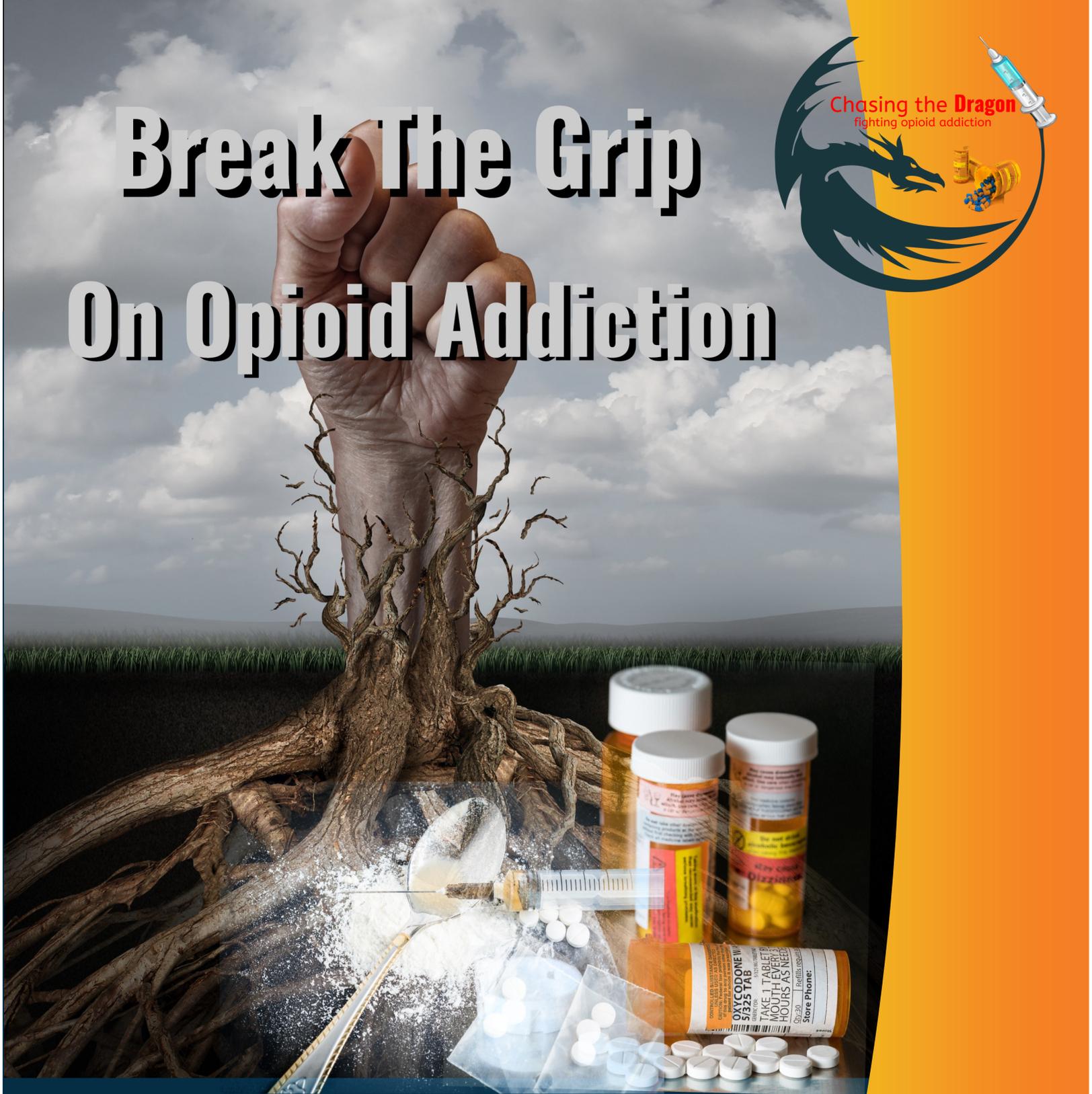


Break The Grip On Opioid Addiction

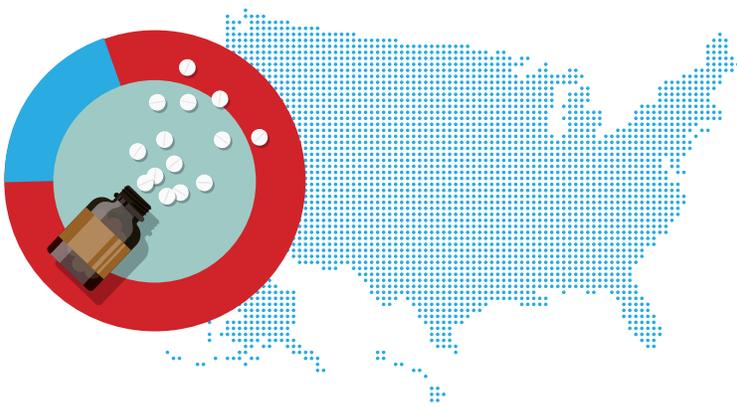


If you or someone you know needs help you can contact:

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.

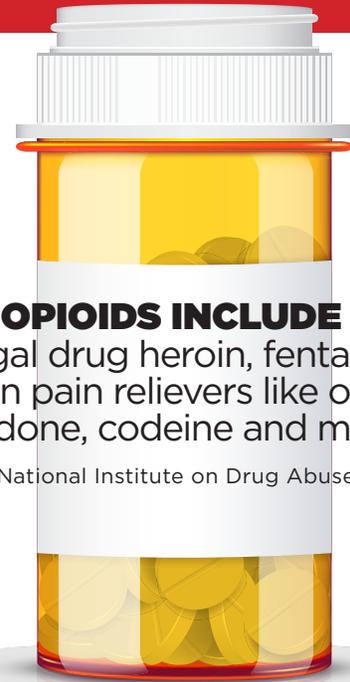
ARKANSAS'S OPIOID CRISIS



The **U.S.**, with **4.6%** of the **WORLD'S POPULATION**, **USES 80%**

of the world's production of prescription opioids.

-Manchikanti, et al. 2010



OPIOIDS INCLUDE

The illegal drug heroin, fentanyl and prescription pain relievers like oxycodone, hydrocodone, codeine and morphine.

-National Institute on Drug Abuse



MOST NONMEDICAL USERS OF PRESCRIPTION PAINKILLERS REPORT OBTAINING DRUGS:

- From a friend or relative for free
- Bought from a friend or relative
- Taken without asking is more common among the youngest users, emphasizing the need for locked storage and disposal of unused or expired drugs.

-National Survey on Drug Use and Health

PREVENTION STRATEGIES

IMPROVE PRESCRIBING PRACTICES

Increased use of Prescription Monitoring Programs (PMP) has been shown to reduce some dangerous drug or medicine combinations and prescriptions from multiple prescribers. Prescribing guidelines have reduced excessive prescribing in several states that have implemented them.

INCREASE ACCESS TO NALOXONE

Naloxone can reverse opioid overdose and prevent deaths if administered in time and followed up appropriately.

INCREASE ACCESS TO TREATMENT FOR DRUG DEPENDENCE AND ABUSE

Medication-Assisted Treatment (MAT), such as methadone or suboxone therapy, has been shown to be effective in treating opioid dependence and abuse.

ENCOURAGE SAFE STORAGE AND DISPOSAL OF PRESCRIPTION DRUGS

Safe, secure storage and drop-off at a Drug-Take-Back collection site reduces the amount of prescription drugs available for use. Go to artakeback.org to find your nearest collection site.

