

OPIOIDS

An overview of what they are, how they work and why people are dying.

Types of Opioids

- Prescriptions and Non-Prescription (Heroin)
- Medication are classified on a Schedule under the Controlled Substances Act
- Schedule I
 - (a) The drug or other substance has a high potential for abuse.
 - (b) The drug or other substance has no currently accepted medical use in treatment in the United States.
 - (c) There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Schedule II
 - (a) The drug or other substance has a high potential for abuse.
 - (b) The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
 - (c) Abuse of the drug or other substances may lead to severe psychological or physical dependence.

- Schedule III

- (a) The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II.

- (b) The drug or other substance has a currently accepted medical use in treatment in the United States.

- (c) Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

- Schedule IV

- (a) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III.

- (b) The drug or other substance has a currently accepted medical use in treatment in the United States.

- (c) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

- Schedule V

- (A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV.

- (B) The drug or other substance has a currently accepted medical use in treatment in the United States.

- (C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

Opioids Continued

- Heroin is a Schedule 1 drug as it has no medical usage
- Other prescribed Opioids are Schedule II or III, depending on how high their potential for abuse is.
- Simple Definition of Heroin: a powerful illegal drug that is made from morphine
- Simple Definition of Opioids: Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus.

Rx Drug Abuse:

“The nation’s fastest-growing drug problem”

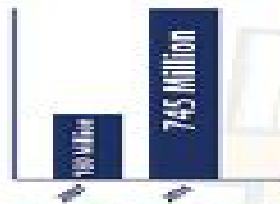
- “According to data from the Centers for Disease Control (CDC), healthcare providers wrote 259 million prescriptions for opioid painkillers in 2012, enough for every American adult to have a bottle of pills. Although the U.S. comprises less than **5% of the world’s population**, Americans consume **80% of the global opioid painkillers** and **99% of the global supply of hydrocodone**, the active ingredient in Vicodin. In fact, Vicodin and other drugs containing the narcotic hydrocodone are now the most commonly prescribed medications in the U.S.”
- ***Edward Markey, US Senator for Massachusetts (“Overdosed: A Comprehensive Fed Strategy for addressing Americas’ Rx Drug Abuse and Heroin Epidemic” - Oct/2014)***

Overdoses

- Since 2000, the rate of deaths from drug overdoses in the U.S. has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin).
- In 2014, 61% (28,647,) of drug overdose deaths involved some type of opioid, including heroin (U.S. in total)
- In 2014, the rate of drug overdose deaths involving natural and semisynthetic opioids (e.g., morphine, oxycodone, and hydrocodone) 3.8 per 100,000, was the highest among opioid overdose deaths, and increased 9% from 3.5 per 100,000 in 2013

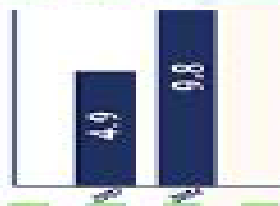
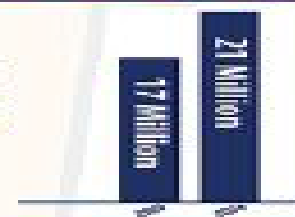
MICHIGAN'S GROWING DRUG AND OPIOID ABUSE PROBLEM BY THE NUMBERS

The Michigan Prescription Drug and Opioid Abuse Task Force has developed strategic statewide recommendations to address Michigan's growing prescription drug and opioid abuse problem.



Prescriptions for individual dosage units of Schedule II drugs increased from **180 million in 2007 to 745 million last year.**

Prescriptions for controlled substances increased from **17 million in 2007 to 21 million last year.**



The number of heroin-related overdose deaths per 100,000 residents increased from **4.9 in 2009 to 9.8 in 2014.**



Michigan ranks 10th nationally in per capita prescribing rates of opioid pain relievers. **Michigan ranks 18th in the nation for overdose deaths.**

MI Residents, 2009-2012

Drug Poisoning Death Rates Per 100,000 MI Residents



Overall MI rate: 12.0 (95% CI: 11.7-12.4)

