How to stop an opioid serial killer: editorial

The novelist William Burroughs wrote in the preface to "Naked Lunch," the seminal work on addiction, that "junk is the ideal product . . . No sales talk necessary. The client will crawl through a sewer and beg to buy."

Today, more than 50 years later, the algebra of need still holds true in Cuyahoga County.

Of course, the latest generation of junkies has morphed with the times. Gateway drugs can now be accessed through a doctor prescribing painkillers, not a dealer – and the addiction demographic is more diverse.

"We're seeing more women – white, suburban, affluent," said Dr. Tom Gilson, the Cuyahoga County Medical Examiner.

And the junk virus is more virulent thanks to fentanyl, a synthetic opiate analgesic that can be 40 to 50 percent more potent than pharmaceutical-grade heroin, said Dr. Jason Jerry, psychiatrist and addiction specialist at the Cleveland Clinic's Alcohol and Drug Recovery Center.

In just the last year, the number of people killed by fentanyl in Cuyahoga County has surged 321 percent, from 14 in August 2014 to 59 in August 2015, according to Gilson.

It's a body count that doesn't discriminate by race, gender, social class, marital status, ZIP code or age.

"People have gone from soccer moms to working the streets," said Cuyahoga County Common Pleas Judge Joan Synenberg. "We are experiencing a community health crisis."

That insight – addiction is a disease, not a choice – is essential to treating the sickness.

Studies have shown that most heroin users start with legally prescribed pain meds such OxyContin or Percocet. When the prescriptions stop or get too expensive, heroin becomes the cheap, readily accessible alternative. Fentanyl has entered the mix as a cheap way for dealers to boost the potency of the heroin they deal.
There also is a mental health component. The county medical examiner has found that 41 percent of those who died of a fatal drug overdose in Cuyahoga County in 2013 – the most current data available – had been treated for mental illness.

“You wonder if that number isn’t a little bit higher, given those who didn’t seek treatment,” Gilson said.

Enter the only certified Recovery Court in Ohio, a pioneering effort launched in Cuyahoga County in January 2015 that has since spread to other counties, including Lorain [http://www.examiner.org/news/56065-new-local-adult-recovery-court-poised-for-certification].

The recovery docket was created by the county Common Pleas bench, funded by a three-year grant, and certified on Dec. 11 by the Ohio Supreme Court Commission on Specialized Dockets. It’s the logical next step in a state that has 15 drug courts, including Cuyahoga County’s, that focus on keeping families together as part of treatment and recovery.

“What we have learned is that mental illness and addiction go hand in hand,” said Synenberg, who presides over the new Recovery Court. “If you don’t treat the co-occurring disorders, you won’t be successful.”

She works with a team that includes a probation officer, a case manager and a clinical assessor who psychologically evaluates all felons who are referred to the court by Synenberg’s colleagues. About 70 addicts currently participate in the program. Synenberg said. They undergo mandatory counseling for grief and trauma.

“The people we see in court are suffering,” she said. “Nobody chooses this.”

There is the guy who witnessed his girlfriend commit suicide by jumping in front of a train. There is the daughter whose mother is missing. There is the mother whose daughter is missing. There are the survivors of human trafficking.

Besides the counseling, all undergo chemical dependency treatment.

Although she couldn’t cite specific percentages, Synenberg feels the compliance rate is high. “Recovery works,” she said. “Lives can be restored.”

Gilson agreed. He was impressed by the number of people in the program who were not ending up back in the court system.

Synenberg also works with a group of Case Western Reserve University researchers who will track graduates of the program. The rising toll of opiate addiction and its stress on Ohio’s legal system have caught the attention of the state Supreme Court.

“We are making progress,” said Ohio Chief Justice Maureen O’Connor in a 20-minute video [http://www.ohiochannel.org/MediaLibrary/Media.aspx?field=145972] the court is distributing to judges around Ohio to broaden awareness of the opiate problem.

“However, we need the entire community to help us,” O’Connor added. “Leaders of the business community, faith community, medical professionals, and many others need to be involved.”

The Recovery Court is the court of last resort.

Both Gilson and Synenberg argue that the most effective strategy to avoid that horror show is education — and the earlier the better.

Enter Stephen Sroka, an adjunct assistant professor at Case’s School of Medicine and the pied piper of proactive prevention.

Sroka has taken his message and a proposed curriculum across the country and into Canada.

“Schools need a K-through-12 curriculum on teaching coping skills for all-risk behaviors. It needs to be age-appropriate and community-specific and sensitive,” Sroka said. “Clear, consistent, repetitive messages for positive health behaviors need to be a core curriculum. What good does it do to develop your head if you are going to be dead?”

The high that kills
[http://www.cleveland.com/metro/index.ssf/2014/06/5_takeaways_from_sundays_heroi.html#incart_article_small]

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It resonates with common sense and deserves to be implemented.

So does President Barack Obama’s promise in October to better train health care professionals on the dangers of overprescription of pain medication.

Opioid addiction is a serial killer. The algebra of need may never be overcome – fentanyl will be replaced by the next higher high – but the sickness can be managed.

And that must be the focus of the judicial, medical and educational communities — and of funders from the public, private and foundation sectors — if we are to begin treating the complex epidemic of addiction.