

Letter: Preventing drug addiction is a battle that begins at home

To the editor:

In 1974, one of us, new to the area, asked a young person if there was a "drug problem" in Gloucester.

The answer was: "No, you can get whatever you want." If that question were posed today, a young person might add that he would first check out the family medicine cabinet.

Much has changed in the past 34 years, both in the patterns of drug abuse and in our perspective on the problem as physicians. Here is some background as we experienced it. During our training, in medical school and beyond, we became very familiar with the many bad things that alcohol can do to the body.

We also saw the horrors of intravenous drug abuse: ghastly infections, strokes, tetanus and the "dead on arrival," from accidental heroin overdose, all too often a young person with needle tracks over their veins. While we had tried to comfort families of the deceased, stunned and overwhelmed with grief and shame, we could tell ourselves that this is what happened to IV drug users, a problem of the "inner cities" where we were doing our medical training.

While we learned much about treating consequences of drug abuse, we learned almost nothing about the causes of drug abuse. Addiction was still viewed by many in the medical community as a bad habit at best and a major moral failing at worst; many did not consider it to be a "disease" and therefore not worthy of medical study.

Things changed. We became aware of how often our patients were sampling drugs and becoming addicted. We saw drug and alcohol problems in our friends and families. Heroin came to Gloucester. Drugs were no longer the "inner city." It was our community; it was us.

Our medical perspective changed as well. Research began to study that most complex and wonderful part of the human body, the brain, with increasing sophistication. Brain imaging and the study of brain chemistry began to reveal patterns in vivid living color which demonstrated the changes that take in our brains when they are exposed to addicting substances. In focusing on the brain areas central to pleasure, researchers began to demonstrate the nearly irresistible pull which these drugs have. Another area of medical study demonstrated the enormous role that genetics plays in addiction.

Now we can state very clearly: Addiction is a disease, be it to alcohol or drugs. It is a medical illness tied to powerful brain chemistry. An addict is not someone who is bad but someone who is sick. Unfortunately this is a very hard message to get across. The notion of "bad" is very persistent and with it comes guilt and shame. We make bad decisions all the time. Some of these, like eating too much, smoking or not exercising can lead, of course, to preventable illness. But we don't (hopefully) label smokers or overweight people as "bad people," in a condemning moral sense. When we judge and condemn people they tend to react by feeling shame. When people are ashamed, they want to hide. Shame is a huge problem in effectively treating addiction.

Another major change occurred in recently when OxyContin entered the scene. It was initially welcomed as a powerful pain medication which would last 12 hours to treat chronic pain. Because of its long duration of action it was thought to be much less addictive. With energetic efforts on the part of the drug company, OxyContin quickly found its way into medicine cabinets everywhere. What wasn't known was just how easy it would be to open the capsules or pulverize the pills to release the active ingredient oxycodone in a form which could readily be snorted or dissolved in water and injected. Young people, falsely believing that a medication prescribed by a physician was "safe" for others, snorted it, often for their first high and became rapidly addicted.

Worse was yet to come. OxyContin was expensive; heroin was much cheaper. OxyContin users began snorting heroin instead. Soon the power of the high diminished. The next step was intravenous drug use. A medically prescribed drug, OxyContin rapidly stimulated a wave of heroin abuse and the number of fatal accidental

overdoses skyrocketed. By 2005 there were five times as many overdoses compared to 1990. In Gloucester there were 19 fatal overdoses between 2004 and 2006, a rate over two and a half times that of Massachusetts.

While we physicians have always known that some of our patients would abuse some of the medications we prescribed; we just had no idea of the extent to which we were becoming part of the problem.

Gloucester is very fortunate to have a Public Health Department which has stepped up to the plate to combat the opiate (heroin/OxyContin) problem in our city. The department has developed numerous programs over the past decade to provide education, prevention strategies and all manner of services for people dealing with the terrible problems IV drug abuse can produce — HIV/AIDS and hepatitis C, to name just two. Programs, of course, cost money, and the DPH has been creative in securing various grants to sustain its activities.

We are writing to urge citizens to participate in the most recent attempt to prevent drug abuse and addiction.

The new Gloucester Medications Disposal Program, a collaboration of physicians, pharmacists, the Gloucester Police Department and Gloucester Health Department, provides opportunities for us all to dispose these medications at the Gloucester Police Department on a continuous basis at anytime, as well as at senior housing, Rose Baker Senior Center, flu clinics and at quarterly events to begin this month.

Please check the Times for dates and locations. To ease any concerns with anonymity, medications can be delivered in plastic baggies and, if in vials, you can remove or "black out" any and all information.

Remember, reducing and preventing addiction is a very complex problem, one without a single solution. But we know there are partial solutions and we believe that the Gloucester Medications Disposal Program is an excellent one. It is aimed at stopping the flow of prescribed drugs from your medicine cabinet into the wrong, often young, hands, OxyContin most notoriously, but other prescribed medicines which you many have at home can also be a chemical springboard which catapults one of your loved ones into addiction. We want you to:

1. Remove outdated and unused medications from you home: Removing these medications keeps youth safe by limiting access and please do not flush the medications, research shows this is becoming a hazard to water supplies throughout communities. Please participate in the Gloucester Medications Disposal Program.
2. Secure your medications at home: Recognize that bathroom medicine cabinets are a regular target of young people who take what they want and then trade the drugs at "pharming" parties. This may sound far-fetched but it really does happen. Open houses and parties with teens pose a special risk for this.

Do your part to stop prescription drug abuse in our city. Drug addiction is not only an illness; it is a preventable illness.

Dr. Fred Oder

http://www.gloucestertimes.com/puopinion/local_story_366193452.html