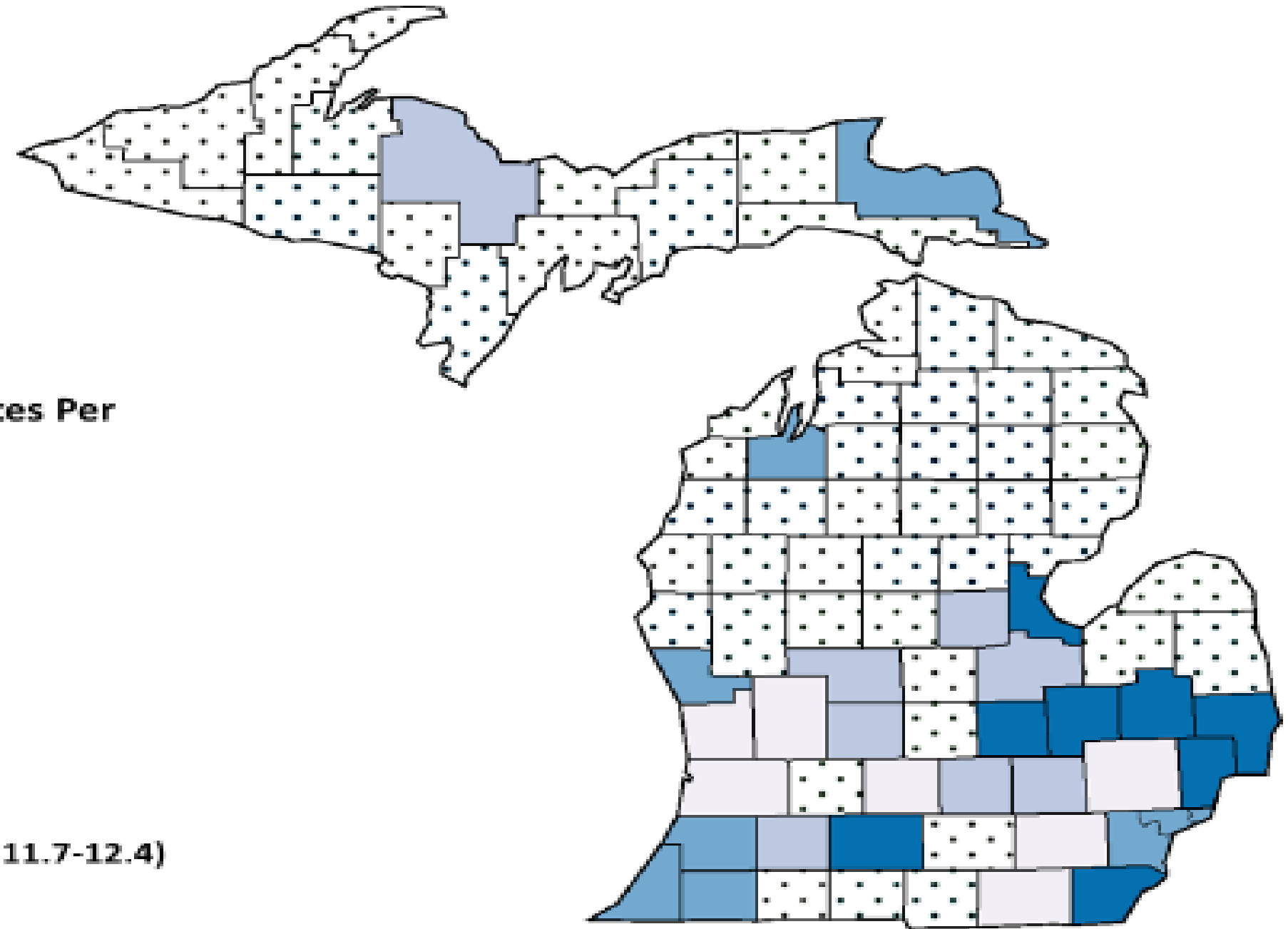
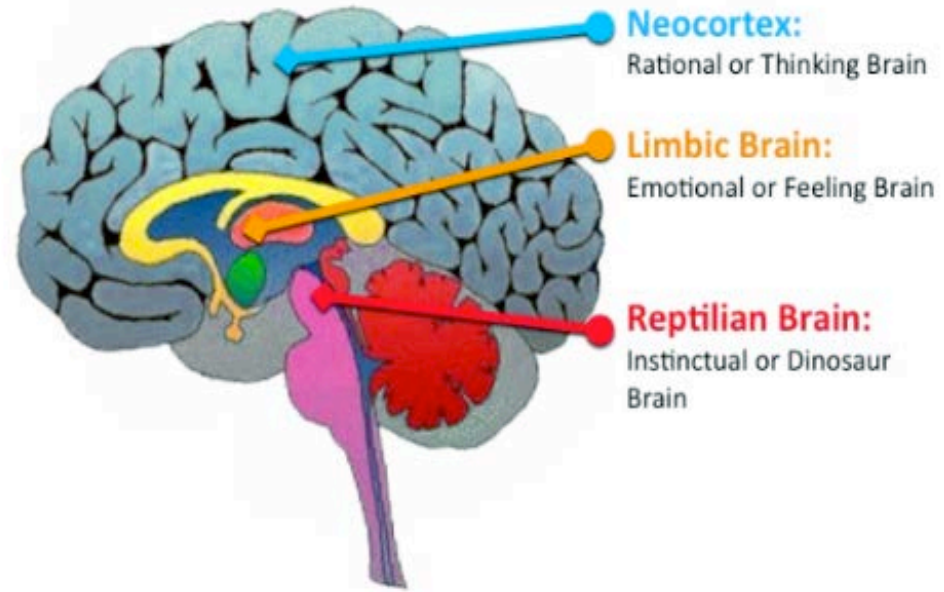


