

Opioids;
We are all in
this together

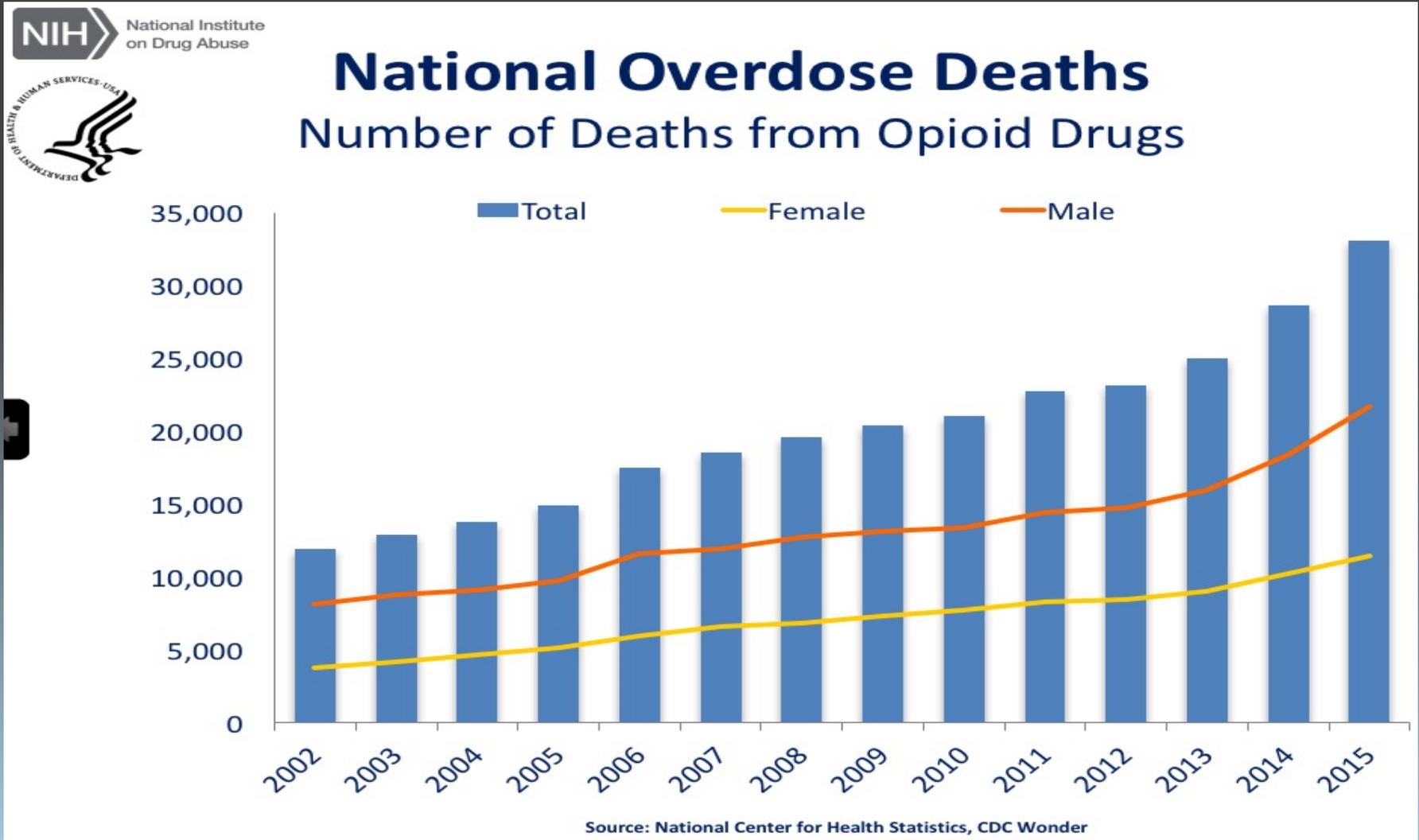
Dotti Owens, M.A., D- ABMDI
Ada County Coroner



“We have a genuine and devastating epidemic of opiate abuse in this country, and it is of critical importance that this problem be addressed. But we must do so in a way that doesn’t cut off an effective (and often the only) treatment for the chronically ill, many of whom are able to function in this world at all only because of the small respite that responsible opiate use provides.”

— [Michael Bihovsky](#)

How big is this problem?

