LIVES AT STAKE

Our Opioid Crisis

Stories of loss, hope and resources to help.

A community guide made possible by OhioHealth

OhioHealth

FIRST PERSON

Addiction takes toll on entire family

By BRAD EMERINE
ThisWeek Community News

The date was Aug. 25, 2018.

My older son, Forrest, was supposed to go to his mother's house that day and help his brother, Parker, pack and leave for college. I went into Forrest's bedroom in our apartment around 10 a.m. and tried to awaken him.

The first attempt was in a low voice. The second time, a little louder. The third time, I tapped his foot.

"Come on. Get up, bud."

There was no response. I shook him a bit. His head rolled off the pillow, but he didn't open his eyes. My heart and brain immediately raced. I felt a sharp pain in my chest and my legs weakened. I reached down and moved the bed sheet back.

There was the needle and syringe. Forrest's feet were cold.

He was dead three months before his 25th birthday.

After dialing 911 and screaming at the top of my lungs, part of me was gone forever as well.

Unfortunately, the memory of that Saturday morning will always be part of my life.

Addiction affects everyone in the family, not just the addict.

That's the first thing everyone should know about this opioid crisis. The second is a high percentage of addicts truly want to quit, but can't for a number of reasons. The third thing is that addiction doesn't discriminate.

It might be your son, daughter, brother or mother. Addicts aren't bad people. They're just sick.

When Forrest was young, his mother and I never dreamed anything like this was possible. No parent does.

He was a gifted student in Newark City Schools. He was reading two or three grades above his grade level in elementary school. In middle school, his poetry was so good, his gifted teacher took him to The Poetry Forum in Columbus and Forrest recited his work.

He also was athletic and fast. He was talented in baseball and above average in soccer. He was funny. He was loved by his classmates. He loved music, playing violin then acoustic guitar, electric guitar, harmonica, ukulele and anything he could find. He taught himself how to play several instruments and he wrote, sang and recorded his own songs.

Forrest also was a class clown due to having attention-deficit hyperactivity disorder. He didn't like taking his ADHD medication because, as he would say, it "curbs my personality," so there was no way to foresee him addicted to pills and eventually heroin.

By the time he was a freshman in high school, he was obtaining pills from the medicine cabinets of his friends' homes. We spent several nights with him in emergency rooms the following summer.

By then, he also was smoking marijuana.

In the fall of his sophomore year, his mother and I sought help and argued about rehabilitation. We finally settled on a center near Shelby, about 65 miles north of Newark. Between September 2009 and February 2010, we drove to see him once every weekend. When Forrest was released, he had changed. He was mean and angry that he spent his birthday, Christmas and New Year's away from home.

His problems continued to drive a wedge between my wife and me over the next few years. Before he graduated in 2012, my wife allowed him to have a live-in girlfriend. By then, my wife and I were constantly arguing and she left me and took both boys with her that March.

Around that time, Forrest scored a 32 on his ACT with no preparation and received college scholarship offers. He was barely speaking with either parent and was trying to stay out of our situation. We got divorced in 2013.

Forrest also opted not to attend college. Not that he achieved great grades in school, despite his brilliance. He aced most tests, but refused to hand in any "stupid homework." Still, he had a superior memory and knowledge and likely would've succeeded in college without homework requirements.

In September 2017, my ex-wife moved out of town with her boyfriend and Forrest was not allowed to live with them. He had no driver's license or transportation and he moved into my apartment.

We butted heads. He had worked a string of part-time jobs at numerous fast-food establishments and factories, but was never serious about creating his future.

In late December 2017, I saw him with needles for the first time. We fought and the police were called. He spent days away at his friends' places.

There were lies, lies and more lies. There also were constant fights for three or four weeks and I even had to hide the spare change I had been accumulating for years.

In mid-January 2018, he hit rock bottom. I picked him up from his friend's house and I was pulled over by police on the way home. Forrest had been at a "drug house" and he had used needles in his possession.

I made every effort trying to help his recovery. By June, he was doing well and we moved from Newark to Lewis Center. I wanted to get him away from some of his friends.

Forrest Emerine, who died of an overdose Aug. 25, 2018, poses for a photo with his younger brother, Parker, before Parker's senior prom in 2017.

I helped him create a résumé, canceled my vacation and took him to interviews.

It was a success. He found a job and loved it, earning a good wage at a smaller factory where the employer cared about its employees. I purchased a used car for him.

It all seemed to be life-changing.

"It's not like I'm a number anymore," he said. "I have a life, a car, a new phone and everything."

He told me several times that he was "lucky" to have a father like me who "didn't give up on him." He even texted his friends, "I didn't think I could ever be this happy again."

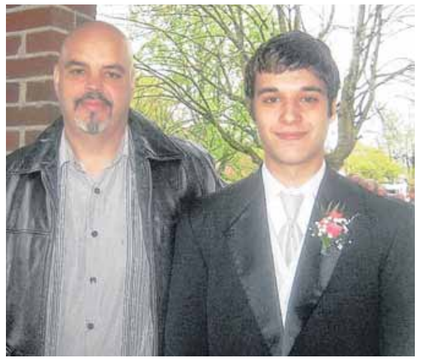
He bragged to me, Parker and his mother about how great he felt.

Aug. 25, 2018, came about six weeks later.

He was high on life. Apparently, he felt it was time to celebrate, thinking he could handle heroin. He had done it before and stopped.

