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Letter: Tobacco should not be glorified

June 5, 2014|

Published 19 hours ago

TO THE EDITOR:

The May 29 column by Meredith Shutt paints smoking as a rewarding act. She implies that because the economic history of North Carolina is connected to tobacco, we are beholden to that despite overwhelming evidence of its harms. I respond as someone who has worked in healthcare and whose father died from a tobacco-related disease.

Smoking is an addiction. Evidence shows nearly 70 percent of smokers in this country want to quit. Secondhand smoke exposure causes nearly 34,000 deaths due to heart disease and 7,300 deaths due to lung cancer each year in the U.S. No level of secondhand smoke exposure is risk free.

The UNC Smoke-Free expansion and the Orange County Smoke-Free Public Places Rule are policies to protect the health of all Orange County residents. We can't deny that tobacco is part of this state's history. But given what we know about the health effects of smoking and the number of people who want to quit, do we really want to take no action? I'm grateful to be attending an institution and living in a county that is prioritizing the health of all.

Christy Bridges

Graduate Student

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Column: Smoking ban violates choice

By [Meredith Shutt](#) | Published 05/24/14 1:55pm



Photo by [Kevin Hu](#)

Proper etiquette on the London Underground is to evade eye contact. Coming home from classes as a study abroad student, I would stare at my hands or the posters advertising films and art exhibits as we slowed to each station. Some interesting people, though, would catch my attention.

I'll never forget the smoking banker. Being either a smoker or a banker would not make this man an anomaly in London, but his focus whilst rolling a cigarette for 20 minutes did. Shoulders hunched and eyes attentive, he would pinch a bit of tobacco from his pouch, place it carefully and then lick the paper lightly. The rolling was routine. His well-cut suit and facial wrinkles told me of his presumably stressful work.

I remember thinking how satisfying that cigarette would be as he finally lit up when he ascended back to the machine of urban life.

The smoking banker would not be welcome in Chapel Hill. People, students and community members alike would stare at him, judge him and potentially voice their negative opinions about him audibly. This is because Chapel Hill is a bubble, an ivory tower where openness and tolerance extend only far enough to accommodate the average non-smoking Chapel Hill resident.

The Orange County Smoke-Free Public Places Rule prohibits smoking in all government-maintained spaces including parks, bus stops and sidewalks in Chapel Hill and Carrboro.

The county rule works in conjunction with the campus-wide UNC Smoke Free policy to eliminate almost any legality from smoking a cigarette. The map outlining smoke-free zones on the UNC Department of Environment, Health and Safety website is an absolute joke.

Nearly the entire campus is blue, protected by the smoke-free buffer .

The history of North Carolina is one of economic vitality through the production and sale of tobacco. Tobacco Road isn't a cute or coincidental name — it's a trademark of our state's lucrative relationship with the tobacco industry .

A ban on smoking in Chapel Hill is an ironic denial of the very product that has continuously fostered economic strength and sovereignty in our state.

The smoking issue is one of personal choice. Everyone has a vice, whether it's Taco Bell, tanning beds or cigarettes. The decision to abstain from smoking doesn't excuse condemnation of another person's behavior. A county-wide ban on smoking is nothing more than an attempt to police personal actions.

As a community, we should prioritize personal freedom over stigma and unfounded judgment.



Making Public Health Real

By [The Commentators](#)

Posted April 28, 2014 at 1:01 pm

This is Colleen Bridger.

Public health in North Carolina is suffering from an identity crisis. As your [public health](#) director, this concerns me.

Many in the public health profession like to proclaim that public health is a “silent miracle.” The idea behind this proclamation is that when public health is working, everybody is safe and nobody thinks about it. Treating public health like a silent miracle is wonderfully moving, but we need to get real. Health Departments deal with things people don’t want to talk about. We give birth control to teenagers without parental consent because sometimes the teenager is a 13 year-old girl who is being raped by her stepdad and is afraid to tell. We treat the same man month after month for gonorrhea because he refuses to wear condoms. Let’s face it: public health deals with some pretty non-miraculous material.

I prefer this analogy: when my kids were little, they loved a song about a young man who on a rainy day asked old man Mr. Johnson why he didn’t fix his leaking roof. The old man’s reply was “I can’t fix it right now – it’s raining.” The young man then asked him why he didn’t fix it on a bright and sunny day. His reply? “Why would I fix it then? It doesn’t leak when it doesn’t rain.”

To me, this epitomizes the perception of public health. When we are in the midst of a crisis, public health is seen as a huge government bureaucracy in an irreparable state of disrepair. However, when there is no crisis, there is no attention and no money. The philosophy becomes: why do we need big government? Everything is fine.

In North Carolina, it is a bright and sunny day for public health. Let’s not make the same mistake Mr. Johnson did and put off the maintenance and upkeep public health needs to continue to protect us. When public health’s roof leaks, people die.

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Orange County Health Department fights drug misuse

By Jasmin Singh | Published 04/16/14 4:22pm
Daily Tarheel

Orange County officials are on the look-out for a threat that could be sitting in the average home — prescription pain medications.

There were 1,014 accidental drug overdoses in North Carolina in 2012, according to the North Carolina Injury Violence and Prevention Branch.

Of those deaths, 565 were from prescription opioid painkillers.

