

BATTLING THE CRISIS

MANY OF OUR MOST VALIANT ARE IN NEED



BATTLING ADDICTION

Local facility assists veterans through dangerous detox period

As the nation continues to struggle against the ongoing opioid epidemic, some of the country’s most valiant are becoming the most vulnerable to the pitfalls of prescription pills. At Baptist Beaumont Behavioral Health Center, doctors and staff are working with veterans caught in the vice grip of opioid addiction, guiding them onto their perilous pathway to recovery through a grant-funded medical detoxification program.

The epidemic

The Centers for Disease Control (CDC) recently released an analysis of data from the National Center for Health Statistics (NCHS) showing drug overdose trends in the United States. The report, titled “Drugs Most Frequently Involved in Drug Overdose Deaths: United States, 2011–2016” and released Dec. 12, 2018,



reveals that overdose deaths increased 54 percent in five years, from 41,340 in 2011 up to 63,632 deaths in 2016 and identifies synthetic opioids as the No. 1 cause of overdose death. While drug overdose

deaths involving heroin tripled from 4,571 deaths, or 11 percent, of all drug overdose deaths in 2011 to 15,961 deaths, or 25 percent, of all drug overdose

deaths in 2016, according to the report, fentanyl ranked first in fatal overdoses in 2016 and continues to claim countless victims daily. A separate report released by the CDC on Dec. 21 describes a shocking 45 percent increase in deaths related to synthetic opioids from 2016 to 2017, “likely from illicitly manufactured fentanyl (IMF).”

“More than 702,000 Americans have died from drug overdoses from 1999 to 2017 – about 10 percent of them in 2017 alone,” reads the CDC report.



Dr. William Valverde

The epidemic has become more geographically widespread also, according to the CDC, and it is affecting a wide range of age groups.

Dr. William Valverde is a psychiatrist



Commons

with the Baptist Beaumont Behavioral Health Center located at 3250 Fannin St. in Beaumont. He treats patients in the medical detox program at the facility.

Valverde has worked with youth suffering from opioid addiction and currently assists veterans in a medical detoxification program at the center. He says the young people he has worked with who have abused prescription painkillers/opioids usually get the drugs from friends or family, often provided unwittingly by parents and grandparents leaving prescriptions in easily accessible medicine cabinets or bathroom drawers. Once they have them, they are misusing and abusing them in potentially hazardous ways.

“They’re very popular party drugs, which is scary,” Valverde said of prescription opioids. “Usually with the younger crowd, you see a lot more instances of them crushing the pills and smoking them, which makes absorption that much faster and makes the initial effect that much more potent.”

It also makes the drugs that

much more deadly, Valverde warns.

Veterans’ assistance program

Baptist Behavioral previously had a 10-bed detox unit funded by a grant with the Spindletop Center in Beaumont. They lost funding for the program, the only medical detox facility in the area, in September 2017. Staff quickly applied for a new grant available to treat veterans suffering from severe chemical dependency.

“The new grant, specifically for veterans, started in July (2018),” Valverde shared. “Unlike anything the Veterans Administration (VA) offers, this grant is open to people regardless of what type of discharge they had, so you can be dishonorably or less honorably discharged. The grant is also open to spouses and dependents.”

He said it is important to note that some veterans who may have received a less than honorable discharge may have suffered from mental issues, such as Post-Traumatic Stress

Disorder (PTSD) or drug dependency, possibly brought on by PTSD or some other underlying issue. Valverde says they, too, can benefit from the new and, in his estimate, somewhat improved detox program.

“We have a specific program related to the veterans and, more specifically, their drug abuse,” he described. “For those people, we also have ways to more directly help them with PTSD, something we didn’t have in our regular detox program. This gives us an advantage with this more select population. This is much more targeted.”

According to Dr. Valverde,

the first 72 hours of the detoxification process are the most dangerous for the patient and their recovery.

“Our job is to detox the patient,” he explained. “We’re talking about opioids, and the acute part of opioid detox is the first 72 hours. Many of them have tried detoxifying themselves on their own, but they usually give up after 48 hours because it is so horrible – a lot of muscle cramping, sweating, nausea, vomiting, diarrhea. They give up. Our primary goal is to get them beyond the 72-hour mark.”

The staff utilizes a variety of means to make that mark, including medications.

“We utilize a medication called clonidine, which is a high blood pressure medication, interestingly enough, that will block withdrawal symptoms,” said Valverde. “I prep the patient before we start them on the clonidine and tell them what to expect, tell them the target is to get them past the first 72 hours, that we have everything they could possibly need, including something for diarrhea, something for nausea, et cetera, et cetera. All they have to do is ask. Often, they are pleasantly surprised it’s as easy as it is when it’s laid out the way we have it laid out.”

Most detox patients stay at the center for about five days. Then, they are free to continue their recovery or, in many

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(U.S. Air Force photo by Mark Herlihy)

Air Force Staff Sgt. Matthew Pick, with the 66th Security Forces Squadron, holds a nasal applicator and naloxone medication vial at Hanscom Air Force Base, Massachusetts. Naloxone is one of several medications designed to temporarily reverse the effects of an opioid overdose.

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cases, go back to their old habits.

“The critical part is the handoff,” cautioned Valverde. “I strongly encourage opioid patients to go into some form of residential treatment for 30 to 90 days, because the key is to stop hanging around with the same people you were hanging out with before you came in. If you go back to that same crowd, the social pressure is going to be there for you to go back to using again. That’s when most people relapse.”

Upon completion of the detox program, prior to the patient’s discharge, Dr. Valverde offers the patient a shot of naltrexone, an opiate blocker, that lasts for about a month.