TABLE. Number and age-adjusted rates of drug overdose deaths and state —United States, 2013 and 2014: Source CDC Morbidity and Mortality Weekly Report

- Michigan Overdoses
- Total 2013 1,553
- Age adjusted 15.9
- Total 2014 1,762
- Age adjusted 18.0
- Percent change 13.2%

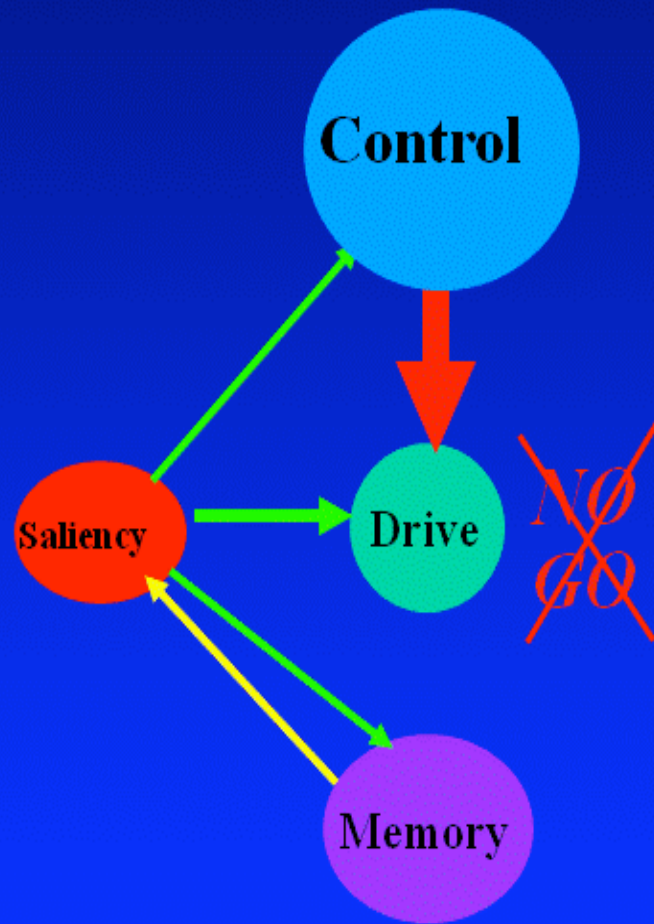


Neocortex:
Rational or Thinking Brain

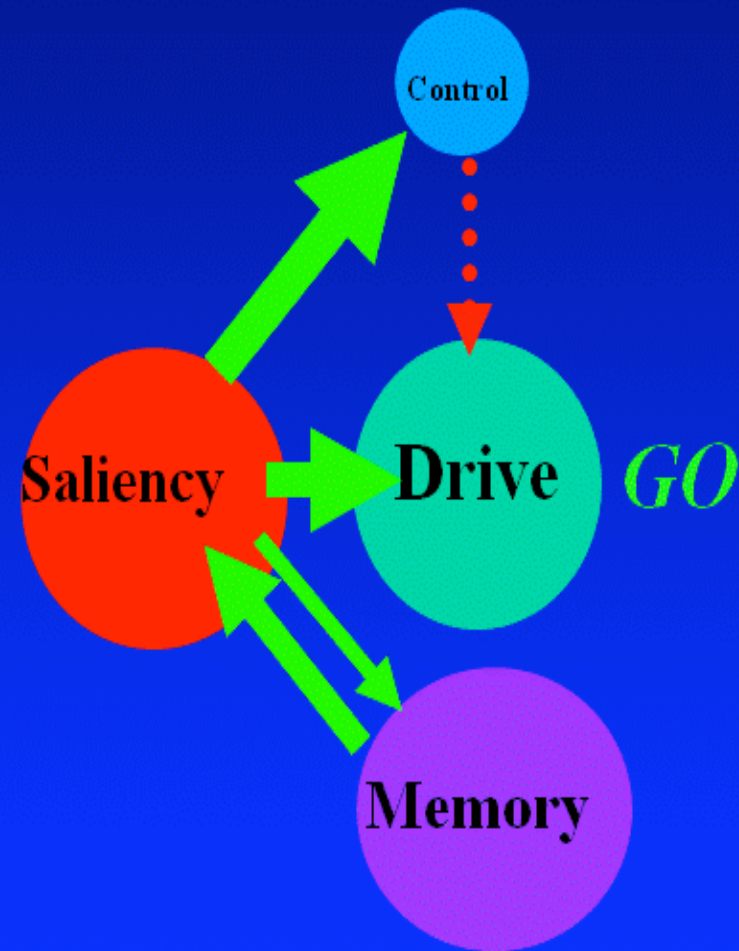
Limbic Brain:
Emotional or Feeling Brain

Reptilian Brain:
Instinctual or Dinosaur
Brain

Non-Addicted Brain



Addicted Brain



Because Addiction Changes Brain Circuits

Approved Treatments/Interventions

- Behavioral Approaches: Cognitive Behavioral Therapies, Dialectical Behavioral Therapies, Contingency Management. Treatment should be Evidence Based.
- Medication Assisted: Three approved medications for use in treatment of Opioid Dependence
 - Methadone
 - Naltrexone
 - Buprenorphine
- 12-step groups (Narcotics Anonymous, Pills Anonymous), Smart Recovery, Life Ring, Women for Sobriety
- Ensure appropriate treatment for physical disorders/ongoing medical care
- Ensure care/case management is provided for social needs (food, shelter, clothing)
