonna feel good with Tylenol.

Diane (26:22):

Yeah. Right.

Melinda (26:22):

Uh, so now you're gonna go, how else you gonna go get it. You can't go get it from your doctor, you can't afford, um, you can't afford it. So now you're gonna go to the street, you're gonna get the heroin, uh, you're gonna get the illicit drugs. Um-

Diane (26:37):
It's a scary situation.

Melinda (26:38):
... made to look like-

Diane (26:39):
It's just scary for a person to find themselves in.

Melinda (26:41):
Yeah, yeah, yeah.

Clay (26:43):
And you know, and, and unfortunately, we've heard stories about people who progress down this road and end up dying from some substance that's laced with something that they're not supposed to put in their system.

Diane (26:58):
And they didn't know. And they didn't even know.

Clay (26:59):
So, they're attempting to get high-

Melinda (27:00):
Yeah, they didn't know.

Clay (27:00):
... and end up dying.

Diane (27:02):
Yeah.

Clay (27:02):
And, and that's something. You know, I know people listening to this, and I think most people either know someone who's going through it in their family, or may have it in their own family as you referenced. But this is an uncomfortable conversation to have. Because I think so often people don't wanna seem vulnerable to something like this, which I think is, is, is not particularly healthy. However, if someone listening to you right now is curious about a friend or a relative that may or may not be dealing with this, what would you say are some signs that people should look for if they have those suspicions, or signs that they should look for if they don't?

Melinda (27:40):
So, basically, you know, and when, being prescribed opioids is, is not wrong. Um-

Diane (27:49):
That's a good point to make.

Melinda (27:50):
They are-

Diane (27:50):
It's not wrong. It's not wrong.

Melinda (27:51):
... they are, they are legal medications.

Diane (27:53):
Yeah.

Melinda (27:53):
They are legal medications.

Diane (27:55):
Mm-hmm.

Melinda (27:55):
So looking at, you know, your, your mother and saying, Oh, you know, my mom's using opioids.

Diane (28:01):
Yeah.

Melinda (28:02):
That's fine. Okay? Um, we wanna look at changed behavior, right? Changed, uh, increased use or risky use of their medication, taking them more than what they're prescribed or taking them outside of their prescribed directions, right? Um, craving, uh, physical dependence like sweating, craving, uh, looking at change in weight, uh, looking at are they drowsy, uh, all the time? And is there a change in their hygiene? Um, and I, and I purposely don't say that increase in weight or decrease in weight. I've read some articles and they say, a decrease in weight. I say a change in weight, just because it's a change, right?

Diane (28:52):
Right.

Melinda (28:52):
I- it's a change that is out of the normal for the person. Um, somebody might have bad gi- hygiene, in particular and their hygiene just kinda gets worse. Right?

Diane (29:04):
Mm-hmm.

Melinda (29:04):
So, um, look for isolation, look at, you know having financial difficulties, uh, and change in illegal activities. Is, is there an increase in ill- illegal activities? Or is there, uh, increase in these things that they're doing, uh engaging in those risky, risky behavior? Um, so those are the type of things to look for in an individual.

Diane (29:30):
A- and, you know, fr-

Melinda (29:32):
And maybe use of opioids.

Diane (29:35):
A- and friends and family, they can see this, and they can see this in a loving way. And the person who is impacted, you know, they, they don't, they don't wanna accept it possibly, they don't wanna believe, oh, my gosh, I've become a statistic. I, I don't-

Clay (29:51):
Yeah.

Diane (29:51):
... I don't want. Like you said, you don't wanna do it. You don't wake up one morning and say, this is gonna happen. And sometimes you refuse to believe that it's happened to you. So-

Clay (30:01):
Right.

Diane (30:01):
... that's when you rely on friends and, and loving ways-

Clay (30:04):
Right.

Diane (30:05):
... to be kind, to be loving, to help them and not to criticize and not to tell them they're awful and they shouldn't have done. You don't need all that.

Clay (30:13):
No.

Diane (30:13):
You don't need that at all.

Clay (30:14):
And it, it doesn't, doesn't help face anything.

Diane (30:15):
It's not gonna help. No, no. So what are some resources to help those that are impacted whether or not be your family or friends?

