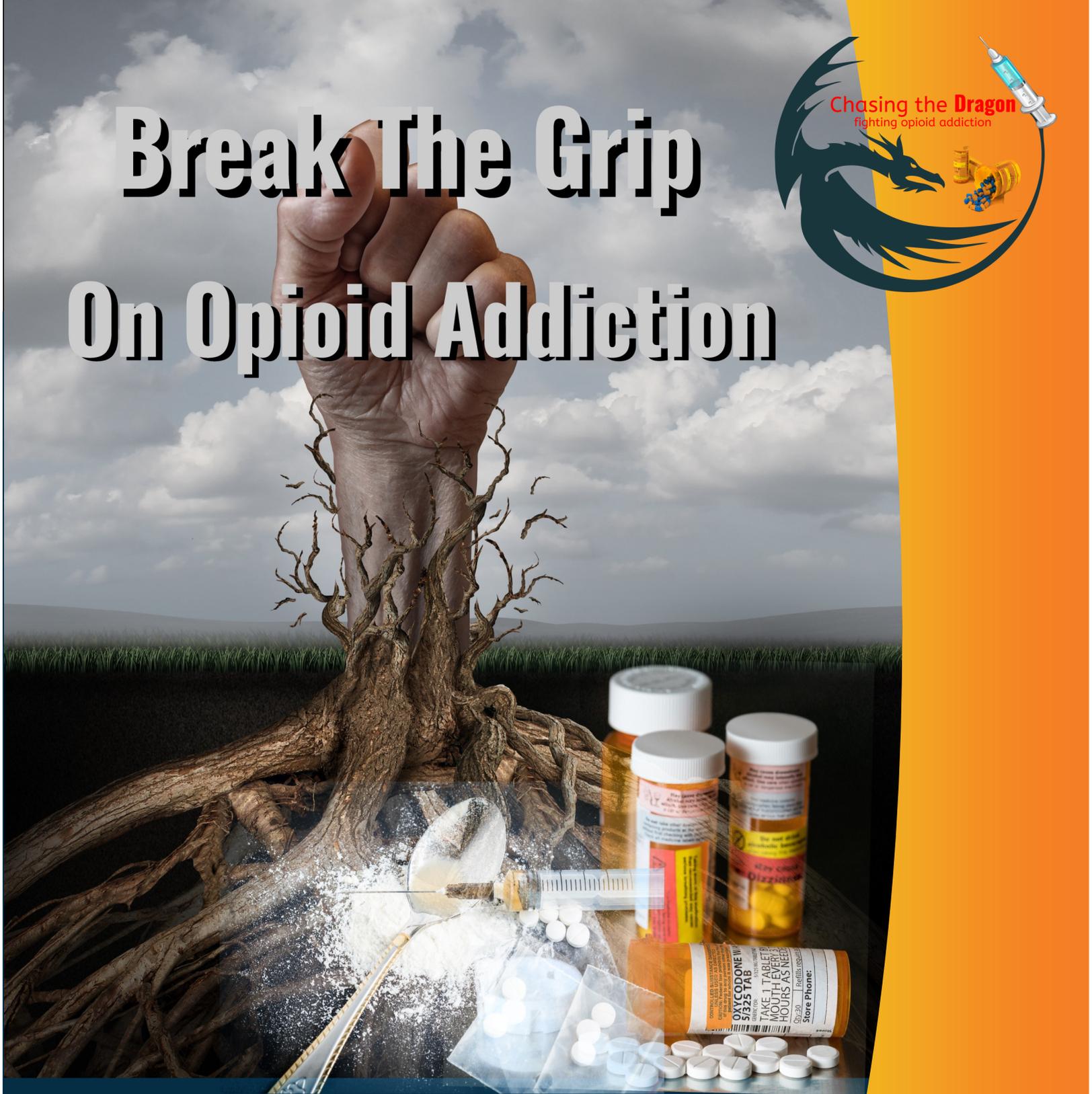


# Break The Grip On Opioid Addiction



If you or someone you know needs help you can contact:

**Child Study Center**  
1210 Wolfe Street  
Little Rock, AR 72202  
501-364-5150

Mention comorbid drug addiction or schedule directly with Nihit Kumar, M.D.  
For families specifically, we recommend using the local AI-Anon groups.

