

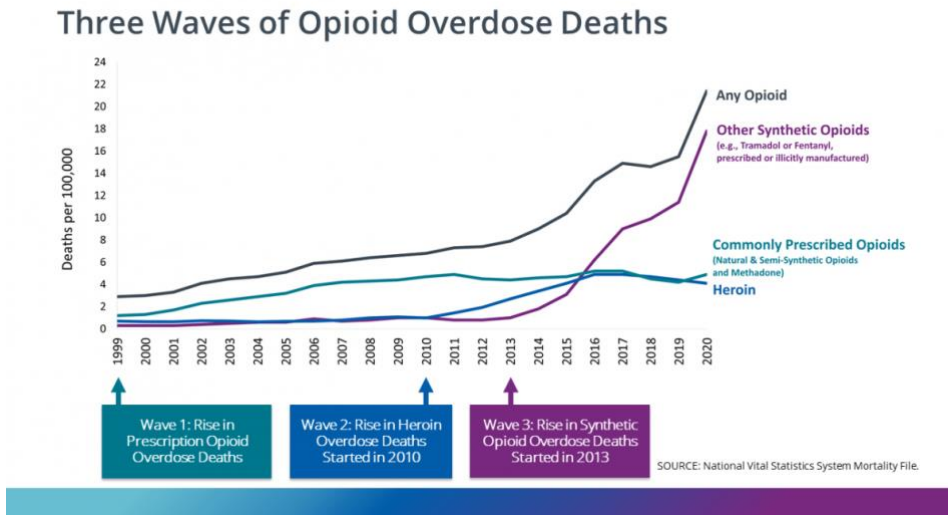


The Opioid Epidemic

- ◆ The opioid epidemic involves the abuse of prescription opioids and illegal synthetic opioids.
- ◆ The Centers for Disease Control and Prevention noted the number of overdose deaths increased approximately 30% from 2019 to 2020 and has quintupled since 1999.
 - ◆ In 2020, nearly 75% of the 91,799 overdose deaths involved an opioid.
 - ◆ Illegal fentanyl, a synthetic opioid is fueling drug overdoses.

There are 3 waves of opioid overdose deaths.

- **1999:** Increase in prescription opioid overdose deaths
- **2010:** Increase in Heroin overdose deaths
- **2013:** Increase in synthetic opioid overdose deaths, mostly from illegally manufactured Fentanyl



How Did The Opioid Epidemic Begin?

Wave 1: The Purdue Pharma manufactured a new opioid, OxyContin in 1996. The company aggressively marketed the medicine and encouraged doctors and other healthcare professionals to prescribe the medicine for the treatment of all pain. Healthcare professionals were told these medicines were less addictive than other medicines and were not harmful to patients. The medicines were prescribed and became the primary treatment for all pain.

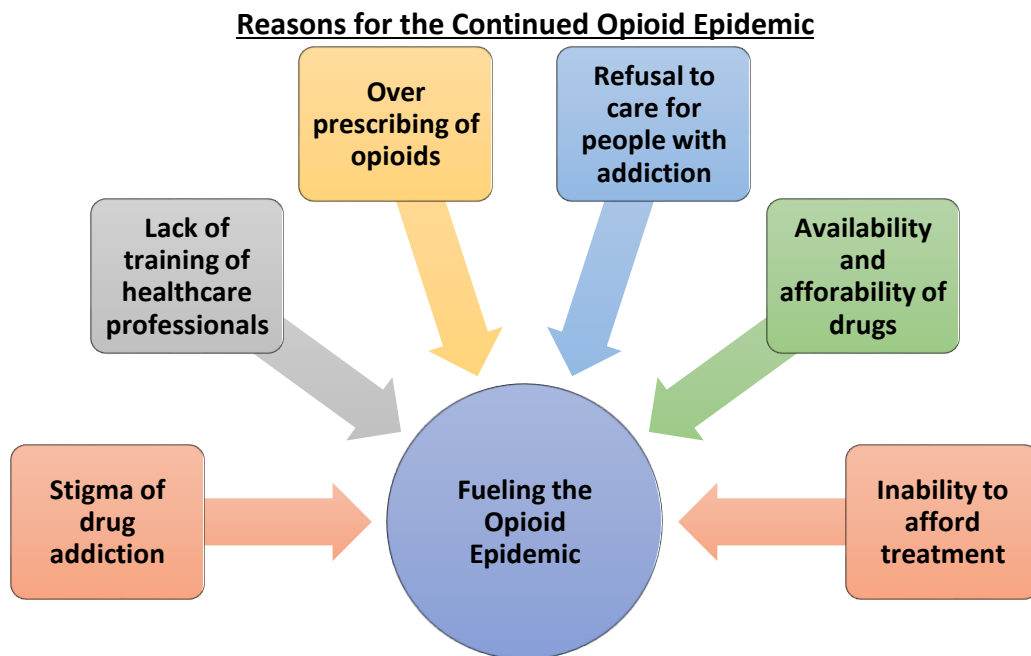
Since the pharmaceutical company did not provide healthcare professionals with accurate information about addiction and harm to patients, the increase use of prescription opioids to treat pain resulted in the following adverse outcomes.

