

## The Opioid Epidemic

- **Opioids are a class of drugs that include:**
  - Heroin
  - Oxycodone
  - Hydrocodone
  - Codeine
  - Morphine
  - Fentanyl
- **“Opioid”** is an umbrella term for drugs extracted from opium poppy plants, such as opium, morphine, and codeine (opiates), and those manufactured synthetically (opioids), such as OxyContin, Vicodin, Percocet, Fentanyl, and many others. Heroin (like opium and morphine) comes from opium poppy plants. Milky, sap-like opium resin is first removed from poppy flower pods. This opium is refined to make morphine, then can be processed in several ways to make different forms of heroin. Opioids work by interrupting pain signals to the brain and producing a pleasurable effect.

### US Center for Disease Control annual statistics:

- In **2016** there were **over 63,600 drug overdose deaths** in the US. This averages **174 overdose deaths per day in 2016**.
- In **2016**, **42,249 of the drug overdose deaths involved opioids**. Thus, **opioids were involved in about 2/3 (66%) of drug overdose deaths in that year.**
- In **2016**, the average rate of **opioid-involved deaths** was about **116 per day**.
- In **2016**, **prescription opioids** were found in **32,445 of the 42,249 opioid-involved overdose deaths**.
- Thus, **prescription opioids** were a factor in **more than ¾ (77%) of all opioid-involved overdose deaths in 2016**.
- On average, prescription opioids contributed to 89 (of 116) opioid-involved overdose deaths per day during that year.
- In 2015, the number of overdose deaths involving prescription opioids was 22,598 (62 per day).
- The rate of overdose deaths involving prescription opioids increased in 2016 about 30%, compared to the 2015 rate.
- In the U.S., **opioid related overdose deaths were five times higher in 2016 than in 1999.**
- **Preliminary data from 2017:** There were **72,306 drug overdose deaths** in the U.S. (around 8,700 or 12% more than 2016). That averages **198 overdose deaths per day** (also 12% more than 2016).
- **Opioids were involved in an estimated 49,068 (about 68%) of overdose deaths in 2017.**
- **29,406 opioid related deaths** estimated in 2017 **involved fentanyl and similar synthetic opioids.**
- Thus, in 2017, synthetic opioids like fentanyl were **involved in the greatest number of opioid-related overdose deaths.** (Heroin was the opioid found in 15,958, only around half the rate attributed to fentanyl and its relatives.)

### The Opioid Epidemic: To put those numbers in perspective:

- The University of Arkansas Community College at Batesville has around 1,315 students enrolled. At 2016's opioid-related overdose death rate, it would only take slightly over a week (7.56 days) to kill the ENTIRE student population.
- The home of that U of A Community College, Batesville, Arkansas, has a population of 10,668. At 2016's opioid-related overdose death rate, it would only take 61 days to kill the ENTIRE population of Batesville.

- Batesville is in Independence County, which has a population of 37,052. At 2016's opioid-related overdose death rate, it would only take 212 days (just short of 7 months) to kill the ENTIRE population of Independence County.
- With seats filled to capacity, no Major League Baseball stadium in the U.S. would hold the number of people (63,600) who died by drug poisoning in 2016. America is losing the more than a baseball stadium full of people every year to drug overdose.
- If we only consider the number of 2016 drug overdose deaths involving opioids (42,249), 177 of those stadiums (out of a total of 191 MLB stadiums across the country) still would not hold the number of people who died.
- The US makes up 5 percent of the world's population and consumes approximately 80 percent of the world's prescription opioid drugs.

### **Drug overdose deaths compared to other widely reported causes of death:**

#### **72,306 U.S. drug overdose deaths in 2017 compared to other statistics are telling:**

- 2017 U.S. Traffic Fatalities: Approx. **40,100**
- 2017 Firearm Related Homicides in US: Approx. **15,549**
- As previously noted, in 2017, it's estimated that 72,306 people died from a drug overdose. That's more people who die from drug overdoses than die from car accidents or gun violence added together. More than two-thirds of those 72,306 deaths involved opioids.

#### **72,306 drug overdose deaths in 2017 compared to U.S. military statistics are telling:**

##### **U.S. Military Casualties from September 11, 2001 to 2017:**

- Wounded in Combat: **50,897**
- Killed in Combat: **5,795**
- More people died of drug overdoses in a single year—2017—than the number of soldiers killed and wounded in combat (combined) between 2001 and 2017.

##### **Vietnam War:**

- The Vietnam Wall Memorial contains **58,000** names of soldiers killed during the Vietnam war.
- In one year, there are more people killed from drug overdose. In fact, you would have to add **14,306** more names to the Vietnam Memorial wall to equal 2017's overdose death rate.

