"The 'war on drugs' is the worst-named war ever,"…. "By even framing the question like that, you've made drugs, the people who profit from their sale and the people who make them rich by buying the junk into a criminal issue. It isn't. It's a social issue, and we're all paying for it.

"By the time law enforcement becomes involved, it's too late. We will never stamp out drugs. People will always want to get high. And others will always look for a quick way to make money by doing something illegal. If you want to stop heroin - stop all drugs, really - then we need more drug education, more treatment of drug addicts and a renewed commitment to helping retrain these people for a lifetime of meaningful work.

"No one wants to talk about that, because of the politics, but that's what we need. We'll continue to enforce the laws we've sworn to do. But heroin isn't a fad issue. It's not a criminal issue. It's a humane issue. We need to give these people back their lives, their souls."

Pittsburgh Police Chief Robert McNeilly Jr. July 29, 2001
Allegheny County Accidental Drug Overdose Deaths
2000-2016*

85% of cases include more than one drug

*Data from Allegheny County Medical Examiners Annual Reports. Includes all overdose deaths where these drugs were present at time of death, alone or in combination with other substances.
Allegheny County Trends in Accidental Drug Overdose Deaths  
2000-2016 *

*Data from Allegheny County Medical Examiners Annual Reports. Includes all overdose deaths where these drugs were present at time of death, alone or in combination with other substances.
Each percentage point reduction of OxyContin misuse due to reformulation is shown to increase heroin mortality by 3.1 deaths per 100,000.

No evidence that reformulation affected overdose rates overall (across all drugs).

Substitution of heroin and illegal fentanyl unraveled benefits of reformulation in three years following reformulation.

Supply Reduction Without Access to Treatment and to Naloxone = Devastating Consequences.

- Efforts to reduce supply of prescription opioids
- Prescription Opioid Overdose deaths plateaued, but heroin deaths have increased by more than 300% nationally.
- 2016 illicit fentanyl overdose deaths accounted for 63% of deaths in Allegheny County, more than heroin.
- Hepatitis C infections have increased 150% since 2010; primarily among adolescents/young adults, white, living in non-urban areas. Rural states have seen Hep C increase of 364%.
- 2015 – 188 injection-related HIV cases in rural Scott County, Indiana. Concern for other rural areas. CDC has designated entire state of Pennsylvania as at risk for this type of outbreak.
Parallels drawn between HIV/AIDS and opioid epidemic

  - "People who are in denial about the lives that are being lost; certain value judgements that are being placed upon the conduct of people who then get this disease."

- Josiah D. Rich, M.D., M.P.H., Director of the Center for Prisoner Health and Human Rights:
  - "Deaths documented by the Centers for Disease Control and Prevention have been on the rise, and that profile bears a striking resemblance to the beginning stages of the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) epidemic,"
Early Days of the AIDS Epidemic

Doctor says man got AIDS through saliva

AIDS fear: dentist ban on gays

AIDS cuts blood donations

HIV in the '80s: 'People didn't want to kiss you on the cheek'

Embalmers fear AIDS risk
Aids Fear Has Police Fighting Crime With Rubber Gloves

July 29, 1987 | By Eric Zorn.

For weeks, both the squadrol and the `deathmobile` at the Elgin Police Department smelled like Lysol disinfectant.

Elgin`s finest, rattled by a too-close encounter with an AIDS victim, were taking no chances. They scrubbed and sterilized all surfaces that had come into contact with the man. The watchwords in the ranks were: `You never know.`

Police Arrest AIDS Protesters Blocking Access to FDA Offices

October 11, 1988 | United Press International

ROCKVILLE, Md. — Protesters demanding faster access to AIDS treatments were arrested by police today as they attempted to take over the headquarters of the Food and Drug Administration in an act of civil disobedience.

Police officers, wearing surgical gloves and helmets, started rounding up the hundreds of demonstrators and herding them into buses shortly after 8:30 a.m. Some protesters blocked the buses from leaving for 20 minutes.
Recent Media Reports on Opioid Overdose

**KOAT Action News**
Drug officials: "Fentanyl can kill you just by touching it"

**The Sun**
POISON TOUCH Cop overdoses after simply TOUCHING Fentanyl – a drug 100 times more powerful than heroin – after arresting suspected pusher

**CBS/AP**
May 15, 2017, 12:07 PM
Officer nearly dies from fentanyl overdose after traffic stop

**CNN**
DEA warns first responders of accidental overdose risk

By Victoria Knight, CNN
Updated 6:20 PM ET, Thu June 8, 2017

Story highlights

A police officer in East Liverpool, Ohio, collapsed and was rushed to the hospital after he brushed fentanyl residue off his uniform, allowing the drug to enter his system through his hands. The officer had apparently encountered the opioid earlier in the day while making a drug bust.

