



The *Other* Opioid Crisis: Heroin and Fentanyl

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Disclosures

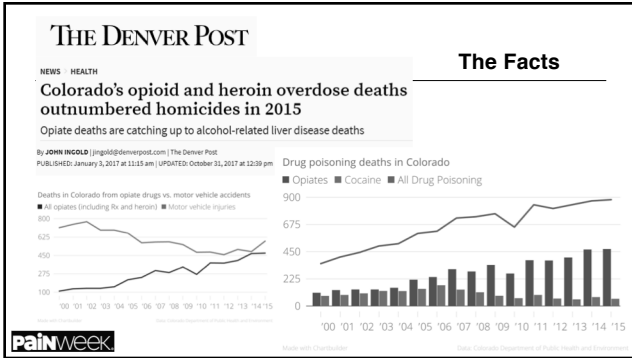
- Nothing to Disclose

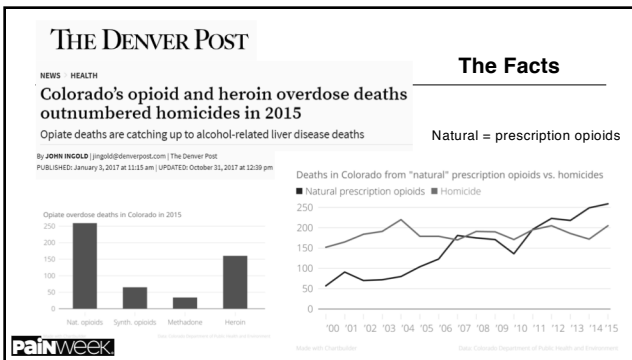


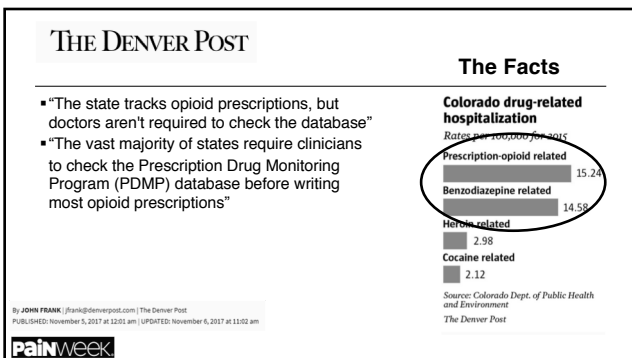
Learning Objectives

- Describe the opioid overdose crisis in the United States today
- Discuss common beliefs and inconsistencies about the role of prescription opioids in the opioid crisis
- Identify the intersection of illicit drug use and clinical pain practice in today's "opioid epidemic"
- Provide clinically relevant recommendations for navigating the current landscape without depriving pain care to patients in need









THE DENVER POST

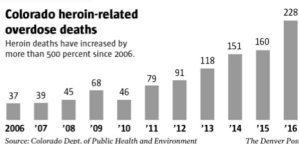
The Facts

A crackdown on overprescribing isn't enough — drug treatment options remain a challenge.

According to policymakers, Colorado's initial efforts to restrict opioid prescriptions may have an unintended effect: pushing addicts to opioids such as heroin or fentanyl. The trend is spotlighting the limited treatment options for drug users who want help.

Colorado heroin-related overdose deaths

Heroin deaths have increased by more than 500 percent since 2006.



By JOHN FRANK | frank@denverpost.com | The Denver Post
PUBLISHED: November 5, 2017 at 12:05 am | UPDATED: November 6, 2017 at 11:02 am



THE DENVER POST

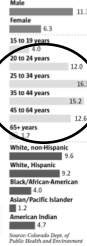
Doctors will soon get opioid prescription "report cards."

To educate doctors about the dangers of overprescribing opioids, Colorado is testing a relatively new idea that is showing early results — prescriber report cards.

The reports, also known as scorecards, will give clinicians a summary of their prescriber history and how they rank with their peers in the same specialty in terms of dosage, duration and type of drug.