-New Mexico Department of Health

A PUBLICATION OF



UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE



STATE OF ARKANSAS
EXECUTIVE DEPARTMENT

PROCLAMATION

TO ALL TO WHOM THESE PRESENTS COME – GREETINGS:

WHEREAS: The current opioid epidemic is one of the deadliest drug epidemics in American history, affecting every sex, race, class, and age; and

WHEREAS: Drug overdose deaths are the leading cause of unintentional injury deaths in the U.S., exceeding vehicle fatalities by nearly 50 percent. Since the year 2000, more than 300,000 people in the United States have died from opioid overdoses; and

WHEREAS: The United States spends \$78.5 billion a year on prescription opioid abuse, dependence, and overdose; and

WHEREAS: Beginning in 2013, 1,893 people have died in Arkansas from a drug overdose; and

WHEREAS: Arkansas has the second-highest opioid prescribing rate in the U.S.; and

WHEREAS: Drug addiction is a complex public health and public safety problem which requires a collaborative effort to solve—from prevention and early identification to treatment and recovery; and

WHEREAS: In Arkansas, we seek to raise awareness and prevent new victims from falling prey to addiction, to reinforce our commitment to holding those that contribute to this epidemic accountable, and to ensure access to treatment for those battling addiction;

NOW, THEREFORE, I, ASA HUTCHINSON, Governor of the State of Arkansas, by virtue of the authority vested in me by the laws of the State of Arkansas, do hereby proclaim October 24th, 2018, as

OPIOID AWARENESS DAY IN ARKANSAS

across the State, and I call upon political leaders, law enforcement and medical communities, community leaders, and citizens to raise awareness of this issue which is devastating so many individuals and families in our state and nation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Arkansas to be affixed this 16th day of July, in the year of our Lord 2018.



A handwritten signature in black ink, reading "Asa Hutchinson".

Asa Hutchinson, Governor

Atte

A handwritten signature in blue ink, reading "Mark Martin".

Mark Martin, Secretary Of State

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 shown 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



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. ²

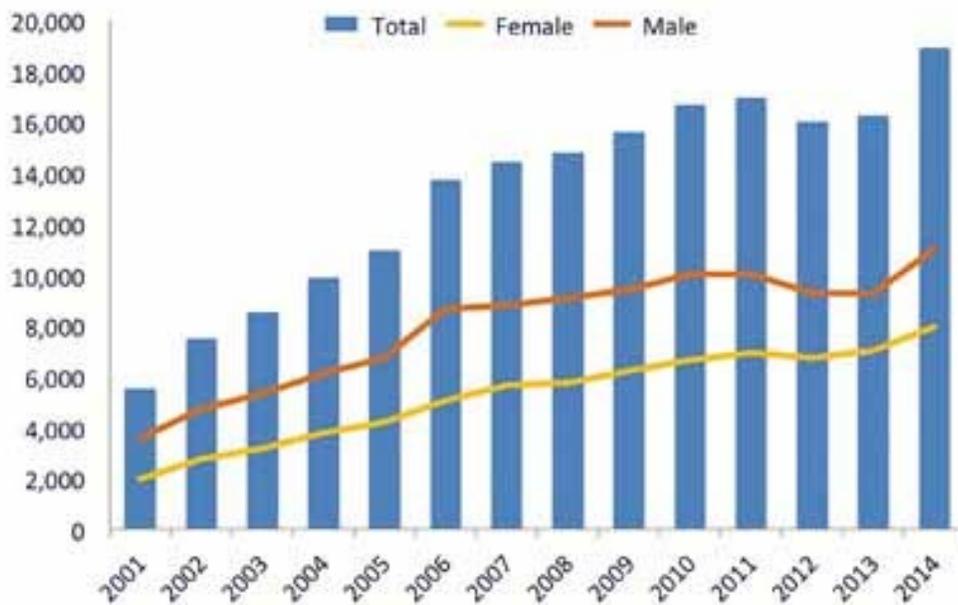
It is estimated that 23% of individuals who use heroin develop opioid addiction. ³

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



National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Wonder

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. ¹⁰

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. ¹⁰



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. ¹¹

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



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. ¹³

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. ⁵



Drug 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**





Prescription for Life

A Digital Approach to Prescription Drug Abuse Prevention

Prescription drug abuse and misuse is a growing issue, with opioid abuse now the leading cause of accidental deaths in the United States.¹ Reversing this trend will require a focused, population-level prevention initiative. With Arkansas ranking first in the nation for the prevalence of youth aged 12-17 who use pain relievers for nonmedical purposes,² reaching students early is imperative.