## Doctor warns of epidemic of opioid addiction in Arkansas

**Monday** Posted Jun 13, 2016 at 5:52 AM Updated Jun 14, 2016 at 4:29 AM



LITTLE ROCK — Like the rest of the nation, Arkansas is experiencing an epidemic of addiction to opioids, or drugs that act on the nervous system to relieve pain, a University of Arkansas for Medical Sciences professor told a state legislative panel Monday.

Dr. G. Richard Smith, a professor of psychiatry, internal medicine and public health at UAMS, told a joint meeting of the House and Senate committees on public health, welfare and labor, “We have a national and state epidemic of opioid overuse, abuse and related deaths.”

Smith noted that one of the epidemic’s recent victims was music superstar Prince, who died earlier this year from an overdose of the opioid fentanyl.

According to a report Smith authored and presented to the panel, the National Institute on Drug Abuse has reported that deaths from prescription opioid overdoses and heroin overdoses have been increasing in the U.S. since 2001.

The U.S. Centers for Disease Control and Prevention has estimated that in 2013, the death rate in Arkansas from opioid poisoning, including overdoses, was about 3.6 per 100,000 people, or about 108 people. The number likely is higher, Doctor warns of epidemic of opioid addiction in Arkansas, than that because in some opioid-related deaths, coroners may not have identified opioid poisoning as the cause, he said.

Smith said the CDC has estimated that for every death from opioid poisoning there are 10 treatment admissions, 32 emergency room visits, 130 people who abuse or are dependent on opioids and 825 non-medical users of the drugs. “These medications, which have very good use in acute pain, are getting distributed far and wide and are problematic,” he said.

Among the states, Arkansas is slightly below the middle in prescription opioid overdoses, Smith told the panel. “The costs are enormous,” he said. “That includes lives, disability, health care, criminal justice — it just goes on and on.”

The recommendations in Smith’s report — which he said are his alone and not UAMS’ — included creating more treatment programs, changing state law to allow more flexibility in the use of data from the state Prescription Drug Monitoring Program, strategic use of “moderate” state resources to address the problem and encouragement of cooperation from organizations around the state.

“When you have groups ... that say, ‘Well, you know, this is not a big deal, we don’t want to do that, we don’t want to participate,’ that should not be OK,” he said.

Smith urged lawmakers not to delay in taking action. “We can address this, and we need to address it now. We don’t need to be waiting another five years to begin to seriously address this,” he said.

Sen. Keith Ingram, D-West Memphis, asked whether the quantities of prescriptions being written and pills being dispensed are a problem. Smith said they are.

“We have way too many people in the state, in my opinion, in the state that are receiving chronic opioid treatment for chronic pain. Opioids have not been show to be effective for the treatment of chronic pain,” he said.

Smith also said a doctor may write a prescription for 30 pills simply for convenience’s sake, so the doctor can go a month without having to prescribe for the patient again.

Talking to reporters, Smith said the legislation that created the Prescription Drug Monitoring Program was crafted to track the prescription and dispensing of drugs while protecting patients’ privacy. A doctor cannot use the program to see what other doctors are prescribing, and the state cannot give feedback to doctors about their prescribing practices, he said.

“It looks like enabling legislation may be necessary in order to be able to do that,” he said, adding that as the program exists now, doctors’ participation is purely voluntary.

Kick start lifesaving conversations about DRUG-FREE living



There is an epidemic of prescription opioid misuse and heroin use nationwide. To combat this, Discovery Education and the Drug Enforcement Administration (DEA) have joined forces to bring you Operation Prevention, an education program for middle and high school classrooms which aims to educate students, using science, about the impacts of these drugs.



Operation Prevention offers an expanding collection of resources for students, teachers, and parents:



#### Digital Classroom Lessons

Classroom-ready lessons and companion guides provide educators with engaging tools that are aligned to national health and science standards and integrate seamlessly into classroom instruction. Through a series of hands-on investigations, these resources introduce students to the science behind opioids and their impact on the brain and body.