“I use it for two reasons,” he described. “One – it gets them past the first month, which has the highest rate of relapse, because any opiate they use just isn’t going to work. And number two, it lets me know the seriousness of their intent to stay sober because if someone turns me down, the patient is a good candidate for early relapse.”

Sadly, says the doctor, about two-thirds of patients with opioid addiction relapse within 24 months, “unless they have addressed whatever is driving the addiction

to begin with, which is one of the advantages of seeking residential treatment.”

There are residential treatment facilities available across the state and the nation, some as close as Woodville and Houston. But residential treatment facilities aren’t cheap, Valverde says, and may be cost-prohibitive to many in need of such treatment.

Following medical detox, he said, “Most of these patients are not covered by health insurance; it’s out-of-pocket.”

So some people choose less expensive outpatient programs, which are hit and miss depending on the patient’s drive, Valverde describes.

“Outpatient programs are successful if the patient will stick with it, but there is more of a need for a controlled environment for opioid addictions.”

Anyone may enter the outpatient programs available locally, not just veterans completing the detox program. It offers yet another treatment option to people who want to rehabilitate.

Continuing care

Valverde stresses the importance of continuing addiction recovery efforts beyond the completion of a medical detoxification program so patients can deal with the root of their issues rather than simply

the symptoms.

“Many began using the drugs because they had some sort of operation or some sort of injury that requires the short-term use of an opioid, and then they like the way they feel,” he asserted. “Almost universally patients will tell me the drugs give them a sense of peace and calm, and it gives them a tremendous amount of energy. Their energy is not being directed at being anxious or worried or upset all the time. They are freeing up energy for more productive use.”

What is making them “anxious or worried,” he said, is what is likely causing the addiction and must be addressed by mental health professionals.

Valverde identified Vicodin, or oxycodone, and hydrocodone as the most commonly abused prescription drugs he has encountered in the area.

“They tend to be over-prescribed, and people get themselves into trouble,” he said.

He explained that doctors are required to consider a patient’s pain level, which he described as “very subjective.”

“Fifteen years ago, the CDC – at the behest of the pharmaceutical companies – declared pain to be the fifth vital sign,” said Valverde. (The four primary vital signs are body temperature, blood pressure, heart rate and respiratory rate.) “So, upon every admission to the hospital, you have to do a pain rating scale. Midway through hospitalization, you have to do another one. And, you have to do one on exit.

“The goal was to get the patient to be ‘pain-free.’ That’s how this whole system got started. Well, life is not pain-free, I’m sorry. So, the whole goal was off. But that’s how doctors got into the habit of over-prescribing, because they were being rated by the insurance companies on how well they were controlling pain and were relying on the patients to tell them how well the doctor was addressing their pain... It’s a huge mess.”

While trying to meet the CDC-imposed “pain-free” standard, Valverde said physicians are also “under the gun now to reduce and to control the prescription of pain medication,” which he deems a difficult proposition with the pain rating scale still in effect.

Valverde says his veteran patients are now facing another hurdle since new legislation last fall.

“VA doctors cannot prescribe hydrocodone or oxycodone,” he explained. “All these veterans who were used to being on

multiple doses of these medications daily, all of a sudden were cut off. It happened last fall, from one day to the next. Boom, they're gone... It came totally by surprise to the patients."

Veterans who had been taking the prescription painkillers had few options to ease their pain, and many were left suffering.

"Remember, the first 72 hours of detox are awful, so they will do anything to avoid going through this," and many went drug-seeking, Valverde described. "The high from an opioid wears off within a month or so. If by that time you're hooked, you'll do anything to avoid the withdrawal, which is where a program like ours comes in to get you through the withdrawal and minimize its effects."

If they cannot find a medical detox program like Baptist Behavioral Health Center's, addicts are left to their own devices to find ways to avoid withdrawal symptoms. Too often, said Valverde, they are turning to illicit – and unregulated – sources for relief.

"They'll do whatever they can to get the drug – go back to their doctor and claim to be in pain when they're not," described Valverde. "They'll visit multiple doctors claiming to be in pain when they're not. Or, they'll just buy them outright on the street."

Many times, Valverde warns, what they get on the street does not at all resemble the prescription drugs they have taken in the past. Dealers may call something hydrocodone that actually has no hydrocodone in it; they may instead contain something much more dangerous. And, when veterans cannot find their

preferred prescriptions, they may even turn to illicit drugs like heroin, which has seen a surge in popularity paralleling the opioid trend. Heroin/fentanyl mixtures and heroin-disguised fentanyl have caused numerous overdose deaths, and dealers are not always telling their clients about the substitutions.

"The No. 1 drug in terms of lethality is fentanyl, a synthetic opioid," said Valverde. "The dosage you're buying out on the street is not controlled... Most of this stuff is manufactured in China and comes into the United States through Mexico. It's available in either patches, which users absorb through the skin, or in tablet form."

Valverde recommends that veterans who need it take advantage of the detox program at Baptist Beaumont Behavioral Health Center to help get them through the first 72 hours and then go into an inpatient rehab program for 30 to 90 days. He said he also hopes to see a change in how pain is treated and an elimination of the pain scale, which he said could fundamentally help stem the opioid tide.

"I think the problem would go away in the future if they would stop using that pain scale and judging us as though our only job is treating pain," Valverde opined. "Imagine having some sort of major surgery and expecting to be 'pain-free.' It's not logical."

The Baptist Beaumont Behavioral Health Center may be reached by calling (409) 212-7000.

– Sharon Brooks



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