"This is scary. He could have walked out of the building and left and he could have passed out while he was driving. You don’t even know it’s there on his clothes," East Liverpool Police Chief John Lane told CNN.

"His wife, kids and his dog could be confronted with it and boom, they’re dead. This could never end."

It happened last Friday night after East Liverpool officers made a traffic stop and detained two men they believe were involved in a drug transaction.
The Baltimore Sun

...deputy began to suddenly feel ill and dizzy and had a rapid heart rate. On-scene EMS personnel administered the opioid-reversing drug Narcan.

A county volunteer fire spokesman says the two emergency providers were treated for varied symptoms, but not given Narcan.

Kahler says preliminary tests indicate they were potentially exposed to heroin and fentanyl, but how hasn’t been determined.
A strain of fentanyl that’s resistant to Narcan has made its way to Western Pennsylvania. It’s hundreds of times more powerful than morphine and is already causing overdose deaths.

“If Acryl fentanyl is introduced into the population, it can have devastating effects,” said DEA Special Agent in Charge, David Battiste. “You would have to reuse Narcan if you are revived from Narcan at all.”
According to the DEA, it’s still unclear just how resistant it is and why it’s resistant.

“If Narcan cannot be used to reverse the effects of these overdoses, something has to be done,” said Denise Zyskowski of Robinson Township.

“It’s something paramedics are going to have to be prepared to deal with that this treatment might not work,” said Bradley Johnson of Pittsburgh.

“To find out that something like that is in the community and people won’t know what it is, It think that’s the problem. They think it’s something and it’s not what they think it is,” said Mark Hoyer of Youngwood.

Julie Grant is a reporter, anchor and legal editor at KDKA.

The Georgia Bureau of Investigation is sounding the alarm over a new strain of the illicit synthetic opioid. This one is called Acrylfentanyl.

It was detected in a drug seizure submitted by the Forsyth County Sheriff's Office in early spring.

"There are multiple reports showing that this drug is resistant to Naloxone,” Nelly Miles with the GBI said.

Naloxone and Narcan are lifesaving antidotes to opioid overdoses, but in many cases, they don't seem to work to reverse the effects of Acrylfentanyl.

In Cook County Illinois, official cite 44 overdose deaths so far this year caused by Arcrylfentanyl. “So now it's in our state,” Miles said.
Kendall said he knows of at least 40 different fentanyl analogues… difficult to detect with standard drug tests. He suspects acryl fentanyl may be one of those analogues. That version of fentanyl promises a longer high and has started emerging in the United States, raising concerns because it’s highly resistant to the Narcan antidote.
Is it surprising that we end up here?

Let overdoses die? Ohio councilman stuns with his take on opioid abuse

Keith BieryGolick, kbierygolick@enquirer.com Published 10:02 p.m. ET June 29, 2017 | Updated 7:54 a.m. ET June 30, 2017

As opioid overdoses exact a higher price, communities ponder who should be saved

By Tim Craig and Nicole Lewis July 15
“There are lessons learned from the HIV/AIDS epidemic that should be heeded and should drive a parallel response to today’s crisis.”

Fear and ignorance leads to public panic

Stigma against population most affected leads to slow response.
The terrifying tale has been reported as fact, but toxicologists doubt that it is medically possible.

By Jeremy Samuel Faust

…medical and toxicology professionals…agreed that it’s implausible that one could overdose from brushing powder off a shirt. Skin cannot absorb even the strongest formulations of opioids efficiently or fast enough to exert such an effect. “There is a reason that the fentanyl patches took years [for pharmaceutical companies] to develop,”

Ed Boyer, M.D., Ph.D., medical toxicologist, Harvard Medical School
“Could Green’s overdose have been the result of him accidentally inhaling the powder…?” … actively inhaling (i.e. snorting) visible amounts of fentanyl could cause a life-threatening overdose. If a person were to snort a “line” of the substance (thinking, perhaps, it was cocaine), or sample visible quantities of powder formulations of fentanyl orally, it could certainly cause an overdose. But Green was not intentionally inhaling or swallowing the powder—he was just brushing it away from him.

