The Opioid Crisis

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Epidemiology

- **US Prevalence:** Approximately 2 million people abuse or are addicted to opioids (prescription and illicit)
- **According to the CDC,** nearly 80% received no treatment
Increases in Opioid Overdose Deaths

- Since 2000, the rate of deaths in the US from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin).
- More persons died from drug overdoses in the United States in 2014 than during any previous year on record. From 2000 to 2014 nearly half a million persons in the United States have died from drug overdoses. In 2014, there were approximately one and a half times more drug overdose deaths in the US than deaths from motor vehicle accidents.
- The CDC estimates that someone in the U.S. dies every 19 minutes from opioid overdose - which includes heroin and prescription painkillers.
Increases in Opioid Overdose Deaths

- 80% of oxycodone that is manufactured is consumed in America, which is only 5% of the world population
- Why Heroin? Cheap. A bag of heroin costs less than a 6 pack of beer!
- Now we are seeing Fentanyl laced with heroin
- Carfentanil is 10,000x more potent than morphine, 5,000x more potent than heroin, and 100x more potent than Fentanyl. The lethal dose is unknown.2
- However, it’s estimated that 2 milligrams of fentanyl can be fatal, therefore as little as 200 micrograms of carfentanil might be lethal, a dose that is 1/100th of the amount shown next to the penny in the photograph.
More than 64,000 Americans died from drug overdoses in 2016 — 64,070
Drug Overdose Statistics

National Overdose Deaths
Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder
Drug Overdose Statistics

Opioid involvement in benzodiazepine overdose

Source: National Center for Health Statistics, CDC Wonder
Why Do Adolescents Try Opiates?

- Boredom/Experiment
- Escape and First experience from prescribed medication/To feel good/better
- Lack of confidence
- Misinformation
- Other people/Peer pressure/To fit in
- Rebellion
- To look/feel “grown up” (maximize use)
- Trauma (physical/sexual abuse)
How Do Adults Become Addicted?

- Carry over from adolescent years
- Prescribed common medications of abuse
- Untreated mental illness
- Predisposition
- Environment/Relationships
Behavior Changes In An Adult Addict

- Change in sleep pattern
- Changes in attitude/personality
- Lethargy/Depression
- Dramatic changes in habits and/or priorities (loss of interest)
- Cheat, scam, borrow and steal
- Financial problems
- Involvement in criminal activity/Poor judgement
- Minimize what they are taking
- Neglecting responsibilities
- Play the blame game
- Running out of medication sooner than usual/prescribed
- Sudden changes in a social network/Isolation
- Withdrawal from family members
NARRATIVE OF TIPICAL PATIENT

A 34 year old pt. presented to ED with a variety of somatic complaints in addition to depression and having made a suicide attempt by overdosing on Xanax and Nyquil. She also reported planning to cut her wrist; however, someone grabbed the blade away from her. She had taken Xanax that she got from the street, reports she had already taken her daily methadone dose, smoked crack and injected heroin. Pt. presents as depressed, states that she has given up on life and tired of living. Attempted to go through the suicide due to extreme depression. Pt. cannot contract for safety and at this time is positive for Benzo’s, Cocaine, and Methadone
The high they are seeking is a dopamine release that creates euphoria and temporary escape of their painful life reality.

- no more pain no more worries
- always chasing a better opioid
- On their high, are they really just checking out of reality?
- Overdose ?? Suicide??
Just Say NO
What program has worked
How Do We Treat Opioid Addiction

- Acute Overdose – Naloxone
- Withdrawal treatment
  - Hospitalization – treatment with Buprenorphine detox
  - Treatment center for further management
  - Methadone treatment
Current solutions for the crisis

- Naloxone – save the patient for now
- Incarceration – doesn’t seem to solve anything
- Getting the dealers off the streets
- Methadone treatment centers
- Drug rehab centers
- a lot of talk, but not much action
Reality

- Addiction is costly in lives and money
- At present we don’t seem to know how to handle this crisis
- Local law enforcement are having problems of their own
- There is some thought of legalizing heroin
- Past education theories have not worked
Some Thoughts

Any overdose requiring hospitalization or any Naloxone administration

- Detox – patient needs to be hospitalized for detox and therapy
- After detox – patient need to be admitted to a long-term treatment center
- Mandatory medications to prevent opioid abuse – long term injections of naltrexone
- Weekly appointments with a therapist or psychiatrist
- Job training or retraining
- Narcotics Anonymous meetings and or other such sessions ongoing
- Urine samples for detection of opiate use ongoing

Cost $$$$
Finally

Education of our Young
History of our patient

High school graduate, married, but Separated, homeless, unemployed with h/o multiple police arrests

The patient was discharged from SPHS in June to a recovery program from which she was kicked out due to Xanax use. After that she became homeless taking 3-7 mg of Xanax/day from the street. Due to Xanax use her methadone program lowered her dose to 60 mg a month ago.

Social worker is looking for a discharge program willing to accepted her since she has been to several program before and was not able to comply with their regulations

Patient has at h/o at least 10 - 20 hospitalization in few years with multiple violations of treatment programs regulations

She is homeless after she burned bridges with family due to nonadherence to treatment
References


Thank You

Questions!