Colorado opioid-related deaths

Rate per 100,000 for 2006



The Facts

“The idea is that prescribers might be prescribing more than average for their particular specialty”

“They’ll say ‘Oh, I better look at things more closely”

“What we are hoping to see is a change in prescriber behavior”

By JOHN FRANK | frank@denverpost.com | The Denver Post
PUBLISHED: November 5, 2017 at 12:05 am | UPDATED: November 6, 2017 at 11:02 am



Baltimore City's Response to the Opioid Epidemic

The Facts

The Baltimore City Health Department (BCHD) is dedicated to preventing overdose deaths in Baltimore City. Opioid overdose is a public health crisis. In 2017, Baltimore City saw 761 drug and alcohol-related intoxication deaths, 692 of which were opioid-related. This is more than double the number of people who died of homicide. Baltimore City now has the highest overdose fatality rate of any city in the United States.

Baltimore City Health Department



- 1. **Save lives with naloxone** — When administered to an individual experiencing an overdose, this antidote medication can take them from near death to waking and taking a number of minutes. The first step in fighting the opioid crisis is to secure responders having fast, easy access to getting naloxone into the hands of first responders and bystanders who **know about our naloxone program, including the State's standing order, where to get naloxone, how to get trained, and more—here.**
- 2. **Increase access to on-demand, evidence-based treatment** — BCHD promotes evidence-based medication assisted treatment (MAT), along with social and engagement services to break the disease of opioid addiction. **For more information on where to receive treatment, treatment programs and partnerships, and more, click here.**
- 3. **Fight the stigma of addiction through education** — Addiction is a disease. Similar to heart disease, addiction is preventable and treatable. **For more information on fighting the stigma of addiction and educational materials about addiction, click here.**



Accessed September 16, 2019.



Important Societal Questions

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Bill of Rights for People with Chronic Pain

Is the Current Climate Living up to Promises Made in the Past?

Does the chronic pain patient still have rights?

Is this a problem about chronic pain patients abusing prescription pain medications?

- The right to have your report of pain taken seriously and to be treated with dignity and respect by doctors, nurses, pharmacists and other healthcare professionals.
- The right to have your pain thoroughly assessed and promptly treated.
- The right to be informed by your doctor about what may be causing your pain, possible treatments, and the benefits, risks and costs of each.
- The right to participate actively in decisions about how to manage your pain.
- The right to have your pain re-assessed regularly and your treatment adjusted if your pain has not been eased.
- The right to be referred to a pain specialist or other healthcare provider if your pain persists.
- The right to get clear and prompt answers to your questions, take time to make decisions, and refuse a particular type of treatment if you choose.

THE DENVER POST

NEWS HEALTH

Chronic pain patients say they are hurt by Colorado's opioid prescription guidelines

Some Colorado doctors are refusing to prescribe opioids to chronic pain sufferers



Now, across Colorado and the rest of the nation, these policies intended to address opioid abuse have unexpectedly harmed patients who depend on the drugs to treat chronic conditions, pain specialists and patient advocates say. The policies are supposed to offer guidance — helpful advice to doctors to be cautious in prescribing more than a certain amount of opioids to any one patient.

Officials at the Colorado Department of Regulatory Agencies are looking at revising the guidelines. The Colorado Consortium for Prescription Drug Abuse Prevention, a group of medical and drug experts, is also working on ideas to protect pain patients while cracking down on opioid abuse.

By DENVER POST Staff | <https://www.denverpost.com/2019/09/26/chronic-pain-patients-say-they-are-hurt-by-colorado-opioid-prescription-guidelines/> | Updated on 10/3/19 at 10:00 AM



CDC Centers for Disease Control and Prevention
CDC 24/7 Saving Lives. Protecting People™

Understanding the Epidemic

The Facts

Record Overdose Deaths Heroin Use Preventing Overdose Deaths

Drug overdose deaths in the United States continue to increase in 2015

- The majority of drug overdose deaths involve an opioid¹
- Since 1999 the # of overdose deaths quadrupled²
 - Prescription opioids
 - Heroin
- 108 Americans die every day from an opioid overdose

↓
 ~130 in 2019

1. Rudd RA, Seth P, David F, Schell L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep*. 4P:46. 18 December 2016. DOI: <http://dx.doi.org/10.1093/mmwr.mm6520e1>
2. CDC. Widespread misuse data for opioid drugs: research. (NCHS/SE). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://www.cdc.gov>.

