

# Editorial: Hospitals need to lead on heroin

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If 3,050 people had died in one year from the Zika virus, there's no doubt our hospitals would be mobilized in an all-out effort to stop the epidemic.

We are in the midst of an epidemic. But it's not Zika, Ebola or even the flu.

It's heroin.

And we need our hospitals to step up and lead a system of care driven by the medical needs of people who suffer from the disease of addiction.

**RELATED:** [Driehaus: We need to invest more to curb the heroin epidemic](#)

It's a deadly epidemic that our community -- and much of the nation -- has been unable to get its hands around.

In Hamilton County alone, there were 414 deaths from heroin and its counterparts in 2015. In Ohio, there were 3,050 deaths. In Kentucky: 1,248.

Our response has been inadequate: The addicted must navigate a patchwork system in which the police, paramedics and the courts have become the default providers of care.

But drug abusers are battling a fatal disease. They need help that doctors and nurses coordinate, not judges and jailers.

It's a tall order, but it's an urgent need, as the increasing death toll proves.

Our nation is in the midst of an unprecedented opioid epidemic. --  
*U.S. Department of Health and Human Services*

We're not suggesting that our hospitals aren't doing anything. Their emergency rooms are the front lines of this epidemic. Their doctors and nurses work daily miracles, bringing the dead back to life when they revive overdose victims.

But they're playing defense, reacting to the growing tide of the near-dead who wash up at their doors.

Our treatment centers are overwhelmed and overmatched. The treatment network was created decades ago to treat alcoholism and it is inadequate to deal with the wave of heroin addiction. We documented that in our series, [Heroin: Fixing a Broken System](#).

What's needed is a community-wide strategy, a coordinated system of care led by our medical systems -- UC Health, TriHealth, Mercy Health, St. Elizabeth Healthcare and Christ Hospital.

They have the money, the manpower and the resources to make the difference.

And while the hospitals are certainly involved, many who work on this problem every day agree that they need to be far more engaged.

Two weeks ago, a reorganized Hamilton County heroin task force met, led by a new chairperson, with a new agenda and a renewed sense of purpose.

More than 30 professionals crowded into a room at the Hamilton County Administration Building ready to work on this life-and-death problem. But no one from the dozen or so hospitals here was in attendance.

We are blessed in this community with hospitals that deliver skilled and compassionate care. They are well funded and well staffed. UC Health, for example, operates on a \$1.5 billion budget. By comparison, the Hamilton County health department gets by on \$12.7 million.

All of our hospitals are set up as not-for-profits, which means their mission is not to maximize profits, but to improve the health of their communities.

People are dying every day in this community from heroin, fentanyl and other opiates. It's not a stretch to say that the number one health problem in this community is the disease of addiction.

The United States is experiencing an epidemic of drug overdose deaths. -- *Centers for Disease Control and Prevention*

It's a tall order to ask hospital chief executives to collaborate with each other and create a new system of addiction care. There are all sorts of obstacles blocking the way -- different laws, regulations, states. There's the question of insurance and who will pay for what.

But there are ways to do this. The hospital CEOs could start by meeting and setting a goal of creating a collaborative system of care for addiction.

They could take smaller steps in the meantime. In January, the head of Palm Beach (Florida) County's emergency services, Houston Park, briefed WCPO's heroin advisory group on a pilot project involving JFK Medical Center in Atlantis, Florida.

Park also briefed a group of business and community leaders, including Cincinnati Police Chief Eliot Isaac and Fire Chief Richard Braun. The Palm Beach project includes treating overdose victims immediately in the emergency with suboxone and connecting them with treatment.

That's a model that could be adapted here.

There's other things they can do, some of them outlined in [our story](#) reported by Lisa Bernard-Kuhn in January:

Create a standard for treating overdose patients in emergency departments that includes medication and a link to further treatment and counseling. Reviving overdose victims and then letting them go is not a best practice.

Work with health insurance companies to improve coverage for addiction treatment and medication. Hospital leaders have clout, especially when they speak with one voice. Use it.

Recruit and train doctors who can practice addiction medicine. UC's College of Medicine is a leading academic medical center. Christ Hospital and Good Samaritan also train doctors and nurses. A concerted effort to train more doctors and counselors in addiction medicine is needed.

Provide space for addiction treatment. Some hospital systems have excess space after consolidating their medical units. It's taken the Center for Addiction Treatment four years to finance and get approval for a net expansion of just 15 treatment beds. Hospitals with leftover space should be able to convert it far quicker than that.

We are 10 years deep into a heroin and opiate epidemic that just keeps getting worse. Heroin has defied the efforts of police and treatment providers. This is a public health crisis that demands our hospital leaders take charge.

For more on our region's response to the heroin epidemic, please go to ["Heroin: How Do We Respond?"](#)