

Kristen: ... Know is that [aces 00:00:03] really are one of the root causes of addiction. We know that you're going to have to focus on the prevention of [aces 00:00:09] and also increasing the availability of buffering factors and other programs that would promote resiliency in children who have experienced [aces 00:00:18].

I think the important thing to recognize is that in Appalachia, we have many children who are exposed to this issue at such a young age. They see parents using and/or potentially overdose. A lot of them are being raised by either grandparents because of their parents' addiction and their inability to care for them, maybe being incarcerated or maybe have overdosed or just because of their addiction.

I think another thing that contributes to this is the fact that there are a lot of children in Appalachia who are geographically isolated and economically disadvantaged and all of this puts them at risk for developing substance use disorders and other health problems later in life.

Bob: Kristen. Let me ask you guys real quickly, can you come back for another segment?

Kristen: Absolutely!

Bob: Okay, great. We got to take a quick break here. I got a few more questions about this that I want to ask you both about it. It's Kristen Madsen and Jennifer Reynolds. A new report dealing with opioids and the impact on Appalachian communities.

If you've got questions, 656-82255 and 1-800-951-8255. We're back with Kristen and Jennifer in just a few minutes here on News Talk 987WOKI.

Welcome back to Yarbrough News Talk 987WOKI. One of the big problems, well not just in East Tennessee or not just in this state, but really across the nation and certainly in the Appalachian region, opioid abuse.

Kristen Madsen, Jennifer Reynolds, part of a study that was conducted, or in conjunction with the Appalachian Regional Commission and the Centers for Disease Control. Came back with a lot of interesting information and they have joined us today to talk about that study.

One of the things I noticed in there, Kristen and Jennifer, is when you talk to a lot of these focus groups, they said physicians were the ones providing them and their family members- I guess these were their words- larger than necessary quantities of opioids. That had to be a bit ... I don't know, was that surprising to you to hear that even if they asked, they didn't want that many opioids, they were still prescribed a certain dose and a certain amount?

Jennifer: Hi, this is Jennifer. I think it was surprising when we heard them talk about the quantities. I mean, we heard a story about a kid going to the dentist and getting 27 Oxycontin pills for essentially a pulled tooth.

So, if you have been following the opioid epidemic, I think that it's no surprise that physicians over-prescribing is a huge contributor. Even in the news recently, we're seeing some prosecutions of physicians who have been prescribing much in excess than what is needed.

I think an interesting related finding that we found was that of the 4 community members we talked to, only two of them reported every being counseled about opioids by their provider. So they had all received a pain medication and their doctor never talked to them about the risks.

I think this is important for all of us as consumers of healthcare to really think about making sure we understand what we're taking and the risks of taking it and exactly how it should be taken. I remember taking care of my grandmother and she had no clue what she was taking. She took her red pill in the morning and her blue pill in the afternoon. That's sort of a key education point is make sure if your doctor writes you a prescription you know what it is and how you should take it.

Bob: Yeah. It's on us for personal responsibility and I'd say it's also on the medical community as well to make sure that doctors are explaining the dangers and exactly how to go about taking this medication, and hopefully avoid a lot of these addictions.

Chris has a comment or two for us. Chris, good morning. Welcome, man. You're on with Yarbrough and Kristen and Jennifer. Good morning, Chris.

Chris: Hi, good morning. It's more of a question, I guess. I was prescribed pain meds for 12 years after a couple back surgeries. The first back surgery left a staph infection in my spine. I didn't know about it for quite some time 'til I crawled back to a doctor and they had to do emergency surgery on me. I almost wound up dying, but 12 years of pain medication really did a lot of harm to my health rather than good.

My body just couldn't take it anymore and I had to get off the pain meds. So I had to enroll myself into a [inaudible 00:05:13] clinic. But once I did that, I found out that I will never be able to go back to a pain clinic. So, if something happens to me, further damage to my body, and I need something for the pain, what do I do?

Bob: So, because you sought help to get off the pain medications, that prevents you from down the road ever receiving any more. Is that what you're saying?

Chris: Say I go to the emergency room, they'll prescribe a low amount of pain medicine. But if I seriously hurt myself in the future, I won't be able to go back to a pain clinic to see a specialist [inaudible 00:06:00].

Bob: All right, Chris, I understand that. Kristen, Jennifer, did you run into many people that had similar issues like that? If so, what types of resources were there to help them, if you know of any?

Jennifer: Yeah. Hi, Chris, thank you for sharing your story first of all. I think that the more that we hear about all of the different experiences around this issue, the better. I can say that that is not an issue that we encountered in our research. So, my advice would be to tell your story and talk to those who ... This issue is probably the main issue that the Tennessee Department of Health and substance abuse and mental health services is dealing with.