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Understanding the Epidemic

The Facts

Record Overdose Deaths Heroin Use Preventing Overdose Deaths

Heroin use is trending up

- From 2002-2013, past month/year heroin use and addiction have all increased among 18-25 year olds¹
- Among new heroin users, 75% report abusing prescription opioids prior to using heroin²
- Heroin-related deaths more than tripled from 2010-2015
 - The largest increase was for those heroin-related deaths involving synthetic opioids - FENTANYL

1. Centers for Disease Control and Prevention. Demographic and Substance Use Trends Among Heroin Users — United States, 2003–2013. *MMWR*. 2015. 64(2):719-725
2. Mahesh PK, Ghoshor JC, Davies C. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. *CBISD Data Review*. 2013.

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The New York Times Short Answers to Hard Questions About the Opioid Crisis

The Facts: Times are Changing

- Characteristics of Opioid Drug Overdoses:
 - Fast
 - Deadly
 - Scary
 - Socioeconomic status – neutral
 - Abuse-history – neutral
 - Increasing exponentially

Drug overdose deaths involving ...

Source: National Center for Health Statistics, Centers for Disease Control and Prevention

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 Understanding the Epidemic

The Clinical Implications

Record Overdose Deaths Heroin Use **Preventing Overdose Deaths**

- Improved opioid prescribing
- Expanded access to substance abuse treatment
- Naloxone
- Prescription Drug Monitoring Programs (PDMPs)
- State-level strategies to prevent high risk prescribing and opioid overdoses
- Improved detection of illegal opioid use by law enforcement

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The Facts

Statistically significant drug overdose death rate increase from 2015 to 2016, US states

- Opioids (prescription *and* illicit) are main drivers
- 5 highest states:
 - West Virginia
 - Ohio
 - New Hampshire
 - Pennsylvania
 - Kentucky

Statistically significant increase

Statistically significant increase from 2015 to 2016

No
 Yes

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality
<https://www.cdc.gov/drugoverdose/data/totaldeaths.html>. Accessed January 20, 2018.

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The “Other” Epidemic

The Facts

Heroin

- Highly addictive
- It is an opioid
- Made from morphine
 - ~3 times more potent
- A natural substance
 - Extracted from the opium poppy plant
 - Asia
 - Mexico
 - Colombia



PainWeek <https://www.drugabuse.gov/what-to-know/facts/heroin>. Accessed January 22, 2018.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Understanding the Epidemic

The Facts

- Heroin use has been increasing¹
 - Men
 - Women
 - Most age groups
 - All income levels
- Past misuse/abuse of prescription opioids is the strongest risk factor for starting heroin²

	2010-2011	2012-2013	% Change
SEX			
Male	2.4	3.8	58%
Female	0.8	1.8	100%
AGE YEARS			
15-17	1.8	1.8	0%
18-24	3.5	7.3	108%
25 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	-15%
ANNUAL HOUSEHOLD INCOME			
Less than \$2,000	3.4	5.5	62%
\$2,000-\$4,999	1.3	2.3	77%
\$5,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.2	6.7	60%
Private or other	0.8	1.3	63%

*Annual average rate of heroin use per 1000 people in each group

1. Centers for Disease Control and Prevention. Vital Signs: Today's Heroin Epidemic – More People at Risk, Multiple Drugs Abused. MMWR 2015. Compton WM, Jones CM, and Ballew GT. Understanding the Relationship between Prescription Opioid and Heroin Abuse. NEJM.

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CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

CDC Vital Signs July 2015

The Facts


The Heroin Epidemic


Heroin use is part of a larger substance abuse problem.


Nearly all people who used heroin also used at least 1 other drug.


Most used at least **3** other drugs.

People who are addicted to...


