The Opioid Epidemic Jason Beaman D.O., M.S., M.P.H., FAPA Associate Clinical Professor Interim Chair, School of Forensic Sciences Oklahoma State University Center for Health Sciences

Objectives





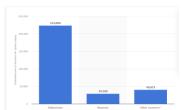




Understand treatment efforts to combat the opioid epidemic



Opium Cultivation by Country 2020



Medical Opioid Production





Opium Uses

Recreational



Medicinal



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Opioid Epidemics	s in the U.S.	
1st: 1890'	S	
2 nd : 197	7∩'s	
3 ^{ra} : C	urrent	
First Opioid Epiden	CDIDINI	
 Morphine discovered Hypodermic needle in around 1865 Heroin discovered in 1 	HEROIN The Sedative for Coughs AVAILABLE FROM	
First Opioid Epidemic	By 1900 there were an estimated 250,000 opioid addicted individuals in the U.S. Morphine maintenance clinics were established in 44 cities across the United States Importation of smoking opium prohibited in 1909 Harrison Narcotics Tax Act of 1914 made it illegal to prescribe opioids for maintenance of addiction	

Second Opioid Epidemic

- Returning soldiers from Vietnam
- Largely heroin
- Dr. Vincent Dole published a paper on the efficacy of methadone maintenance in 1965, which lead to the legalization of methadone maintenance treatment by the FDA in 1972



The Current Epidemic



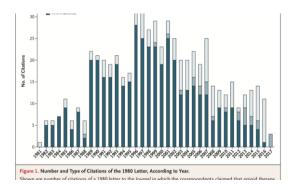
1980s

- Two simultaneous events occurred at the same time:
 - Development of novel narcotic analgesics by drug manufacturers
 - The legitimate and necessary development of hospice and palliative care and pain management specialties driven by the medical community
- Pharmaceutical companies took advantage of the physician movement and hijacked it for their own profits



The Beginning





1990s

- Aggressive Industry Marketing of Opioid Products in the late 1990s/early 2000s
- Opioid phobia and the needless suffering of patients
- Opioid addiction is rare if pain is managed appropriately
- Opioids can be easily discontinued



5th Vital Sign

Quality Improvement Guidelines for the Treatment of Acute Pain and Cancer Pain



5th Vital Sign

I. Recognise and Treat Pain Prompt!

A. Chast and Briskpy Patient's Set report of Pain.—A measure of pain in tensity should be recorded in a way the makes it highly visible and finditates reg lar review by members of the health can tens. This information should be inco ported in the patient's personater in oral. The data can be recorded on a with oral. The data can be recorded on as with oral patient of the patient personates in the market personates in the market patient personal patient (Figures), as page in the front of the patient is record, or a chart in the number station or conspatient editio, depending on the routine work flow of the health our toma. Unrefleved up an should be a re-





The Clinical Journal of Pain, 13(1):6-0, MAR 1997 PHID 9264947 MEDLINE Status: MEDLINE < Share @Print

The use of opioids for the treatment of chronic pain. A consensus statement from the American Academy of Pain Medicine and the American Pain Society.



IV. Current information and expe	
that many commonly held assure	nptions need

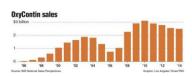
Addiction

Misundentanding of addition and mislabeling of patients as addition result in unnecessary withholding of opioid medications. Additions is a computative disorder in which an individual becomes precoraged with obtaining and using a substance, the confined use of which results in a discreased quality of the Dubles involved are used for the relief of pain is low. Furthermore, experience has shown that known addition an benefit from the carefully supervised, judicious use of opioids for the treatment of pain due to cancer, supery, or recurred.



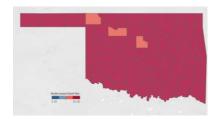


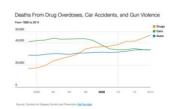
Oxycontin Sales



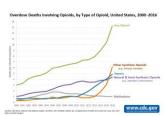
Overdoses in the United States (2003) Overdoses in the United States (2020) Overdoses in Oklahoma (2003)

Overdoses in Oklahoma (2020)





Waves of the Current Epidemic



Wave 1			
Prescription Opioids			
OK County Prescribing	: Rates ner 100		
County 2011	County 2020	_	
Harmon 241.7 Pittsburg 227.8 Murray 207.5	Harper 205.1 Harmon 171.3 Love 126.2		
Mcclain 204.1 Carter 201.8 Pottawatomie 190.6	Kingfisher 110.9 Tulsa 103.1 Oklahoma 97.3		
Jackson 180.4 Stephens 168.1 Bryan 162.8	Carter 84.3 Muskogee 71.4 Tillman 65		
Beckham 162	Adair 62.2		
		-	
Most Common Substar Unintentional Poisoning,			
· · · · · · · · · · · · · · · · · · ·			
Drug 2007 2008 2009 2010 2011 2012 2013	Number of deaths		
rug overdose 537 557 622 611 608 675 700 rescription 474 507 541 510 501 536 535 rescription opioids 445 455 484 451 422 473 471	665 646 707 679 610 570 733 958 9878 505 415 424 339 248 198 5733 432 355 344 266 185 156 4939		
Tethamphetamines 39 37 68 96 101 123 178	126 91 101 119 84 59 69 95 1459	-	
icit opioids <5 11 18 6 16 29 28			

Wave 2	
Heroin	
Colision hydrocales Association of Sirinda Association (SI) COL COL, COL, COL, COL, COL, COL, COL,	
Other spansakasis Christian merghensis/ ¹⁰ 215 25 Marphiles Christian Chris	
Di. DE	
Most Common	
Substances by Year of Death, Unintentional	
Oriniteritional Poisoning, Oklahoma, 2008- 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2010 2011	
2020	

		-
Wave 3		
Fentanyl		
Waves of	Pressed Pills	
Fentanyl	2. Added to Heroin	
Use	3. Sought after on its own	
		-
Most Common Substances by		
Voor of Dooth		
Unintentional Poisoning, Oklahoma, 2008-	Number of deaths	
Oklahoma, 2008- 2020	<u>Number of earths</u> <u>Over 1</u> 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 Featland 44 56 77 51 48 57 62 39 53 68 54 50 47 127 207	

	Require continuing medical education (CME) for prescribers on opioid abuse and misuse each year	
OK Senate Bill 1446	Restricts initial prescriptions for opioids to a seven- day supply	
	Failure to check PMP is grounds for disciplinary action by licensing board	
	Review chronic pain prescriptions every 3 months and make efforts to decrease or try other treatment	
	1	
	нв 2795: нв 2798:	
	*Bayeries medical Excitity owners to register with the Collaboran bit between of Narcotics and Dangerous Drugs **Transport of the Collaboran Subsequent Opening Overdoose Faitality Review Board	
OK House Bills 2018		
	нв 2796	
	Requires manufacturers and distributors of opioids to make data available for review by the Oldahoma State Bureau of Narcotics and Dangerous Drugs	
	Questions?	
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	@sanitydoc	