Perhaps when he moved to brush the substance off his shirt, some of it stuck to his fingers and he later inhaled it, or accidentally ingested it. But the amount that could have transferred from the car to the shirt to the fingers to the mouth or nose would not be a clinically significant quantity, even accounting for fentanyl’s potency. Such a chain of events would be extremely unlikely, the odds of an overdose from such a freak incident are infinitesimally small—if not strictly impossible.”

“This may help explain why it appeared to take so much naloxone to revive the officer after he passed out. The reports state that 16 mg of naloxone were given (four nasal doses, typically 4 mg apiece). That’s an enormous quantity…. in medicine, when a medication with well-established and consistent efficacy such as naloxone does not work at its usual dose, it’s usually because we are treating the wrong illness—we’ve made a diagnostic error—not because the known treatment is flawed…loss of consciousness that does not respond to multiple doses of naloxone is likely not to have been opioid-related at all.”

David Juurlink, M.D., a toxicologist at the University of Toronto, who has published dozens of articles on the dangers of opioids concluded: “it would be ‘hard to imagine someone would need multiple doses of naloxone after transient skin contact with powdered fentanyl,’ …it was more likely that naloxone had simply been deployed against the wrong problem.”

“What troubles me most is that the local and national media ran with this story without stopping to ask the right people the right questions.”

“What troubles me most is that the local and national media ran with this story without stopping to ask the right people the right questions.”

“Unfortunately, this anecdote could serve to stoke more unnecessary fear in our communities around an already frightening public health crisis.”

Jeremy Samuel Faust is an emergency medicine physician at Brigham and Women’s Hospital in Boston and a clinical instructor at Harvard Medical School.
Fentanyl and its analogues, including acrylfentanyl, are synthetic opioids.

Acrylfentanyl is not a new kind of synthetic opioid. Rather, it belongs to the family of fentanyl analogues that are well-known to the medical and law enforcement communities nationwide.

Acrylfentanyl is not more powerful than other fentanyls used in the illicit market. It has the same morphine equivalency, about 50-100, as fentanyl.

If administered quickly and at a sufficient dose, naloxone and other opioid antagonists are effective against all opioids regardless of their potency.
Facts about fentanyl, acryl fentanyl, and other analogues from the Office of National Drug Control Policy in response to recent news reports.

- Naloxone’s duration of action [30-90 minutes] is shorter than that of most opioids. A patient resuscitated by naloxone may appear to overdose again as the naloxone leaves the brain. This does not mean the naloxone is ineffective, but rather that an additional administration of naloxone is necessary to fully resuscitate the patient.

- When administered within the right amount of time, for example before brain death, heart failure, or other complication sets in, and at the right dosage level, naloxone will effectively reverse the effects of an overdose and prevent death for any opioid, acrylfentanyl included.

ACRYLFENTANYL AND NALOXONE EFFECTIVENESS
Kemp Chester, Acting Director ONDCP, 30 May 2017
Most deaths involve opiate/opioid (heroin, fentanyl, pain medications)

Deaths from Opioid/Opiate Overdose are almost entirely preventable if oxygen is maintained through rescue breathing.

In addition, we have a highly effective, very safe antidote, naloxone, that reverses the effects of opiate overdose.
Harm Reduction Services

- Providing Sterile Injection Equipment to prevent HIV & Hep C since 1995.
- Testing for HIV and Hepatitis C
- Case Management, assistance to treatment
- Crisis Intervention & Counseling
- Overdose Prevention & Response Training
- Naloxone Distribution since 2005.
- Wound Care Consultation Clinic
- Education on safer injection.
- All Services Free of Charge
- Anonymous/Confidential
- Low Threshold
Prevention Point Pittsburgh Naloxone
CUMULATIVE DATA - July 2005- June 2017

Act 139 Allows Third Party Prescription

98% of Naloxone Rescues Performed By Individual Who Use Opioids

Total Number of Individuals Who Received Naloxone
Total Number of Overdose Reversals
What We Know

- We have skyrocketing deaths from opioid overdose. Naloxone quickly and effectively reverses respiratory arrest from opioid overdose, restores breathing and saves lives if administered quickly enough.

