Update on the Opioid Crisis

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Opioid Crisis

Historical Perspective

According to the U.S Department of Health and Human Services

• In the late 1990s and early 2000s, opioids started to be prescribed more frequently
  • Pharmaceutical companies reassured the medical community that opioids are not addictive
  • Increased prescriptions led to widespread misuse before it was realized they were addictive

• Between 1999 and 2010, the amount of prescription opioids sold nearly quadrupled
  • Examples of prescription opioids are oxycodone, hydrocodone, and methadone

• Deaths from prescription opioids have more than quadrupled since 1999

According to the National Institute on Drug Abuse

• The United States accounts for 5% of the world’s population
  • However, we consume 80% of the world’s opioid supply and 99% of its Hydrocodone
National Overview

In 2016, the highest states with overdose deaths (per 100,000)

- West Virginia 47.94
- Ohio 37.28
- New Hampshire 36.15

In 2016, the lowest states with overdose deaths (per 100,000)

- Nebraska 6.33
- South Dakota 8.04
- Iowa 10.05
- North Dakota 10.17
- Texas 10.31
- Tarrant County 4.9
Tarrant County Overview

• In 2016, Tarrant County saw a death rate for opioid overdose at 4.9 per 100,000
  • In 2010, the death rate for opioid overdose was 2.0 per 100,000
  • Well below the Texas Average of 10.31 per 100,000

• Medstar treatment of overdose patients by year (prescription and illegal narcotics)
  • 2013- 969 patients were treated
  • 2014- 662 patients were treated
  • 2015- 533 patients were treated
  • 2016- 824 patients were treated- 933 doses of Narcan
  • 2017- 1062 patients were treated- 1047 doses of Narcan

• In 2015 and 2016, 1 in 3 Tarrant County residents who entered MHMR’s treatment services were admitted for opioid-related substance use disorders
The Fort Worth Police Combined Approach to Targeting Opioids

Partnered with the DEA and created a Tactical Diversion Squad

Office of Diversion Control’s Mission:
Prevent, detect, and investigate the diversion of controlled substances from legitimate sources

Task Force Mission:

• Target doctors who prescribe opioids outside legitimate medical purposes
• Pharmacies operating outside normal practices
• Pill mill operations
• Pharmacy burglary rings
• Prescription forgery groups
• Clandestine lab operations
The Fort Worth Police Combined Approach to Targeting Opioids-Cont’d

• Results of the Diversion Task Force:
  • Identified and shut down 3 Doctors’ offices
  • Identified and shut down 2 Pharmacies
  • Investigated approximately 20 Pharmacies for regulatory violations
  • 47 undercover operations have been conducted related to opioids
  • Multiple arrest and prosecutions
    • 1 Doctor-Fort Worth and Arlington
    • 2 doctor’s office employees
    • 1 Dentist-was a fill in at a Fort Worth location
    • 1 Pharmacist
    • 2 pharmaceutical employees-1 in Fort Worth
    • 5 individuals for pharmacy burglaries-2 separate groups in Fort Worth
    • Within the next 90 days 3 additional doctors in the North Texas region will be prosecuted
  • 2 Pharmacists surrendered their DEA registrations-can no longer issue controlled substances
  • 4 Doctors forfeited their DEA registrations-can no longer issue prescriptions for controlled substances
  • A combined $421,000 in fines have been paid by Doctors and Pharmacies
  • 1.2 million in US currency has been seized from 9 search warrants
  • TDS and Diversion support the National Drug Prescription Drug Take Back program
    • 31,645 pounds of medications were turned in and destroyed from the DFW area
The Fort Worth Police Combined Approach to Targeting Opioids-Cont’d

• Fort Worth Tactical Medic Unit
  • Currently, all assigned Tactical Medic officers have Narcan medication
    • In 2017 they administered 2 doses and in 2018 they administered 1 dose
    • Narcan cost $41.25 per unit and $30.00 for the Pelican Micro Case
    • Each officer would carry 2 doses and be required to attend a 4 hour training class

• A plan is being developed to issue Narcan to:
  • SWAT-Gang-Narcotics
  • SRT
  • Property Room
  • Jail
  • Property Crime Units & Bike Unit
  • Patrol (on a volunteer basis)

• Opioid Community Training and Outreach on April 24, 2018 at Rosedale Plaza Park
Additional Concerns

Between 2002 to 2015 there is a 6.2 fold increase in the number of heroin deaths
• In 2016, there were 15,446 deaths nationwide due to heroin
• 4 in 5 new heroin users started out misusing prescription painkillers
• 94% of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were “far more expensive and harder to obtain.”