### **The Opioid Epidemic:**

#### **Increased Rate of Prescription Drugs:**

- CDC recommends that the first prescription of an opioid for pain should last seven days or less and under 50 morphine milligram equivalents (MME) per dose.
- In 2006 the average opioid prescription contained enough doses (pills) to last the patient 13 days. From 2006 to 2015, the average number of days supplied per prescription steadily increased. By 2015, the average supply of opioids per prescription had risen to nearly 18.
- In 2016, there were 1,691,895 hydrocodone prescriptions. That equals 108,648,138 pills. That represents approximately 97.36 pills per household. 37.5 pills per person. That is ONLY the figure for hydrocodone, one of the most frequently prescribed opioid pain medications; it does NOT include the count of any other opioids besides hydrocodone. (If all types of prescription opioids were included, that number would be even higher.)
- A baby is born addicted to opioids every **25 Minutes**. That is **1** out of every **200 babies**.
- This number has **increased 500%** in 12 years.

## Arkansas Stats

- In 2017, Arkansas prescribers wrote 105.4 opioid prescriptions for every 100 persons—nearly twofold greater than the average U.S. rate of 58.7 opioid prescriptions (CDC).
- In 2018, Arkansas prescribers wrote 102.1 opioid prescriptions for every 100 persons. (Arkansas PDMP)
- Between 2000 and 2014, Arkansas's rate of Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome (newborns suffering from drug withdrawal) increased more than tenfold, from 0.3 per 1,000 hospital births to 3.2 per 1,000 hospital births (Arkansas Department of Health).
- By 2017, Neonatal abstinence syndrome (NAS) had increased to 4.8 per 1,000 births. (Arkansas Department of Health).

