Battling the Opioid Epidemic

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Arkansas State Drug Director  
&  
John Clay Kirtley, PharmD  
Executive Director  
Arkansas State Board of Pharmacy
Disclosures and Objectives

- We do not have any financial interests or other disclosures of conflict for this program.

Objectives

- What is Naloxone?
  - How Naloxone works in preventing opioid overdose.
- Arkansas Act 1222
- Naloxone for First Responders Program
- Success and the need to develop more programs and awareness
Background

• Drug overdose is now the leading cause of injury death in the United States.

• Opioid analgesics, such as prescription painkillers, account for about 80 percent of those deaths.

• Overdose rates have increased five-fold since 1990.
Video Links

Hey Charlie: https://youtu.be/gWqafUoBAJc

Vimeo link: https://vimeo.com/stopthespiral/heycharlie

Stop the Spiral website: https://www.stopthespiral.com/
DRUG TRENDS OVER THE DECADES

1960s

1980s

1990s

2010s
"There is urgent need for widespread and early education of the medical profession, legislators, administrative authorities and laity into the facts of addiction disease. Until narcotic addiction is widely appreciated and taught as a definite disease, and facilities are provided for clinical demonstration and instruction and for laboratory experimentation, we cannot hope for intelligent handling of the narcotic addict, nor for solution of the national drug problem."

Where is the blame for their continued addiction? Certainly not because of lack of effort on their part. Addicted for years they have tried one after another of the various and diverse treatments and so-called "cures" without success or ultimate relief. Is the blame theirs for lack of success and cure, or has there been something wrong in our treatment and handling of them? Did we know enough about addiction-disease to treat them intelligently and to exercise upon their cases the same professional skill and technical ability that we have been educated and trained to apply to other diseases? In the light of available clinical information and study and in the light of competent laboratory research we are forced as a profession to admit that we have not treated our addiction sufferers with sympathetic understanding and clinical competency and that the blame for the past failure to control the narcotic drug problem rests largely upon the educational inadequacy of our medical profession, and institutions of scientific and public health education.
American Journal of Public Health

Official Monthly Publication of the American Public Health Association
169 Massachusetts Ave., Boston, Mass.

Subscription price, $4 per year. American Public Health Association membership, including subscription, $5 per year.

Vol. IX       JULY, 1919       No. 7

NARCOTIC DRUG ADDICTION: A PUBLIC HEALTH PROBLEM.

ERNEST S. BISHOP, M. D., F. A. C. P.
Clinical Professor of Medicine, New York Polyclinic Medical School and Hospital, etc., etc., New York City.

Read before Public Health Administration Section, American Public Health Association, at Chicago, Ill., December 11, 1918.
$78.5 billion
Cost of prescription opioid dependence, abuse, and overdose in the United States in 2013

25%
Percentage of worker’s compensation prescription drug claims that were for opioids in 2011
Blame Game

Who is to blame?
EVERYONE

Too many people are obsessed with laying blame and claiming that it is not their fault...

Them vs Us
Drug overdose deaths among adolescents ages 15 to 19

Arkansas has the 25th highest drug overdose mortality rate in the United States, with 12.5 per 100,000 people suffering drug overdose fatalities.* Trend was stabilized with PMP implementation.
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Alprazolam (Xanax)</td>
<td>73,633</td>
<td>42,953</td>
<td>9,844</td>
<td>8,323</td>
<td>24,935</td>
<td>29,986</td>
<td>12,253</td>
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<tr>
<td>Hydrocodone</td>
<td>459,276</td>
<td>213,639</td>
<td>103,988</td>
<td>128,864</td>
<td>196,027</td>
<td>131,870</td>
<td>243,577</td>
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<td>Oxycodone</td>
<td>16,538</td>
<td>32,422</td>
<td>18,448</td>
<td>28,336</td>
<td>65,163</td>
<td>74,555</td>
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<td>Codeine</td>
<td>4,005</td>
<td>8,878</td>
<td>3,726</td>
<td>44,878</td>
<td>16,345</td>
<td>7,485 tabs</td>
<td>104,317ml</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>4,358 Tabs</td>
<td>89,857ml</td>
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</table>
Burglaries/Robberies in Arkansas?

- 2017 – 2 Robberies, 22 Break Ins
- 2016 – 6 Robberies, 68 Break Ins
- 2015 – 5 Robberies, 56 Break Ins
- 2014 – 5 Robberies, 33 Break Ins
- 2013 – 7 Robberies, 48 Break Ins
- 2012 – 8 Robberies, 38 Break Ins
- 2011 – 6 Robberies, 39 Break Ins
- 2010 – 9 Robberies, 44 Break Ins
- 2009 – 3 Robberies, 59 Break Ins
- 61 Break Ins in 2006

Talk to your staff about this.
# 2015 Prescription Drugs Dispensed

<table>
<thead>
<tr>
<th>Drug</th>
<th># of RX</th>
<th>Quantity</th>
<th>Average Per RX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>1,714,600</td>
<td>111,987,967</td>
<td>65.31</td>
</tr>
<tr>
<td>Tramadol</td>
<td>762,766</td>
<td>58,672,813</td>
<td>76.92</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>689,292</td>
<td>44,543,911</td>
<td>64.62</td>
</tr>
<tr>
<td>Oxycodone (all)</td>
<td>646,333</td>
<td>50,244,192</td>
<td>77.74</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>568,550</td>
<td>17,718,692</td>
<td>31.16</td>
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</table>
## 2016 Prescription Drugs Dispensed

<table>
<thead>
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<th>Drug</th>
<th># of RX</th>
<th>Quantity</th>
<th>Average Per RX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>1,691,895</td>
<td>108,648,138</td>
<td>64.22</td>
</tr>
<tr>
<td>Tramadol</td>
<td>770,322</td>
<td>59,400,035</td>
<td>77.11</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>690,386</td>
<td>43,493,832</td>
<td>63.00</td>
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<tr>
<td>Oxycodone (all)</td>
<td>652,912</td>
<td>49,716,481</td>
<td>76.15</td>
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<tr>
<td>Zolpidem</td>
<td>552,912</td>
<td>17,402,324</td>
<td>31.47</td>
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2017 Prescription Drugs Dispensed
*Arkansas Residents Only