2x


3x

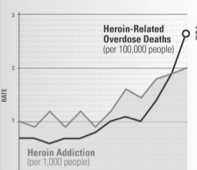

15x


40x

...more likely to be addicted to heroin.


SOURCE: National Survey on Prescription Drug Use and Misuse, 2002-2012.

Heroin Addiction and Overdose Deaths are Climbing




SOURCE: National Survey on Drug Use and Health (NSDUH), 2002-2013. National Vital Statistics System, 2002-2013.


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 National Institute on Drug Abuse **Research Report Series**

"The relationship between prescription opioid abuse and increases in heroin use in the U.S. is under scrutiny. These substances are all part of the same opioid drug category and overlap in important ways"



1. <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction>. Accessed January 30, 2018.
 https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction. Accessed January 30, 2018.


 National Institute on Drug Abuse **Research Report Series** **The Facts**

▪ "Current" ~ 2013-2015 research regarding prescription opioids and heroin shows:

- Prescription opioid abuse *is* a risk factor for heroin use
- Heroin use is *rare* in prescription drug abusers (<4% start within 5 years)
- Although similar effects, risk factors are different
- A subset of people who abuse prescription opioids may progress to heroin use
- Availability of drug(s) is associated with increased use and overdose
- Heroin use is driven by cost advantage and availability
- Emphasis is needed on prevention and treatment

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1. <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction>. Accessed January 30, 2018.
 https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction. Accessed January 30, 2018.


 National Institute on Drug Abuse **Research Report Series** **The Facts**

▪ And...

- "Analyses suggest that those who transition to heroin use tend to be frequent users of **multiple substances** (polydrug users)"

- Jones CM. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers - United States, 2002-2004 and 2008-2010. *Drug Alcohol Depend.* 2013;132(1-2):95-100.

A + B ≠ C



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1. <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction>. Accessed January 30, 2018.
 https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-abuse-heroin-use/introduction. Accessed January 30, 2018.

CDC Centers for Disease Control and Prevention
CDC/NIH/Seizing the Moment: Protecting Patients™

The Clinical Implications

CDC Vital Signs July 2015

▪ Recommendations that impact us:

- Screen and identify high-risk individuals
- Treat people with substance abuse disorders
- Naloxone

Responding to the Heroin Epidemic

PREVENT People From Starting Heroin

Reduce prescription opioid painkiller abuse. Improve opioid painkiller prescribing practices and identify high-risk individuals early.

REDUCE Heroin Addiction

Ensure access to Medication-Assisted Treatment (MAT). Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

REVERSE Heroin Overdose

Expand the use of naloxone. Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

PainWeek ©2015 CDC/NIH, 06/15/15

The Facts – The “F” Word

Fentanyl

- Originally developed as an anesthetic
 - One of the safest opioids
 - High LD50/ED50 ratio
- More potent than morphine
 - 100 times more potent
- More potent than heroin
 - 20-50 times more potent
- NOT NEW

FENTANYL: Overdoses On The Rise

Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.

50-100x MORE POTENT THAN MORPHINE

How Many Infections Being Prevented by Illicitly Manufactured Fentanyl?

196% INCREASE FROM 2012 TO 2015

SYNTHETIC OPIOID DEATHS ACROSS THE U.S.

73% INCREASE FROM 2012 TO 2015

ILLICITLY MANUFACTURED FENTANYL

Although prescription sales have fallen, overdose-related deaths attributed to non-therapeutic use, especially in a pure form, are driving synthetic opioid deaths.

BEWARE OF THE HEROIN-LOOKING BUT NOT-THE-SAME ILLICITLY MANUFACTURED FENTANYL

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Heroin and Fentanyl: A “Perfect” Pair The Facts

- The overwhelming majority of the time fentanyl is paired with heroin
- To get a better “high”
- “Better” economic profile

U.S. DEPARTMENT OF JUSTICE • 2015 NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

NFLIS
NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

Special Report: Opiates and Related Drugs Reported in NFLIS, 2009–2014

Revised 04/2015

Note: Percentages may not sum to total because of rounding.

