



On the Fence

Opioid Crisis: Medications are available to treat effects of opioid addiction

As a result of a national political and media push, most citizens are aware of the ongoing opioid (painkillers, fentanyl, heroin) addiction epidemic. While it is usually presented in terms of frightening statistics (Google “opioid crisis” and you will get an eye full), I would like instead to discuss some deeper issues.

All mammals get addicted to the exact same drugs including alcohol. All mammals have the exact same drug withdrawal symptoms. All mammals experience the same course of compulsive drug use and the same override of the natural instinct to survive. We know exactly where in the human brain addiction develops as that part of the brain lights up in a very particular way with neuroimaging. That part of the brain is nearly identical in all mammals explaining the findings



JOEL RICE
UNION COUNTY
PROGRESSIVES/
DEMOCRATS

above. We have learned a lot about addiction from studying animals just as we have learned a lot about diabetes from studying animals. As with diabetes we have not yet found a cure.

Drug addiction and Type 2 diabetes are both genetic. The more strongly it runs in your family, the more likely you are to get it. Drug addiction and Type 2 diabetes are also lifestyle illnesses. Excessive caloric intake, poor diet and sedentary lifestyle “trigger” the onset of Type 2 diabetes. Excessive risk taking and consumption of drugs “trigger” the onset of drug addiction. Once “triggered,” these diseases are essentially permanent. One can live fruitfully with these

diseases by dealing with them, but the consequences are often disastrous if the disease is neglected.

We are currently experiencing an epidemic of Type 2 diabetes due to the exposure of our population to improper nutrition (“junk food” designed to be addictive by the large food “manufacturers”). We are experiencing an epidemic of opioid addiction due to the exposure of our population to prescribed painkillers. Physicians and politicians were manipulated by pharmaceutical companies into believing that more widespread use of opiate painkillers was safe and justified. The percentage of the population taking opiate analgesia tripled from 1996 to 2012 when it reached a high of 12 percent. Heroin use grew dramatically, with four out of five heroin users starting with abuse

of a prescription opioid. Pharmaceutical companies are now under the pressure of lawsuits filed by many states (Oregon’s Department of Justice is considering a second lawsuit), but this will never make up for the deaths of greater than 100,000 individuals from this epidemic.

Type 2 diabetes can often be effectively treated with rigorous behavior modification including weight loss and a healthy diet (a ketogenic diet was the leading treatment of diabetes before medication). Drug addiction can obviously be treated with abstinence. The problem is that most patients do not make the necessary lifestyle changes to prevent the end stage symptoms of their disease. Many patients with Type 2 diabetes keep eating junk food and many patients with Opioid Use Disorder keep using the opioid.

While most physicians would rather see their Type 2 diabetics change their diet and not need medication, they do not withhold medications waiting for the patients to change their behavior, because this would increase the risk of the patients developing permanent eye or kidney damage.

Similarly, there are medications such as Suboxone (which is itself addictive and hard to quit) that treat some of the most damaging effects of Opioid Use Disorder. Physicians do not withhold such medications while waiting for the patients to change their behavior, because this would increase the risk of death or severe organ damage. Starting in 1995, France cut their opioid overdose death rate by 79 percent after making buprenorphine (the active ingredient in

Suboxone) widely available. To my knowledge there is not a single study that failed to demonstrate dramatic decrease in overdose rates and improved outcome with buprenorphine treatment.

Naloxone (Narcan) is a medication that reverses overdose once it occurs. It can literally save a life within seconds. There is a nasal spray form that is easy to use and should be available to everyone who runs any chance of coming across an individual who has overdosed with opiates. All patients with Opioid Use Disorder and their families should have this available. It is paid for by OHP and can be obtained from the pharmacy without a prescription.

Editor’s note: The Union County Republicans did not submit an On the Fence piece about the opioid crisis.

Your reactions to On the Fence Health Care

Health care must focus on creating health, not on making profits

It is sad that there is so much inaccuracy in the information about health care coverage. This makes it difficult for people to make wise decisions.

I would agree that the Affordable Care Act is imperfect — as the more perfect version did not pass.

One positive result of the Affordable Care Act was to offer coverage to more people by not allowing insurance companies to decline insurance to individuals with pre-existing conditions. While this was positive, overall the plan was an unworkable solution because it still left a huge amount of monetary resources going to insurance and pharmaceutical companies.

More than 25 percent of what we pay supports those large health care corporations — that is a lot less money to spend on patients. It is natural for a large corporation to want to make money. In order to do that, the best thing to do is

not insure people who are sick and cost the most money.

A universal publicly funded health care system has the potential to insure everyone while saving money.

The Centers for Economics and Policy Research (February 2017) point out that insurance companies spend on overhead was \$143 billion a year (averaged from 2011 to 2016). If the private sector could reach the same level of efficiency of Medicare, this would fall to less than \$20 billion a year. The cost savings are phenomenal.

I am a retired health care provider and am witness to people who are suffering unnecessarily. In this country, 60 percent of bankruptcies are related to health problems that have wiped out individuals’ resources.

Many working individuals (including employed teachers and health care professionals) are paying for health insurance but never use it because they have large deductibles — as in \$3,000-\$7,000. They are getting

no benefit for the money they pay in. Others lose insurance because it is job dependent. Others cannot begin to pay more than \$1,000 a month for family health insurance.

Health care must focus on creating health, not on making profits. A universal publicly funded system works in other countries — why not in the great USA?

*Kathy Pfister-Minogue
La Grande*

Reliance on free enterprise to solve U.S. health care catastrophe is based on faith, not facts

In his July 13 “On the Fence” column, Mike Burton got one thing right. The Affordable Care Act (ACA/Obamacare) did not solve the U.S. health care crisis. Before the ACA, the U.S. had the world’s most expensive health care with the First World’s worst results.

After the ACA, little changed. We still get the least value per dollar spent of any health care

system in the world. American private insurance was not the answer before the ACA. It is not the answer now.

Mr. Burton overlooks the first rule in business school: No health insurance company can survive selling comprehensive policies at affordable prices to sick people. And so they don’t. They want people wealthy enough to pay premiums and healthy enough to require little care. Americans who are not wealthy and healthy die of treatable conditions — about 40,000 annually. This cause of death happens only in the U.S.

The “huge volume of data” comparing U.S. health care with the rest of world unanimously confirms our last-place standing. Every other country in the industrialized world provides better care to more people at less cost per person than we do.

Mr. Burton’s reliance on free enterprise to solve this social catastrophe is based on faith, not facts. All of us, including Mr. Burton,

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could learn from the experience of health care around the world.

*Bill Whitaker
La Grande*

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