<table>
<thead>
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<th>Drug</th>
<th># of RX</th>
<th>Quantity</th>
<th>Average Per RX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>1,521,564</td>
<td>94,033,249</td>
<td>61.8</td>
</tr>
<tr>
<td>Tramadol</td>
<td>712,349</td>
<td>54,156,328</td>
<td>76.0</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>631,709</td>
<td>39,355,560</td>
<td>62.3</td>
</tr>
<tr>
<td>Oxycodone (all)</td>
<td>588,911</td>
<td>43,597,818</td>
<td>74.0</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>510,214</td>
<td>16,178,026</td>
<td>31.7</td>
</tr>
</tbody>
</table>
More Prescriptions than People

Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people:
- 52-71
- 72-82.1
- 82.2-95
- 96-143

Source: IMS, National Prescription Audit (NPA™), 2012.
<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>Alabama</td>
<td>6,814,305</td>
<td>6,393,791</td>
<td>5,840,754</td>
<td>5,638,226</td>
<td>5,226,453</td>
<td>-23.3%</td>
<td>-7.3%</td>
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<tr>
<td>Alaska</td>
<td>468,266</td>
<td>457,730</td>
<td>420,617</td>
<td>406,210</td>
<td>371,330</td>
<td>-20.7%</td>
<td>-8.6%</td>
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<tr>
<td>Arizona</td>
<td>5,050,348</td>
<td>5,038,497</td>
<td>4,813,236</td>
<td>4,549,927</td>
<td>4,146,719</td>
<td>-17.9%</td>
<td>-8.9%</td>
</tr>
<tr>
<td>Arkansas</td>
<td>3,477,289</td>
<td>3,523,762</td>
<td>3,312,715</td>
<td>3,240,776</td>
<td>3,031,816</td>
<td>-12.6%</td>
<td>-6.4%</td>
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<tr>
<td>California</td>
<td>21,047,372</td>
<td>20,561,933</td>
<td>18,666,608</td>
<td>17,441,819</td>
<td>15,935,858</td>
<td>-24.3%</td>
<td>-8.6%</td>
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<tr>
<td>Colorado</td>
<td>3,678,624</td>
<td>3,637,189</td>
<td>3,471,691</td>
<td>3,191,200</td>
<td>2,903,238</td>
<td>-21.1%</td>
<td>-9.0%</td>
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<td>Connecticut</td>
<td>2,512,161</td>
<td>2,476,310</td>
<td>2,297,397</td>
<td>2,050,162</td>
<td>1,825,478</td>
<td>-27.3%</td>
<td>-11.0%</td>
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<td>Delaware</td>
<td>823,522</td>
<td>814,682</td>
<td>768,974</td>
<td>717,686</td>
<td>636,103</td>
<td>-22.6%</td>
<td>-11.4%</td>
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<td>District of Columbia</td>
<td>530,757</td>
<td>520,817</td>
<td>462,788</td>
<td>424,773</td>
<td>396,380</td>
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<td>Florida</td>
<td>13,636,391</td>
<td>13,413,544</td>
<td>12,708,441</td>
<td>12,750,684</td>
<td>12,161,370</td>
<td>-10.8%</td>
<td>-4.5%</td>
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<td>Georgia</td>
<td>8,643,669</td>
<td>8,305,929</td>
<td>7,880,524</td>
<td>7,856,894</td>
<td>7,403,647</td>
<td>-14.3%</td>
<td>-5.8%</td>
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<tr>
<td>Hawaii</td>
<td>717,220</td>
<td>694,579</td>
<td>645,508</td>
<td>612,090</td>
<td>566,039</td>
<td>-21.1%</td>
<td>-7.5%</td>
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<td>Idaho</td>
<td>1,361,009</td>
<td>1,348,590</td>
<td>1,263,510</td>
<td>1,211,463</td>
<td>1,127,967</td>
<td>-17.1%</td>
<td>-6.9%</td>
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<tr>
<td>Illinois</td>
<td>8,800,796</td>
<td>8,518,837</td>
<td>8,003,978</td>
<td>7,665,040</td>
<td>7,012,770</td>
<td>-20.3%</td>
<td>-8.5%</td>
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<tr>
<td>Indiana</td>
<td>6,924,241</td>
<td>6,307,577</td>
<td>5,837,382</td>
<td>5,527,092</td>
<td>5,114,530</td>
<td>-26.1%</td>
<td>-7.5%</td>
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<td>2,274,401</td>
<td>2,246,454</td>
<td>2,121,545</td>
<td>1,983,098</td>
<td>1,787,157</td>
<td>-21.4%</td>
<td>-9.9%</td>
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<tr>
<td>Kansas</td>
<td>2,751,590</td>
<td>2,677,203</td>
<td>2,504,956</td>
<td>2,399,365</td>
<td>2,233,674</td>
<td>-18.8%</td>
<td>-6.9%</td>
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<tr>
<td>Kentucky</td>
<td>4,597,389</td>
<td>4,900,964</td>
<td>4,471,521</td>
<td>4,178,616</td>
<td>3,835,758</td>
<td>-23.2%</td>
<td>-8.2%</td>
</tr>
<tr>
<td>Louisiana</td>
<td>5,497,900</td>
<td>5,248,487</td>
<td>4,818,945</td>
<td>4,714,697</td>
<td>4,390,626</td>
<td>-20.1%</td>
<td>-6.9%</td>
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<tr>
<td>Maine</td>
<td>1,105,502</td>
<td>1,060,604</td>
<td>985,562</td>
<td>867,776</td>
<td>752,128</td>
<td>-32.0%</td>
<td>-13.3%</td>
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<tr>
<td>Maryland</td>
<td>4,229,580</td>
<td>4,181,855</td>
<td>3,941,165</td>
<td>3,664,825</td>
<td>3,321,383</td>
<td>-21.5%</td>
<td>-9.4%</td>
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<td>Massachusetts</td>
<td>4,584,487</td>
<td>4,431,390</td>
<td>4,066,743</td>
<td>3,551,098</td>
<td>3,108,589</td>
<td>-32.2%</td>
<td>-12.5%</td>
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<tr>
<td>Michigan</td>
<td>10,482,299</td>
<td>10,315,827</td>
<td>9,528,806</td>
<td>8,858,912</td>
<td>8,018,969</td>
<td>-23.5%</td>