- Time is of the essence, particularly as we see increasing high potency/fast-acting fentanyl in the heroin supply. Essential to insure naloxone is immediately available at the scene of an opioid overdose.

- Individuals who use illicit drugs, most likely to be present at the scene when overdoses occur. Several years of data show lay administration of naloxone can be done effectively with a minimum of training.

- Buprenorphine or methadone have been clearly demonstrated to reduce the risk of overdose deaths in individuals who receive ongoing treatment on long term basis.
Fentanyl narrows the window for rescue with naloxone. Drug users are far more susceptible to death while waiting for care to begin and during relapses.

A Rhode Island Hospital/Brown University study found the majority of people surveyed use heroin or cocaine to stave off withdrawal and were not interested in the intense risks associated with fentanyl.

They found a high degree of fear around fentanyl in the drug using community, resignation around lack of alternative options leading people to rely on unsafe product and take daily chances in managing their addiction.

British Columbia study found of 242 PWUD who tested positive for fentanyl, 73% did not knowingly use fentanyl. Fentanyl found in cocaine and meth.

And, those directly supplying users often do not know the content of their product. Countering the image of the ruthless drug dealer, there were reports of informing customers and even buying back product found to be fentanyl.
Harm Reduction Strategies in the Age of Fentanyl

- Naloxone! Should be readily available everywhere!
  - Drug users should have naloxone, drug dealers should have naloxone, naloxone SHOULD be present at parties.
- Prevention Messages for People Who May Be Using Fentanyl:
  - Use less, do a test shot, slow down.
  - Use Fentanyl/heroin test strips to check your dope if possible.
  - Don't use alone
  - Take turns: Wait for your buddy to go before you do.
  - Don’t delay calling 911 (Good Samaritan Laws), Do rescue breathing!
- Other Important Policy Strategy Take Aways:
  - Increase Syringe Exchange Programs. SEP’s are the main place that people who use drugs get naloxone.
  - Buprenorphine should be easier to get than fentanyl
  - No one has ever died of overdose in a Safer Injection Facility.
Naloxone In the age of fentanyl: Are 2 doses enough?
Naloxone kits traditionally contain 2 doses, of naloxone, either 0.4mg/ml injectable or 2-4mg nasal.

- Research is limited and more needs to be done.
- Although many recent governmental alerts for fentanyl and analogues advise extra doses may be necessary.
- The DOPE project in San Francisco did not find more than 2 doses necessary in 2015, despite over 300 reports of fentanyl reversals.
- About ¼ of reversal did take more than 5 minutes.
- Reports of extra doses often turned out to be cases where 3 or more doses were administered in the first few minutes, likely before the 1st dose took effect.
- Survey of NYS Police: in only 7% were 3 doses given.
Conclusion: In this prehospital study, we confirmed that intranasal naloxone is effective in reversing suspected opioid toxicity. Nine percent of patients required two or more doses of naloxone to achieve clinical reversal of suspected opioid toxicity. Two percent of patients received a third dose of naloxone.
Prevention Point: 1-2 doses of naloxone still used in 93% of cases.

- 2013 – 2016 percentage of deaths involving fentanyl/analogues in Allegheny County increased from 2.9% to 65.12% (ACMEO)

- Prevention Point documented 1,072 overdose reversals with naloxone and in these years.

- In our program, we have not seen an increase in the number of doses needed to reverse overdose in most cases.

- Despite the widespread introduction of fentanyl into the heroin supply. Use of 3 or more doses remains rare.
Suboxone and Methadone Maintenance Therapies prevent overdose deaths and death from HIV and Hep C

Since the institution of physician prescribed buprenorphine and methadone maintenance in 1996 in France, heroin overdose dropped by 79%.

Medication assisted treatment also has resulted in reduced HIV and hepatitis by reducing needle sharing.
• Safer Injection Facilities – reduce the spread of infectious diseases like HIV, AIDS and hepatitis C.
• Wherever there is street drug use, an SIF makes the area safer by diminishing open drug use and curtailing litter, such as used needles.
• Finally, they’ve been shown to reduce overdose deaths.
• There has not been a single overdose death in an SIF ever!