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The Facts

Fentanyl

- Drug seizures involving fentanyl are going up dramatically

Drug seizures containing fentanyl

Fentanyl reports doubled in 2016

A 2006 spike was traced to a single ID in Mexico

Source: D.E.A. National Forensic Laboratory Information System

U.S. DEPARTMENT OF JUSTICE • DEPARTMENT OF COMMERCE
DIVERSION CONTROL DIVISION
NFLIS NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM
NFLIS Brief: Fentanyl, 2001-2015
Prepared by Division of D.E.A. National Forensic Laboratory Information System for PainWeek

The Facts

Fentanyl

- Defined geographic distribution

Figure 2 NFLIS regional trends in fentanyl reported per 100,000 persons aged 15 or older, January 2001–December 2015¹

Note: U.S. census 2015 population data by age were not available for this publication. Population data for 2015 were imputed.
¹A dashed trend line indicates that estimates did not meet the criteria for precision or reliability, including the 2002 estimate in the West and the 2001 estimate in the Northeast.

U.S. DEPARTMENT OF JUSTICE • DEPARTMENT OF COMMERCE
DIVERSION CONTROL DIVISION
NFLIS NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM
NFLIS Brief: Fentanyl, 2001-2015
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The Facts

The Chinese Connection Fueling America's Fentanyl Crisis

A vast network beginning in China feeds fentanyl, a deadly synthetic opioid, to the U.S., Mexico and Canada

By JEANNE WHALEN and BRIAN BRIGGS
Updated June 23, 2016, 1:44 a.m. ET

Criminal Chemistry
It's hard to manufacture fentanyl unless you purchase the key ingredient from China, which doesn't regulate its sale. Here's how the chemical building blocks become a highly profitable street drug.

The key ingredient is NPP, 25 grams of which can be bought from China for about \$87.

NPP can be combined with about \$720 of other chemicals to produce fentanyl.

The resulting 25 grams of fentanyl cost about \$100.

That's the equivalent to up to 100,000 of pills on the black market.



Illustration credit goes to: Chemical Suppliers. Source: FBI, U.S. Drug Enforcement Administration. Photo: Ken G. Cooper. THE WALL STREET JOURNAL.

- Fentanyl can be manufactured anywhere
- Synthetic
- N-Phenethyl-4-piperidinone is NPP
- Intermediate precursor to fentanyl
- It is cheap
- It is not going anywhere

WORLD | ASIA | CHINA NEWS

Terminology The Facts

- A very small amount of fentanyl is potentially fatal
- This applies to **licit or illicit** fentanyl
 - Illicitly manufactured fentanyl is likely no more dangerous than legally manufactured fentanyl
- Fentanyl label:
 - FENTANYL CITRATE SHOULD BE ADMINISTERED ONLY BY PERSONS SPECIFICALLY TRAINED IN THE USE OF INTRAVENOUS ANESTHETICS AND MANAGEMENT OF THE RESPIRATORY EFFECTS OF POTENT OPIOIDS
 - AN OPIOID ANTAGONIST, RESUSCITATIVE AND INTUBATION EQUIPMENT AND OXYGEN SHOULD BE READILY AVAILABLE
 - Fentanyl may cause muscle rigidity, particularly involving the muscles of respiration
 - DIMINISHED SENSITIVITY TO CO₂ STIMULATION MAY PERSIST LONGER THAN DEPRESSION OF RESPIRATORY RATE

A Fentanyl Crisis The Implications





The Washington Post

Fentanyl linked to thousands of urban overdose deaths

As has done in the nation's largest cities, fentanyl is becoming a major part of the national opioid crisis.