#### Video Challenge

Encourage students to send a message to their peers about the dangers of prescription opioid misuse by creating a 30-60 second original Public Service Announcement. This is students' chance to lead the change in schools, and win up to \$10,000 in scholarships for their commitment to this issue. Submit a video by March 28, 2017!



#### Parent Toolkit

Parents can join the conversation with a family discussion guide, which provides information on the warning signs of opioid misuse and a guide to prevention and intervention to empower families to take action.



#### On Demand Virtual Field Trip

Take students on a virtual journey, where leading experts, including DEA agents and pharmacologists, provide the unfiltered facts on drugs and addiction. A companion activity helps start discussions in the classroom.

Check out these resources and more at [OperationPrevention.com](http://OperationPrevention.com)



# Painful Truths



Of the 20.5 million Americans 12 or older that had a substance use disorder in 2015, 2 million had a substance use disorder involving prescription pain relievers and 591,000 had a substance use disorder involving heroin. <sup>2</sup>

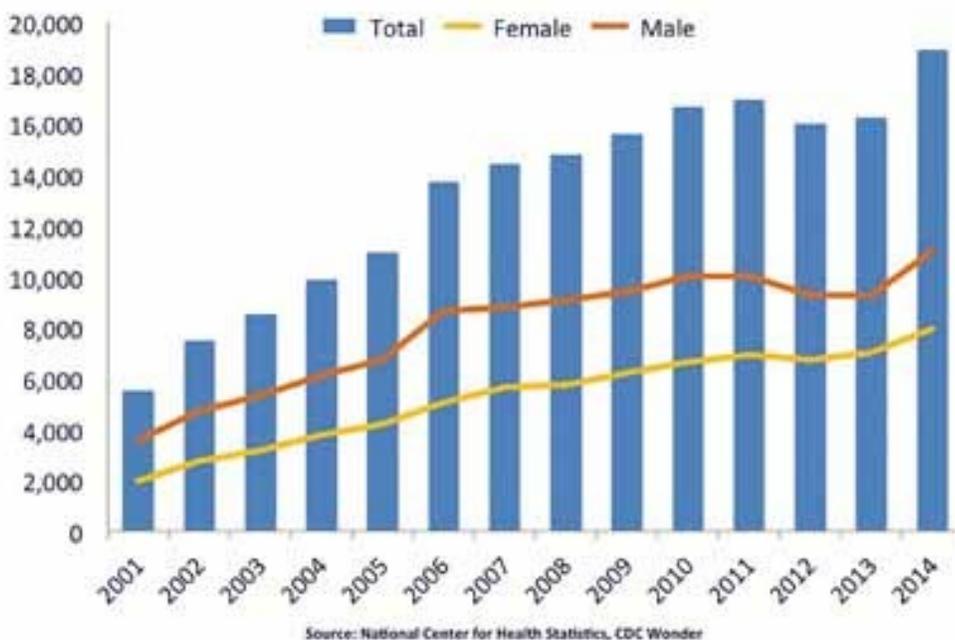
It is estimated that 23% of individuals who use heroin develop opioid addiction. <sup>3</sup>

In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills. <sup>4</sup>



## National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers



**Drinks? Drugs? NAH!**

Take Action Arkansas...Prevention Works

Division of Behavioral Health Services • Prevention Services



# Our National Pain

--, BY REX CHAPMAN

Reprinted from **Sports Illustrated**

June 19, 2017



**IMAGINE IF** every day in America, 171 people died from the Ebola virus. Or if every month, there were eight crashes involving 747 airplanes. What would be the reaction if we were struck by nearly 21 terrorist attacks on the scale of 9/11 every single year?

Those scenarios may seem impossible to imagine, yet this country is facing a crisis of similar proportions. According to a study published on June 5 by *The New York Times*, some 62,000 Americans died from drug overdoses last year, a 19% increase from 2015. That's the largest annual jump recorded in the United States, and it is driven in large measure by an epidemic of opioid addiction.

