Arizona’s Opioid Drug Threat

Douglas Coleman, Special Agent in Charge
U.S. Drug Enforcement Administration
CPDs & Opioid Overdose Deaths

U.S. Drug Overdose Deaths

Source: Centers for Disease Control and Prevention – Preliminary Data for 2017
U.S. seizures have increased 17% since FY 2014
Seizures in Arizona have increased over 103% since FY 2014

Fiscal Year / Amounts in Pounds

Source: EPIC NSS
Heroin Types / Purity

• Various forms: White powder, brown powder, Black tar, and pill

• Heroin can be smoked, snorted or injected

• Purity levels as high as 82% for white powder and 34-43% for black tar

• Witnessing increasing number of heroin seizures containing fentanyl

• In 2016, 11 percent of DEA analyzed heroin exhibits contained fentanyl-related substances
U.S. seizures have increased 335% since FY 2016
Seizures in Arizona have increased 871% since FY 2016
Seizures of fentanyl disguised as counterfeit Oxycodone pills have increased 161% since FY 2017
Illicit Fentanyl

- Disguised as counterfeit Oxycodone, Xanax and Percocet pills
- Arizona is a transshipment state for precursor chemicals shipped from China to produce fentanyl in Mexico

Diluents / Adulterants
- Noscapine, Tramadol, Dipyrone
# U.S. Methamphetamine Seizures

**U.S seizures have increased 115% since FY 2014**

**Seizures in Arizona have increased 334% since FY 2014**

**Often noted with opioids in OD reporting**

Source: EPIC NSS

### Fiscal Year / Amounts in Pounds

<table>
<thead>
<tr>
<th>Year</th>
<th>Amounts (in Pounds)</th>
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<tbody>
<tr>
<td>2014</td>
<td>5355</td>
</tr>
<tr>
<td>2015</td>
<td>7863</td>
</tr>
<tr>
<td>2016</td>
<td>10863</td>
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<td>2017</td>
<td>11,887</td>
</tr>
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<td>2018</td>
<td>26,578</td>
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</table>

Source: EPIC NSS
Questions?
The Opioid Epidemic

Saving Lives with MAT

Saúl G. Perea, MD
Terros Health Chief Medical Officer
FDA-Approved Medication for Opioid Addiction Treatment

• Opioid Agonist
  • Full Agonist: Methadone (Oral)
  • Partial Agonist: Buprenorphine (Sublingual)

• Opioid Antagonist
  • Naltrexone (Oral)
  • Extended Release Naltrexone (Injection)
Terros Health MAT Model

• Internal or external referral
• Full Substance Abuse assessment by clinician
• Referral to further Mental Health evaluation
• ID and refer to appropriate MAT service (Buprenorphine or Naltrexone)
• Full H&P, Lab work by PCP
• MAT service is initiated:
  • Suboxone Induction
  • Vivitrol Injection
• Referral to our 16-week CD-IOP
3 Phases of Treatment
Medications

Suboxone®
(buprenorphine and naloxone) sublingual film
8 mg/2 mg

Rx only
Children who accidentally take SUBOXONE will need emergency medical care. Keep SUBOXONE out of the reach of children.

Do not cut, chew or swallow sublingual film.

suboxone.com
Background: MAT for OUDs

• Each MAT modality should be provided in addition to recovery work with intensive psychosocial and behavioral therapy

• Patients benefit from MAT for a minimum >1-2 years of sobriety before attempting to taper, with dosing reassessments every 6 months
Four Legs of Addiction

- Psychological
- Biological
- Spiritual
- Social
MAT: Medication Assisted Treatment

- Reduces opioid use
- Protects against opioid-related overdoses
- Prevents injection behaviors
- Reduces criminal behavior
Intro to MAT
How MAT Medications Work in The Brain
Methadone

- Methadone is a synthetic opiate that attaches to the opiate receptors in the brain
- Full agonist
  - Will activate receptors 100% like heroin or other short acting opiates
- Prevents the extreme highs and lows that occur when taking short acting opioids
- Alleviates withdrawal symptoms
- Prevents cravings
- Blocks euphoric effect of other opiates
- Long lasting allowing for daily dosing
- There is no dose limit on methadone. Stable doses can range from 50mg to over 900mg

- Discontinuing methadone is a slow process that is dictated by the patient
  - 5-10% every 1-2 weeks
“Methadone maintenance is currently the gold standard of treatments as it is associated with reductions in intravenous drug use, crime, HIV risk behaviors and mortality, and is well-established in community treatment programs around the world.”

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2874458/
Methadone Treatment

An overview of 5 meta-analyses and systematic reviews, summarizing results from 52 studies and 12,075 opioid-dependent participants, found that when methadone maintenance treatment was compared with methadone detoxification treatment, no treatment, different dosages of methadone, buprenorphine maintenance treatment, heroin maintenance treatment, and L-aacetylmethadol (LAAM) maintenance treatment, methadone maintenance treatment was more effective than detoxification, no treatment, buprenorphine, LAAM, and heroin plus methadone.

Buprenorphine

Buprenorphine is a synthetic opioid that attaches to the opioid receptors in the brain.
Buprenorphine is a partial agonist, meaning it only activates the receptor about half way.
Buprenorphine & Buprenorphine/Naloxone have a better safety profile compared to methadone.
You can split the dose of buprenorphine/naloxone during the day.
- Barriers if dosing at a medication assisted treatment facility
- There is a maximum dose with buprenorphine/naloxone
  - 24mg
  - Body will not respond to any more medication

- Blocks the effects of other opiates
- Prevents cravings
- Manages withdrawal symptoms
- Discontinuing buprenorphine is a slow process that is dictated by the patient’s response to the taper
Sublocade

- Long lasting injectable form of buprenorphine
- Patient must be stable on suboxone for a minimum of 7 days prior to starting
- The first 2 injections are higher doses
  - Help reach a steady state quicker
- Steady state achieved in approx 4-6 months
  - Can supplement with oral suboxone if needed during the first month
- If a patient wishes to stop taking Sublocade there is no special process, just discontinue
- After discontinuing Sublocade, the medication will remain in the system for about 7-12 months
Naltrexone

- Long lasting injectable medication that is administered every 28 days
- Must be off of all opiates for at least 7-10 days
- Works by “hiding” the opioid receptor
  - Blocks effects of opioids
- No physical dependence
- Can help with cravings
- Will not manage withdrawal symptoms
Length of Treatment

• Anything <1 Year is not effective. 3+ Years is Ideal.

• Globally, 10-15% of OUD patients are on MAT for 5+ Years

• 25% of patients eventually become abstinent, 25% continue to take the medication, and 50% go on and off MAT repeatedly.
Q&A

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Questions?