Illicit drug overdose deaths in Vancouver's Downtown Eastside dropped by 35 per cent after the establishment of Insite, North America's first supervised injection facility, according a new study by researchers at the University of British Columbia and the British Columbia Centre for Excellence in HIV/AIDS.
The scope of reform needed to respond appropriately to this epidemic is daunting, but the large-scale, highly coordinated response to AIDS that was eventually mounted established a precedent for expanding access to lifesaving medications and evidence-based treatment in marginalized populations that we can use as a model for action in combating the opioid epidemic.
The evidence indicates that maintenance therapy with methadone or buprenorphine, without arbitrary restrictions on length of care, results in the greatest likelihood of retention in treatment and greatest reduction in mortality.

Yet, in 40% of U.S. counties there is no physician authorized to prescribe buprenorphine. Thousands receive medical treatment to relieve opioid withdrawal only during brief detoxification admissions, lose their tolerance to opioids, are discharged to medication-free programs. 70-90% quickly relapse and face a high risk of overdose death.

Lawmakers in 16 states in the U.S, mainly in the South, have directed their Medicaid programs not to cover methadone maintenance at all; West Virginia, with by far the worst drug death rate in the nation, has banned the opening of new methadone clinics, regardless of funding, since 2008.

Federal funding should promote effective models of evidence-based treatment rather than supporting outdated treatment programs that are unwilling or unable to evolve.
Invest in research on intersection between use and misuse of opioids, pain, and emotional distress.

- Policies restricting prescription opioid access should consider potential increased demand for illegal opioids and take steps to mitigate those effects.
- Best practices and reporting formats should portray epidemiology of pain and opioids use disorder accurately, objectively, and in relation to one another.

Remove impediments to full coverage of medications to treat Opioid Use Disorder.

- Public and private payers should reimburse for evidence-based and cost-effective treatment modalities.
- States with assistance from SAMHSA should provide universal access to evidence-based treatment for OUD, including use of medication in hospitals, criminal justice settings, and SUD Tx programs.

Remove barriers to accessing naloxone and safe injection equipment.

- Reduce harms of opioid use, including death by overdose and transmission of infectious disease.
- Permit sale or distribution of syringes, exempt syringes from laws prohibiting sale/distribution of drug paraphernalia, and explicitly authorize syringe exchange.
Recommendations for Action


- Declare the fentanyl overdose crisis to be a national public health emergency.
  - Start overdose patients on MAT before discharge from ED
  - Start or continue MAT upon incarceration or detention.
  - Deploy teams of physicians (Commissioned Corps/Public Health) to highly impacted areas.
  - DEA/SAMHSA re-establish mobile methadone programs.
- Purchase naloxone under federal contract, similar to purchase of ciprofloxacin during anthrax attacks of 2001.
  - Distribute to people actively using illicit drugs.
  - To achieve greater naloxone coverage, reinforce and expand syringe service programs and point-of-service pharmacy policies.
- Establish anonymous drug-checking services to assess illicit drugs for fentanyl and analogues.
- Support communities that make a decision to establish safe consumption sites.
Adopt a Vaccine Model for Naloxone Distribution: Federal government could purchase large quantities at low cost and distribute through SEP’s, Jails, Health Clinics, SUD Tx Programs, and other locations as well as providing support to communities considering letting people die because of the cost of naloxone.

Create a program like the AIDS Drug Assistance Program (ADAP), (that now exists in every state and territory) to cover addiction treatment medications and naloxone.

Make methadone or buprenorphine maintenance treatment a mandated benefit under Medicaid/Medicare.

Require all government funded programs to provide an option for medication addiction.

Canadian Model: Expand access to methadone or buprenorphine through directly observed daily dosing in local pharmacies, implement HAT.
"There are lessons learned from the HIV/AIDS epidemic that should be heeded and should drive a parallel response to today's crisis."

Fear and ignorance leads to public panic

We know how to develop and implement an effective public health campaign.
Prevention Point Pittsburgh presents
FREE Harm Reduction MOVIE NIGHT @ GLITTERBOX
with Pittsburgh AIDS Task Force

“How to Survive a Plague”
July 19th 7-9 pm
Glitterbox Theater
460 Melwood Ave
Pittsburgh, PA 15213