The Substance Abuse Crisis

Prescription Drug Abuse: Is there really a problem?
The misuse of prescription drugs is more prevalent than the use of cocaine, heroin, methamphetamine, MDMA, and PCP…

COMBINED!

Popular Prescription Drugs of Abuse

- Opioids
  - Oxycodone (OxyContin, Percocet, Percodan)
  - Oxymorphone (Opana)
  - Hydrocodone (Vicodin, Norco, Lortab)
  - Suboxone
- Amphetamine-based: Adderall
- Alprazolam: Xanax
- Valium
Non-Medical Use of Prescription Drugs

Can someone die from abusing prescription drugs?

**YES**

Deaths from prescription drugs have outpaced deaths from heroin and cocaine combined...

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin</th>
<th>Prescription Opioids</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8,260</td>
<td>16,235</td>
</tr>
<tr>
<td>2014</td>
<td>10,574</td>
<td>18,893</td>
</tr>
<tr>
<td>2015</td>
<td>12,000</td>
<td>16,000</td>
</tr>
<tr>
<td>2016</td>
<td>15,250</td>
<td>17,200</td>
</tr>
<tr>
<td>2017</td>
<td>15,482</td>
<td>17,209</td>
</tr>
</tbody>
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Prescription Drugs: Youth At Risk

- 41% of teenagers regard prescription drugs as “much safer” than traditional drugs of abuse like heroin, cocaine, marijuana, and methamphetamine
- Almost 4 in 10 Teens (38%) who have abused a prescription drug obtained it from their parent’s medicine cabinet
- Nearly 3/4s of teens (73%) indicate that it’s easy to get prescription drugs from their parent’s medicine cabinet
- Over half of parents (55%) say that anyone can access their medicine cabinet
- High school students who legitimately take prescription opioids are 1/3 more likely to misuse the drug by age 23 than those with no history of the prescription

Every Demographic Susceptible
Opioid Epidemic: Historical Perspective

What Kills Us the Most?

Historical Fatality Cluster Events
Daily Crisis: By the Numbers

Overdose Deaths

- Opioids: 63%
- All Others: 37%

September 2016: 129/81 per day; 23 day – 9/11 equivalent
September 2017: 144/91 per day; 21 day – 9/11 equivalent
Today: 17 day – 9/11 equivalent

South Carolina: Prescription Opioid Disbursement in 2014 & 2017

- 272,818,351
- 285,689,115

National Overdose Deaths

Number of Deaths from Opioid Drugs

Today: 17 day – 9/11 equivalent
Local Stats (Opioids & Heroin): Tri-County Charleston

Charleston County
- OD Death Rate: **178%** higher than national average
- Opioids Dispensed: 15,676,050 (2014); 15,295,405 (2017)
- Population: 389,262
- Per Person: 39

Dorchester County
- OD Death Rate: **182%** higher than NA (2016)
- Opioids Dispensed: 7,431,890 (2014); 8,399,983 (2017)
- Population: 152,478
- Per Person: 55

Berkeley County
- OD Death Rate: **200%** higher than NA
- Opioids Dispensed: 10,521,904 (2014); 11,392,096 (2017)
- Population: 202,786
- Per Person: 56

Local Impact of Opioid Mortality: Comparative View

United States
- Opioid OD Death Rate: **14.9 Deaths per 100,000**
- Charleston County (First in South Carolina for Drug Mortality)
  - Death Rate: 10% \( \rightarrow \) 241% \( \gt \) national average;
  - Population: 389,262
  - Per Person: 39
- Beaufort County
  - Death Rate: 2% \( \rightarrow \) 43% \( \lt \) national average
  - Population: 186,844
  - Per Person: 34
- Chatham County
  - Death Rate: 45% to 47% \( \lt \) national average
  - Population: 290,501
  - Per Person: ?

Local Stats (Prescriptions Only): What's the Effect?

Clarendon County
- OD Death Rate: ???
- Opioids Dispensed: 2,146,402 (2014)
- Population: 34,113
- Per Person: 63

Lee County
- OD Death Rate: ???
- Opioids Dispensed: 996,511 (2014)
- Population: 18,343
- Per Person: 54

Sumter County
- OD Death Rate: ???
- Opioids Dispensed: 4,395,821 (2014)
- Population: 107,919
- Per Person: 41

Williamsburg County
- OD Death Rate: ???
- Opioids Dispensed: 2,044,885 (2014)
- Population: 32,695
- Per Person: 63
Local Stats (Opioids & Heroin): What’s the Effect?

Jasper County
- Opioids Dispensed: **843,484** (2014)
- Per Person: **31**
- OD Death Rate: ???

Beaufort County
- Opioids Dispensed: **5,064,396** (2014)
- Per Person: **28**
- OD Death Rate: ???

Richland County
- Opioids Dispensed: **12,234,250** (2014)
- Per Person: **49**
- OD Death Rate: ???

Lexington County
- Opioids Dispensed: **7,431,890** (2014)
- Per Person: **31**
- OD Death Rate: ???

The Cycle of Addiction

- Starts with a low-level hydrocodone narcotic prescription, e.g. Vicodin, Lortab, or Lorcet
- Once addiction and tolerance occur, stronger narcotic is preferred such as Oxycodone-based drugs, e.g. Percocet or Percodan
- Eventually, an even more potent prescription drug, e.g. OxyContin, whose effect can last up to 12 hours at a cost of $25-$80 (street value) per pill is sought
- Due to high cost of OxyContin, a cheaper alternative “heroin” can be bought at $10 per dosage unit

Where are prescription drugs coming from?