Melinda (30:24):
So there's, you know, if you're an individual, there's Narcotics Anonymous. There are grief groups out there for people who lose loved ones, uh, family friends, uh, to opioid use. There's, uh, prescription drop boxes. Um, I think that's one of the last things we mentioned as far as (laughs)... I feel like it is. Anyways, I don't know if it is, but we forget, like, dispose of your medications properly. Store your medications properly. Uh, use safe storage and dispose the products. Um, look at patient, uh, parents of addicted loved ones-

Diane (31:03):
Mm-hmm.

Melinda (31:04):
... how, uh, which is a group of, you know, parents of people who are using drugs, um, standing... There's also the standing order for naloxone, um, and there's opioidhelpla.org, which by the way, we're working on, uh, revamping that site to be a bit more comprehensive So we'll see a lotta changes coming there soon.

Diane (31:25):
And that was a website you said? I'm sorry, I missed that. That was a website?

Melinda (31:29):
Yes, yes.

Diane (31:29):
Okay.

Melinda (31:29):
Opioid- opioidhelpla.org.

Diane (31:31):
Oh, okay, thanks. Okay.

Melinda (31:33):

Um, yes. So basically, we'll see some changes. Right now, it lists, um, where you can seek treatment, um, and, uh, recovery support services. So, um, we're gonna add some, a lotta more information in there. So we're really excited about that, um, kinda even more information about what we're talking about today, really. Uh, so it'll be quite comprehensive. Um, so that'll be a, a great resource of really looking at having that to be, you know, basically, in the State of Louisiana, where can someone go to get help? Um, or if you don't need help and you need, someone needs help, that you know, where you can go to get that information.

Diane (32:16):

All right. Yeah, yeah.

Melinda (32:16):

Um, and then it, it includes physicians. So we're, we're looking at giving resources to, uh, providers out there and how they can get more information, um, and be better at their jobs and, uh-

Diane (32:31):

Mm-hmm.

Clay (32:31):

Yeah.

Melinda (32:31):

... have resources to support them, because we gotta support everybody.

Diane (32:35):

And how important is not only recovery, but recovery and maintenance-

Clay (32:41):

Mm-hmm.

Diane (32:41):

... to maintain it, to stay off of this, and to know that you are susceptible, to stay, you know, just to stay far, far away from all of this. You know, we haven't talked I don't think yet about fentanyl. Oh, gosh, you hear about this almost every day. What, what can you tell our listeners about fentanyl?

Melinda (33:03):

So it's, that's a synthetic opioid. Uh, it is a, uh, it's, uh, is legally produced, uh, was originally, uh, made as an intravenous, intravenous, uh, anesthetic around the 60s, um, used to treat patients, used to treat patients with severe pain, um, or severe pain following surgery. So, um, it's quite potent. Um, basically, it is, um, let's see, to give y'all some numbers, it's approximately 100 times more potent than morphine.

Diane (33:42):

100 times.

Melinda (33:43):
50 more potent than heroin.

Diane (33:46):
Oh, my gosh.

Melinda (33:47):
So-

Clay (33:48):
Say that one more time.

Diane (33:49):
Yeah, say those numbers again, please?

Melinda (33:51):
It's approximately 100 times more potent than morphine and 50 times more potent than heroin.

Diane (34:00):
You can't wrap your head around that.

Clay (34:02):
Yeah.

Diane (34:02):
That's hard to wrap your head around.

Melinda (34:04):
Mm-mm. You're actually, um-

Clay (34:05):
100 times. When you think about morphine and what it's given to you for, uh, surgery or what- whatever and you said 100 times stronger?

Melinda (34:18):
Yes. So we're, we're talking about, you know, to overdose on fentanyl is, like-

Diane (34:26):
Oh, gosh.

Melinda (34:26):

... we always use the example of grains of sand or the, the tip of a pencil, you know. A little bit of sand on the tip of a pencil is used as a diagram to give you an idea of how little that is. It's, it's not a lot. It's, it's a tee tiny bit.

Clay (34:43):

Well, we- we've read about incidents where law enforcement officers have gone into places and touched it with their bare hands and ended up overdosing and needing. And, and, and so it, and it's, it's impacted scenes now, uh, and, and when and, uh, uh, say a narcotics unit goes into an area to deal with apparent fentanyl use or opioids there I had this conversation with the commander of the narcotics unit in one of our cities here in Louisiana. And he said that they go, they go in gloved and in some cases, they're very particular about who goes in because they don't wanna have contact with this stuff, because it is so potent.

