

PainWeek

PREPARED!

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1

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The *Other* Opioid Crisis: Heroin and Fentanyl

Kevin L. Zacharoff, MD, FACIP, FACPE, FAAP

2

Disclosures

- Nothing to Disclose

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3

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



4



Is There More than one Opioid Crisis?

5

The Facts



6

The Facts: No Lack of Media Attention

7

The Facts

- People are dying...
- People are angry and reacting
- People are scared
- Overdoses from drugs (**ALL** drugs, legally prescribed or not) including opioids, hallucinogens, cocaine, etc.
 - ~ 72,000 deaths nationwide in 2017
 - ↑ 12% from 2016
 - More than 42,000 (66%) involved some type of opioid
 - ****Now there are questions about accuracy regarding CDC data and opioid analgesics****

There is More Than One Opioid Crisis. To better tackle the epidemic, Kentucky needed to know which drugs were causing lethal overdoses. By Kathryn Canale. Published Jan. 17, 2016. <http://investinyright.com/features/there-is-more-than-one-opioid-crisis/>. Accessed January 18, 2016.

8

The Facts

- Drug(s) Responsible May be Unknown
 - Overdose is usually about **RESPIRATORY DEPRESSION**
- Sometimes causes are not reported
 - May depend on the state
 - Trends can be difficult to identify
- This may lead to a lack of focus

Identifying drugs in overdose deaths in each state, 2016

STATE	CASES BY WHETHER DRUG WAS PRESCRIBED	
	ALL DRUGS	TOPICS
Alabama	999	473 (47.3%)
Arizona	4,027	2,975 (73.9%)
Arkansas	798	208 (26.1%)
California	1,119	45 (4.0%)
Colorado	1,359	547 (40.3%)
Connecticut	242	99 (40.9%)
Delaware	129	37 (28.7%)
District of Columbia	492	115 (23.4%)
Florida	4,188	1,144 (27.3%)
Georgia	243	55 (22.6%)
Idaho	2,959	461 (15.6%)
Illinois	592	19 (3.2%)
Indiana	99	21 (21.2%)
Iowa	4,854	930 (19.2%)
Kansas	323	52 (16.1%)
Kentucky	942	172 (18.3%)
Louisiana	1,418	253 (17.8%)
Maine	2,371	199 (8.4%)
Massachusetts	77	11 (14.3%)
Michigan	1,392	199 (14.3%)

There is More Than One Opioid Crisis. To better tackle the epidemic, Kentucky needed to know which drugs were causing lethal overdoses. By Kathryn Canale. Published Jan. 17, 2016. <http://investinyright.com/features/there-is-more-than-one-opioid-crisis/>. Accessed January 18, 2016.

9

THE DENVER POST

POLITICS COLORADO POLITICS

The Facts

Here's how Colorado is combating the prescription opioid and heroin epidemic

Colorado is exploring opioid prescription limits, prescriber report cards and new treatment options.

By JOHN FRANK | frank@denverpost.com | The Denver Post
PUBLISHED: November 5, 2017 at 12:01 am | UPDATED: November 6, 2017 at 11:02 am

The nation's drug epidemic kills someone in Colorado about every 9 hours and 36 minutes, a fact that rings like a siren for state leaders who are combating the leading driver: prescription and illicit opioids.

The most alarming trend is the rate of heroin deaths. The number of overdoses caused by heroin, an opioid, continues to skyrocket, contributing to 228 deaths last year, compared with just 79 five years earlier, according to state figures.



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13

THE DENVER POST

The Facts

- "The state tracks opioid prescriptions, but doctors aren't required to check the database"
- "The vast majority of states require clinicians to check the Prescription Drug Monitoring Program (PDMP) database before writing most opioid prescriptions"

Colorado drug-related hospitalization
Rates per 100,000 for 2015

Prescription-opioid related	15.24
Benzodiazepine related	14.58
Heroin related	2.98
Cocaine related	2.12

Source: Colorado Dept. of Public Health and Environment
The Denver Post

By JOHN FRANK | frank@denverpost.com | The Denver Post
PUBLISHED: November 5, 2017 at 12:01 am | UPDATED: November 6, 2017 at 11:02 am

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14

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.

Year	2006	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16
Deaths	37	39	45	68	46	79	91	118	151	160	228

Source: Colorado Dept. of Public Health and Environment
The Denver Post

By JOHN FRANK | frank@denverpost.com | The Denver Post
PUBLISHED: November 5, 2017 at 12:01 am | UPDATED: November 6, 2017 at 11:02 am

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15

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
 Rates per 100,000 for 2016

Male	11.3
Female	6.3
15 to 19 years	4.9
20 to 24 years	12.0
25 to 34 years	16.3
35 to 44 years	25.2
45 to 54 years	13.4
55+ years	7.7
White, non-Hispanic	11.2
White, Hispanic	7.6
Black/African American	9.2
Asian/Pacific Islander	4.0
American Indian	4.7


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

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16



Important Societal Questions

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17

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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 cost 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.


18

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.

David and Marjorie O'Brien discuss David's painful form of opiate. Heroin, Dec. 4, 2014 at their home.