Arkansas Attorney General Leslie Rutledge is leading a bold initiative to tackle this issue head-on by bringing critical, life-saving prescription drug abuse prevention education to high schools across Arkansas, all at no cost to schools.

“We have to **educate our young people** about the harmful impact of prescription drug use by making it a part of the conversation **at home and at school.**”

-ATTORNEY GENERAL LESLIE RUTLEDGE

Engaging Digital Curriculum, Delivered in Arkansas Schools

Prescription for Life is a new digital course that empowers high school students with the skills and knowledge they need to make safe and healthy decisions about prescription drugs, using an evidence-based, public health approach. Developed by education technology leader EverFi, the course employs proven techniques to encourage and support positive behaviors.

This engaging digital curriculum is aligned to the Centers for Disease Control's National Health Education Standards and state academic standards, and will be available to every high school in Arkansas and home-school networks beginning in the 2017-2018 academic year.

Arkansas ranks

1st

in the nation for ages 12-17 in prevalence estimates for non-medical use of pain relievers.²

56%

of Arkansas teens report that it is easy to obtain prescription drugs from their parents' or grandparents' medicine cabinets.³



COURSE OVERVIEW

▶ Engaging Digital Course

Interactive, engaging, and comprehensive digital course addresses the physical, social, and emotional consequences of misusing prescription drugs, including opioids and stimulants.

▶ Teacher Training & Support

EverFi's local, on-the-ground implementation team works closely with educators, superintendents, and community leaders, and hosts personalized teacher trainings to ensure effective classroom integration.

▶ Surveys and Assessments

Pre- and post-assessments measure student knowledge gains and surveys measure changes in students attitudes and behavior. School districts receive comprehensive reporting on program reach and impact.

▶ Additional Classroom Resources

Teachers have access to a curriculum guide, standards alignment guide, and supplemental lesson plans, as well as an online gradebook to track student progress and assessment scores.

The Learning Experience

This engaging, self-paced modular course uses video, animations, simulations, and rich interactivity to deliver a personalized, self-guided learning experience.

Real-life simulations demonstrate the impact misuse can have on students' physical and mental health, relationships, and future goals. Scenario-based exercises help students practice how to support peers in their choices regarding the safe use of prescription drugs, and assist those who may need help.

Embedded assessments and surveys provide real-time data on student impact and reach, including attitudinal and behavioral change. This digital learning experience is typically placed in a high school Health and Physical Education course.

Learning Topics Include:

- ▶ What is an Opioid, Stimulant, and Depressant?
- ▶ Proper Prescription Drug Use, Storage, and Disposal
- ▶ The Brain and Body: Science of Addiction
- ▶ Simulations: Refusal and Bystander Skills
- ▶ Debunking of Common Myths about Prescription Drugs

To bring this program to your school or district, please contact:

Arkansas Attorney General Leslie Rutledge
education@ArkansasAG.gov
ArkansasAG.gov
501-682-2007
800-482-8982

**Arkansas Attorney General
Leslie Rutledge is committed
to bringing critical, life-saving
prescription drug abuse
prevention education to high
schools across Arkansas, all
at no cost to schools.**

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This Halloween, what poses the greatest risk to your kids?

- Razorblades in chocolate bars.
- Poison candy.
- Your own medicine cabinet.

On Saturday, October 27, from 10:00 until 2:00, turn in your unused, expired, or unwanted prescription medications. Visit www.artakeback.org to find a collection site near you!



Don't get tricked.
Drugs aren't a treat!





SCHOOL HEALTH SERVICES

Creating and Sustaining a Healthy School Culture

A Division of Arkansas Department of Education



FBI Citizens Academy Alumni Association - Little Rock Chapter

receives

FBI National Citizens Academy Alumni Association 2018 Innovation Award



1 of 3 FBINCAAA National Awards presented for Innovative Programs that positively support the mission of the Federal Bureau of Investigation

(The FBI Little Rock Citizens Academy Alumni Association (FBILRCAAA) is non-profit, tax exempt, 501(c) 3 organization separate and apart from the FBI)



U.S. Department of Justice
Western District of Arkansas



LITTLE ROCK



U.S. Department of Justice
Eastern District of Arkansas