Melinda (35:26):

By potent, um, and you don't know where it is. I mean, you, you don't know. Um, again, you know, you just look at something and you're not gonna say, Oh, that's fentanyl-

Diane (35:37):

Right.

Clay (35:37):

Right.

Melinda (35:38):

... because you don't know.

Diane (35:39):

Well, is it-

Melinda (35:40):

Nobody knows, nobody knows what it can.

Clay (35:40):

Some of us wouldn't recognize it anyway.

Diane (35:42):

Yeah, yeah. That is what I was gonna... Is it a powder? Is it white? What does it, what does it look like, or how do you know?

Melinda (35:46):

Yeah.

Diane (35:46):

How do you know? Okay.

Melinda (35:49):
It can come in a powder form. Yeah, it-

Diane (35:51):
Okay.

Melinda (35:51):
... has to be white. Um, but, yeah, it's, but you're not gonna know it, any difference-

Diane (35:57):
No.

Melinda (35:57):
... you know, when you look at a pill that is made to look like OxyContin or made to look like a Percocet. You, you don't know, you just see a white pill. Or now they're making them in colors, but you just see a pill there, right? You're gonna see, it's not gonna be labeled fentanyl-

Diane (36:14):
Mm-hmm.

Melinda (36:15):
... um, which is the most dangerous aspect of fentanyl, right? Um, it's what, you don't know what you don't know, um, when you're taking these meds that are, you know, supposedly prescription medications because you're, you're gettin' 'em, you're not getting them from a pharmacy.

Diane (36:33):
Well, a- and you know they're-

Melinda (36:34):
So anything you don't get out of pharmacy, you just don't know what it is.

Diane (36:36):
You do not. A- and you know, and you made the point that now they're in color. So that's attractive. They look like candy.

Clay (36:42):
Mm-hmm.

Diane (36:42):
Or it looks like oh, this-

Melinda (36:44):

Yeah, yeah.

Diane (36:44):

... this could, this couldn't harm me. This, you know, it's, it's too pretty. It's, you, you know, it's just, it just... I, I just can't believe that what those statistics you gave just a moment ago, 100 times more potent than morphine.

Clay (36:56):

That's just, that's incredible. Uh, you know, we, you, you referenced earlier that the, the population most at risk for opioid abuse. What about fentanyl?

Melinda (37:07):

So it's, it's pretty much the same. I mean, as far as fentanyl concerned, um, you're, you're not gonna get prescribed fentanyl unless you have, you know, like I mentioned, severe pain.

Diane (37:20):

Oh.

Melinda (37:20):

That's something that's gonna be, you know, severe. So-

Diane (37:24):

So that will never been prescribed. Is that what you said?

Melinda (37:27):

Likely, presc-... Yeah, it, it can, it's, it's prescribed. Yes.

Diane (37:29):

Oh, it could, okay. Okay.

Melinda (37:30):

Yeah, I would say, yeah, it can be prescribed for sure. Um, anyone can be prescribed fentanyl, but as far as who, the people that are overdosing in most cases, what I've, what, from what I've read from the CDC, uh, DEA, it, they're not, they're not overdosing from prescribed fentanyl or overdosing from illicitly, um, manufactured fentanyl. Um, and, again, that's goin' out to you can't get it anywhere else, that you're gonna go out and you're gonna get things and you don't know what, you know, the people that are giving it to you, I don't even know that it's in there.

Clay (38:10):

Right. Right.

Melinda (38:10):

So, um, that's the scary part.

Clay (38:13):

You know, I know in some cities where we are, we record our broadcast here in Baton Rouge. And I know here, and, and it happens around the state that DEA has something called, uh, drug take backs. And, and, and people-

Melinda (38:26):

Yes.

Clay (38:26):

... should really search that to find out if it's near your city and what it is, is they typically do it at police headquarters. You can take old prescription meds to them and just drop it off.

Diane (38:36):

No questions asked.

Clay (38:37):

No questions asked.

Diane (38:38):

Just get rid of, yes. Yeah.

Clay (38:39):

You go through the lawn, and they box 'em up. They take 'em to wherever they, they take them to be destroyed. And I, I often find, uh, Melinda, that people don't know about that. If they haven't heard, they don't know. And they, and they keep medication in their medicine cabinets for years, because so many of us and I've been guilty from time to time, not using all of what you have, especially as it relates to pain medicine. So it is not proper to flush that stuff down the toilet. But there are ways that you can get rid of it-

Diane (39:07):

Safe ways.