By www.denverpost.com/2014/12/04/chronic-pain-patients-say-they-are-hurt-by-colorado-opioid-prescription-guidelines/

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19

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

1. Rudd RA, Seth P, Scott D, et al. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morbidity and Mortality Weekly Report*. 2016;65(10):236–241. DOI: <http://dx.doi.org/10.15585/mmwr.mm6510a1>

2. CDC. *Widespread increase in drug overdose deaths*. Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://www.cdc.gov>

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20

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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, 2002–2013*. *MMWR* 2015; 64(23):718–723

2. Maffari PK, Ghaemr JC, Davies C. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. *CMSDQ Data Review*. 2013.

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21

The Facts: Times are Changing

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

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

Drug overdose deaths involving ...

25,000 deaths per year

20,000

15,000

10,000

5,000

0

00 02 04 06 08 10 12 14

Common prescription opioids

Heroin and fentanyl

Other

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

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22

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Understanding the Epidemic

The Clinical Implications

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

- 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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Understanding the Epidemic

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

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<https://www.cdc.gov/drugoverdose/data/nvsr/stateofthe.html> Accessed January 29, 2018

24





The “Other” Epidemic


25

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

The Facts



<https://www.drugabuse.gov/publications/drugfacts/heroin>. Accessed January 22, 2018.

26

CDC Centers for Disease Control and Prevention
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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

Heroin Use Has INCREASED Among Most Demographic Groups			
	2002-2007	2011-2017	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.9	1.4	100%
AGE, YEARS			
15-17	1.8	1.6	—
18-24	3.5	7.3	106%
25 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	—
ANNUAL HOUSEHOLD INCOME			
Less than \$2,000	3.4	5.5	62%
\$2,000-\$9,999	1.2	2.2	77%
\$10,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
Medicaid	4.2	6.7	60%
Medicare	4.2	4.2	—
Private or other	0.9	1.3	63%

¹Annual average rate of heroin use per 100 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.

² Compton WM, Jones CM, and Ballew GT. Understanding the Relationship between Prescription Opioid and Heroin Abuse. NIDA.

27

CDC Centers for Disease Control and Prevention
CDC/NIH/Scaling Up Care: Protecting the 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.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to:

- Alcohol: 2x
- Marijuana: 3x
- Cocaine: 15x
- Prescription Opioids: 40x

...more likely to be addicted to heroin.

NIH/NIDA National Survey on Drug Use and Health (NSDUH) 2010-2013

Heroin Addiction and Overdose Deaths are Climbing

Heroin-Related Overdose Deaths (per 100,000 people)
 288% increase

Heroin Addiction (per 1,000 people)

SOURCE: National Survey on Drug Use and Health (NSDUH), 2002-2013. National Pain Foundation Series, 2015 (2015).

28

NIH 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.
 2. https://drlab.nida.nih.gov/sites/default/files/nih_and_heroin_use_beyond_the_fact.pdf. Accessed January 30, 2018.

29

NIH 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.
 2. https://drlab.nida.nih.gov/sites/default/files/nih_and_heroin_use_beyond_the_fact.pdf. Accessed January 30, 2018.

30

Case 1

- 42 year-old Hispanic male
 - Addicted to heroin
 - Comes to the same street corner every day to buy heroin
 - First dose usually free
 - He's actually buying heroin laced with fentanyl
 - "It's a new epidemic" he says
 - *"If you catch a bag of pure fentanyl, that Narcan ain't bringing you back"*
 - "I just watched my friend die from fentanyl"

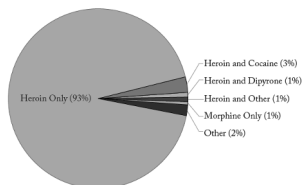


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34

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 - DEPARTMENT OF JUSTICE
OFFICE OF DIVERSION CONTROL
NFLIS NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM
Special Report: **Opiates and Related Drugs Reported in NFLIS, 2009-2014**
March 2015

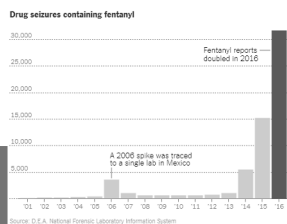
Note: Percentages may not sum to total because of rounding.

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35

Fentanyl The Facts

- Drug seizures involving fentanyl are going up dramatically



U.S. DEPARTMENT OF JUSTICE - DEPARTMENT OF JUSTICE
DIVERSION CONTROL DIVISION
NFLIS NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM
NFLIS Brief: Fentanyl, 2001-2015
In partnership with the Department of Justice, NFLIS Briefs provide reports on drug seizures reported to NFLIS.

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

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36

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.

NFLIS NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM
 U.S. DEPARTMENT OF JUSTICE • FEDERAL BUREAU OF INVESTIGATION
 DIVISION OF FORENSIC SCIENCE

NFLIS Brief: Fentanyl, 2001–2015

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37

The Facts

The Chinese Connection Fueling America's Fentanyl Crisis

WORLD | ASIA | CHINA NEWS

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

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

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

Criminal Chemistry
 Traffickers manufacturing fentanyl often 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 \$27.