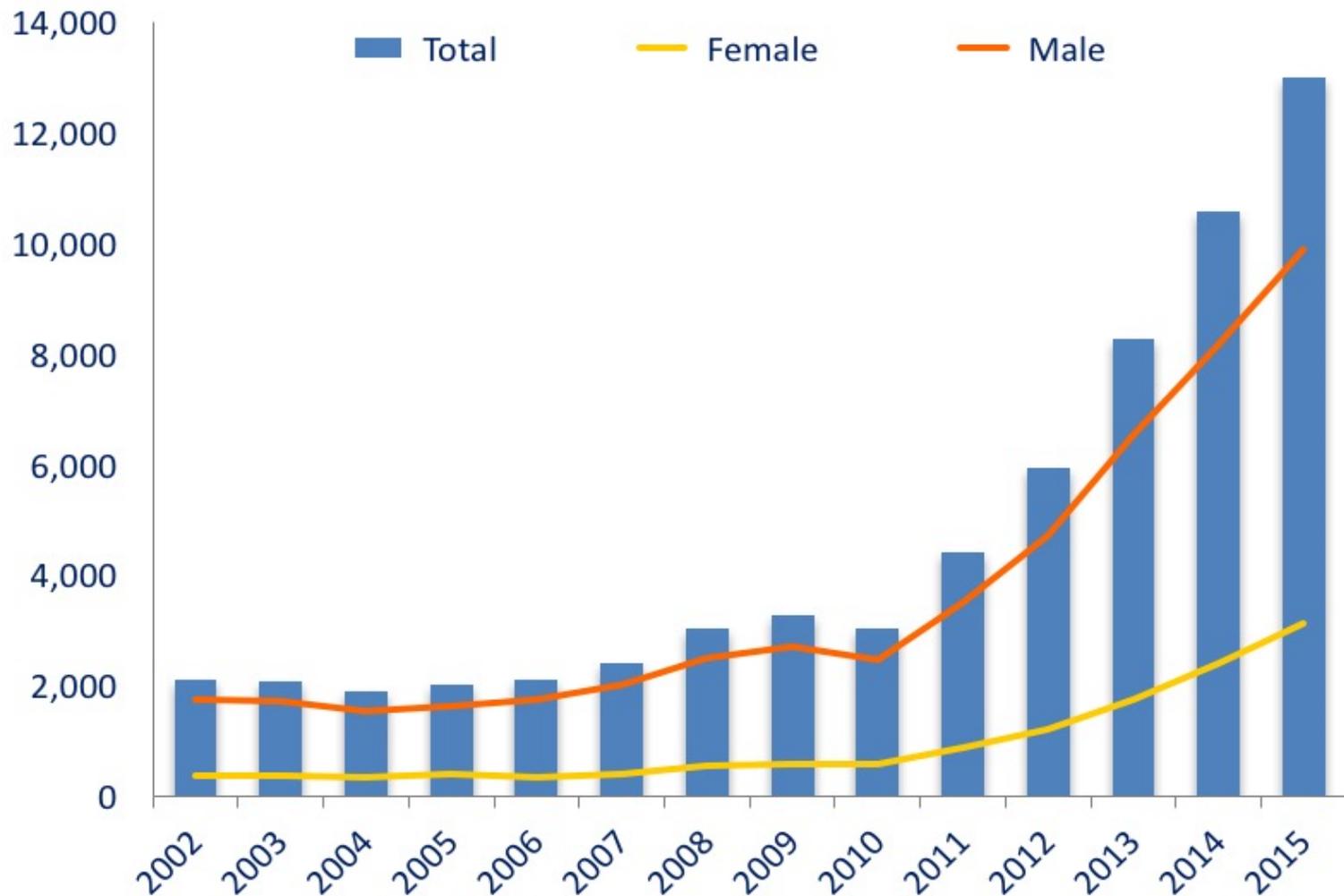


78 People die every day from Opioid related overdose-Nationally

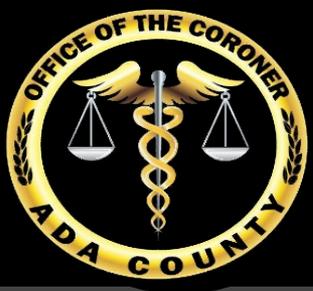


National Overdose Deaths

Number of Deaths from Heroin



Source: National Center for Health Statistics, CDC Wonder



Opioid OD –Our Role

- The increase in Opioids has stemmed from individuals transitioning from prescribed opioids to combining heroin and fentanyl. Both act as a respiratory depressant and cause death.
- On scene, the identification of drugs or paraphernalia are often present. The decedent is inspected for needle punctures or tract marks. Drug abuse history is obtained from family and friends.
- The Coroner's Office generally should take custody of all medications on scene belonging to the decedent. Pills counted and compared to Idaho Board of Pharmacy and the Forensic Pathologists reviews discrepancies.
- In autopsy, preliminary indicators of overdoses are identified by pulmonary edema and congestion in the lungs, edema (foam cone) in the airway and mouth. Heart and lungs (sometimes bladder) are enlarged. Suspicions are confirmed by toxicology.
- Toxicology testing is sent to an outside toxicology lab. Results often take 4-6 weeks due to caseload.

Opioid's Nationally -259 million scripts written in 2012
Heroin (Illicit Opioid) 580 1st time users nationally per day

Where does Idaho Stand?

Every 39 hours an Idaho citizen died in 2013 from Opioids
(with numbers increasing every year)

From 2000-2009 the dispensing of Opioids increased 48%

With the Opioid increase, Heroin abuse has skyrocketed.