Not this time.

Forrest touched everyone he met. Several of his friends told loving stories about my son at his funeral and how he'd give you his last dollar if he had it. I was filled with guilt. I had judged many of those friends.



ThisWeek sports writer Brad Emerine with his son, Forrest, before Forrest's senior prom in 2012.
PHOTOS COURTESY BRAD EMERINE

I always saw troubled kids and thought, "Where are the parents? What are they doing? Why can't they help?"

But until you've been there, you don't understand what the addict's family goes through.

You don't know how it harms a family, marital status or relationships with friends. You don't know how hard a parent or sibling has tried or how hard the addict has tried.

Let me tell you, counseling helps you compartmentalize your feelings, but nothing can ease the pain.

I hope you never feel that pain.

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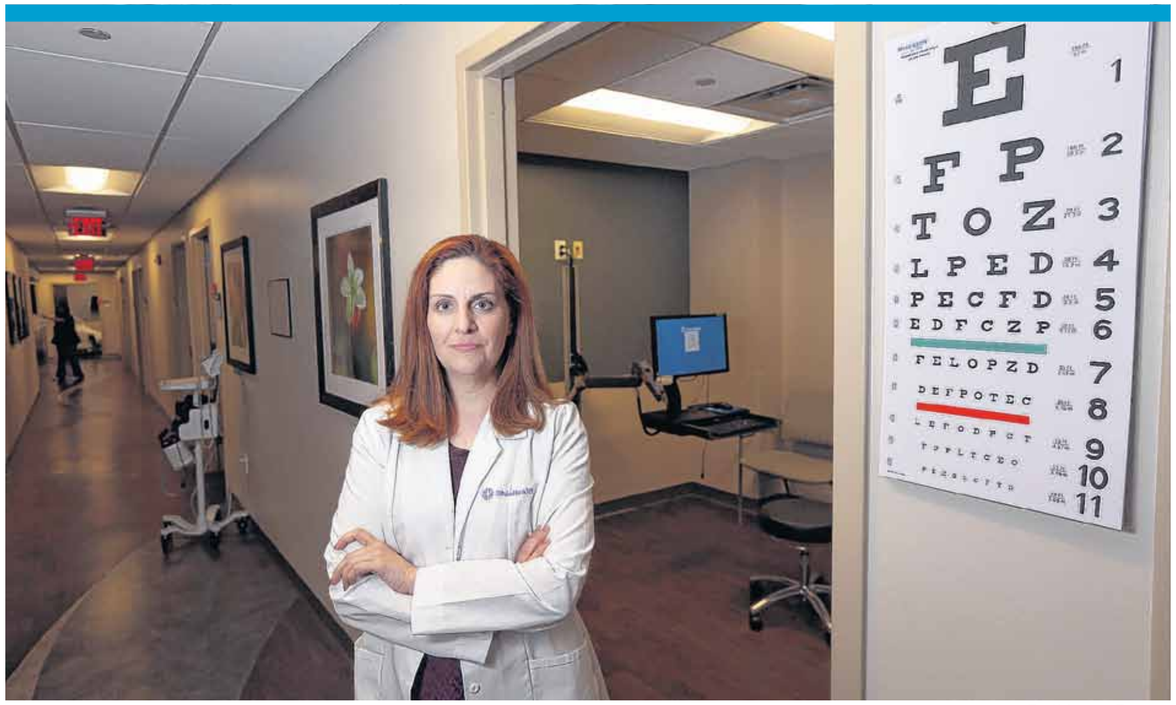
Editor's note: Brad Emerine is a sports writer for ThisWeek Community News. His son, Forrest, died of an overdose Aug. 25, 2018.



Dr. Krisanna Deppen
LORRIE CECIL PHOTO

OPIOID EPIDEMIC

Pregnant and addicted: Help is available

By ANDREW KING
ThisWeek Community News

For healthcare providers, one of the most important battles in the opioid epidemic is the struggle to overcome stigma, misconception and judgment.

Dr. Krisanna Deppen, an addiction and family medicine specialist with OhioHealth Family Medicine Grant, is no stranger to treating patients with addictions to opioids or other substances. She said a key part of her job is relaying to patients, colleagues and the public that there is no "typical" opiate user.

"I think anyone can be affected by the opioid epidemic, and I think there are a lot of stereotypes around what that looks like," she said.

That battle is waging even within hospitals, where Deppen said caregivers can sometimes slip into the same thinking as those outside the profession.

"One of the biggest barriers within healthcare is how even we, as healthcare providers, still come with a lot of stigma and even discrimination as it relates to addiction and treatment," she said. "If you had a heart attack and came into the emergency department, we wouldn't tell you, 'Gosh, you really need to see a nutritionist before we talk to you because you need to stop eating all those hamburgers.' We're just going to give you a list of providers and you can follow up later."

When people imagine a person with addiction, it's unlikely that they think of pregnant women. But one of Deppen's specialties is caring for women with addictions while pregnant, and that population alone is a reminder of how diverse the face of addiction can be.

"I do a lot of caring for pregnant women with addiction and I think there's this idea that they're young, minority, teenage moms, but it's actually quite the opposite most of the time," she said. "It's women who have been moms before — they're in their 30s, they're usually white and they come from lots of different backgrounds."

In Athens, Ohio, at OhioHealth Physician Group Heritage College Obstetrics & Gynecology, Dr. Jody Gerome said she and her colleagues have seen a significant increase in the number of women entering prenatal care while using or abusing opioids. They had to come up with a solution on the fly.