<td>-9.5%</td>
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<tr>
<td>Minnesota</td>
<td>3,330,832</td>
<td>3,250,152</td>
<td>2,975,420</td>
<td>2,888,110</td>
<td>2,395,469</td>
<td>-28.1%</td>
<td>-10.9%</td>
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<tr>
<td>Mississippi</td>
<td>3,514,238</td>
<td>3,407,069</td>
<td>3,212,366</td>
<td>3,087,482</td>
<td>2,797,901</td>
<td>-20.4%</td>
<td>-9.4%</td>
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<tr>
<td>State</td>
<td>2017</td>
<td>2016</td>
<td>2015</td>
<td>2014</td>
<td>2013</td>
<td>% Change</td>
<td>% Change</td>
</tr>
<tr>
<td>-----------------</td>
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<td>----------</td>
<td>----------</td>
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<tr>
<td>Missouri</td>
<td>5,755,659</td>
<td>5,602,998</td>
<td>5,217,577</td>
<td>4,955,781</td>
<td>4,568,443</td>
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<td>-7.8%</td>
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<td>798,887</td>
<td>776,545</td>
<td>722,011</td>
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<td>-10.1%</td>
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<td>Nebraska</td>
<td>1,497,183</td>
<td>1,470,505</td>
<td>1,378,816</td>
<td>1,325,382</td>
<td>1,229,836</td>
<td>-17.9%</td>
<td>-7.2%</td>
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<td>Nevada</td>
<td>2,436,691</td>
<td>2,467,441</td>
<td>2,399,881</td>
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<td>New Hampshire</td>
<td>970,834</td>
<td>937,024</td>
<td>866,243</td>
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<td>648,791</td>
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<td>-15.1%</td>
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<td>5,082,090</td>
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<td>3,971,549</td>
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<td>-13.5%</td>
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<td>New Mexico</td>
<td>1,422,434</td>
<td>1,436,906</td>
<td>1,409,482</td>
<td>1,299,762</td>
<td>1,154,945</td>
<td>-18.8%</td>
<td>-11.1%</td>
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<tr>
<td>New York</td>
<td>10,957,729</td>
<td>10,450,786</td>
<td>10,164,060</td>
<td>9,534,858</td>
<td>8,731,689</td>
<td>-20.3%</td>
<td>-8.4%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>9,482,526</td>
<td>9,232,258</td>
<td>8,717,746</td>
<td>8,276,712</td>
<td>7,475,119</td>
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<td>-9.7%</td>
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<tr>
<td>North Dakota</td>
<td>505,227</td>
<td>495,555</td>
<td>466,131</td>
<td>441,930</td>
<td>397,286</td>
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<td>-10.1%</td>
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<td>11,261,528</td>
<td>10,794,842</td>
<td>9,955,858</td>
<td>9,057,498</td>
<td>7,884,784</td>
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<td>-12.9%</td>
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<td>Oklahoma</td>
<td>4,666,575</td>
<td>4,242,737</td>
<td>3,972,838</td>
<td>3,765,604</td>
<td>3,508,003</td>
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<td>-6.8%</td>
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<tr>
<td>Oregon</td>
<td>3,456,129</td>
<td>3,389,575</td>
<td>3,145,023</td>
<td>2,897,444</td>
<td>2,573,451</td>
<td>-25.5%</td>
<td>-11.2%</td>
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<tr>
<td>Pennsylvania</td>
<td>11,330,259</td>
<td>11,031,159</td>
<td>10,394,466</td>
<td>9,496,052</td>
<td>8,163,730</td>
<td>-27.9%</td>
<td>-14.0%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>871,892</td>
<td>823,219</td>
<td>732,637</td>
<td>655,736</td>
<td>578,919</td>
<td>-33.6%</td>
<td>-11.7%</td>
</tr>
<tr>
<td>South Carolina</td>
<td>4,866,458</td>
<td>4,797,342</td>
<td>4,490,916</td>
<td>4,296,073</td>
<td>3,982,951</td>
<td>-18.2%</td>
<td>-7.3%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>570,917</td>
<td>585,432</td>
<td>581,534</td>
<td>554,246</td>
<td>514,472</td>
<td>-9.9%</td>
<td>-7.2%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>8,325,017</td>
<td>8,239,110</td>
<td>7,800,947</td>
<td>7,366,191</td>
<td>6,709,154</td>
<td>-21.3%</td>
<td>-8.9%</td>
</tr>
<tr>
<td>Texas</td>
<td>18,569,734</td>
<td>17,959,748</td>
<td>15,903,061</td>
<td>15,444,180</td>
<td>14,551,496</td>
<td>-21.6%</td>
<td>-5.8%</td>
</tr>
<tr>
<td>Utah</td>
<td>2,364,661</td>
<td>2,308,830</td>
<td>2,166,792</td>
<td>2,107,481</td>
<td>1,975,493</td>
<td>-16.5%</td>
<td>-6.3%</td>
</tr>
<tr>
<td>Vermont</td>
<td>418,161</td>
<td>415,687</td>
<td>388,108</td>
<td>348,511</td>
<td>307,528</td>
<td>-26.5%</td>
<td>-11.8%</td>
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<tr>
<td>Virginia</td>
<td>5,346,359</td>
<td>6,047,580</td>
<td>5,608,460</td>
<td>5,240,314</td>
<td>4,526,212</td>
<td>-28.7%</td>
<td>-13.6%</td>
</tr>
<tr>
<td>Washington</td>
<td>5,163,236</td>
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<td>382,837</td>
<td>374,192</td>
<td>349,111</td>
<td>-15.6%</td>
<td>-6.7%</td>
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</table>