- Practitioner Diversion
- Internet
- RX Fraud
- Pain Clinics
- Doctor Shopping
- Drug Dealers
- Medicine Cabinet
- Friends & Family
**Synthetic Opioids: Primary Drugs of Concern**

- Increased demand largely being driven by prescription drug abusers switching to heroin which is cheaper and more readily available.
- Some OxyContin abusers switched to heroin after reformulation made it more difficult to abuse.
- Overdose deaths highest in history.
- Synthetic opioids highly addictive both psychologically and physically.
- Effects: slows breathing → respiratory failure.
- Chronic use → collapsed veins, heart lining and valve infection, liver and kidney disease, abscesses.
- "Heroin" overdoses quadrupled from 2010 - 2016.

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**Heroin Overdose Deaths**

From 2010 to 2016

Heroin death rate nearly quadrupled!!!!!
Tri-County Enforcement Initiative

- 9-Month Operation into Retail and Wholesale Opioid Distribution: Berkeley, Charleston, Dorchester
- State, federal, local agencies involved
- Collaboration with County Coroner’s to Identify OD Deaths
- Forensic and Electronic Analysis to Identify Dealers of Fatal Doses
- Other Undercover and Informant Operations to Identify and Develop Evidence on Local Dealers/Distributors
- Resulted in 50-Plus Arrests, Seizure of 20 Guns, $20,000, and Various Seizures of Grey Death, Fentanyl, Heroin, and Carfentanil
- Take-Away: These drugs are on Our Streets
- Take-Away: Dealers Continue Despite Knowledge Their Drugs are Killing Others
- After Action: Enforcement Must Continue As a Deterrent and To Remove Unsympathetic Dealers
- After Action: Outreach Must Also Continue to Prevent Future Addiction and Deaths

Synthetic Opioids: Sources of Supply

- Mexican Cartels – Fortune 500 Enterprises, Market Analysis, Supply Meets Demand
- Asian Sources of Supply
- Traditional Local Drug Suppliers Expanding Product Line
- The Internet – Small Quantities, Easily Purchased, Difficult to Track
- The Dark Web – Readily Available, Difficult to Infiltrate
- Unscrupulous Doctors, Nurses, and Pharmacists

Fentanyl & Other Opioid Investigations

- Transdermal & Airborne transmission
- False positives for any powdery substance
- Danger to Police
  - K-9 units → Over 10 deaths nationwide
  - Police personnel → respiratory arrest
- Require Level A-4 Suit
- Processing Evidence → Dangerous
Kratom: Panacea to Opioid Crisis (Think Again!)

- Mitragyna speciosa korth (aka Thang, Kakuam, Thom, Katum, Biak)
- Comes from tree native to Southeast Asia → Naturally occurring opioid like substance, e.g. morphine → affects same brain receptors
- Marketed as "alternative medicine" → pain killer, anti-diarrheal, and other ailments
- Claims to "moderate" opioid dependency
- No legitimate medical use
- No "organized" monitoring of use/abuse
- Illegal in several countries, including Thailand, Australia, Finland, Denmark, Poland, and others
- Long-term effects: addiction, weight loss, insomnia, aggression, hostility, psychosis
Community & Professional Partnerships: Critical Piece for Success

- Law Enforcement unable to solve problem alone
- Diversion control plays a role
- Community & Professional Outreach
  - Educate & Inform
  - Bring behaviors in line with gravity and reality
  - Treatment and support of existing addicts
Drug Culture: Glamorization, Legitimization, Normalization

Miley Cyrus’ “We Can’t Stop”
“So la da da di we like to party
Dancing with Molly
Doing whatever we want,
This is our house
This is our rules”

Future’s “Mask Off”
“Percocets, Molly, Percocets
Percocets, Molly, Percocets
Rep the set, gotta rep the set
Chase a check, never chase a b****
(never chase no bitches)
Mask on, f*** it, mask off
Mask on, f*** it, mask off
Percocets, Molly, Percocets
Chase a check, never chase a b****

COMMUNITY CALL TO ACTION

• Be Proactive in “Limiting Supply” During Take Back Events
• Take Back 24/7/365
• Educate Peers, Youth, Family, Patients: EVERYONE About Opioids (CDC.gov; DEA.gov)
• Persuade Parents to Control Youth Access to Prescription Drugs
• COUNTER-NARRATIVE: Create your own – TALK to young people
• COUNTER-NARRATIVE: Work with community organizations to de-glamorize, de-normalize, de-legitimize drug use

DEA exerting regulatory authority: Reduction of 2017 production quotas Schedule II prescription opioids (hydrocodone 34%, oxymorphone 45%, hydromorphone 38%); 2018 additional 20% reduction across the board

US Surgeon General letter (September 2016): Alerted physicians to the opioid epidemic (first-ever)

Governor Haley: team commissioned in 2014 to evaluate and advise to combat epidemic in SC

SC is among states prescribing most painkillers: 96 to 143 painkiller prescriptions per 100 people (source CDC) versus 52 to 71 per 100 people in other states

Other states: legislation to limit opioid prescriptions from 30 to 7 days (i.e. NY, MA)