Clay (39:08):

... and get it out of your home. Can you talk about that just for a second?

Melinda (39:12):

Yeah, I'm, I'm glad you said that, because, uh, uh, people don't know. They just hang on. I, you know, I did the same thing. Um, I act- um, I actually don't take prescription medication that much, but you know, I am guilty when I do. I, like, I, I don't even pay attention that I even have it to be honest anymore.

Diane (39:27):

Mm-hmm. Right.

Clay (39:27):
Right.

Melinda (39:29):
But yeah, there's prescriptions, there are the prescription take back days. Um, then there's the prescription drug boxes. Actually, um, the Office of Behavioral Health, uh, funds, some, a lot of prescription, uh, box, drop boxes, uh, across the state, um, and there are pharmacies that actually have drop boxes as well. So, um, we're, I talked about opioidhealthla.org that's one thing that we're adding to our site is a link to find those drop boxes 'cause they are, um, managed and monitored by the DEA. And they do keep an interactive map where you can find those drop box locations.

Diane (40:04):
Excellent.

Melinda (40:04):
Uh, so you don't have to wait for a prescription drug drop, uh-

Clay (40:07):
Drug take back.

Melinda (40:08):
... take back there.

Clay (40:09):
Yeah.

Diane (40:09):
Right.

Clay (40:09):
There, there are places-

Melinda (40:09):
That's what I'm saying here, is-

Clay (40:10):
Right.

Melinda (40:11):

... you could take it any time to the drop box locations and take your medication. I, I actually had to use one within the last six months and, you know, take some medication 'cause you do not wanna push it.

Clay (40:21):

No, no.

Melinda (40:22):

Um, you just go dispose of it properly, and there are... We also fund some programs around the state. They give out, uh, the Tara bags and those are bags that you can actually put your pills in, um, and it'll dissolve them.

Diane (40:36):

Really? I didn't know that.

Melinda (40:38):

And then... Yeah, yeah. So you can actually take and it is safe. Um, it makes it safe that you can actually, you, you just pour it out in the sink. So there, there are those little bags, um, and those are easy to use as well. And, uh, and then locking up your medications and you-

Diane (40:54):

Right, of course.

Melinda (40:55):

... can just, can just put 'em in your cover.

Diane (40:56):

Yeah.

Melinda (40:57):

And, uh, there's all kinds of, you know, we fund those as well. Like, the, uh, medication bags, uh, that you can lock and put your meds in there and lock it up so that no, they don't get into the hands of anyone in the house.

Clay (41:11):

Right.

Diane (41:11):

Exactly. Wonderful options to know. Yeah, I don't think we discussed it or we haven't talked about it in our closing minutes. But I think it's very important for our listeners to understand and know the long-term effects of the, the abuse of opioids. Could you say a few words about that, Melinda? I'm sure you've seen that and know about it.

Melinda (41:33):

Yes. So, um, yes, so there are long term effects. Um, again, I'm not a medical professional, but there... Yeah, it- I've even seen this, the one time I used opioids. I'm gonna use my own personal experience (laughs). I had a, um, um, what do you call? I had my tooth removed, um, the molars in the back.

Diane (41:54):
Mm-hmm.

Clay (41:54):
Uhg.

Melinda (41:54):
And, um, yeah, right. So I got the dry socket. And I was like, oh, gosh, no.

Diane (41:59):
Ouch.

Melinda (42:00):
This is bad.

Clay (42:00):
Yeah.

Melinda (42:01):
So, um, I used opioids. So one of the [inaudible 00:42:05] is constipation. So as you can imagine, um, with long term use, that it does affect your immune system. It could, uh, cause bowel obstruction, myocardial infarctions, uh, tooth decay.

Clay (42:22):
Mm-hmm.

Melinda (42:22):
Uh, I don't know a lot of people realize that, that it actually affects your teeth, um, immuno-depression, uh, hyperalgesia, um, chronic constipation, breathing problems during sleep, and serious fractions, which was surprising to me when I was, uh, searching this-

Clay (42:41):
Really?

Melinda (42:41):
... on the CDC's website. Yes, so, um, interesting, right? Um, but I just I know that the few days that I used them, I, I just could not use them again. I probably would not. I would have to say no to that, no matter-

Diane (42:56):
Mm-hmm.