**All States**

| 251,814,801 | 244,462,569 | 227,780,920 | 215,051,279 | 196,001,292 | -22.2% | -8.9% |

Sources: Xponent, IQVIA, Danbury, CT, Accessed March 2017

PayerTrak, IQVIA, Danbury, CT, Accessed March 2018
## U.S. State Opioid Prescribing Rates 2016 per 100 People

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## County Opioid Prescribing Rates 2016 per 100 People

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## County Opioid Prescribing Rates 2017 per 100 People

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Drug Overdose Deaths Per 100,000 Population
State Rate=11.2 (14.0 age adjusted)
Source: Arkansas State Crime Lab-2016
Figure 1. Rate of neonatal abstinence syndrome per 1,000 hospital births, Arkansas residents, 2000-2014*  

*Does not include births to Arkansas mothers occurring in out-of-state hospitals  

Source: ADH Hospital Discharge Data System
State-Level Variation of ED Opioid Prescribing Rates for Ankle Sprain

Myths About Pain

- Pain medications are addictive and should not be used unless necessary
- Severe or chronic pain cannot be well managed
- Strong pain medication must be saved for a last resort
- Pain is a result of something I did wrong
- “Good” patients don’t report their pain
- Although pain causes discomfort, it is not harmful

Answers to your questions

What are the side effects of pain medication?
All medications have side effects. Side effects may include constipation, nausea, vomiting, itching, sleepiness, decreased blood pressure, decreased respirations, hallucinations, confusion, strange dreams or erratic behavior. Please inform your nurse of these symptoms or any other concerns.

Does this mean all my pain will be gone?
Although most pain can be well managed, it often cannot be removed completely. Our goal is to help you to be as comfortable as possible, especially when moving and doing things you need to do to get better.

Are pain medications bad for me or addictive?
No. Studies show that an addiction is unlikely. This is especially true if you have never had an addiction.

Will pain medication work if I take it for a long time?
After a while the body gets used to medication. This is called “tolerance”. Over time, you may need more medicine or a different kind of medicine to control your pain. It is also possible that the condition causing your pain may be getting worse.

What if I have more questions?
Please don’t hesitate to ask your nurse or doctor.
80% of opioids consumed in US

Americans consume almost all of the global opioid supply - CNBC.com
Apr 27, 2016 - Americans consume vast majority of the world's opioids. Americans are in more pain than any other population around the world. At least, that's the conclusion that can be drawn from one startling number from recent years: Approximately 80 percent of the global opioid supply is consumed in the United States.

US: 5% of World Population; 80% of Opioid Consumption - AllGov
www.allgov.com/us-5-percent-of-world-population-80-percent-of-opioid-consump...
Dec 17, 2014 - U.S. 5% of World Population, 80% of Opioid Consumption. Studies have shown that the United States, with less than 5% of the world's population, uses 80% of the global supply of opioid drugs. A new report has put that in perspective, pinpointing how Americans' dependence on the drugs has become a national problem.

(PDF) The American Society of Interventional Pain Physicians (ASIPP) Fact...https://www.asipp.org/documents/ASIPPFactSheet101111.pdf
The number one cause of death in 17 U.S. states is prescription drug abuse, ... Americans, constituting only 4.6% of the world's population, have been consuming 80% of the global opioid supply, and 59% of the global hydrocodone supply, ...

Americans Take 80% of World’s Opioid Supply - VOA Learning English
learningenglish.voanews.com/a/americans-take-80-world-opioid.../2242429.html
Mar 19, 2016 - The United States has 4.6 percent of the world’s population. But a report says Americans consume 80 percent of the world’s opioid supply.

America Consumes 80% Of The World’s Opioids ... - The Daily Caller
dailycaller.com/americas-consumes-80-of-the-worlds-hydrocodone-and-other-crazy...
Oct 23, 2016 - "The startling fact that U.S. citizens consume approximately 80% of the global opioid supply means that it’s probably time doctors and other ...

Why Do Americans Consume 80 Percent Of All Prescription Painkillers ...www.zero Hedge.com/.../why-do-americans-consume-80-percent-of-prescription-pain...
Mar 15, 2016 - In the United States today, approximately 4.7 million Americans are addicted to ... If Americans are so happy, then why do we consume 80 percent of the ... Opioids, a type of powerful painkiller that requires a prescription, were ...

Students misuse or abuse prescription drugs.
AMA Sees Progress in Declining Opioid Prescriptions, Urges Continued Focus on Evidence-Based Treatment

“A 22-percent decrease in opioid prescriptions nationally between 2013 and 2017 reflects the fact that physicians and other health care professionals are increasingly judicious when prescribing opioids. It is notable that every state has experienced a decrease, but this is tempered by the fact that deaths related to heroin and illicit fentanyl are increasing at a staggering rate, and deaths related to prescription opioids also continue to rise…”

▪ Patrice A. Harris, MD, MA, chair of the AMA Opioid Task Force
Percent population needing but not receiving treatment for illicit drug use

2017 – Q1 & Q2
Cases Received – Drug Class

- Marihuana/THC: 3,864 (46%)
- Methamphetamine: 1,700 (20%)
- Opioids: 1,083 (13%)
- Cocaine: 915 (11%)
- Benzodiazepines: 851 (10%)
2017 – Q1 & Q2
Cases Received

