

OPIOIDS in Charleston

Overdose and addiction. These synonymous words string together a life of despair and pain. The opioid addiction epidemic has skyrocketed in recent years, affecting teens and young adults.

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In 2014, 701 people died for the same reason in South Carolina.

They all have different stories: their occupations, their homes, their loved ones. But they all have one thing in common.

They all died from an opioid addiction.

The rapid rise in opioid overdose deaths in the United States has created an epidemic. According to the Center for Disease Control, the number of opioid overdose-induced deaths has quadrupled since 1999.

Eighty percent of new heroin users today started their addiction by misusing prescription opioids, according to Jason Sandoval, a Charleston Drug Enforcement Agency agent.

That number continues to rise today.

"Opioids are, by definition, prescribed by a doctor, dispensed by a pharmacist, people feel safe using them, because a doctor can't give you something bad," Sandoval said. "A pharmacist can't give you something bad and if they are used for their prescribed purpose, they aren't bad. They relieve pain very effectively, but the danger exists."

Initial exposure to an opioid creates a euphoria. A high no abuser will easily let go of -- this is when a user becomes an addict, according to Sandoval.

"That's what opioid addiction ultimately is about, the chasing the dragon, the dragon being that first great high you ever had," he said.

But the buzz that opioids give comes with devastating side effects.

"Sedation, constipation, change in the dilation of their pupils, changes in your personality, decrease in your hunger, your sense of satiety, respiratory depression," said Dr. Lucy Davis, a family physician of Palmetto Primary Care. "That's the big one, in high doses [because of] respiratory depression, people actually stop breathing."

Due to the desensitizing nature of opioids, users become desperate for their next hit. Raiding medicine cabinets, forging prescriptions -- anything for another high, according to Dr. Lucy Davis.

"You imagine in the stereotype a heroin

user abuser is some person in a burned down building with a needle and has her arm strung out looking dead to the world..." Sandoval said. "That stereotype is no longer valid because the heroin out on the street today is so pure."

Pure. Now, it can be hidden -- snorting and smoking has created a mask for users to hide behind, he said. Demographic-wise, modern abusers break stereotypes within class as well, according to Dr. Lucy Davis said.

"It seems to be middle to upper middle class... which is different from what the community thinks it is. We [tend] to associate [opioid use] with lower middle class socioeconomic status," she said.

According to Dr. Matt Davis, a pediatrician at Mount Pleasant Pediatrics, genetics may influence a person's predisposition to drug use.

"Genetics is at play definitely, most specifically around the tendency to have an addictive personality or a dependence towards substance abuse to begin with," he said. "It...definitely would increase your risk if you have a first degree family relative who has a history of substance abuse."

Along with the dangerous effects of the drug on the body, the means of obtaining the drug can lead to criminal activity, Sandoval said.

"Historically, we as a society, as a government, as a law enforcement have tried to divide the problem into two issues: Opioid and Prescription Drug Abuse and Traditional Heroin Use, but in fact they are the same problem now," he said.

In a University of Michigan study among high school seniors, most teens who are prescribed an opioid, one third of them will use and abuse the drug by the age of 23.

Recently, the DEA coupled with pub-

lic spokespeople, like the Shipman Family of Mount Pleasant, to promote a new awareness campaign called "Wake Up."

Although this campaign is different from their typical agenda, Sandoval stresses the importance of education about the dangers that opioids and prescription drugs.

"I think part of the problem is that we haven't talked enough about just about how dangerous they can be for somebody's health,"

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Jason Sandoval,
Charleston DEA

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Sandoval said. "It's a public health crisis, I mean you're creating potentially an entire generation of individuals who don't realize that just because a doctor's prescribed it and a pharmacist dispensed it that it's safe for anything beyond what it was originally intended."

An uneducated generation is a generation susceptible to an epidemic of drug use, Dr. Matt Davis said.

"One of the problems that we deal with,

especially as a pediatrician is the fact that adolescents don't always want to hear what their advocates, their parents, their pediatricians and the world around them wants to say," Dr. Matt Davis continued. "They consider themselves invincible in many ways, so it's difficult a lot of times to convince them that things like, when I'm saying something is bad, that it actually is."

Along with awareness promotion, the medical community is also enacting initiatives to back down on excess drugs from prescription painkillers.

"There are also rules of the pharmacy and what insurance company that hopefully would catch someone who is trying to abuse their prescriptions," Dr. Lucy Davis said. "It's not created and never meant to be used as a chronic

therapy."

To further prevent excessive amounts of prescription drugs leading to overdose and addiction, drug take-back locations across the county and state have been established to dispose of drugs that are old or could potentially lead to addiction, Sandoval said.

The DEA is hosting a national take-back day Oct. 22 where citizens can drop off unwanted and unused prescription drugs. At least 10 locations in the Charleston area will be participating. Take-back locations include some pharmacies and Medical University of South Carolina, located at 101 Doughty Street.

Starting in last year, under the 2015 Overdose Prevention Act was passed in South Carolina to help prevent overdoses. Narcan is an opioid reversal drug that first responders can use to attempt to save an overdose victim before it's too late. Doctors and pharmaceutical companies were impacted by legislative changes.

"There were certain opiates that you could put refills on. So that would give the patient unlimited amount, not an unlimited amount but they could refill that prescription monthly for about six months," Dr. Lucy Davis said. "You can't do that anymore so limiting or trying to limit things like quantity, refills."

Dr. Matt Davis tries to establish and maintain a relationship among all of his patients to have a trusted doctor give advice.

"I ask their family members, their parents or whoever is taking care of them to leave once they get to a certain age and to talk to them discreetly and confidentially...and there have been many times I have recognized the drug abuse problem," he said. "I have had open conversations about them and done my best to facilitate communication between the patient and their family in order to get help."

Continued awareness and facilitation of public resources helps lead addicts and the public to a more informed future.

"We want to educate people that there are real risks to your health, to your mental health, to your physical health, and there are definitely dangers to the life," Sandoval said.