So, I would also suggest sort of bringing this up and seeing what sort of solutions we can come up with. Unfortunately, Kristen and I are not medical providers.

Bob: Right.

Jennifer: So I wouldn't be able to counsel you in terms of what those alternatives might be.

Bob: Were there any positive things that you say in this research? Anything that you can look at and go, "Okay, we got a lot of things that we need to work on, but look. We saw some improvements or something positive in this section of the research." Any positives in this?

Jennifer: I think from my perspective, a lot of community members were really aware that the problem existed. And they talked a lot to us about their really great community-based anti-drug coalitions that existed in their communities. And just the positive impact that some of those community-based organizations were really having.

One of the things that we did see in our research- and again this is from 2017, so things have changed- but we did hear at that time how difficult it was for people to find treatment. We heard one person's story in Rowan County. They told us how they called dozens of treatment places in a single day, but because they didn't have insurance and couldn't pay out of pocket, they couldn't find somewhere to go.

It wasn't until they were arrested and were mandated to attend a drug court that they were able to get sober. One of the great things I think that has changed is we're seeing a lot more access to treatment. It's really unrealistic to think that people won't return back to their communities after treatment. So it's really important to have resources available within people's communities.

I would be amiss if I did not mention the initiatives that the state of Tennessee is doing to correct this problem. They created a Tennessee Together Campaign, which can be accessed at [Tennessee.gov/opioids](https://tennessee.gov/opioids). And that website has a link to lots of really great resources. The one thing that I think is so valuable about this campaign is the state of Tennessee created a hotline that they call the red line.

This is actually one phone number to call where if you're suffering or you have somebody in your family who's suffering from this illness, you can call that number and you can get a referral to treatment. You can get access to other resources that you might need. There are people to talk to who are willing and able to help you.

Bob: Can I put you on the spot and ask what that number is? Do you know?

Jennifer: I do, let me bring it up.

Bob: Okay.

Jennifer: I had it open here.

Bob: I said I was going to put you on the spot, so.

Jennifer: Yeah. It is 1-800-889-9789. And again, this is the Tennessee Red Line. 1-800-889-9789. If you forget that, you can always go to www.TN.gov/opioids and it's right there.

Bob: How did doing this research and spending the time talking with people and putting it all together, how did this impact you personally, each of you?

Kristen: Oh, gosh. I'll start. Jennifer sort of shared. I think as a researcher, we do a lot of health communication research. We talk about a lot of sensitive topics. But I think it was, for me, so impactful to talk to the people who were in recovery from an opioid addiction and just hear their stories.

I think that they were so incredibly grateful for the opportunity to share those stories in a non-judgemental setting. And a lot of them came up and hugged both Jennifer and I after our focus group to just say thank you or caring about what we have to say.

It was just one of those things, I think throughout our focus groups, especially those in recovery. It was really hard to sort of fight back tears because some of these stories were really emotional.

Bob: Well ladies, Kristen Madsen, Jennifer Reynolds. Thank you much for getting into the details of the research. Certainly this is unfortunately going to be an ongoing story for us but at least the more light we can shed on it, like you've done with your research, maybe that means more answers can soon be discovered.

Thank you both for spending some time with us today and we look forward to talking to you down the road.

Jennifer: Thank you, Bob. And if anybody wants more information about our research, you can just Google ORAU, that's Oak Ridge Associated Universities in acronym form, and then opioids. So ORAU opioids.

Bob: Very good.

Jennifer: Google it and it'll come up.

Bob: ORAU and opioids and you'll find that research. Okay, Kristen, Jennifer, thank you. We will back here in just a moment here on Yarbrough and News Talk 987. Justin and Jeff, I'll get to your calls next here on News Talk 987WOKI.

After our opioids conversation, listen, I understand this is ... It's not one of those fun topics, right? It's not one of those "Hey, what was your favorite song back in high school?" We love doing those topics here.

But any time there's an opportunity to do a topic that sheds light on an issue like opioid abuse that is literally destroying our community in Appalachia, heck yeah, I'm going to take some time and hopefully shine some light on it. And hopefully get some information to those who might need it. Right?

I'm sure this is hitting some people today and they're thinking, "I got to do something, man. I'm addicted." My husband, my wife, my brother, my sister, they're addicted. We got to find some answers. And we do. We got to find some answers as a community.

So yeah, that's why we're doing this from time to time and this study was back out and I got the opportunity to talk to Kristen and Jennifer and I thought, "Yeah, let's do this." And a few more thoughts on some of their research here in just a few moments.