[Map showing cases received by county in Arkansas, with counties color-coded by case numbers: 0-50, 51-100, 101-200, 201 and above.]
Opiate related arrests for selling/manufacturing or possession average rate per 100,000 county population from 2011-2015
OPIIDEMIC

STOP THE OPIIDEMIC

WHAT ARE OPIOIDS?
TAKE ACTION
TREATMENT
OVERDOSE

OPIOID ABUSE IS A UTAH EPIDEMIC
Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis

Carfentanil is a synthetic opioid approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl. The presence of carfentanil in illicit U.S. drug markets is cause for concern, as the relative strength of this drug could lead to an increase in overdoses and overdose-related deaths, even among opioid-tolerant users. The presence of carfentanil poses a significant threat to first responders and law enforcement personnel who may come in contact with this substance. In any situation where any fentanyl-related substance, such as carfentanil, might be present, law enforcement should carefully follow safety protocols to avoid accidental exposure.

Officer & Public Safety Information

Carfentanil and other fentanyl analogues present a serious risk to public safety, first responder, medical, treatment, and laboratory personnel. These substances can come in several forms, including powder, blotter paper, tablets, patch, and spray. Some forms can be absorbed through the skin or accidentally inhaled. If encountered, responding personnel should do the following based on the specific situation:

- **Exercise extreme caution.** Only properly trained and outfitted law enforcement professionals should handle any substance suspected to contain fentanyl or a fentanyl-related compound. If encountered, contact the appropriate officials within your agency.
- **Be aware of any sign of exposure.** Symptoms include: respiratory depression or arrest, drowsiness, disorientation, sedation, pinpoint pupils, and clammy skin. The onset of these symptoms usually occurs within minutes of exposure.
- **Seek IMMEDIATE medical attention.** Carfentanil and other fentanyl-related substances can work very quickly, so in cases of suspected exposure, it is important to call EMS immediately. If inhaled, move the victim to fresh air. If ingested and the victim is conscious, wash out the victim’s eyes and mouth with cool water.
- **Be ready to administer naloxone in the event of exposure.** Naloxone is an antidote for opioid overdose. Immediately administering naloxone can reverse an overdose of carfentanil, fentanyl, or other opioids, although multiple doses of naloxone may be required. Continue to administer a dose of naloxone every 2-3 minutes until the individual is breathing on his/her own for at least 15 minutes or until EMS arrives.
$1.5 Million Federal Grant To Help State Police Combat Heroin Epidemic
Connecticut's Department of Emergency Services and Public Protection was the latest to receive a federal grant aimed at combating the heroin and opioid crisis that has killed hundreds in recent years. DESPP will get $1.5 million from the federal Department of Justice's Anti-Heroin Task Force Program,...

Amid Opioid Epidemic, Fentanyl Discussed As Growing Problem
Louis Ahearn had been using heroin for a couple of weeks before he died, his mother said. Gina Mattei found her son the morning on Feb. 17 suffering from an overdose. Despite paramedics using naloxone to reverse the effects of the opioids, he went into cardiac arrest, she said. It would prove that...

11 Hartford SWAT Officers Exposed To Heroin, Fentanyl During Drug Raid
A flash-bang grenade tossed into a stash house on Forest Street Tuesday night kicked up powdered fentanyl and heroin that SWAT officers raiding the building breathed in, police said. Eleven of the officers were taken to a hospital to be treated for their exposure to the deadly opioid. Following...

State Gets $5 Million In Grants To Combat Opioid Crisis
Facing an opioid crisis that continues to claim hundreds of lives every year, officials say the state will get an infusion of more than $5 million in federal money to increase access to treatment and bolster abuse prevention efforts. "The prescription pain medication and heroin crisis continues...
Opioid epidemic’s hidden hazard: SWAT officers treated for fentanyl exposure during drug raid

By Lindsey Bever and J. Freedom du Lac  September 14  

(Hartford Police Department)
18 Officers Hospitalized After Exposure During Drug Raid

Pittsburgh, PA – Eighteen police officers were taken to a local hospital for treatment on Wednesday, August 9, after exposure to an unknown chemical during a raid.

The incident occurred about 6 AM at three locations in the West End, according to CBS Local Pittsburgh. The officers included U.S. ICE, Homeland Security, Pittsburgh police officers, and Pittsburgh SWAT officers. They were serving federal search warrants at two houses on Lakewood Avenue, and one house on Bond Street.

The 18 officers, who were not identified, were transported to UPMC Mercy Hospital for treatment after they began experiencing dizziness and numbness. According to the U.S. Attorney’s Office, the substance that the officers were believed to have been exposed to was fentanyl.

The drug has become extremely dangerous for accidental exposures to police officers and police K9s. Some officers have had to be administered Narcan after overdosing due to accidental exposure during a search. Police are taking extra precautions when dealing with any type of situation that might result in an accidental exposure of an unknown powder.

All officers have since been cleared by hospital doctors and staff, and have been released. Several people were arrested for drugs during the raids. No information has released on their names or specific charges.

Now that there have been numerous accidental overdoses of law enforcement officers, many agencies have started telling their officers to cease all field testing of drugs, for fear that they might be accidentally exposed.

Just a year ago we were discussing officers carrying the overdose-reversal drug Narcan in order to treat overdosing heroin addicts. Now we’re faced with officers carrying Narcan for themselves in case of a fentanyl exposure.
As Many as 4 Are Dead in Drug Overdoses in Georgia

By DANIEL VICTOR  JUNE 8, 2017

Percocet and Endocet are brand names of Oxycodone/Acetaminophen. The substance in the Georgia overdoses was being sold as Percocet, but was a different substance. Tony Cenicola/The New York Times
10-Year-Old Boy Dies of Fentanyl, Heroin Overdose After Visiting Swimming Pool

Grandmother, 69, dies of an overdose while cleaning up her son's drug paraphernalia by 'absorbing the substances into her system' just days after his fatal overdose.