"We really weren't sure what to do with it, but we identified this as a risk in our region," she said.

Along with other doctors and hospitals, Gerome helped form a "collaborative approach" between caregivers in a five-county region that brought "like-minded people to the table who wanted to make a difference and make change."

That collaboration is important, she said, because of how "complex" caregiving can be for a pregnant woman with an addiction.

"We have a wide range of different types of women we care for at our practice, but the majority of women we care for who suffer from addiction disorder also tend to have a lot of poverty associated with them," she said. "Not only do they have an opiate addiction, but they lack resources for basic things … that you take for granted, like food on the table, transportation or a place to live."

Deppen and Gerome both said the goal is to provide what each patient needs, rather than a one-size-fits-all approach.

Deppen has experience with women across the addiction spectrum. Some, she said, became addicted to pain medicine, while others started with heroin. She said 20 years ago about 5 percent of addicted pregnant women started by using heroin. In a recent study, she said, that number has risen to about 30 percent.

"The majority of people, by the time they get to me, are using heroin and injecting," she said. "So that's different — they're not just misusing pills anymore, they're misusing something different."

And while it would seem that a pregnancy would provide more chances for addiction to be caught by healthcare providers, Deppen said the combination of addiction, outside stigma and the patient's own guilt can mean they often avoid treatment.

"There are plenty of patients who show up without any prenatal care and have a baby in labor and delivery," she said. "It's a barrier to care, when they're using. So sometimes they don't get care. We have to make sure that when they reach out and get help — whether that's in labor and delivery or in their office — that people know how to help that patient. We still want them getting care, regardless."

That's why Deppen and others, such as OhioHealth Senior Vice President and Chief Medical Officer Dr. Bruce Vanderhoff, are trying to eliminate that stigma at the healthcare level by introducing more addiction specialists and fewer barriers to treatment.

"There's always this fear, especially in a health system, that we don't want *those* patients," Deppen said. "But the truth is, *those* patients are right here. Right now, we're just not treating them. This gives us an opportunity to address those patients."

And the ultimate goal, she said, should be the same for all doctors: to "bring hope to our patients."

"Addiction is a chronic medical disease," she said. "People can get better; I think we forget that in the hospital. I try to remind my residents that healthy people don't come to a hospital. Well-controlled diabetics don't come to the hospital; people who are using their inhalers as prescribed don't come to a hospital; and people who are in recovery from addiction also don't come to a hospital.

"So we get a skewed view, and it's important to remember that people do get better."

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Emergency physicians help lead opioid education efforts


Dr. Ryan Squier
SHANE FLANIGAN PHOTO

By JARROD ULREY
ThisWeek Community News

When Dr. Ryan Squier first became an emergency department physician, he envisioned that he'd need to be proficient in dealing with things such as strokes, heart attacks and physical trauma.

The opioid epidemic has broadened Squier's perspective significantly regarding the knowledge that medical professionals must have.

Originally from Toledo, and with a background of training at the first community-based emergency medicine residency program in the country, at Akron General Medical Center, Squier has served with Mid-Ohio Emergency Services in Columbus for about six years, working in many emergency departments throughout the OhioHealth system.

"In the past decade, and it's mirrored in the news, what we've really seen on a daily basis is complications that have arisen from the opioid epidemic," Squier said. "Whether it's been the infectious causes, the psychiatric consequences, the consequences of overdoses of opioid dependents … there's no real easy answer to get out of the rut we're in right now."

Squier has tried to become a part of the solution.

In 2016, he helped launch a campaign through the Ohio Chapter of the American College of Emergency Physicians called NIX Opiates to help fight teen opioid abuse in Ohio.

Squier made his first NIX Opiates presentation that year to administrators in the Olentangy Local School District, where he and his wife, Amy, and their four children reside.

Since that time, he's visited middle schools and high schools throughout central Ohio.

"He spoke at a staff professional development day back in September of 2016 and also spoke to our students that same month," Olentangy Orange High School principal Trond Smith said. "I remember most of the feedback surrounded how easy opiates were to obtain, certainly easier than alcohol. In addition, his perspective from the frontlines in providing treatment of overdose victims was painful to hear, but necessary. The NIX Opiates initiative has been imperative in reaching those who need this education the most — young people who either recently have or may be faced with a decision regarding whether or not to use opioids."

Opiate addiction is what Squier calls a "common story," and combating it requires educating people and not being judgmental.

MISCONCEPTIONS

Since launching NIX Opiates, it's become clear to Squier that "everyone" has a connection to opioid addiction, whether it's a family member, friend or neighbor.

Despite that fact, among the misconceptions many have about opioid addiction is it's not going on in their community.

"Even when we use medicine, we always caution people that it can be addictive and that you have to be very careful about utilizing it," Squier said. "It's common that I'll have patients say, 'You don't have to worry about me, it's not going to be me.' The truth of the matter is we don't know who it's going to be.

"There are currently scientists looking to see if there is some sort of genetic trait that pre-disposes people to that addictive potential. Right now, we don't know. We don't know if it's the 16-year-old who got in a car accident or the elderly 90-year-old who broke their hip who could potentially become addicted or dependent on an opioid. We want to understand that potential."

Opiate addiction is what Squier calls a "common story," and combating it requires educating people and not being judgmental.