By Heena Lankar, Hanna Robinson, and Sarahback and Emily Lombari

Aug. 15, 2017

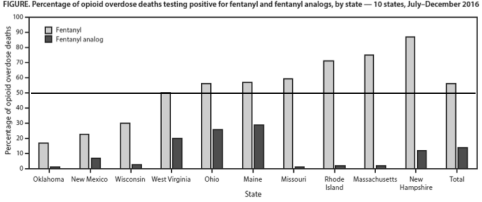


In 24 of the nation's largest cities fatal fentanyl-related overdoses increased 600% from 2014-2016




Increasing Fentanyl Overdoses The Facts

FIGURE. Percentage of opioid overdose deaths testing positive for fentanyl and fentanyl analogs, by state — 10 states, July-December 2016



State	Fentanyl (%)	Fentanyl analog (%)
Oklahoma	~15	~5
New Mexico	~25	~5
Wisconsin	~35	~5
West Virginia	~55	~15
Ohio	~60	~25
Maine	~65	~30
Missouri	~65	~30
Rhode Island	~75	~5
Massachusetts	~75	~5
New Hampshire	~90	~15
Total	~65	~15

Morbidity and Mortality Weekly Report, November 3, 2017 / Vol. 66 / No. 43 US Department of Health and Human Services/Centers for Disease Control and Prevention



Different Types of Fentanyl and Presentations

- Different formulations and varying potencies:
 - Fentanyl
 - Analog
 - Acetyl Fentanyl
 - Oxycodone
 - Carfentanyl
 - Remifentanyl
 - Alfentanil
 - Sufentanyl
 - Fentanyl
- Presentations
 - Powder
 - Counterfeit pills
 - Etc.



Carfentanyl

The Facts

- Synthetic
- Large animal anesthetic
- 100 times more potent than fentanyl
- 10,000 times more potent than morphine
- Airborne/skin exposure often fatal
 - 2012 Moscow Theater Hostage Crisis



Members of the Russian Federal Security Service (FSB) in full riot gear surround protesters in Moscow, Russia, in June 2009 after the police used tear gas to disperse a demonstration. The protesters are holding signs that read "Russia is not a police state" and "Russia is not a police state".



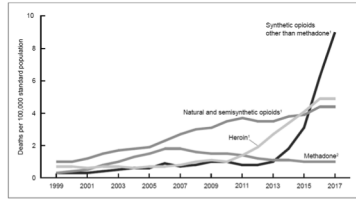
The Facts

- Fentanyl in the wrong hands is deadly
- Potentially contributing significantly to overdose/fatal overdose risk
- Analog not often tested for in routine toxicology testing
- Naloxone is a **bridge** to survival but not a final solution
 - Re-narcotization from fentanyl is common
 - Blunting of CO₂ response **will persist**
 - Diminished hypoxic drive may persist



New CDC Data for 2017

Figure 4. Age-adjusted drug overdose death rates, by opioid category, United States, 1999–2017



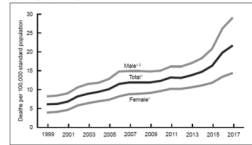
Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.05$.
 Significant decreasing trend from 1999 through 2009, then decreasing trend from 2009 through 2017, $p < 0.05$.
 NCHS. Deaths are classified using the International Classification of Diseases, 10th Revision. Drug poisoning (overdose) deaths are classified using underlying cause-of-death codes 490-495, 500-509, and 710-714. Drug overdose deaths involving controlled drug programs are classified by program. Multiple cause-of-death records from 1999 through 2009, 1981-1 medical and semi-synthetic opioids, 1982 methadone, 1983 and synthetic opioids other than methadone, 1984. Death rates involving heroin have been converted to rates per 100,000 standard population and a natural and semisynthetic opioids are included in each category. The percentage of drug overdose deaths that involved the specific drug involved varied by year, with ranges of 10%–19% from 1999 through 2013 and 19%–26% from 2014 through 2017. Annual data also for Figure 4 are available at http://www.cdc.gov/nchs/data/tables/overdose/overdose_04.pdf.
 SOURCE: NCHS, National Vital Statistics System, Mortality.



