



October 4, 2016

Dear MEMBER,

You have probably heard on the news about the epidemic opiate problem facing our country. Opiates are LEGAL narcotics that a physician prescribes, for example, Percocet, Vicodin, or Oxycodone for pain. Opiates are also ILLEGAL drugs like heroin or cocaine. In 2014, approximately 44 people in the United States died each day from an overdose of prescription opiates.

The medical community is very concerned about the epidemic of opiate addiction and the current position of the Center of Disease Control is that, except when a patient is dying and at the end of life, no one should be on a narcotic for longer than 2 weeks. According to these medical professionals, narcotics are intended for short term usage...not for years. The trustees take this advice very seriously and want the Plan to be in accord with current medical opinions.

Accordingly, effective October 1, 2016 if your physician writes a new prescription for a narcotic, opiate for pain or after a surgery or injury, the Plan will cover the medication for a maximum duration of 8 weeks (unless you have a terminal disease). Please talk to your physician about our new coverage prior to any scheduled surgery, so he/she can manage your pain appropriately.

Some common examples of opiates are as follows:

Oxycodone	Percocet	Hydrocodone	Vicodin	Oxycontin
Fentanyl	Duragesic	Hydromorphone	Dilaudid	Codeine
Nucynta	Butrans	Morphine	Norco	Lortab
MS Contin	Opana	Percodan	Roxicodone	Ultram
Tramadol	Fioricet	But/APAP/CAF/Cod	Lorcet	Actiq

This is not a complete list of narcotic pain relievers, just some of the more common names.

Sincerely,

SMART Local 36 Benefit Funds

314-682-8175

LETTER FROM THE SURGEON GENERAL

Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. Please take the pledge. Together, we will build a national movement of clinicians to do three things: First, we will educate ourselves to treat pain safely and effectively. A good place to start is the Turn the Tide Rx pocket guide with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

Thank you for your leadership.



Vivek H. Murthy, M.D., M.B.A.
19th U.S. Surgeon General

THE DANGER OF OPIATES

PRESCRIPTION PAIN RELIEVERS

Long-term Effects of Opiate Use

Opiates include numerous substances such as heroin and morphine, but they all have the

OPIATES ARE AMONG THE MOST ABUSED DRUGS IN THE UNITED STATES AS THEY'RE EASY TO GET HOLD OF, READILY PRESCRIBED, AND VERY ADDICTIVE--A DANGEROUS COMBINATION.

same method of action. These highly addictive substances are called opiates because they are derived from chemicals found in the sap of the opium poppy - one of the biggest moneymakers in the Afghan mountains. Prescription opioids, which have essentially the same mechanism of action as natural opiates, include drugs such as hydrocodone, oxycodone, and fentanyl.

Opiates are extremely useful in the management of pain and for cough

suppression in the case of severe lung conditions, but they do have a dark side.

They are **among the most abused drugs in the United States** as they're easy to get hold of, readily prescribed, and very addictive--a dangerous combination.

Short-Term Effects of Opiates

The biggest advantage to opiates is that they're very effective at controlling pain, and they're relatively cheap. Morphine has been around for over a century, yet it still is used regularly to control pain.

Opiates usually produce a "high" of some type; the faster-acting they are, the more intense the high they produce. Heroin produces a very intense high thanks to its very short duration of action: its half-life is between 15 and 30 minutes. Morphine is much longer, lasting from 4 to 6 hours.

MOST PEOPLE DO EVEN KNOW THEY ARE ADDICTED OR DEPENDENT ON IT BECAUSE THEY THINK "IT MUST BE OK SINCE MY DOCTOR IS ORDERING IT!"



The short-term effects of opiate use can include:

- Feelings of euphoria
- Pain relief
- Drowsiness
- Sedation

The side effects of opiate abuse are fairly varied and may include:

- Drowsiness
- Lethargy
- Paranoia
- Respiratory depression
- Nausea

Because of the intense high produced by the interaction of several opiates and the brain, the drugs remain extremely addictive, sometimes causing measurable symptoms of addiction in under three days.

Opiates also cause your irises to relax, creating pinprick or pinpoint pupils. This is one of the big giveaways of opiate abuse, and it's hard to disguise.

Because of the way opiates often reduce your reaction times, **driving while under the influence of opiates** is often dealt with harshly, and you could lose your freedom along with your license. In some states, the mere presence of an illegal drug is enough to determine that you were driving while intoxicated, although the federal government is pushing states toward defined limits, just like with alcohol.

Long-Term Effects of Opiates

Long-term effects can include:

- Nausea and vomiting
- Abdominal distention and bloating
- Constipation
- Liver damage (especially prevalent in abuse of drugs that combine opiates with acetaminophen)
- Brain damage due to hypoxia, resulting from respiratory depression
- Development of tolerance
- Dependence



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