"They started using thinking it wasn't going to be them," Squier said. "They didn't decide they were going to start using heroin. They typically started by purchasing pills off the street, which got too expensive. Some began abusing them thinking it was a safe drug because it was a pill and it led to the pathway of more and more expense, and they inevitably began heroin, which is cheaper. Commonly those patients tell me, 'I'm just using now so I can feel normal again.' If they could turn back the clock and stop using and never have used it, they would, but they can't function, they can't get out of bed without using because of what happens to their body with this drug."

Viewing pain as a necessary part of healing is something patients must understand when they're first prescribed opiates.

"The thing is that it happens every day and it happens every day in central Ohio," Squier said. "It's not happening because they're bad people. That's the misconception. It's important to educate because it's important [in treating] the patient."

THINGS ARE GETTING BETTER

Other central Ohio physicians, such as Dr. John Leff, a trauma surgeon from OhioHealth Riverside Methodist Hospital, have been at the forefront of helping to educate people on the dangers of opioid abuse.

Leff is a member of The Stand Project, a community coalition formed in Upper Arlington focused on the prevention of substance abuse and providing a resource for students and families to easily find information, help and support.

Leff said his eye-opening moment came a few years ago when he was treating a young college student for an abscess on his arm. It quickly became obvious that the infection came from injecting drugs. The patient was well-dressed and had graduated from a suburban high school with a 3.9 grade-point average.

"As I was talking to this kid, I realize this nice young man was a heroin addict," Leff said. " That changed my whole point of view about drugs. I realize now there are no boundaries."

He encourages parents to "be suspicious" of their children no matter how uncomfortable it is. "Follow where they go. See who they're hanging out with. Educate yourself, and be prepared."

Initiatives such as The Stand Project and NIX Opiates appear to be working.

According to a report published in May by the U.S. Centers for Disease Control and Prevention, Ohio saw its number of heroin overdose treatments in emergency departments decline by more than 50 percent from 2017 to 2018.

Other states, including Kentucky and Pennsylvania, also had significant declines in hospital-treated heroin overdoses.

Others, though, such as Indiana and Illinois, saw increases in ED-treated heroin overdoses during that time frame.

Education, according to Squier, is one of the key steps in continuing to improve those numbers.

The reality of the situation, he said, is the average person goes through rehabilitation several times before breaking away from opioid addiction.

"Really, when we talk about NIX Opiates, we wanted to focus not on dealing with the legal aspect but on the, 'Hey, we care,'" Squier said. "We're doctors and we tell families horrible news in the emergency department and take care of devastating injuries. This is something we see and it breaks our hearts and it wears on us, knowing there's got to be some way to stop this. There was research published in *U.S. News & World Report* that says that Ohio is actually on a decline, which is fantastic. It shows that we're making some headway. This is not a solution that we're going to 'Narcan' our way out of. We've got to be thinking of the people who are ready for treatment and get them access to the treatment."

When a person experiences an overdose, reversal medications such as Narcan Nasal Spray can be used to reverse and block the effects of the opioid, but that doesn't necessarily get to the heart of the problem, according to Squier.

With each of his four children ranging from 6 to 9 years old, his first step in teaching them about the effects of pills is that only the adults have access to medicine bottles at their house.

Programs such as NIX Opiates become appropriate when students begin heading into their teen years and throughout high school.

Seeing the effects of this crisis first-hand as a trauma surgeon, Leff says, "I don't think this is a problem that will ever stop. I look at drugs as dream killers."

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TALKING TO YOUR KIDS

PARENTS ARE THE NO. 1 REASON CHILDREN DO NOT ABUSE ALCOHOL OR DRUGS. TALK WITH YOUR LOVED ONES ABOUT SUBSTANCE ABUSE TODAY.

START TALKING EARLY AND REGULARLY WITH CHILDREN

"Upsetting or disappointing my parents" is the top reason youngsters give regarding why they won't drink alcohol or abuse substances. Start at an early age and keep the lines of communication open.

As children become teens, there might be more competition for time to talk, but this is prime time for parents and other adults in their lives to remain involved and demonstrate how much they care. Keep talking regularly.

LOTS OF LITTLE TALKS ARE MORE EFFECTIVE THAN ONE BIG TALK

Sitting down for a big talk about alcohol can be intimidating for both you and your child. Try using everyday opportunities to talk — in the car, during dinner or while you and your child are watching TV. Having lots of little talks takes the pressure off trying to get all of the information out in one lengthy discussion, and your child will be less likely to tune you out.

SET CLEAR FAMILY RULES

As children get older, be sure you've established clear family rules about alcohol and substance abuse. Each family will set their own rules, but you must follow through when the rules are broken. Scare tactics don't work. Strategies based on fear are not an effective approach to prevention. More than 60 years of studies show that fear-based approaches can actually increase problem behavior.

DO NOT TALK ABOUT DRUGS IN A POSITIVE MANNER

If you do take a painkiller or other potentially addictive prescription drug, do so discreetly. Be careful not to make remarks indicating how much better you feel since you have taken the drug or how good it makes you feel. Your child listens to your every word.

SAFEGUARD YOUR FAMILY'S MEDICINES

Keep prescription medication in a secure place. Count and monitor the number of pills you have. Most teens who abuse prescriptions say they got them from friends or family. Safely dispose of unwanted or expired medicine at a drug collection site near you.