I know all too well how powerful the pull of opioids can be. I played basketball at Kentucky in 1986- 87 and '87- 88 and enjoyed a 12-year NBA career. After multiple injuries and seven surgeries, I developed an addiction to prescription painkillers. My masters were Vicodin, Oxy-Contin and Suboxone, and they led me into a life of isolation and erratic behavior and, in the fall of 2014, to my arrest for retail theft. (I later entered a guilty plea, paid restitution for the items I stole and was sentenced to 750 hours of community service.)

I am one of the lucky ones: I had the financial resources and family support that enabled to me to enter rehab three times. My last stint was in the fall of 2014, and I have now been clean for three years. That is amazing to me. There were many times I didn't think I could go without opioids for three hours, much less three years.

Though I was fortunate enough to get a grip on my addiction, I realize that millions of Americans are suffering. That's why I am working to bring awareness and to influence policy makers to address this plague. My home state of Kentucky has been especially hard hit. In 2015, more than 1,300 Kentuckians died after drug overdoses, many with opioids in their system.

That's about four per day. That same year, more than 353 million doses of opioid painkillers were dispensed in Kentucky- enough to provide every man, woman and child in the state

with 79 pills. Like me, many of these people were first introduced to opioids by a doctor. This is the crux of the problem. The U.S. makes up 4.6% of the world's population, but we consume 99% of the world's hydrocodone. How can that be? Are we in more pain than the rest of the world?

I was heartened when the Trump Administration recently backed off its plan to slash the budget of the Office of National Drug Control Policy by 95%. Proving that this crisis does not belong to any political party, one of the loudest voices opposing the cut was Sen. Shelley Moore Capito, a Republican from West Virginia, the state that suffers from the highest overdose rate in the nation.

This is not the time to cut back. According to a report issued by the Surgeon General last November, only one in 10 U.S. addicts is able to find the necessary treatment. Kentucky is doing all it can, beginning by regulating pain clinics more tightly as well as doctors who prescribe these drugs. Our state has also expanded access to Naloxone, a life-saving drug that can treat opioid overdoses, and Kentucky has expanded access to treatment beds by at least tenfold over the last decade. It's a start- but only a start.

At the federal level, I'd like to see more of what Congress has done in passing CARA (Comprehensive Addiction and Recovery Act) and the 21st Century Cures Act, which funds CARA. It's also important for Congress to hold public hearings and other events to keep this epidemic at the forefront of people's minds. This issue receives insufficient coverage on cable- TV news. That needs to change.

I did not vote for President Trump, but I was pleased that during his campaign he said all the right things about addressing this escalating crisis.

I am hoping that his administration will do all it can to back up those words.

The people in Kentucky and across the nation are badly in need of help.

This isn't a partisan problem. It's a human one.

*Rex Chapman was a star at Kentucky and played with four NBA teams from 1988 to 2000.*

# Impact on Adolescents

## Ages 12 - 17

In 2015, 276,000 adolescents were current nonmedical users of pain reliever, with 122,000 having an addiction to prescription pain relievers. <sup>10</sup>

In 2015, an estimated 21,000 adolescents had used heroin in the past year, and an estimated 5,000 were current heroin users. Additionally, an estimated 6,000 adolescents had a heroin use disorder in 2014. <sup>10</sup>



People often share their unused pain relievers, unaware of the dangers of non-medical opioid use. Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative. <sup>11</sup>

The prescribing rates for prescription opioids among adolescents and young adults nearly doubled from 1994 to 2007. <sup>12</sup>



## From Initial Prescription to Abuse

Many practitioners are familiar with the inherent qualities opioids possess that can easily contribute to patient abuse. Along with inducing feelings of euphoria and stress relief, these qualities include side effects such as tolerability (requiring an increase in dosing for similar effect) and withdrawal (when medication is stopped or withheld).

Even when opioids are taken exactly as prescribed, some patients may still become addicted. And not all patients take opioids as prescribed. For example, patients may take more than one dose at a time or pair their opioid medication with other medications that are contraindicated. Potential for abuse increases if patients have any common risk factors such as a history of mental illness or substance abuse. <sup>13</sup>

# Preventing Teen Abuse of Prescription Drugs

## Fact Sheet



### What is prescription drug abuse?

The use of prescription medication to create an altered state, to get high, or for reasons — or by people — other than those intended by the prescribing doctor.