New CDC Data for 2017

- The age-adjusted rate of drug overdose deaths involving synthetic opioids other than methadone (drugs such as fentanyl, fentanyl analogs, and tramadol) increased by **45%** between 2016 and 2017, from 6.2 to 9.0 per 100,000

Figure 1. Age-adjusted drug overdose death rates, United States, 1999–2017



Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.05$.
 Significant decreasing trend from 1999 through 2009, then decreasing trend from 2009 through 2017, $p < 0.05$.
 NCHS. Deaths are classified using the International Classification of Diseases, 10th Revision. Drug poisoning (overdose) deaths are classified using underlying cause-of-death codes 490-495, 500-509, and 710-714. Deaths involving heroin have been converted to rates per 100,000 standard population. SOURCE: NCHS, National Vital Statistics System, Mortality.



Fentanyl Has Taken Over the Lead...

National Vital Statistics Reports

Volume 67, Number 9

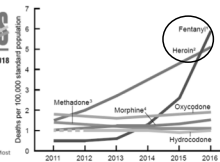
December 12, 2016

Drugs Most Frequently Involved in Drug Overdose Deaths: United States, 2011–2016

by Holly Holquist, M.D., M.S.P.H., and Stephen A. Bartlett, B.S., National Center for Health Statistics; James P. Tronick, M.P.H., M.S., D.S., Food and Drug Administration; Marianne Spencer, M.P.H., and Margaret Warner, Ph.D., National Center for Health Statistics

- “More than 66% of overdose deaths due to fentanyl also involved one or more other drugs”

Fentanyl Surpasses Heroin As Drug Most Often Involved in Deadly Overdoses



Significant increasing trend for 2011–2016, $p < 0.05$.
 Significant decreasing trend for 2011–2014, $p < 0.05$.
 Significant increasing trend for 2011–2016, $p < 0.05$.
 NCHS. Drug overdose deaths are classified using International Classification of Diseases, 10th Revision underlying cause-of-death codes 490-495, 500-504, 500, and 710-714. Deaths involving heroin other drugs is defined as the related drug (i.e., the one listed). Deaths involving more than one drug (e.g., a death involving both heroin and oxycodone) are counted as multiple drugs. Deaths involving one or more other drugs involving 10% of drug overdose deaths in 2011 to 65% of drug overdose deaths in 2016. SOURCE: NCHS, National Vital Statistics System, Mortality. News release with death certificate (final) 2011–2016.



We didn't Start the Fire...Or did We?

- Significant controversy exists to the relationship between prescription opioids and the heroin/fentanyl epidemic
 - Tracking back to prescribers
 - The 1990s when opioid prescribing increased
 - Pain being designated as the "5th vital sign" in 2000
 - Pain Bill of Rights
 - Evolution of "pill mills"
 - Related to cost and availability
 - Heroin and fentanyl are cheaper and stronger





Who and What is Our Responsibility?

We Are Involved Like it or Not

Does the United States Own The Problem??

- We are not alone
- This *is* a global issue
- In 2015, approximately ¼ billion people abused/misused drugs
 - ~ 29.5 million (0.6% of global adult population) engaged in problematic use/suffered from substance use disorder
- 70% of the global burden of disease caused by drug use disorders attributable to opioid use



However...

The Facts

Drug-related deaths remain highest in the U.S.

Percentage of deaths classified as drug-related

The chart includes both deaths from drug poisoning and those caused by drug-related mental disorders.
Source: World Health Organization, World Health Statistics Quarterly, 2015
Source: World Health Organization, World Health Statistics Quarterly, 2015

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Clinical Considerations and Implications

- The "New Math" for determining opioid risk/benefit analysis

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Final Thoughts

- We must consider the parallel "opioid" crises that exist today
 - Our role in these problems
- Heroin and fentanyl are not going anywhere
- Remember the "New Math"
- Naloxone is likely something to keep top of mind
- Avoidance of "risky" situations is critical
- Strongly consider and document appropriate candidates for fentanyl-based therapies
- DO NOT CO-PRESCRIBE OPIOIDS and BENZODIAZEPINES
- Everyone is looking at us as an integral part of solving the "other" opioid crisis
- Everyone is looking to us to be a part of the solution to both crises

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Final Thoughts

But... Let's not make patients "pay" for the other crisis



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"Cure sometimes, treat often, comfort always."
— Hippocrates

Questions?