Melinda (42:56):
... or I would have to look at the alternative-

Diane (42:58):
Right.

Clay (43:00):
Right.

Melinda (43:00):
... meds for pain management. Um, and there are alternatives to pain management. So, um-

Diane (43:05):
You see, that's important. I think a lot of people think, well, there are no alternate. What do I do? I have no other option. So thank you for mentioning that as well. So that is a critical piece of information right now. You know, as we're wrapping up our, our cast today, you know, we've had, Oh, my gosh, so much critical and important information. Is there anything, Melinda, that you can think of that we need to make sure that before our, our listeners, um, be- before they leave this particular podcast that they really need to know, or thought they should be left with?

Melinda (43:39):
Um, we did, we did... We talked about opioids. We talked about the dangers, um, we talked about, um, what happens and how you can get there, but we didn't talk about the harm reduction aspect, and and that is, you know, the naloxone. Um, some people know it as Narcan-

Clay (43:55):
Yes.

Melinda (43:56):
... Narcan brand name.

Clay (43:56):
Good. Yes, yes.

Diane (43:56):
Yeah.

Melinda (43:57):

Having naloxone, you know, when you go get... If you're, if you're using, if you're a prescribed opioid, you can ask for a prescription for Naloxone, but you, we ha-, the State of Louisiana has a standing order for naloxone.

Clay (44:10):
Yeah.

Melinda (44:10):
So you can actually go to your pharmacy and ask for Naloxone and, and get it, um, and insurance should pay for it, um, or there should be, might be a copay.

Clay (44:22):
Yeah.

Melinda (44:23):
Um, but that's something you need to talk to your doctor and your pharmacist about making sure that you have Naloxone on hand. And when you know that your, you suspect a family member is using, get you some Naloxone. Um, we'll be working on, uh, there, there are areas of the state where, you know, we have Naloxone for free where you can get Naloxone. We're working on some vending machines to get out to the state-

Clay (44:47):
Mm-hmm.

Melinda (44:47):
... to dis- dispence Naloxone free of charge.

Diane (44:49):
Fabulous idea. Fabulous.

Melinda (44:50):
So, um, oh yeah. So, uh, we actually have a vending machine in Shreveport right now. But get your Naloxone, learn how to use it, um, especially internasal spray really easy. So just make sure that you have something and know the signs of, um, an overdose. And know that-

Diane (45:11):
Right.

Melinda (45:12):
... you know, always call 911, uh, even if you have Naloxone because it's not gonna, it's not a long term si- situation, uh, solution when you have somebody who is overdosing. Um, and and the good thing about Naloxone is, if you suspect somebody is overdosing and they, they are not, it's something else, it's not gonna hurt them to administer-

Diane (45:33):
Good point. Excellent point. I didn't know that either.

Melinda (45:34):
Yeah.

Diane (45:34):
Yeah.

Melinda (45:36):
Right. So I could use Naloxone on myself right now and it's not gonna do anything to me.

Diane (45:39):
Okay.

Melinda (45:42):
So just know that you suspect it, use it and call 911.

Clay (45:46):
That's so great that and, and it's, that's a new, a relatively recent thing that you can get Narcan over the counter now. Is that correct?

Melinda (45:57):
As of yesterday, we had the press release rolling in, um, about over the co- counter naloxone. Yes.

Clay (46:03):
Yeah.

Melinda (46:04):
So, um, that'll be rolling out this year. Um, that's super exciting.

Clay (46:09):
Mm-hmm.

Melinda (46:09):
Um, again, we're with the State of Louisiana. We are, you know, dispensing it for free, uh, so it's no cost to individuals.

Diane (46:18):
Excellent.

Melinda (46:18):

So, um, it's great to have it over the counter, what, however we can get it out i- is the best, um, to make sure it's available.

Diane (46:27):

You know, we've had a lot of critical information today.

Clay (46:29):

Oh, yeah.

Diane (46:30):

And this is a conversation that needed to happen. And we are so pleased here on this podcast to be the vehicle to bring this to our listeners to help them know and understand this, because it is an epidemic and we want our listeners to be safe. We want people in our state and across the country, our loved ones and our families and friends to be safe. So Melinda, thank you. Thank you so much for helping our individuals and our families and we so very much appreciate your expertise. And we thank all of you who joined us today for this episode of More That Matters. Thank you for being with us today.