





population, and we ended up with this overdoses crisis, and we all are now responding. And it's late. We're late in the game, but we need to do the best we can to try to get a handle on this. So why are we seeing so many overdoses? Heroin has been around for years. Opiates have been around for years. Why does this look so different? And so again, we talk about the strength and the purity of the opioids that people abuse and use and are prescribed, and then we look at the strength and the purity of the heroin, which has increased dramatically the purity of that, as well as the mixing of it with other agents, including fentanyl. And we just came out and spoke about Prince the other day, [[00:08:00]] and they basically finally confirmed that he did die from an opioid overdose and that the opioid he died from was fentanyl. And for those that are not aware of what's going on out there, the heroin is mainly fentanyl in a lot of locations or it's laced with fentanyl. And it is not pharmaceutical grade fentanyl, contrary to what Dr. Oz had to say, and that is not what's killing people on the street. This is not pharmaceutical fentanyl. This is fentanyl that's being manufactured, and it is deadly. So people are mixing things. We see this craziness. It's like we can't even figure out when someone comes in to try to and assess and evaluate what's going on. They're opiate screened. Their urine screen is negative for everything, but they're clear

brain or that hijack our mid-brain that make it then almost impossible to step back from that. So the stigma around this is really... And we're struggling with this so much. And I think it depends on where you live and what part of the country. I'm in the Northeast, and we're definitely a lot ahead of a lot of places, [[00:12:00]] but we're still struggling. We still have... Law enforcement wants to give people, everyone Vivitrol because why? Because it feels more punitive. You can just block them, and they won't get any pleasure. But is that really going to work for everybody? Is everyone going to take it? How many people out of jail are actually taking that? So it's about treating the patient and not looking at them differently and not looking at that disease different than we would other chronic, relapsing diseases. The stigma of addiction is the reason why there's social and legal discrimination against people that have a disease. This is something that came from David Rosenbloom, who writes for Join Together. And I think it's just really impactful to speak that transforming the shame and hiding from its effects is really, really important. Looking at this, we say it's a disease. I went to nursing school. I graduated in 1984. We didn't talk about addiction, but we know that it's a disease. We know it has the same characteristics as other chronic, relapsing diseases. We know that the AMA declared it a disease back in 1956. But again, we don't address it that same way. But we also know that when we don't treat it that it progresses, it becomes terminal, and people die. And the death rate from addiction is horrific, yet it's something that we continue to think about. "Should we do this? Should we do that? Should we raise the cap? Should we provideh lt (0.2 (TT6 1 T00 ?)-0.2 (0.2 \$h)-0.266s T0.2 f)0.2 (0.2 \$h) 0.2 \$h)-

when one's brain has been hijacked, it makes that even harder. So we just need to keep that in mind. It's not the person we dislike. It's the behavior. [[00:16:01]] The behavior is awful. There's no disputing it. And the behavior is awful because the person can't go to CVS and buy some heroin. So they're engaging in illegal behaviors to manage their disease because their brain is screaming at them to use that drug. So we look at what happens, like how well does that person do when we treat them, and we know when that person doesn't get treatment. They relapse, and the same as the person on



where we actually had a recovery month last year and we talked about addiction around our hospital for the entire month, and we did educational things, and we had boards up and we had people writing on them, and people came out of the woodwork. Some self-disclosed, some talked about their family, and some called me anonymously on the phone and we just talked. Some have this underground community where they talk to each other. We need to bring that up. We need to help people to understand this is a disease and how to recognize it, how to help their colleagues. It's not about just getting everybody in trouble. We've got to stop waiting for the pixus [sp] alarm to sound. It's too late in what's happened. I mean, Mass General hit the front of the paper a few months ago with somebody who got like 5000 oxycodone that was diverted. I mean, that's not okay. And how many patients have been impacted by that? So it's time to give a hand up and not to wait for that crisis to happen. And I feel like this is... It was really discouraging to me, though, because Michael Botticelli, who is the director, I'm very close to him and I talk to him a lot, and so I sent him an email when I was getting ready to do this, and I said, "So Michael, all of these great things we're doing, but what are we doing for the workforce? What are we doing to talk to employees?" The construction industry. We know it's a huge problem. They're out there on steel shooting heroin. That's not okay. And so somebody is going to get hurt. Somebody does get hurt. But he said to me, "Colleen, we have so many things going on, but this isn't one of them." This isn't one of them? I mean, we need to be having these conversations in the workplace. We know nursing and CDC are getting on board. We know that our partners are getting

matter. We can't be silent about this. This is killing our families, our communities. It's affecting our healthcare costs and our healthcare settings, and we're not providing safe care by not talking about it. So I want to end there and leave it open for questions, which I thought was more important than me just talking at you. Thank you.

[[00:28:52]]

applause

[[00:29:00]]

Does anyone have any questions?





factors may be the focus that boards have put on pain management rules, pain contracts, and making sure that prescribers are, I guess, for lack of a better term, holding patients accountable, and that when people are cut off abruptly, they immediately do what they can, which includes the heroin, which is of unknown strength and quality. And I was wondering because in my experience, if a provider is really making patients tow the line with the pain contract and cuts them off when they violate it, that seems to be okay, and yet if they continue to enable by giving more, that's not okay. [[00:37:59]] So it seems to be the safe thing for providers to do to just abruptly cut people off and fire them, kick them out of their practice. What do you think boards should be doing for the public to really ensure safety?

- It's an important question. I think the important thing is for us, we're not supposed to abandon patients. And so if we do cut them off, we need to be referring them to another level of care or to another treatment resource or to something else. And unfortunately, what I think happens a lot is the doc just fires them. And some of that is out of anger. They're just pissed off that that patient was screwing around with their meds and their treatment, and they had no idea that's what's going on. And we got to take the personal piece out of it and remember the person has a disease, but trying to get them to treatment because we don't want them to die. And they may not be able to hear that provider when they're walking out that office because they're just pissed, like "You just shut off my medication." Or it could be somebody who's diverting it. But giving them that number at least, somewhere to call, and something that they can then do when they hopefully calm down later or when they're desperate later and they now need to do something versus ending up on a street and overdosing. And the suicide rate is another factor which we didn't talk about. The suicide rate is increasing dramatically. And I don't know what the numbers are, but I'm sure that some of it is fueled by this epidemic because if you can imagine... I can't imagine having a brain hijacked, needing a drug, and without it, feeling the worst flu of your life, multiply it by 10, and then the mental component of that, not being able to feel pleasure and can't sleep and can't sit still and "I'm anxious," and "My back hurts," and everything is horrible, and not being able to do anything about it. And so I think that's a piece of this as well. There was a question