Justin's been very patient and Jeff has as well. So, hang on, guys. Justin, let's start with you. Good morning, sir, and welcome into Yarbrough. How you doing?

Justin: Morning, Bob. Appreciate it.

Bob: Yes, sir.

Justin: I'm pretty well myself. But, I had a question for the ladies there. You possibly remember but when I used to go to the pharmacy as a young adult and receive prescription drugs and stuff, they would always ask, "Do you need to speak to the pharmacist? Any questions you might have?"

Bob: Right.

Justin: And that's something that doesn't happen anymore. Or when certain prescriptions come across, is the pharmacist not responsible for explaining the drug and its effects to the entirety for the safety of the patient?

Bob: I noticed your question- [crosstalk 00:13:43] Hang on, Justin. I noticed your question and I let them go because they are not in the medical field. They're not medical experts and I think they would've been hesitant to answer that.

Now, I am in that same boat. I will tell you this: that does not sound like a normal way that a pharmacist should be conducting business. I don't know if it's illegal or not. Maybe it's unethical but I would certainly encourage anybody, if you don't get asked,

"Would you like to speak to the pharmacist?" and you have questions, that you ask to speak to them.

Sorry for interrupting you. Go ahead, sir.

Justin: Well, to add on to that statement you made, with certain prescriptions, are they not required to give you information about the prescription before you actually sign off on receiving it?

Then, for the final thought, the doctors that over-prescribed to lead to some of these addictions, is there no way to fight that in the future with the research that's been made?

Bob: Yeah, I think we're seeing that and it doesn't always get a lot of headlines. But I think we are seeing a fight back from authorities. What was it, just a few weeks ago there were nearly 60 different pain clinic operators and medical professionals who were arrested. Millions of pills taken off the streets.

I don't know that it always gets the headlines, and even if it does, I think more can be done. But I think there is a battle out there to try to get this under control with the pills on the street and the over-prescribing and things like that. Maybe it's not getting all the attention that it should but I'm sure it's gong on.

Justin, thank you, man. I appreciate your time today.

Eric I think may have an answer for us. Eric, good morning. Welcome in, sir.

Eric: Hey, good morning. Just real quick: even though the pharmacist has knowledge of the medication, it is the physician or the provider who is prescribing the medication that is responsible for making sure that the patient knows, understands every aspect of the medication. Dosage, when to take it, side effects, and everything like that.

Usually, in the office setting or even in the hospital, the nursing staff has been delegated that type of authority. But still, the patient needs to know from the prescriber how that medication is to be used and what to look for.

The pharmacist can answer certain questions, but what they really should do is push it back to the prescriber and say, "Hey, look. If you're concerned about addiction or the dosage or when to take it, that's really a prescriber issue." [crosstalk 00:16:36]

Bob: So, a doctor issue.

Eric: Absolutely. A doctor, nurse practitioner, physician's assistant, anyone who is able to write a prescription.

Bob: Right.

Eric: The patient bears a certain amount of responsibility by knowing what they're taking and having that right to say, "Hey, you know what? I know this medication may help me, it's really not necessarily a life-threatening medication if I don't take it, so I think that I might opt for some alternative rather than taking an opiate or something like that."

Bob: Right.

Eric: So, the patient still has an obligation to be responsible as well.

Bob: Sure. Eric, are you in the medical field?

Eric: I am.

Bob: Very good.

Eric: I deal with educating patients on their prescriptions all the time.

Bob: Well, listen. Thanks for clearing that up. I really appreciate you taking the time to do that. Thank you.

Eric: Yeah, my pleasure. Have a great day.

Bob: All right, you do the same.

Speaker 7: I also want to add to that. Whenever I go- I'm not going to say in every instance- but I'd say 99.99% of the time when I go to pick up a prescription, they give you literature stapled to the bag-

Bob: Oh, yeah. Yeah, it's a bunch.

Speaker 7: Of all the known information about that drug. I'm guilty a lot of times, just the majority of the stuff that I take I already know. I've been taking it for years or whatever. But, I don't look at that. I pull the medicine out of the bag and I toss the rest of the literature.

Bob: Yeah. I think that's what most of us do.

Speaker 7: Yeah. I mean, people don't read the user agreement, and I don't think they read the literature with the drugs. Anytime I've been to the hospital in the past several years, they have given me paperwork on each drug that they were prescribing to me or that I took while I was in the hospital.

So, here in 2019, with the Internet, Google, and everything, there is really not any excuse- in my opinion- for patients not to be educated on what they're putting into their body.