Information from Stark County Mental Health and Recovery

CLINICAL APPROACH

Epidemic prompts ‘sea change’ on opioids

By ANDREW KING
ThisWeek Community News

Dr. Bruce Vanderhoff, OhioHealth’s senior vice president and chief medical officer, remembers a time when opioids were thought to be a necessary evil.

When he was a younger doctor, Vanderhoff recalls the commonly accepted side effects of surgeries, including a variety of digestive issues. One culprit, he now knows, was the opioids prescribed for recovery.

“Most of us were trained to interpret much of the constipation after abdominal surgery as an inevitable result of the surgery invading the abdominal cavity,” he said. “What we’re discovering is that the opiate medicines we prescribed with the best of intentions were more the culprit than we imagined.”

That paradigm shift is a microcosm of the larger conversation happening within OhioHealth regarding the use of opiates.

It’s not realistic to end opioid use entirely, especially for patients with unbearable pain. But for Vanderhoff, one of OhioHealth’s most important projects is fine-tuning the use of those opioids and changing how healthcare providers think of the drugs.

“The advent of this opiate epidemic really prompted what I can only describe as a sea change in the practice of medicine,” he said. “For many, many years before we recognized this epidemic, pain had evolved to be viewed as a so-called ‘fifth vital sign.’ Physicians were expected and held accountable for working to eliminate patients’ pain and the goal was to be completely pain free. This was reflected in national quality surveys, national benchmarks and measures.

“Today, we realize that eliminating pain is not the appropriate goal, but rather helping our patients be comfortable and functional is the right goal.

> “We’ve had to ask, ‘How do we make this change? How do we make this paradigm shift in clinical practice?’ We realize it begins with education and awareness.”
>
> —Dr. Bruce Vanderhoff
> Senior Vice President and
> Chief Medical Officer, OhioHealth

Because some degree of discomfort may actually be an important signal the body is giving about what is going on in the healing process.”

For Vanderhoff and OhioHealth, “that’s a very different goal,” and one that they’re trying to achieve through education, policy changes and having physicians more “heavily involved” in teaching their co-workers.

“We’ve had to ask, ‘How do we make this change? How do we make this paradigm shift in clinical practice?’” Vanderhoff said. “We realize it begins with education and awareness. It begins with working with patients and communities to make people more aware of the dangers of opiate medications and recognizes their real risks, setting goals that are more appropriate when it relates to pain management and care.”

Part of this new implementation is giving young doctors the right frame of mind for the start of their careers and advancing those who understand the importance of drug management.

Dr. Krisanna Deppen, who specializes in addiction medicine and family medicine at OhioHealth Family Medicine Grant, said the system is “training people to do better” than what came before.

She said OhioHealth has been holding surveys regarding the stigma of addiction and communities’ attitudes toward it. It’s holding monthly substance-abuse seminars and trying to spread the word about what addiction is and how it can be handled.

Perhaps more importantly, Deppen and other specialists now have a voice within OhioHealth and beyond.

She said addiction medicine only has been recognized by the American Board of Medical Specialties since 2016, which hasn’t given them long to catch up.

But now, OhioHealth has a special addiction medicine fellowship, which gives two young doctors an extra year of on-the-job training beginning this August.

“We’re grown up; we have a seat at the table,” Deppen said. “So we’re training doctors to do this work and to put it into the healthcare system so that it’s part of what we do.”

And for Vanderhoff, that training from younger generations is an important part of changing the culture.

He said he hopes, with the new knowledge and specialists available, that the “sea change” becomes widespread.

“Physicians and other care providers rely on their training; they rely on the education,” he said. “And it’s always based on the best observations available at the time. But the common use of opiates in the perioperative period, frankly, scientifically blinded us to their impact. Now, that impact is far better understood.”