Idaho Drug of choice

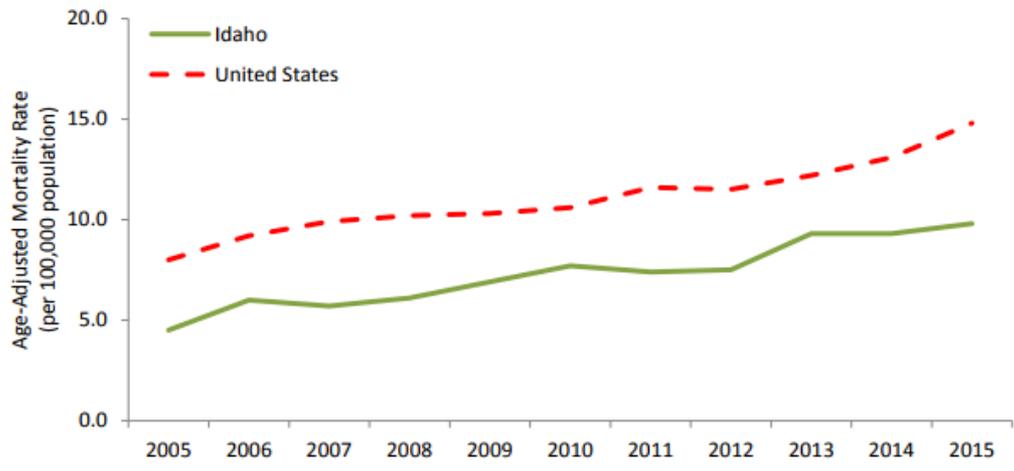
- 1) Opioid's
- 2) Heroin - Illicit Opioid
- 3) Meth
- 4) Combo; heroin, meth, opioids
- 5) New designers; pinky (U-47700), spice (opioid induced), etc.



“It is our duty to act with urgency to break cycles of addiction, overdose and death that have taken hold in so many corners of this nation”



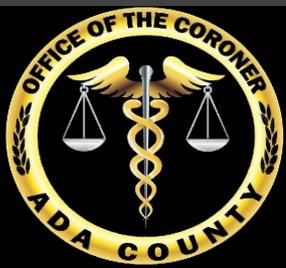
FIGURE 13. Age-adjusted mortality rate trend for accidental drug-induced deaths: Idaho residents and the United States³, 2005-2015.



Idaho Resident Drug-Induced Deaths Percentage of Deaths from Prescription (RX) and Nonprescription Drugs Five-Year Aggregate 2009-2013



Source: Bureau of Vital Records and Health Statistics, IDHW



Challenges

Testing:

- Opioids are being cut in make shift labs in homes, synthetics are added, making some 10,000 times stronger than morphine.
- **Toxicology is Expensive.** A routine drug panel cost \$320.00 per test. Often when components are added to Opioids, a minimal amount of the original drug remains. This creates a necessity for testing of “designer drugs” which is additional costs.
- **Dangers to First Responders:** Often these “designers” have a high toxicity rate. First responders, Law Enforcement and Coroners could potentially become ill from handling drugs.

Professionals in the Field: We simply cant keep up. When one drug is tested, and issued a classification, many more pop up in its place with new components and new dangers and challenges.

Crisis in our Communities

- Families are shattered, without regard to income , race, ethnicity, gender, educational attainment or family structure. No one is immune.
- Drug dependency becomes a norm in households, while decedents children have often become witnesses to parents chronic use. Generational users are being created.
- Dependency creates “Dr. Shoppers”, and when desperation hits, heroin (Opioid) becomes the drug of choice.
- 1-10 Pain Scale in out medical treatment facilities. Clinics/physicians are afraid to tell patients “no”.

Idaho's Response to the crisis??



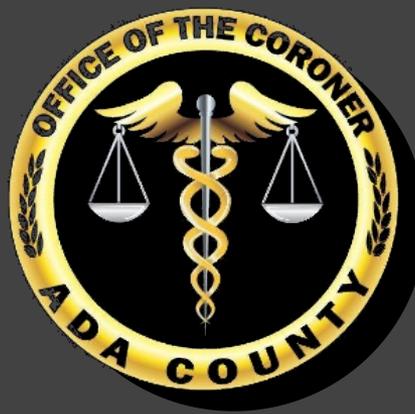
- April 2017 the Idaho Office of Drug Policy formed a strategic planning group, where the *Idaho Strategic Plan* was developed.

Working group goals;

- 25% reduction in rate of MME's per prescription.
- 90% of providers will check PMP prior to prescribing.
- 90% of patients will be educated about the risks and options
- 75% of Idahoans will be exposed to information about Opioids.
- Provide supports to youth and families to reduce the incidence of non-medical use of Opioids.
- Increase the awareness of and access to, resources to treat opioid use disorders and reduce deaths.

Where you can help!

- *What would be a successful education method in your jurisdiction?
- *Do you know how to report prescription fraud/abuse of medication?
- *Does your community members know where the prescription drops are located?
- *Do you know how many overdoses your county is experiencing?
- *Prescription accountability; Keeping prescriptions off the streets.



“ It has been said that in every crisis lies the seed of opportunity, and the Opioid crisis presents an invaluable opportunity for city, county and state officials: an opportunity to assess the way we respond to addiction and to formulate lasting and equitable responses that promote health, safety and opportunity for all members of our community”

