

# Opinion: The opioid crisis has not hit Montgomery — yet

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Five decades ago, this country was involved in a war in Vietnam that, over the span of 10 years, cost us the lives of over 58,000 Americans. And it tore us apart. The loss of lives was too much for the American public to take, and we took steps to end it. Today, looking back over the last 10 years, some 200,000 Americans have lost their lives to a scourge that the public now is waking up to: drug overdose. And we must take action to end it, or at least contain it.

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Generally speaking, in the beginning these drug-abuse deaths were mainly from heroin and cocaine, and while each death was tragic, collectively they did not seem to make an imprint on the American psyche. But in the last few years, the pervasive presence of opioids has seen the number of drug overdose deaths skyrocket — 42,000 in 2016 and 64,000 last year, the majority due to opioid overdoses.

What are opioids? They are either direct descendants or derivatives of opium (the first opioid), like morphine or heroin or synthetic drugs like oxycontin, vicodin, percocet and fentanyl (the most powerful and dangerous of all). In controlled and judicious use, they serve a benign, even noble, purpose: treating and alleviating severe pain. But their use has gone far beyond that, to abuse and has caused what is now clearly a national crisis. While Big Pharma and the medical community are not blame free, the problem is now more criminal than clinical.

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It has already hit parts of Alabama, most particularly in Jefferson County and northern Alabama, and Gov. Kay Ivey has put together a splendid task force to address the problem head on (Alabama ranks as the No. 1 highest painkiller prescribing state in the nation). It has not reached Montgomery in its full fury — yet.

But there are indications that it is lurking, e.g., the discovery and prosecution of a “pill mill” on Atlanta Highway (</story/news/crime/2018/03/01/arrests-continue-montgomery-pill-mill-case/384852002/>), and a suspected-overdose death. We might like to think that it is good police work and good medical prevention programs that have kept the scourge mostly at bay, but more likely it is luck and the fact that Montgomery is basically a socially conservative town.

But the opioid problem is surely coming, and we must be aware and prepared. The federal government, the U.S. Congress, the Joint Commission (an independent, nonprofit accreditation agency), Big Pharma, the medical profession, law enforcement, the nonprofit world and now the President are engaged, but in the final analysis it is local and state programs that are necessary to fight the crisis.

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According to Chief of Police Ernest Finley and the Chief of Special Operations Arthur Tatum, the biggest drug problem in Montgomery involves marijuana and cocaine. And they are clearly gateway or starter drugs that in many cases lead to abuse of other drugs, including heroin (already present in Montgomery) and synthetic opioids.

One indicator that awareness is increasing: the Alabama Department of Mental Health and the Department of Public Health will soon start distributing Naloxone, a fast-acting drug that reverses opioid overdoses to involved agencies. Naloxone, also known as Narcan, saves lives but does not address causes or treatment.

The availability of treatment for drug addiction in the Montgomery area is limited. The Council on Substance Abuse provides prevention and recovery programs. The Chemical Addictions Program offers outpatient treatment and inpatient treatment for men only. The Lighthouse Counseling Center provides outpatient treatment. SAYNO provides prevention programs only.

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What can citizens do? Become knowledgeable about the problem. Be alert to changing behavior in friends and family. Watch where your children are exploring on the internet. If opioids are prescribed to you, guard them closely so others don't have access to them. Ask your doctor about alternative pain killers. Support anti-drug programs. But mostly, be aware: It may involve the life of a friend, or a family member or even you.

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