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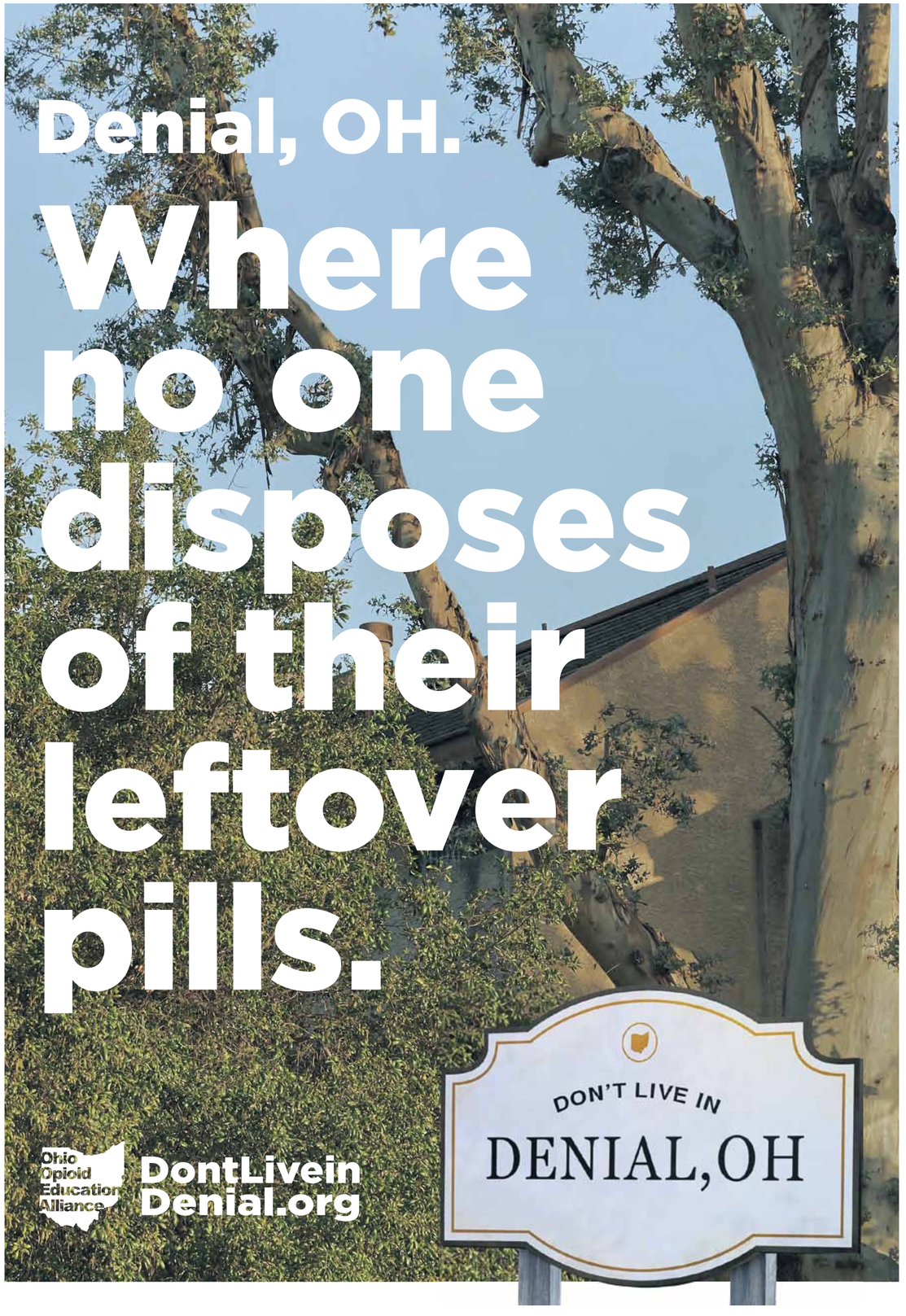
24 WARNING SIGNS OF ADDICTION

Addiction causes people to behave differently than they did in the past. Look for these signs:

1. Loss of interest in hobbies, sports or other favorite activities.
2. School grades decline dramatically.
3. Difficult time concentrating on tasks.
4. Change in sleeping patterns, staying up all night or sleeping all day.
5. Withdrawn, depressed, tired, careless or manipulative.
6. Hostile, disrespectful, untruthful and uncooperative.
7. Relationships with family members and friends have deteriorated.
8. Money is missing in the household.
9. An increase in borrowing money from family members and friends.
10. Poor health, bloodshot eyes, bulging veins, runny nose.
11. Dramatic mood swings.
12. Missing prescription drugs, cold medicines, alcohol, aerosol containers.
13. Increased secrecy about possessions or activities.
14. Personal hygiene has deteriorated.
15. Dramatic weight loss.
16. Finding drug paraphernalia hidden in the home, including pipes, rolling papers, eye drops, butane lighters, soft drink containers made into pipes, hollowed-out pens and foil in odd places.
17. Inhalant products, rags, computer duster, paint, nail polish, and paper or plastic bags hidden in the home.
18. Truancy and tardiness to school or work.
19. Changes in fashion, hairstyle, use of breath mints and fascination with drug culture.
20. Sudden changes in friends and numerous secretive calls.
21. Use of air freshener or incense in their room.
22. Physically abusive, aggressive or punching holes in walls.
23. Someone has told you that your child is using drugs.
24. Odd phone calls and sneaking out of the house.

From The Partnership for a Drug Free America



Clinical Nurse Manager Wendi Hayes (left), Clinical Outcomes Manager Paula Kobelt and Clinical Pharmacy Manager Grant Walliser are shown here with the Narcan nasal spray that is given to high-risk patients at OhioHealth Grant Medical Center.

PREVENTING HARM AND RECOVERY OPTIONS

Naloxone program becomes key treatment component

By KEVIN CORVO
ThisWeek Community News

As the number of drug-related overdoses in central Ohio emergency departments began to rise sharply several years ago, OhioHealth practitioners realized a new course of action was required.

A pilot program, started in April 2017, provided naloxone kits to patients treated for an opiate overdose at four OhioHealth facilities: Grant Medical Center, Pickerington Medical Campus, Westerville Medical Campus and Marion General Hospital.

Naloxone is a nasal spray commonly known by its brand name, Narcan.

When naloxone is directly administered into the nose of a person who has overdosed, it reverses the dangerous effects of the opiate the person has taken.

"It saves lives and gives a person a chance for treatment and successful recovery," said Paula Kobelt, a nurse and outcomes manager at Grant Medical Center. "We started this project to provide naloxone to high-risk emergency department patients [who overdose] in response to the opiate crisis in central Ohio and as part of an initiative to create a community standard in the emergency department."

But putting naloxone in the hands of at-risk patients and their family members or caregivers is just one prong of OhioHealth's program. It also includes education and encouragement to seek the professional intervention required to treat and recover from a substance use disorder.

Currently, there is no formal follow-up but these patients are connected to treatment or sent home with a number of resources to get help when they are ready, including contact information for treatment programs, said Wendi Hayes, a clinical nurse manager at Grant Medical Center.