In Orange County, prescription pain medication, specifically opioids, cause about 10 unintentional poisoning deaths every year.

The increased access and use of prescription pain medication sparked this trend, said Dr. Lisa Waddell , chief program officer for community health and prevention for the Association of State and Territorial Health Officials.

“At one time, people were using illegal drugs a lot, like heroin, and then those drugs became more expensive, so they looked for similar drugs,” Waddell said. “People found another legal form in prescription medication.”

The Orange County Health Department has made drug overdose prevention its top priority this year, said Meredith Stewart , senior public health educator for the department.

“Last year, we did door-to-door surveys to see what the community’s priorities were, and we saw that substance abuse was seen as a top issue,” she said.

The biggest risk comes when people think an overdose can’t happen to them.

“We see elderly patients who are overdosing by accident, we see young people overdosing who are just experimenting with drugs and take too many, we see middle aged people who use it for pain,” said Tessie Castillo , spokeswoman for the North Carolina Harm Reduction Coalition, which provides overdose prevention training. “It’s rich people, it’s poor people, it’s everybody.”

Naloxone, also a prescription medication, can be used to help a person who overdoses on pain medication.

“Naloxone blocks the effects of the opiate in the brain, and it reverses the overdose,” Castillo said. The medication is intended to prevent imminent death.

“It’s like when you get a snake bite, so you go to the hospital and get the antidote,” Waddell said. “Naloxone is the antidote.”

Though naloxone has always been available by prescription, the North Carolina General Assembly passed the 911 Good Samaritan law last year, which allows community groups, like the Harm Reduction Coalition, to distribute it.

“When someone overdoses on opioids, they become unresponsive so they can’t give naloxone to themselves,” Stewart said. “That’s why it’s so important for family and friends to be able to have access to naloxone.”

Since August, the Harm Reduction Coalition distributed 1,409 kits containing naloxone and received reports of 53 successful overdose reversals. No unsuccessful reversals were reported.

Stewart said it’s also important to prevent prescription medications from getting into unsafe hands. Healthy Carolinians of Orange County, a network of agencies and citizens partnering to promote health and wellness in Orange County, created drug drop boxes at various municipal police stations where people can dispose of used or unused medications.

“This way they are disposed properly and not sitting around for someone else to use,” Stewart said. Waddell said communities must adopt new policies and continue educating residents.

“The policy changes could be around what type of providers can provide this sort of treatment measure or around management changes.”

Stewart said North Carolina uses the Controlled Substances Reporting System, which was created to improve the state’s ability to monitor people using and possibly misusing prescription medication. “When pharmacists dispense a prescription, it gets logged into that system so physicians and other authorized providers can look in the system and see how many prescriptions a person has gotten,” Stewart said. “We can look at a specific physician and their prescribing practicing.”

She said residents need to realize that drug overdose isn’t a private problem.

“Substance abuse doesn’t affect just the person, it affects the community,” Stewart said. “It’s not an individual problem, it’s the community’s problem.”

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Opioid Drug Use In Orange County And The Overdose Antidote

By [Rachel Nash](#)

Posted April 8, 2014 at 7:36 pm



Photo by Mels Evans/AP

There has been a surge in the use of opioid drug— heroin and prescription painkillers— in the United States, and this rise in popularity has some calling it an “epidemic.” Here in Orange County, public health officials say there is a growing problem with opioid abuse and subsequent overdoses.

The increase in heroin use across the country is interconnected with an expanding opioid market, driven by the high demand for prescription painkillers, such as Oxycontin and hydrocodone. As a general class of drugs, opioids have a high potential for abuse.

“We have seen here in Orange County an increase in unintentional poisoning overdose deaths. That has been almost entirely due to prescription opioid overdose, not to heroin overdose,” said Meredith Stewart, the Board of Health Strategic Planning Director for the Orange County Health Department.

In 2009-2012, Stewart said the Health Department recorded an average of 10 opioid overdose deaths per year in Orange County. That’s compared to decade ago when there were about six deaths per year.

Across North Carolina, there has been a more than 300 percent increase in opioid overdose deaths since 1999, according to the state Center for Health Statistics.

“We consider that each one of these deaths is preventable, and that’s why we are taking a community approach to this,” Stewart said.

The Overdose Antidote

Part of that approach is the use of the medication, [naloxone](#), which can quickly reverse an overdose caused by opioid medications and even heroin.

This was possible due to a state law passed in 2013 that gave doctors the ability to prescribe naloxone to a person at risk of opioid overdose, as well as that person's friends and family members. The "good Samaritan" law also grants people immunity from criminal prosecution for possessing small amounts of heroin if they are seeking assistance for a drug-related overdose.

The person who holds the prescription can then administer it to someone experiencing an opioid overdose.

In December of last year, Orange County became the first health department [in the state](#) to offer naloxone.

"Naloxone is just one piece of a larger effort to address substance abuse and misuse, particularly with prescription and other opioids," she said.

Other Measures

Stewart said the Orange County Health Department is also working to develop better systems to track prescriptions issued for painkillers.

Additionally, in a partnership with Healthy Carolinians of Orange County (HCOC), the Health Department worked with area law enforcement to set up drug drop boxes, located at police department headquarters, where people can drop off their unused or unwanted medications.