From 2014 to 2016 there has been a 5 fold increase in the number of deaths involving synthetic opioids (mainly fentanyl)
• In 2016, there were over 20,000 deaths nationwide due to synthetic opioids (mainly fentanyl)
• Fentanyl is 50 to 100 times more concentrated than morphine
• 2 milligrams of Fentanyl could be a lethal dose
MHMR Tarrant County

MHMR Tarrant County started the Tarrant Opiate Reduction and Recovery Initiative

The initiative will:
- Equip and engage 400 first-responders to reduce the number of overdoses
- Connect 400 individuals who survived an opioid overdose to
  - Medical care
  - Substance use disorder treatment and recovery
- Form and engage the Tarrant County Opioid Recovery Network
  - An Advisory Committee of first-responders and community partners who collaborate to
    - Establish mechanisms to reduce opioid related overdoses
    - Increase participation in treatment and sustained recovery

JPS has reduced the number of opioid prescriptions by 35% between 2014 and 2017
National and State Laws and Recommendations

In 2018, the U.S. Surgeon General Dr. Jerome Adams issued a national public health advisory

- Dr. Adams encouraged civilians to have the opioid antidote on hand and learn how to use it
- Dr. Adams pointed out half of the opioid deaths occur at home
- The last national public health advisory was in 2005

Texas Prescription Monitoring Program

Effective September 1, 2017

- The 85th Texas Legislature changed controlled substance reporting requirements
  - Texas-licensed pharmacies will be required to report filled prescription no later than the next business day
  - Previously, the requirement was 7 days
Fort Worth Fire Department Response to Opioids

• New protocols were implemented on February 19, 2017 that allowed FWFD to administer Narcan to opiate overdose patients
  • First Narcan administration was April 10, 2017

• Since protocol implementation, FWFD has responded to 596 Overdose/Poisoning calls (February 19, 2017-February 19, 2018).
  • Accounts for .05% of responses
  • That is up slightly from 551 responses the previous year

Narcan has been used 40 times during that span
Overdose/Poisoning/Adverse Drug Reaction

If suspected exposure to toxic agent
- Remove patient from environment if safe/trained/equipped (PPE) to do so
- Ensure full decontamination prior to initiating care
- Assist airway as appropriate
- Titrate O₂ to SpO₂ ≥ 94% or work of breathing
- Determine blood glucose concentration, treat as appropriate

If suspected opiate intoxication
- Naloxone - 2 mg IN (1 mg in each nostril), IRR × 1 in 5 min

If suspected carbon monoxide (CO)
- High flow O₂ by NRB + HFNC (as available) 15 lpm each
OPIOID LAWSUITS

TEXAS
Harris County has filed a lawsuit against:

• 21 Drug manufacturers and distributors
• 4 Doctors
• 1 Pharmacist

FEDERAL MULTIDISTRICT LITIGATION

In December 2017, the United States Judicial Panel ordered the centralization of 46 opioid actions in the Northern District of Ohio under Judge Dan A. Polster.

400 Plaintiffs, including cities, counties and states
Defendants are manufacturers and distributors.
CAUSES OF ACTION

• **State and common law public nuisance**— plaintiffs allege that defendants individually and in concert have contributed to or created a condition that is harmful to the health of the citizenry and interferes with the comfortable enjoyment of life.

• **State deceptive trade practices act**—plaintiffs allege that the public was misled about opioids.

• **Medicaid fraud**—plaintiffs allege that defendants, through their deceptive marketing of opioids, made false or fraudulent statements for use in obtaining Medicaid reimbursement.

• **Fraud**—plaintiffs allege that defendants engaged in false representations and concealments of material fact regarding opioids.

• **State racketeering statutes**—plaintiffs allege that defendants used U.S. Mail to further unlawful marketing of opioids to defraud consumers and the public.
ALLEGATIONS AND DAMAGES

The allegations are generally that:

- Manufacturers of prescription opioid medications overstated the benefits and downplayed the risks of the use of their opioids and aggressively marketed these drugs to physicians.
- Distributors failed to monitor, detect, investigate, refuse and report suspicious orders of prescription opiates.

Damages sought:

- Restitution
- Civil Penalties
Thank you