1-year-old revived with Narcan after opioid overdose, police say

Police save Labrador with Narcan antidote after it ate TWENTY-FIVE painkillers when it got into her owner's purse smelling gummy worms.
What you do not know can kill you!

Do The Math

One kilogram = 1,000,000 milligrams X $10 each = $10,000,000

One ounce = 28,349.5 milligrams X $10 each = $283,495

One gram = 1,000 milligrams X $10 each = $10,000

TO

The initial Investment of 1 kilogram of Fentanyl (analog) cost $1,700 to $3,500 each.
What you do not know can kill you!

Potential Revenue Generated from Fentanyl Pill Sales Using 1 Kilogram of Fentanyl within United States

<table>
<thead>
<tr>
<th>Amount of Fentanyl Per Pill</th>
<th>Price Per Pill</th>
<th>Price Per Pill</th>
<th>Price Per Pill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$10</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>1.5 milligrams (666,666 pills)</td>
<td>$6.6 million</td>
<td>$9.9 million</td>
<td>$13.3 million</td>
</tr>
<tr>
<td>1 milligram (1 million pills)</td>
<td>$10 million</td>
<td>$15 million</td>
<td>$20 million</td>
</tr>
</tbody>
</table>

Source: DEA

1 Kilogram weighs 2.2 pounds or 1,000 grams or 1,000,000 milligrams

Source: Counterfeit Prescription Pills Containing Fentanyl: A Global Threat
Fentanyl in the United States, May 2016
The Price of Illicit Drugs

The price of drugs will vary depending on the supply, demand and location.

- A Kilo of Cocaine: $20,000-$46,000
- A Kilo of Meth: $10,000-$90,000
- A Kilo of Heroin: $32,000-$75,000
- A Kilo of Fentanyl: $3,500

Source: Open Online Internet Sources in the U.S. on 2-14-18
Circle of Addiction

- Hydrocodone
- Oxycodone
- Heroin
- OxyContin
"Missed Opportunities: Opioid Overdoses and Suicide"

A. Benjamin Srivastava MD and Mark S. Gold, MD

...more than 50% of patients with opioid use disorder have histories of major depressive disorder, which, when untreated, may further drive suicidal thoughts and behavior.10,11 Maria A. Oquendo, MD, PHD, immediate past president of the American Psychiatric Association, wrote in a guest post on the blog of Nora D. Volkow, MD, director of the National Institute on Drug Abuse, about the strong link between opioid use disorders and suicidal thoughts and behavior. Furthermore, a 2004 literature review on substance use disorders and suicide found that individuals with opioid use disorders had a 13 times greater risk of completed suicide, compared with the general population.12

- A recent study of nearly 5 million veterans enrolled in the Veterans Health Administration demonstrated that, even when adjusted for age and comorbid psychiatric diagnoses, opioid use disorder was associated with an increased risk for suicide; particularly striking was that this risk was doubled in women.

A survey of 40,000 subjects from the 2014 National Survey on Drug Use and Health demonstrated that prescription opioid misuse was associated with an increased risk of suicidal ideation, and weekly misuse was associated with increased suicide planning and attempts.
Stimulants and Opioids:

- An Emerging Drug Threat in the Midst of the Opioid Epidemic
- Rise in Stimulant Prescription rates can easily lead to mixed drug ingestion problems that are beyond opioids alone
Summary of HIDTA Seizure Data

Total Seizures 2010-2016

- Heroin - 38,586.3 Kg
- Stimulants Combined - 596,998.7 Kg
- Cocaine - 469,144.6 Kg
- Methamphetamine - 127,854.1 Kg

15.5 Kg of Stimulants Seized for every 1.0 Kg of Heroin
NOTICE OF INTENT - FENTANYL RELATED SUBSTANCES

December 29, 2017; Federal Register 82 FR 61700-61703

▪ “The Administrator of the Drug Enforcement Administration is publishing notice of intent to issue an order temporarily scheduling fentanyl-related substances that are not currently listed in any schedule of the Controlled Substances Act (CSA). The temporary order will place these substances in schedule I...based on a finding...that placement of these synthetic opioids in schedule I is necessary to avoid an imminent hazard to the public safety.”

▪ Temporary scheduling for two years, and if permanent scheduling is initiated, the period of temporary scheduling may be extended for one additional year.
In a new analysis of overdose patient and emergency room data, Unick found that among younger drug users, heroin addiction appears to have split off as a phenomenon from the larger prescription painkiller epidemic, with deaths increasing fastest among people in their 20s. The approximately 15,000 people who die from painkiller overdoses, meanwhile, tend to be older, concentrated among people in their 50s and early 60s.
AR- ED Hospital Discharge Data

Heroin Overdoses (ED): 2012-2016

Heroin OD by Gender

*Data from the ED subset of the hospital discharge dataset obtained from 'SAS-HealthStat' folder.*
AR- ED Hospital Discharge Data

Heroin OD by Age Category

Heroin OD by Race

- American Indian or Native Alaskan
- Asian or Pacific Islander
- Black
- White

Number of Heroin OD by Year:
- 2012
- 2013
- 2014
- 2015
- 2016
Number of Heroin OD by County

2015 2016

*Data from the ED subset of the hospital discharge dataset obtained from 'SAS-HealthStat' folder.*
Answers → Future Impact

- Medication Assisted Treatment
- Re-education of prescribers
- Opioid guidelines
- Opioid limitations
- Review of published studies
- Drug Takeback Initiatives
Medication-Assisted Treatment

- Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can help some people struggling with addiction sustain recovery.

- Treatment should include access to the medication-assisted treatment (MAT) options of methadone, buprenorphine, or extended-release naltrexone, which are effective for both prescription opioid and heroin addiction. [https://takebackday.dea.gov/](https://takebackday.dea.gov/)
Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain, The SPACE Randomized Clinical Trial

**Key Points**

**Question** For patients with moderate to severe chronic back pain or hip or knee osteoarthritis pain despite analgesic use, does opioid medication compared with nonopioid medication result in better pain-related function?