The kits include two doses of naloxone and instructions on how to administer the medication.

"There is a stigma and a bias associated with substance abuse [and] we work diligently to address it," Hayes said. "It's getting better, but there are still some people who we cannot convince that [substance abuse] is not a choice. They cannot stop without treatment."

The opiate, whether it's a prescription drug such as Oxycodone or an illegal drug such as heroin, "hijacks the brain," said Grant Walliser, a pharmacist at Grant Medical Center.

"It tricks the brain into thinking the only way to achieve euphoria is to use the drug," he said, but soon the user is taking the drug not for the euphoria but to avoid the symptoms of withdrawal.

Substance use disorder develops for several reasons, Kobelt said, including early exposure, individual environment and possibly genetics.

The brain of a developing adolescent is much more susceptible than a fully developed adult exposed for the first time to an opiate, Kobelt said.

"Adverse childhood experiences and exposure to any of a variety of drugs at home or among peers adds to the propensity and prevalence of addiction," she said.

Walliser said that while there might be an initial choice by a first-time opiate user, substance use disorder "is truly a disease."

"Recovery is like any other chronic disease, something a person with substance use disorder must be vigilant about the rest of their lives," Hayes said.

Erasing the stigma associated with substance use disorder is an important first step toward the success of the naloxone program.

"We want to make people feel it's OK to get treatment [and] words matter," Kobelt said. "Our patients aren't addicts or junkies; they are people with a substance use disorder."

It is a treatable medical condition that knows no bounds and has no limits like other medical conditions, Kobelt said.

"It doesn't matter how rich you are, how poor you are, how pretty you are, or your culture or religion. Denying that is a danger. We need to create awareness and emphasize prevention factors," said Kobelt. Hayes recalled providing care to an emergency patient who died just shy of her 18th birthday from a heroin overdose, the result of a dependency rooted in the prescription drugs she received after a sports-related injury.

For Hayes, the epidemic hit much closer to home.

Her 41-year-old brother died in October from an opiate overdose and another brother is battling with substance use disorder, she said.

"I silently worked on [the naloxone] project for a while and it was hard to hear what other people said about the overdose patients seen in the ED," Hayes said. "I fought bias at work for staff to give the Narcan that could save these lives."

The logic behind doing so is to give patients the opportunity to seek the help they need, Kobelt said.

"Some people say, 'Why give it to a person if they are going to use again?' And they probably will to prevent going into withdrawal unless they opt into a treatment program," she said. "But with [our naloxone program] they are alive for us to offer treatment. That's the essential part of the program, to prevent death."

OhioHealth's program to provide naloxone kits extends to its facility in Marion, about 50 miles north of Columbus.

"We currently distribute the kits to high-risk patients and family members due to elicit opioid use, misused or high-dosage prescriptions, or following an overdose," said Dr. Matthew White, who is medical director of emergency services at Marion General Hospital. "For us, the key to success has been identifying high-risk patients and working closely with our physicians, pharmacists, EMS teams and nursing staff to formalize processes and educate about the use and benefits of the kits.

"The more Narcan in the community, the more we can save or change a life."

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"[Substance use] is a disorder that knows no bounds and sets no limits... It doesn't matter how rich you are, how poor you are, how pretty you are or your culture or religion. Denying that is a danger. We need to create awareness and prevention factors."

—OhioHealth Clinical Outcomes Manager Paula Kobelt

Paula Kobelt and Wendi Hayes demonstrate how to use Narcan nasal spray.
LORRIE CECIL PHOTOS

WHAT'S IN DRUGS?

If you're buying illicit drugs, you may be getting more than you bargained for. They're commonly laced with synthetic (man-made) substances that can be addicting or even lethal.

Here are a few illicit drugs sold in Ohio, and facts about what may be hiding within them.

HEROIN

Heroin is a very addictive opioid derived from the opium poppy. It can be a white or brown powder, or a dark sticky substance known as "black tar" heroin. Heroin is normally injected, but it can also be snorted and smoked.

Heroin use and overdose deaths have dramatically increased over the last decade. This increase is related to the growing number of people misusing prescription opioid pain relievers like OxyContin and Vicodin. Some people who become addicted to those drugs switch to heroin because it produces similar effects but is cheaper and easier to get. Heroin is increasingly laced with fentanyl and carfentanil, making it one of the most lethal drugs in Ohio.

FENTANYL AND CARFENTANIL

Fentanyl is a synthetic opioid typically used to treat severe chronic pain. It is 50 times more potent than heroin. Fentanyl can become airborne and be absorbed through the eyes and skin. Carfentanil is a synthetic opioid 100 times stronger than fentanyl. When these narcotics are mixed with heroin, there is no way to tell how much of each has been added, making the combination deadly.

COCAINE

Cocaine is an addictive stimulant made from the coca plant. It is generally a powder snorted through the nose or injected. Crack, a derivative of cocaine, is heated and smoked.

Most cocaine sold by street dealers is diluted with fillers and additives. They use anything from cornstarch and baking powder to baby formula and talcum powder, and sometimes more hazardous chemicals. Cocaine can also be mixed with amphetamines and opiates, particularly fentanyl, resulting in overdose deaths.

METH

Methamphetamine, a synthetic stimulant commonly known as "meth," can be a white, bitter-tasting powder, or a shiny white or clear rock called a crystal. Meth is manufactured using pseudoephedrine, a common ingredient in cold medicines, as well as toxic chemicals. It is usually smoked, but can be swallowed, snorted or injected.