Graphic taken from Arkansas Needs Assessment (APNA) Student Survey

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**TABLE 2-4**

Percentage of Arkansas Respondents Who Used ATODs During Their Lifetime by Grade

Drug Used	Arkansas Grade 6					Arkansas Grade 8					MTF Grade 8	Arkansas Grade 10					MTF Grade 10	Arkansas Grade 12					MTF Grade 12	Total										
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017	2018	2013	2014	2015	2016	2017	2018	2013	2014	2015	2016	2017	2018	2013	2014	2015	2016	2017	2018	2013	2014	2015	2016	2017
Alcohol	8.5	8.5	8.2	7.9	8.6	8.4	23.4	23.2	22.3	21.2	21.7	23.5	45.5	45.2	42.5	39.5	39.2	36.4	43.0	58.8	58.7	55.8	53.8	51.4	48.1	58.5	31.5	31.2	28.7	28.2	27.8	25.9		
Cigarettes	7.0	6.3	5.7	5.8	5.7	5.4	18.0	18.0	15.5	14.5	13.7	13.8	9.1	30.6	29.5	26.3	24.4	22.5	19.9	16.0	39.6	39.4	35.3	34.2	31.5	28.2	23.8	22.2	21.5	18.1	18.2	17.0	15.3	
Smokeless Tobacco	4.7	4.7	4.1	4.0	4.2	3.5	11.1	11.3	9.9	9.1	8.7	8.1	6.4	18.8	18.4	16.9	15.2	14.0	12.4	10.0	22.2	22.4	19.9	19.5	18.8	16.3	10.1	13.3	13.2	11.9	11.1	10.6	9.2	
E-cigarettes	--	3.4	3.6	3.5	4.9	6.8	--	13.1	14.3	12.4	16.1	22.0	--	28.4	28.6	24.6	30.5	36.9	--	37.3	37.1	33.8	39.3	44.3	--	--	18.7	18.1	16.9	20.9	25.0	--	--	
Marijuana	1.3	1.4	1.3	1.3	1.4	1.4	8.9	9.1	8.2	8.3	8.2	8.8	13.9	23.9	23.3	21.7	20.8	20.4	19.9	32.6	34.3	35.5	33.1	33.1	31.0	29.5	43.6	15.3	15.4	14.3	14.1	13.6	12.9	
Inhalants	3.5	3.5	3.1	3.1	3.4	3.6	7.1	6.9	5.7	5.7	5.7	6.5	8.7	7.7	6.8	5.9	5.2	4.8	4.4	6.5	6.1	5.6	5.0	3.9	3.8	3.3	4.4	6.1	5.7	4.9	4.5	4.5	4.5	
Hallucinogens	0.2	0.2	0.2	0.2	0.3	0.3	0.7	0.7	0.6	0.6	0.6	0.7	1.4	1.9	2.1	2.2	1.8	2.2	2.0	2.8	3.6	3.8	4.2	4.0	3.7	3.8	5.1	1.4	1.5	1.6	1.4	1.5	1.4	
Cocaine	0.4	0.3	0.3	0.3	0.3	0.3	0.9	0.9	0.7	0.7	0.7	0.6	1.4	1.5	1.6	1.5	1.3	1.3	1.2	2.6	2.6	2.6	2.8	2.5	2.3	2.1	3.9	1.2	1.2	1.2	1.1	1.0	0.9	
Methamphetamines	0.3	0.2	0.2	0.2	0.2	0.2	0.7	0.7	0.6	0.5	0.5	0.4	0.7	1.4	1.3	1.2	0.9	0.9	0.7	0.8	2.1	2.0	1.6	1.3	1.1	0.9	0.7	1.0	0.9	0.8	0.7	0.6	0.5	
Synthetic Marijuana	0.4	0.4	0.4	0.4	0.4	0.4	2.4	2.1	1.5	1.4	1.4	1.5	--	6.1	4.4	3.5	2.6	2.2	1.9	--	10.1	7.6	5.3	3.6	2.7	2.2	--	4.2	3.2	2.4	1.8	1.6	1.4	
Bath Salts	1.2	1.5	1.8	2.1	2.5	2.4	0.9	1.1	1.4	1.6	1.8	1.7	--	0.8	0.7	0.7	0.9	0.8	0.7	--	0.7	0.6	0.6	0.5	0.4	--	1.0	1.0	1.2	1.4	1.5	1.4		
Ecstasy	0.1	0.1	0.1	0.1	0.1	0.1	0.7	0.6	0.5	0.4	0.4	0.4	1.6	2.1	1.9	1.5	1.2	1.5	1.1	2.4	3.5	2.7	2.6	2.4	2.2	2.0	4.1	1.4	1.2	1.1	0.9	0.9	0.8	
Heroin	0.2	0.2	0.1	0.1	0.1	0.1	0.2	0.5	0.5	0.3	0.5	0.4	0.3	0.6	1.0	0.9	0.8	0.7	1.0	0.9	0.4	1.7	1.5	1.6	1.3	1.3	1.1	0.8	0.8	0.7	0.6	0.6	0.7	0.6
Prescription Drugs	1.8	1.9	2.2	2.5	3.1	2.8	4.4	5.1	5.0	5.1	5.9	5.8	--	10.3	11.0	10.3	9.2	9.9	8.1	--	14.3	15.5	14.1	13.2	11.7	9.8	15.5	7.0	7.6	7.2	6.9	7.2	6.2	
OTC Drugs	0.9	0.9	1.0	1.0	1.2	1.0	2.5	2.4	2.5	2.4	2.2	2.2	--	5.3	4.6	4.3	3.7	4.3	3.0	--	5.9	5.5	5.2	4.6	3.9	3.2	--	3.4	3.1	3.0	2.8	2.8	2.2	
Alcopops	3.8	3.7	3.3	3.2	3.2	3.1	14.3	13.9	12.4	11.5	11.2	11.2	18.0	30.1	28.9	26.9	24.1	23.2	20.8	35.9	40.5	39.9	37.2	34.8	32.4	29.8	50.4	20.3	19.7	18.1	16.8	16.0	14.4	
Any Drug	6.8	7.4	7.2	7.7	8.7	8.7	16.0	16.3	15.3	15.3	15.9	17.1	--	29.4	28.9	27.2	26.3	25.9	24.8	--	38.3	39.7	36.9	36.3	34.5	32.3	--	21.0	21.3	20.1	19.9	19.9	19.2	

NOTE: Cells containing the -- symbol indicate an area where data are not available either because the question was not asked in that year's survey, or the MTF data are not comparable to the Arkansas data.  
NOTE: The Any Drug category should not be compared across the years because the types of drugs assessed changed over the years in order to add emerging drugs being used (or drop those that had become unpopular). See full explanation in Section 3.3.2.

Arkansas Prevention Needs Assessment (APNA) Student Survey 13

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## Fentanyl, The newest opioid threat:

- Pharmaceutical fentanyl is a synthetic opioid pain reliever, prescribed to treat severe pain like advanced cancer pain.
- Brand names for this drug include: Duragesic, Fentora, Lazanda, and Subsys.