**Findings** In this randomized clinical trial that included 240 patients, the use of opioid vs nonopioid medication therapy did not result in significantly better pain-related function over 12 months (3.4 vs 3.3 points on an 11-point scale at 12 months, respectively).

**Meaning** This study does not support initiation of opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain.

*JAMA. 2018;319(9):872-882*
Study: Opioids No More Effective Than Other Pain Medications

The study also found patients taking opioids experienced more adverse side effects.

• **IN A NEW STUDY** published Tuesday in the journal *JAMA*, researchers found patients taking opioid painkillers managed their pain no better than patients taking safer, alternative pain medications.

• The study, *Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain*, is the first randomized clinical trial to make a head-to-head comparison between opioids and other forms of pain medications.

**US News & World Report, By Alexa Lardieri, Staff Writer, March 7, 2018, at 8:25 a.m.**
Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department, A Randomized Clinical Trial

- **Key Points**

- **Question** Do any of 4 oral combination analgesics (3 with different opioids and 1 opioid-free) provide more effective reduction of moderate to severe acute extremity pain in the emergency department (ED)?

- **Findings** In this randomized clinical trial of 411 ED patients with acute extremity pain (mean score, 8.7 on the 11-point numerical rating scale), there was no significant difference in pain reduction at 2 hours. Mean pain scores decreased by 4.3 with ibuprofen and acetaminophen (paracetamol); 4.4 with oxycodone and acetaminophen; 3.5 with hydrocodone and acetaminophen; and 3.9 with codeine and acetaminophen.

- **Meaning** For adult ED patients with acute extremity pain, there were no clinically important differences in pain reduction at 2 hours with ibuprofen and acetaminophen or 3 different opioid and acetaminophen combination analgesics.

*JAMA. 2017;318(17):1661-1667*
ESSENCE (Syndromic Surveillance)

- Number of heroin overdoses identified in syndromic surveillance:
  - 2016 = 31
  - 2017 = 88
  - January 1, 2018 – January 31, 2018 = 20

- *Not all Arkansas hospitals currently report to ESSENCE.
Take BACK

October 2017 Take BACK
28,035 Pounds

APRIL 2018 Take BACK
28,020 Pounds
Monitor, Secure and Dispose

Patients should:

▪ Know what they are taking and how much they have
▪ Secure their prescription medications
▪ Properly dispose of prescription drugs

- [www.smarxtdisposal.net](http://www.smarxtdisposal.net)
- [www.ioit2me.com](http://www.ioit2me.com)
- [www.artakeback.org](http://www.artakeback.org)
End the Opiodemic

By returning your expired or unused medications to Drug Take Back programs, you help Take Back Our Health, Our Environment, and Our Communities!
got naloxone?
A Solution – What is Naloxone?

Most users attempt to achieve abstinence from drugs, but on average this process takes 9 years and 4 episodes of care.

Known by several names: (Narcan®, Evzio®, Naloxone) Naloxone is the actual generic name of the drug

Naloxone is an Opioid Antagonist meaning that it is a drug used to reverse/block the effects of opioids.

Naloxone is safe and effective.

Naloxone has no effect on non-opioid overdoses.

(a) A healthcare professional acting in good faith may directly or by standing order prescribe and dispense an opioid antagonist to:

(5) A first responder;

(6) A law enforcement officer or agency; or

(b) A person acting in good faith who reasonably believes that another person is experiencing an opioid-related drug overdose may administer an opioid antagonist that was prescribed and dispensed under section (a) of this section.

(c) The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, or dispensing an opioid antagonist under this section:

(3) A person other than a healthcare professional who administers an opioid antagonist under subsection (b) of this section.
Benton - Officers with the Benton Police Department saved the life of an individual late Sunday through the use of a Naloxone kit and through their previous Naloxone training.

“I think it is an understatement how important the Naloxone kits and training are to the public,” Chief Kirk Lane said. “Today the kits combined with our officers training saved the life of an individual and that is why we felt the Naloxone was so important to bring to and instill in this department. We were the first agency in the state to give Naloxone kits to every officer and the first to train every officer with Naloxone kits. We hope this incident in which Naloxone was used to save a life will positively influence every agency, across the state and country, to acquire Naloxone kits.”

At approximately 11:58 p.m. Sunday, officers responded to the I-30 Courts for a report of a person possibly overdosed from suspected heroin. The individual was found unresponsive with labored breathing. Officers administered the Naloxone into the right nostril of the individual, but received no response. Officers administered the Naloxone a second time into the left nostril of the individual as Emergency Medical Technicians from Saline Memorial Hospital MedTran unit arrived and began giving oxygen to the individual.

An officer also rode with the individual in the ambulance, continuing to administer oxygen to the individual, while enroute to the Saline Memorial Hospital Emergency Room. Officers said the individual became responsive upon arrival to the Emergency Room.
In The United States

- Over 180 naloxone programs
- Over 50,000 people trained
- Over 10,000 overdose reversals (lives saved)

Training Video

Opioid Basics

Opioids are used primarily in medicine for pain relief, treatment of opioid use disorders, and cough relief.
How do opioids affect breathing?

OVERDOSE

Opioid Receptors

Opioid
Naloxone Restores Breathing

**Opioid Receptors**

Naloxone occupies Opioid Receptors, displacing the Opioid and reversing the overdose.

