

Regional Advisory Board (RAB) of Community Anti-Drug Coalitions

December 2021 Newsletter

Did You Know?

The FDA approved naloxone hydrochloride (ZIMHI) injection to treat opioid overdose.

Naloxone is a medicine utilized to help reduce opioid overdose deaths, and prefilled syringes are now an additional option. This drug can be administered through an intramuscular or subcutaneous injection containing 5 milligrams of naloxone hydrochloride. This high dose medication should result in higher levels of naloxone circulating in the body, which in turn should lead to more successful resuscitations. During an overdose on opioids, an individual's breathing may become shallow or stop, leading to death. After use of ZIMHI for an opioid-dependent individual, some symptoms may occur, such as runny nose, sweating, severe body aches, vomiting and diarrhea. (IDOH, 11/2/21)

More than 40 million Americans have a substance use disorder, a doubling from 2019's estimate of 20 million, according to the 2020 SAMHSA annual National Survey on Drug Use and Health (NSDUH). Among the 9.5 million people who misused opioids in the past year, 9.3 million people misused prescription pain relievers and 902,000 people used heroin. As far as new substance use was concerned, 1.3 million people in 2020 initiated cigarette smoking, 4.1 million initiated alcohol use, 2.8 million initiated marijuana use, and 1.2 million initiated prescription pain reliever misuse in the past year. (ASAM Weekly, 11/2/21)

Aaron's Law: A person administering naloxone will not be charged with drug possession, unintentional injury, wrongful death, or practicing medicine without a license in the State of Indiana, under Aaron's Law. Aaron's Law also protects individuals who administered the naloxone against civil liability by the person to whom the intervention drug was administered. For an individual administering naloxone to be protected under Aaron's Law there are several requirements, including that the person administering is acting in good faith with no display of negligence or willful misconduct and calls EMS. The individual who suffered the overdose or any other individual on the scene will not be protected under Aaron's Law for drug possession or any other illegal activity. The individual who administered naloxone will NOT be protected against other charges other than the mentioned above. Examples of what Aaron's Law does NOT provide protection against are parole/probation violations, public intoxication, or being under the influence. (IDOH, 11/9/21)

FBI analysts are working on collecting data to examine online marketplaces in the dark web where individuals can order illicit drugs to be delivered straight to their door. The Criminal Opioid and Darknet Enforcement (JCIDE) has seized more than \$31.6 million in cash and virtual money, along with 243 kilograms of drugs worldwide from March 2020 to March 2021. These illicit opioids create an increased risk because many online markets resemble products made by trusted companies and suppliers that adhere to strict policies and procedures. Still, in many cases, these pills can be pressed with fentanyl or other substances and are manufactured in someone's home or warehouse. Illicit drugs can also be accessed on encrypted apps and mainstream social media. FBI analysts also noted that every dealer they arrested had a college degree, a fundamental difference from how the drug traffickers are traditionally seen. (IDOH, 11/9/21)

An increasing number of people under 50 with cannabis use disorder are being hospitalized for a heart attack, according to a new study. Researchers found this trend was greatest among three groups: those ages 18 to 34; men; and African Americans. The study found that overall, 4.1% of patients hospitalized for a heart attack also had cannabis use disorder. The

proportion almost tripled from 2.4% in 2007 to 6.7% in 2018. The findings suggest people who use cannabis should be followed more closely for possible heart problems, the researchers said. (drugfree.org, 11/11/21)

More than 100,000 people in the United States died of drug overdoses from May 2020 to April 2021 — an increase of 28.5% from the same period a year earlier. Opioids, primarily fentanyl, continue to be the driving cause of these deaths, the CDC said. Fentanyl and other synthetic opioids caused almost two-thirds of all drug overdose deaths, up from 49% the previous year. Deaths from methamphetamine and other psychostimulants rose 48% in the year ending April 2021 compared with the previous year. (drugfree.org, 11/18/21)

Cannabis Toxicity: Of more than 1,000 patients presenting at seven Michigan emergency departments with cannabis toxicity over two years (2018-2020), 39.8 percent also were diagnosed with neuropsychiatric toxicity, most often severe anxiety and altered mental status. Those presenting with neuropsychiatric toxicity also were more likely to have used other substances, 19.3 percent vs 8.6 percent of those with cannabis toxicity. Cannabis toxicity patients experienced intoxication (51 percent) and nausea/vomiting or abdominal pain (46.4 percent). (The Marijuana Report, 11/3/21)

Methamphetamine use has been rising since at least 2016, and fatal overdoses have risen even more dramatically. Nationally, past month methamphetamine use increased 76% — from 667,000 users in 2016 to 1,173,000 in 2019. Use increased in 36 states. This increase appears to be driven by adults ages 30 to 44. Nationwide, fatal overdoses involving methamphetamine increased from 2,635 in 2012 to 16,167 in 2019 — an increase of 514%. From 2017 to 2019, fatal methamphetamine-involved overdoses increased in 44 of the 45 states. Deaths increased at least 33% in 37 states and doubled in 8 states. What accounts for the rise in deaths: 1. More people using leads to more overdoses, 2. People are more likely to combine methamphetamine with other substances (like opioids) than they were previously, 3. Methamphetamine is purer, more potent, and more lethal than it used to be, and 4. Methamphetamine-involved deaths are more likely to be classified as overdoses than in the past. We would expect overdoses to rise as use rises — but not as much as they have. Overdoses were over 900% higher in 2019 than in 2005 — use rates alone cannot account for such a change. Likewise, fatal overdoses involving methamphetamine and other substances have increased. But methamphetamine overdoses involving no other substance increased nearly 600% from 2005 to 2019. Therefore, polysubstance use accounts for only some of the change. The DEA reports that methamphetamine purity and potency has substantially increased since 2006. But how much of a 900% increase in the overdose rate can that account for? Finally, due to past misclassification among drug-involved deaths, it is likely that some additional deaths may now be counted as overdoses that previously were not. Without intervention, methamphetamine is poised to become a major substance use epidemic in the United States. More research on behavioral and societal factors contributing to the catastrophic rise in deaths is needed. (The Marijuana Report, 11/3/21)

Opioids illustrate the danger of delay. The opioid epidemic was officially declared more than 10 years after the scope of the problem became apparent in the data. The surge in federal funding did not begin for another 5 years — a full 15 years after the opioid crisis truly began. Many recent federal opioid grants are allowing communities to use opioid funds to address methamphetamine use, dictated by local needs. Further action is needed now, recognizing that methamphetamine is a distinct issue and earlier action betters the chances of “bending the curve” of use, consequences, and death. (drugfree.org, 11/4/21)