- ◆ Addiction to opioids
- ◆ Increase tolerance to the opioid requiring higher doses to get the “high” effect
- ◆ People resorted to the use of other opioids, such as heroin to get the “high” effect
- ◆ There was a significant increase in overdose and overdose deaths



Wave 2: In 2010, the second wave of the opioid epidemic started. Prescription opioids were still being prescribed but there was also an increase in heroin use. This increase use of heroin resulted in an increase in overdose deaths. According to the National Institute on Drug Abuse, the low cost and availability of heroin was a driver for its use. Prescription opioids and heroin are very similar chemically and produce the same physiological effects.

Wave 3: In 2013, the third wave of the opioid epidemic started. There was a significant increase in opioid-related overdoses due mostly to illicitly-manufactured fentanyl. This fentanyl is not regulated and can be mixed with other drugs, which is often unbeknownst to the person taking the mixed drug. **This wave of the opioid epidemic continues today.**



What Has Been Done:

- ◆ Prescription drug monitoring programs have been initiated.
- ◆ Increased availability of Naloxone (Narcan) to treat overdose.
- ◆ Increased medication-assisted therapy (Buprenorphine (Suboxone) and Methadone)
- ◆ More healthcare providers can now prescribe buprenorphine for opioid use disorder.
- ◆ Prosecution of Pharmaceutical and drug distribution companies and senior executives.
- ◆ Prosecution of healthcare professionals who overprescribed opioids for no medical reason.
- ◆ Prosecution of drug traffickers and dealers.
- ◆ The U.S. has increased border patrol agents.
- ◆ States have sued pharmaceutical companies for concealing the risks of opioid drugs. Oklahoma received \$573 million from Johnson & Johnson and Purdue Pharma agreed to dissolve itself and pay the state and municipal governments billions of dollars.



What More Can Be Done:

- ◆ **Pharmaceutical Companies:** Continue to monitor and prosecute pharmaceutical and distribution companies and executives for unethical practices and unnecessary distribution of opioids.
- ◆ **Healthcare Professionals:** Continue to hold healthcare professionals accountable for prescribing excessive amounts of opioids without medical justification.
- ◆ **Drug Traffickers & Dealers:** Continue to prosecute drug traffickers and dealers.
- ◆ **Prescription Drug Monitoring Programs:** Healthcare providers should be required to check the medication database to determine if a patient has received an opioid prescription from another provider.
- ◆ **Research:** Continue to provide federal funding for research on drug surveillance with the focus on developing and improving prevention and treatment strategies.
- ◆ **Naloxone:** Healthcare professionals should discuss the possibility of overdose if prescription opioids are misused/abused and discuss and recommend Naloxone for treatment of overdose.
- ◆ **Medicine Assisted Programs:** Expand federally-funded treatment programs that provide access to Methadone and Naloxone.
- ◆ **Insurance:** Ensure that drug treatment programs and medicines are covered.
- ◆ **Public Health Insurance:** Expand funding of addiction prevention and treatment in all states.
- ◆ **Pain Management Education:** Education on pain management, opioid misuse and addiction, and prescription practices should be available to healthcare providers and healthcare students.
- ◆ **Education:** Provide education on drug use, misuse, and addiction in the school system.
- ◆ **Safe Storage and Disposal Education:** Ensure opioids are locked in a secure place and dispose of unused opioids at a take-back program (i.e.: pharmacies, police stations, etc).

Additional Ways to Prevent Opioid Addiction, Overdose, and Death:



- ◆ **Prevent Substance Use:** This is critical to prevent use, misuse, and abuse of drugs that leads to addiction and potential for overdose and death. (Refer to Risk Factors on website)
- ◆ **Reduce Overdose & Death:** Keep Naloxone available to treat overdose. Maintain and expand Methadone programs.
- ◆ **Access to Evidence-Based Treatment:** Inpatient treatment is essential for detox, followed by an inpatient rehab program with comprehensive services.
- ◆ **Provide Continued Care for Recovery:** Upon discharge from an inpatient program, outpatient services should be provided to maintain sobriety.



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