*note that the opioid is still present thus the need for further medical treatment as Naloxone wears off*
Opioid Basics

- Naloxone knocks the opioid off the opiate receptor
- Only blocks opioid receptors; no opioids = no effect
- Not harmful if no opioids in system
- Temporarily takes away the “high,” giving the person the chance to breathe
- Naloxone works in 1 to 3 minutes and lasts 30 to 90 minutes
- Naloxone can neither be abused nor cause overdose
- Only known contraindication is sensitivity, which is rare
- Too much Naloxone can cause withdrawal symptoms such as:
  - Nausea/Vomiting
  - Diarrhea
  - Muscle Discomfort
  - Disorientation
  - Combativeness
  - Chills
5 Minutes Is All It Takes To Identify and Reverse an Overdose

LEARN TO SAVE A LIFE IN UNDER 10 MINUTES!

Harm Reduction Coalition’s Eliza Wheeler says “Access to naloxone should be low-threshold and does not require extensive instruction.” New research says: brief is effective.

New evidence released today suggests that 5-10 minutes of education is all it takes to effectively recognize and respond to an overdose with the lifesaving drug naloxone. The findings, published in the journal Drug and Alcohol Dependence, contribute to a growing body of evidence that brief overdose education to opioid users is sufficient for effective naloxone distribution.

For the past 12 years the Drug Overdose Prevention and Education Project (DOPE) has been distributing naloxone and educating people on how to use it. The benefit of naloxone is that it is a short acting opioid antagonist which rapidly reverses the life-threatening depression of the central nervous system and respiratory system stemming from an opioid overdose, allowing the person to breathe normally. Harm Reduction Coalition’s DOPE Project distributes naloxone through low-threshold drug services such as syringe access programs in San Francisco, with education lasting between 5 -10 minutes. The aim of the study was to determine if a 5-10 minute brief intervention was sufficient to educate people on how recognize and manage an overdose and how to respond by administering naloxone.
Identifying an Opioid Overdose

The despair here echoes across the country. But the opioid crisis is particularly acute in Ohio. Last year, a record 3,050 people in the state died of drug overdoses. Overdoses from the potent opioid fentanyl more than doubled, to 1,155.
SIGNS OF OVERDOSE

- Person is not moving
- Breathing will be slow or absent
- Person may be choking
- You can hear gurgling or snoring sounds
- Skin feels cold and clammy
- Pupils are tiny
- Lips and nails are blue
- Person can’t be woken up
Environmental Clues

1. Recognize overdose symptoms +

2. Recognize drug paraphernalia +

3. Recognize the drug = **Recognize need for naloxone**

*Look for symptoms, but if uncertain - land on the side of naloxone*
Responding to an Opioid Overdose

1. Stimulate
2. Alert EMS
3. Administer naloxone
4. CPR – Rescue breathing/ventilations
5. Repeat 3 & 4, if necessary
6. Recovery position, if breathing
Respond: Stimulate and Alert EMS

1. Stimulate victim with a _sternal rub_

2. If no response, delirious, or altered consciousness, call for _EMS support_
Respond: Administer Naloxone

3. If no response from stimulation, give naloxone

Kit contents:
- Naloxone
- Gloves
- CPR Shield
- Hand Sanitizer
Naloxone Devices

Mucosal Atomization Device (MAD)

Prefilled ampule of naloxone

Luer-lock syringe
Respond: Rescue Breathing

4. Give *rescue breaths*, if you have proper safety equipment and training
   - Place 1 hand on the chin and tilt head back to open airway
   - Make sure the airway is clear and remove anything in their mouth
   - Pinch the nose closed
   - Give 2 slow rescue breaths into the mouth
   - Use a rescue breathing mask if available
   - Use a bag valve mask if you are trained
Respond: Rescue Breathing

4. Give *rescue breaths*, if you have proper safety equipment and training

- Make sure the chest (not the stomach) is rising with the breaths
- Give 1 breath every 5 seconds until the person can breath on their own
- If no pulse, start CPR
Respond: Repeat 3 & 4 if Necessary

5. After 3-5 minutes, if the victim is still unresponsive with slow or no breathing, administer another dose of naloxone and continue rescue breathing.
Respond: Recovery Position

6. Recovery position, when breathing is restored
Respond: Talk to EMS

Make sure you tell EMS if you have administered Naloxone upon their arrival.
LE Saves to Date?

54 as of 2/15/2018
64 as of 4/6/18
75 as of 5/7/18
105 as of 6/25/18
122 as of 8/7/18

Over 3,300 Naloxone Kits out to First Responders in Arkansas
What does it look like?
Naloxone Video

There’s an App for that

OpiRescue

An Opioid Overdose Toolkit on Your Phone

OpiRescue provides information and a 5-step process for how to respond to an opioid overdose event. The guidelines that OpiRescue offers have been developed by the US Substance Abuse and Mental Health Services Administration (SAMHSA).

Download on the App Store
GET IT ON Google Play

NARCAN Now
By ADAPT Pharma Inc.

Open iTunes to buy and down

This app is designed for both iPhone and iPad

Free
Last Points

Prescription Drugs are Worth More Once they are Stolen or Diverted

Circle of Addiction shows that as we do a better job with Prescription Drug Abuse, Issues with Heroin will increase
What Else?

Act 284 of 2017 by Senators Bledsoe and Eads as well as Representative Boyd allowed easier access to naloxone:

“Pursuant to a statewide protocol, a pharmacist may initiate therapy and administer or dispense, or both, Naloxone”
1. Will naloxone be harmful to a patient not taking opioids?
   A. Yes
   B. No
Post Test Questions

2. When a healthcare provider or law enforcement agent administers naloxone to a patient that patient can sue them for administering the drug?
   A. True
   B. False
Post Test Questions

3. Naloxone is available OTC throughout Arkansas?
   A. True
   B. False
What is Next? Labels Save Lives

October 27, 2018
Drug Takeback Day
Please plan to attend the 2018 Arkansas Prescription Drug Abuse Prevention Summit on November 1, 2018 at the Hot Springs Convention Center.

We will offer four breakout tracks: Clinical, Criminal Justice, Education/Prevention and Counseling/Recovery.

Early bird registration is open! Reserve your seat now as space is limited.

https://arkansasag.eventsmart.com/
Questions?

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