- Prescribed as skin-applied patches or lozenges, fentanyl is very potent: 50 times more potent than heroin and 100 times more potent than morphine; much more powerful than any other prescription opioid. It can be—and is—diverted for misuse and abuse.
- Fentanyl (and its close relatives) can cause opioid overdose, adverse reactions, and death, even with tiny amounts of the drug (such as a spot of powder the size of the head of a pin). It can be absorbed into the body not only in the same ways other opioids can be delivered (orally, intravenously, inhaled, etc.), but also simply by skin contact; any route of fentanyl administration can deliver a lethal dose of such power that victims are likely to die before help can be summoned.
- The majority of recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl. It is sold through illegal drug markets for its heroin-like effect, often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge—to increase intoxicating effects of the product.
- Fentanyl, ounce for ounce, is MUCH CHEAPER THAN HEROIN. Given that it is much more potent than heroin
- Overdose death rates involving synthetic opioids (except methadone) have increased. States’ reports indicate increased synthetic opioid-involved deaths have been linked to the number of drug tests obtained by law enforcement that are positive for fentanyl, regardless of states’ fentanyl prescribing rates. This may indicate increases in synthetic opioid-involved deaths are mainly driven by fentanyl-involved overdoses, with fentanyl more likely to be illicitly manufactured, and not pharmaceutical.
- There are fentanyl related drugs (acetylfentanyl, furanylfentanyl, carfentanil and others); like fentanyl in chemical structure and effects, they are not often detected in toxicology testing because specialized analysis is required. Potency of fentanyl-like drugs varies--from less potent to much more potent than fentanyl--there is uncertainty because potency of illicitly manufactured forms of these drugs in humans has not been evaluated. Carfentanil, the most potent fentanyl variant detected in the U.S., is used as a large animal tranquilizer. Estimated to be 10,000 times more potent than morphine, carfentanil has been seen in overdose cases.
- Fentanyl Deaths Are on the Rise.
- Fentanyl and its relatives are such powerful opioids that naloxone (brand name Narcan, a frequently used opioid overdose-reversal medication) may be ineffective if the overdose involves one of this family of drugs. Naloxone (Narcan) may not work at all, or the person may need more naloxone than is on hand to be rescued from overdose.
- In July 2016, the Drug Enforcement Administration (DEA) issued a nationwide report indicating hundreds of thousands of counterfeit prescription pills have been entering the U.S. drug market since 2014, some containing deadly amounts of fentanyl and fentanyl analogs.

### **Why Students in School? BECAUSE:**

- Approximately 1 in 5 high school seniors report having already misused prescription drugs at one or more times in their lifetime.
- A 2014 national survey estimated 1.4 million people abused a prescription painkiller for the first time that year.
- In 2014, more than 10 million people 12 years and older in the United States reported nonmedical use of prescription opioids.
- In 2015, 97.5 million people aged 12 or older used, or misused, prescription pain relievers in the previous year, representing 36% of the U.S. population.
- In a 2016 national survey, 3.6 percent of adolescents aged 12 to 17 reported misusing opioids during the past year. This percentage is higher (7.3%) among older adolescents and young adults aged 18 to 25.

- The vast majority of this misuse is of prescription opioids, not heroin.
- By survey, almost 50% of teens believe that prescription drugs are much safer than illegal street drugs.
- Most first-time abusers obtain the drugs from a friend or relative, and 40.4 percent of people who have gotten prescription pain medications in that way report paying nothing for the pills.
- On average, 128 people in the United States die each day from an overdose of prescription painkillers.
- The death of an addict affects not only the addict, but also family and friends left in the wake of losing a loved one.
- NO parent should have to bury their child.
- As drug use and misuse turn into addiction, the person developing the disorder grows increasingly manipulative. This is motivated by a variety of factors, including: their own denial of the impact of the disease on themselves, desire to maintain image and relationships with family and friends, need to “keep up appearances” so others will continue to do favors (such as lend money, provide a diverted supply of drugs, provide material comforts, food, clothing, a place to stay, etc.).
- Addicts are very manipulative. As you will see in this documentary, they can hide everything.
- It’s not always loud and in your face. It’s covered, and they cover it very well. You have to pay attention.
- Legal consequences often result from the lengths users will go to support their opiate habit.
- Saying NO to using any drug, including opiates, is a primary strategy to stay safe. That is most effective when started at the earliest possible age.
- Most veteran law enforcement officers will tell you with certainty: We will never arrest our way out of this epidemic. It takes a community effort, including families, doctors, and educators working together with law enforcement to have an effective impact on this epidemic.
- One of the ways the FBI is working to educate the public on the dangers of the opioid epidemic is the production and screening of a documentary film, “Chasing the Dragon.”
- The goal is to reach students before they experiment with drugs, and to keep them from reaching the same point as some of the young people who appear in “Chasing the Dragon.” Some of them contracted staph infections from dirty heroin; many of them became tragic contributors to the statistics quoted previously.
- The progression of an opioid addiction is conveyed in the film, including how easily a drug habit can begin, the horrific downward spiral that grows with continual use of opioids, and the tragic consequences that can occur, including death. The stories in the film are a glimpse into the terrifying reality of addiction.
- The goal of the film is more than raising awareness of the opioid epidemic. It is intended to deter young adults from venturing into the drug culture, to help high school students understand opioid addiction, and to demonstrate the strong grip it gets on users.
- Another important point made by the documentary is that addiction is a disease from which no one can be assured immunity. Despite a sense of youthful optimism, strength bordering on invincibility, and plentiful resources, the young people whose stories are told in this film illustrate that very well. Only lack of exposure to addictive substances assures what could be called immunity from the disease of addiction.