- Naloxone Hydrochloride/Narcan: Opioid Overdose reversal drug, can be carried by law enforcement personnel, community members, family members to help prevent fatalities

Treating a Biobehavioral Disorder Must Go Beyond Just Fixing the Chemistry

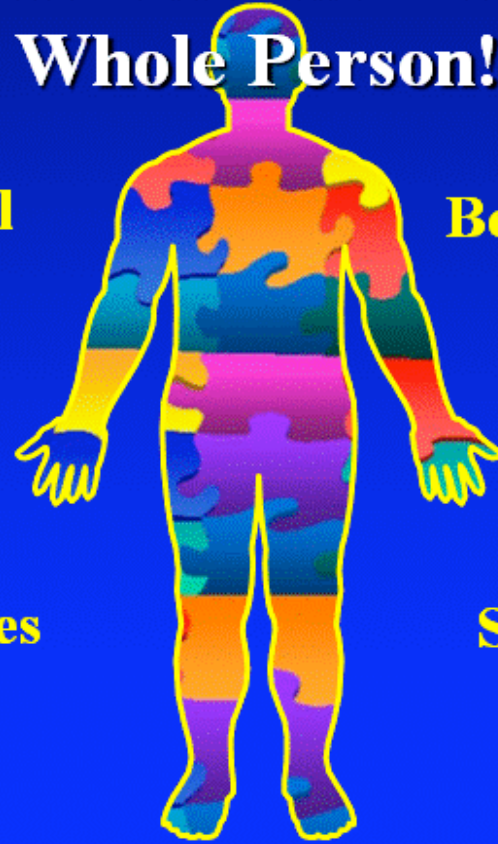
We Need to Treat the Whole Person!

**Pharmacological
Treatments
(Medications)**

Behavioral Therapies

Medical Services

Social Services



In Social Context

NIDA

In summary, Prevention Works, Treatment is Effective, People Recover but we need some coordinated strategy changes.

- Community support for changes within the prescribing community (less medication on the street)
- Community support for increased access to Narcan (community members, law enforcement, family, fire department). We can only treat people if we keep them alive.
- Community support for efforts to reduce the amount of medication already out there (medication take back events, medication disposal sites)
- Support for Treatment Courts to assist those impacted by the disease
- Support for legislative action that may make people more comfortable contacting law enforcement when someone is overdosing (Good Samaritan laws)
- Be a change agent in your community, acknowledge this for the public health crisis it is.