### How many teens are doing this?

According to research conducted by Partnership for Drug-Free Kids (as well as other reputable national studies) as many as one in five teens say they have taken a prescription drug without having a prescription for it themselves. This behavior cuts across geographic, racial, ethnic and socioeconomic boundaries.

### Why are some teens doing this?

For a variety of reasons. To party and get high, in some cases, but also to “manage” or “regulate” their lives. They’re abusing some stimulants such as Ritalin and Adderall to give them additional energy and ability to focus when they’re studying or taking tests. They’re abusing pain relievers like OxyContin and tranquilizers such as Xanax to cope with academic, social or emotional stress. They’re abusing prescription amphetamines to lose weight, or prescription steroids to bulk up.

### What are the risks?

There are both acute (immediate) and longer term risks. In the short term, overdosing (especially on prescription pain relievers) can be fatal, as can mixing prescription drugs with over-the-counter medication and/or alcohol. In the longer term, prescription opioids (pain relievers) and other prescription medicines are potentially addictive. Coming to rely at a young age on prescription medicine (or any

drug) to “manage” your life risks establishing a learned, lifelong pattern of dependency and limitation and prevents learning coping skills.

### Where are teens getting these prescription drugs?

The vast majority of teens abusing prescription drugs are getting them from the medicine cabinets of friends, family and acquaintances. Some teens traffic among themselves – handing out or selling “extra” pills of their own, or pills they’ve acquired or stolen from classmates. A very small minority of teens say they get their prescription drugs illicitly from doctors, pharmacists or over the internet.

### Are parents educating their children about the risks of this behavior?

Research conducted by Partnership for Drug-Free Kids shows that parents are not communicating the risks of prescription drug abuse to their children as often as they talk about illegal drugs. This is partly because some parents are unaware of the behavior (it wasn’t as prevalent when they were teenagers), and partly because those who are aware of teen abuse of medicine tend to underestimate the risks just as teens do. Finally, a recent study by Partnership for Drug-Free Kids showed that 28% of parents have themselves taken a prescription drug without having a prescription for it themselves. This is not necessarily abuse, but it sets a dangerous example for kids – that the recommended dosage of prescriptions need not be strictly followed.

### What should parents do?

- 1. Educate yourselves – [drugfree.org](http://drugfree.org) has lots of support, tools, resources and answers.**
- 2. Communicate the risks of prescription drug abuse to your kids. Children who learn a lot about the risks of drugs are up to 50% less likely to use drugs.**
- 3. Safeguard your own medicines. Keep prescription medicine in a secure place, count and monitor the number of pills you have.**

Learn more at [www.drugfree.org](http://www.drugfree.org)

**Women are more likely to have chronic pain, be prescribed prescription pain relievers, be given higher doses, and use them for longer time periods than men. Women may become dependent on prescription pain relievers more quickly than men. <sup>5</sup>**



**D**rug overdose is the leading cause of accidental death in the US. In 2016, early estimates reflect a 19% increase to at least 59,000 deaths (New York Times). Some estimated data showed between 59,000 and 65,000 possible deaths from overdoses in 2016, up from 52,404 in 2015, and double the death rate a decade ago. (The Times).

"And all evidence suggests the problem has continued to worsen in 2017," the Times said.

The data compiled by the Times showed that for the first time, drug overdoses are the leading cause of death for Americans under 50 years old.

The addition of fentanyl, which can be 50 times more powerful than heroin, to heroin and addictive prescription opiates like OxyContin is one of the key factors in the surge in deaths. The US Drug Enforcement Administration has issued a stark warning to officers over handling fentanyl, which drug traffickers use as a cheap way to strengthen the effect of heroin and prescription opioids. It pointed to several cases in which police officers experienced extreme reactions after inadvertently touching or inhaling fentanyl-spiked drugs. The officers needed strong and sometime multiple injections of anti-overdose drugs like Narcan to prevent death.



**America consumes 80% of world's  
opioids  
with only 5% of population**





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U.S. Department of Justice  
Western District of Arkansas

U.S. Department of Justice  
Eastern District of Arkansas



**BNPD**  
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Chief Kirk Lane