NPP can be combined with about \$750 of other chemicals to produce fentanyl.

The resulting 25 grams of fentanyl cost about \$200 to produce.

That's equivalent to up to \$100,000 of profit on the black market.

Source: David S. Reardon, "China's Role in the Fentanyl Crisis," U.S. Drug Enforcement Administration, August 2015.

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THE WALL STREET JOURNAL

38

The Facts

Terminology

- 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

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39

A Fentanyl Crisis

The Implications

Fatal fentanyl continues to soar

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

The Washington Post

Fentanyl linked to thousands of urban overdose deaths

In two dozen of the nation's largest cities, fentanyl is becoming a major part of the national opioid crisis.

By Heidi Lavin, Emma Dickman, and Nicholas and Wendy Leary

Aug. 15, 2017

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40

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	~10
New Mexico	~25	~10
Wisconsin	~30	~10
West Virginia	~45	~15
Ohio	~55	~25
Maine	~55	~30
Missouri	~60	~10
Rhode Island	~70	~10
Massachusetts	~75	~10
New Hampshire	~85	~15
Total	~55	~15

Source: CDC, Behavioral Risk Factor Surveillance System, 2016

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

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41

Different Types of Fentanyl and Presentations

- Different formulations and varying potencies:
 - Fentanyl
 - Analogs
 - Acetyl Fentanyl
 - Oxycodone
 - Carfentanyl
 - Remifentanyl
 - Alfentanil
 - Sufentanil
 - Furanylfentanyl
- Presentations
 - Powder
 - Counterfeit pills
 - Etc.

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42

The Facts

Carfentanyl

- 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

The Washington Post
By Lynn Bui and Peter Hermann April 26, 2017
Elephant tranquilizer is the latest lethal addition to the heroin epidemic

Members of the Russian counter-terrorism force go through a decontamination procedure in Moscow, Russia, in June 2009 after a terrorist attack. Credit: AP/Wide World via Getty Images. (AP/Wide World)

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43

The Facts

- Fentanyl in the wrong hands is deadly
- Potentially contributing significantly to overdose/fatal overdose risk
- Analogs 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

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44

New CDC Data for 2017

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

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45

The Co-existing Opioid Crises

The Facts

PAIN MANAGEMENT AND THE OPIOID EPIDEMIC
BALANCING SOCIETAL AND INDIVIDUAL BENEFITS AND RISKS OF PRESCRIPTION OPIOID USE
Contributed by: *[Small text]*

FDA U.S. FOOD & DRUG ADMINISTRATION

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49

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 "fifth vital sign" in 2000
 - Pain Bill of Rights
 - Evolution of "pill mills"
 - Related to cost and availability
 - Heroin and fentanyl are cheaper and stronger

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50

Case 2

- 26 year-old white female
 - Has 2 children ages 4 & 7 who live with their godmother
 - Became addicted to opioids after being prescribed oxycodone post C-Section
 - Addiction to oxycodone transitioned to heroin
 - Addiction to heroin transitioned to heroin/fentanyl
 - "If there's no fentanyl in it, I don't want it at all"
 - Tried 14-day rehab without success
 - "This is all I know anymore...It's all I know"

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51



Who and What is Our Responsibility?

We Are Involved Like it or Not

52

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

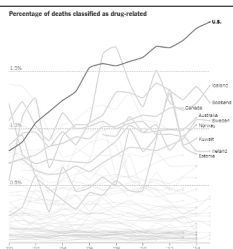


53

However...

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

The Facts



54

Newest Data

Government Data Show

— Substance use disorder also increases risk of contracting COVID, says NIDA director

by Joyce Flieden, Washington Editor, MedPage Today June 1, 2021

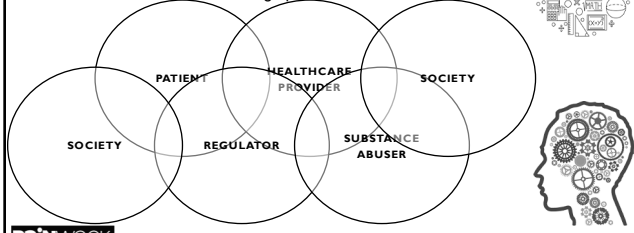
Data from the National Center for Health Statistics from **October 2019 to October 2020** shows that mortality from overdoses from all types of drugs increased 30%, from 70,669 deaths in October 2019 to **91,862 deaths in October 2020** "and I think that that is a number that is very, very chilling," Volkow said at the forum. Among those overdose deaths in both years, more than half came from synthetic opiates - "the most notable presence is fentanyl," she said. **There was also a 46% increase in overdose deaths** from other psychostimulants, mainly methamphetamine, and a 38% increase in deaths from cocaine overdoses.



55

Clinical Considerations and Implications

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



56

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
- 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



57

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Final Thoughts

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



58

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

59

Questions?

60

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National Conference
September 7-11 in Las Vegas**

Special Offer!
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The discount does not apply to industry registrations, or those already registered for PAINWeek 2021, and cannot be combined with other discounts.