Meth can cause heart attack, stroke and death. In recent years, drug dealers have been adding fentanyl to meth because it is cheaper to make, making an already dangerous drug even more deadly.

MARIJUANA

Marijuana comes from psychotropic strains of the cannabis plant, and can be smoked or ingested through food and beverages. Recreational marijuana is now legal in a growing number of states, but if you are not buying marijuana from a licensed, regulated source, you can't be certain of its content. Marijuana is not laced nearly as often as other drugs, but street dealers may lace low-quality marijuana with other substances or drugs to heighten the psychotropic effects.

Synthetic marijuana, often called "spice," is a combination of synthetic chemicals often applied to herbal or plant material and consumed like marijuana. Though the effects of spice are similar to marijuana, overdose is possible and can be life-threatening.

FOR MORE FACTS ABOUT ILLICIT DRUGS, VISIT:

drugabuse.gov
teens.drugabuse.gov
dea.gov/factsheets

Who to contact for help:

NATIONAL AND STATEWIDE ORGANIZATIONS WITH LOCAL RESOURCES

Al-Anon Family Groups
Help for families and friends of alcoholics.
ohioal-anon.org

Alcoholics Anonymous
aa.org

Narcotics Anonymous
naohio.org

Ohio Mental Health and Addiction Services
(877) 275-6364
mha.ohio.gov

Partnership for Drug-Free Kids and Center on Addiction
(855) 378-4373
or text a message to 55753
centeronaddiction.org

Project DAWN (Deaths Avoided with Naloxone)
Lists Project DAWN sites in Ohio where naloxone can be obtained for free
odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/projectdawn

SAMHSA (Substance Abuse and Mental Health Services Administration)
(800) 622-HELP (4357)
findtreatment.samhsa.gov

Take Charge Ohio
Resources on preventing medication abuse
takechargeohio.org

LOCAL RESOURCES

CENTRAL OHIO

Maryhaven
Locations in Columbus, Bucyrus, Delaware, Mount Gilead, Marysville and Marion.
maryhaven.com

Franklin County Public Health Department
Provides information on safe disposal and how to request free naloxone trainings (free nalaxone provided at trainings).
myfcph.org

Opiate Crisis Line
(614) 724-HOPE (4673)
columbus.gov/publichealth

Safe Point
Drug intervention treatment referrals and counseling, overdose prevention, syringe access, primary care, and HIV, STI and Hepatitis C testing.
(614) 460-1406
safepointohio.org

DELAWARE COUNTY:

Delaware General Health District
(740) 203-2040
delawarehealth.org

Drug-free Delaware
(740) 369-6811
drug-freedelaware.org

Helpline: 24-Hour Crisis Hotline
Call 211 or text the word "Helpline" to 898211
(800) 684-2324
helplinedelmor.org

MARION COUNTY:

Marion Area Counseling Center
(740) 387-5210
maccsite.com

Day One Integrated Services
(740) 914-5000
d1recovery.com

RICHLAND COUNTY:

Richland County Mental Health and Recovery Services Board
(419) 774-5811
richlandmentalhealth.com

Richland County Opiate Board
opiateaddictionrichlandcounty.com

SOUTHEAST OHIO:

Health Recovery Services
Locations in Athens, Gallia, Hocking, Jackson, Meigs and Vinton counties
hrs.org

Hopewell Health Centers
Resources available in Athens, Gallia, Hocking, Jackson, Meigs, Perry, Ross, Vinton, and Washington counties
hopewellhealth.org

Tasc of Southeast Ohio
Locations in Athens, Gallia, Hocking, Jackson, Meigs and Vinton counties
tascofsoutheastohio.org

COUNTY ALCOHOL, DRUG AND MENTAL HEALTH BOARDS

County Alcohol, Drug and Mental Health (ADAMH) boards are authorized to plan, fund and monitor mental health, drug and alcohol services. They do not directly provide services, but contract with a network of public and private healthcare agencies to treat people in need.

Ashland County
(419) 281-3139
ashlandmhrb.org

Athens-Hocking-Vinton
(740) 593-3177
317board.org

Delaware-Morrow
(740) 368-1740
dmmhrsb.org

Fairfield County
(740) 654-0829
fairfieldadamh.org

Franklin County
(614) 224-1057
adamhfranklin.org

Gallia-Jackson-Meigs
(740) 446-3022
gjmboard.org

Licking-Knox
(740) 522-1234
mhrlk.org

Madison-Clark-Greene
(937) 322-0648
mhrb.org

Marion-Crawford
(740) 387-8531
mcadamh.com

Muskingum Area
(740) 454-8557
oacbha.org

Paint Valley
(740) 773-2283
pvadamh.org

Richland County
(419) 774-5811
oacbha.org

Union County
(937) 642-1212
mhrbuc.org

Washington County
(740) 374-6990
washingtongov.org/wcbhb

If you have an emergency, call 911.

ThisWeek Community News

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ThisWeek COMMUNITY NEWS

OhioHealth

OhioHealth
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At OhioHealth, we believe health is more than just numbers on a chart. It's about doctors and caregivers who meet you where you are on your journey. That's why we offer a full range of care, including wellness programs designed to keep you healthy, urgent and emergency care facilities when you need immediate attention and compassionate primary care physicians who believe your best health is always within reach.

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