

July 28<sup>th</sup> 2006 Fentanyl Forum

Good Morning.

- I welcome you to the beautiful, historical city of Philadelphia, for a somber occasion, the first demand reduction forum on fentanyl-laced heroin.
- Our response to this emergent problem combines both supply and demand strategies: this summit is a metaphor for this approach.
- Untreated drug addiction can destroy a person's life gradually over months or years. Today's forum focuses on a drug, fentanyl, which can accelerate human destruction within minutes.

### **Abuse of Opioids and other Prescription Drugs**

- We have to view this problem in the broader context of an emerging national problem: prescription drug abuse.
- It is now America's number two drug problem, second only to marijuana. Last year, the National Survey on Drug Use and Health indicated that more people were initiated into non-medical abuse of prescription drugs than started using marijuana.
- Both heroin and fentanyl initially were designed as pharmaceutical drugs.
- Heroin was first produced in the 1870's, introduced as a medicine in the 19<sup>th</sup> century, more than 100 years ago.
- Nearly 100 years later it was classified as a Schedule I drug: highly addictive, no medical purpose.
- Fentanyl was designed by Paul Janssen in Belgium in the early 1960's. It was a powerful analgesic pain killer classified as a Schedule II prescription pain medication.

### **What drives this problem?**

- Unfortunately, a significant number of controlled prescription drugs, that effectively treat pain, attentional, anxiety and sleep disorders, are also capable of creating feelings and sensations in susceptible people that encourage their abuse and addiction.
- It's challenging to produce therapeutic drugs for certain brain maladies, for which effective treatment can be distinguished from abuse potential.

## **What are opioids and fentanyl?**

- Some opioids, such as morphine, oxycodone, codeine, are made by plants; others including fentanyl, methadone and meperidine, were conceived, designed and made by chemists. The structures of the plant-derived drugs and the drugs arising from chemistry are quite different. They also differ from the body's own opioids (endorphins and enkephalins) that are our own natural pain-killers.
- Whether made by plants (morphine, codeine, oxycodone) or designed by chemists, opioids act on the same targets in the brain.
- They target a class of proteins, designated mu opioid receptors, that are found in the brain, the brain stem, spinal cord, lungs, intestines and other tissues of the body.
- Used medically, under a doctor's supervision, opioids are effective, beneficial drugs for blocking certain kinds of pain, reducing intestinal activity and cough. It is not surprising that opioid effects correspond to the location in the body where mu opioid receptors are found.
- But there is a cost associated with certain opioid drugs that are classed as agonists, that attenuate pain.
- In susceptible people, some opioids can be abused; abuse can lead to addiction.
- There is another, disconcerting effect of opioids:
- Recall that the mu opioid receptor is found in the brain stem and lung, which regulate respiration. Even a single high dose, a rapid influx of an opioid in the brain for a first time user, can suppress breathing, leading to coma and death.
- Fentanyl is at least 40 times more potent than the natural product morphine.
- The legitimate use of fentanyl is to manage pain. During surgery, it is used cautiously, very cautiously. Why? Because a dose of fentanyl that alleviates pain is lower, but not much lower, than a dose that can stop breathing.
- Bought on the street, an unknown dose of fentanyl can stop breathing, and kill a person.

## **Why the concern?**

- Fentanyl is being produced and used illegally.

- Over the years, there have been periodic episodes of illicit fentanyl use, diversion, or production.
- But, its abuse was low over the past 30 years, compared to more traditional drugs of abuse (heroin, cocaine, marijuana, methamphetamine).
- Access to this synthetic drug was limited, in part, because the Janssen method is complicated. Production has been largely restricted to legitimate pharmaceutical companies. Illicit production, by experienced chemists, is small. Complex chemistry is a strong deterrent to widespread illegal production.
- Over the last year, Fentanyl has been mixed with heroin or sometimes cocaine or consumed alone.

### **How many people have died from fentanyl?**

- The search for fentanyl was triggered by an unexplained spike in heroin-related deaths in specific areas. Knowing the lethal potential of fentanyl, medical examiners began to focus on fentanyl as a cause of death.
- It is hard to place an exact number on deaths, because some medical examiner reports for June and July are not yet complete.
- The number is likely to be higher than current estimates.
- We are aware of fentanyl-related deaths in Philadelphia, Chicago, Detroit; and more generally in Pennsylvania, New Jersey, Missouri, Delaware, Virginia, Maryland.

### **Are there no Fentanyl-related deaths in other cities?**

- Although there may be fentanyl-related deaths in other cities, there has not been a spike in deaths related to heroin or cocaine.
- The primary problem, of fentanyl sold on the street may exist, but not every city (or county or state) toxicologist or medical examiner tests for Fentanyl as a cause of death – a concern.

### **What is the source of fentanyl?**

- Law enforcement postulates that many of the Fentanyl deaths in Chicago and Detroit are associated with Fentanyl produced at a single, large laboratory in Mexico. The DEA and Mexican law enforcement together destroyed this laboratory several weeks ago.

- The recent fentanyl deaths may also be associated with a number of small laboratories.

### **What is the Administration response?**

- Synthetic drugs (including fentanyl, methamphetamine) and diverted prescription drugs present a distinct type of developing drug threat, increasingly seen worldwide. It calls for a new strategic response.
- The Administration developed the Synthetic Drug Control Strategy, which builds an interagency framework for identifying and defeating this drug threat.
- The rapid response by Federal, State and local collaboration has contributed to a reduction in fentanyl-related deaths and overdoses:
- SAMHSA CDC released an early warning alert to treatment providers nationwide.
- CDC is holding weekly briefing and situational updates for Federal health and law enforcement officials.
- The DEA and state and local law enforcement have convened summits in regions particularly hard hit by fentanyl.
- ONDCP notified prevention and community leaders nationally.
- We have convened this meeting and a field of experts to provide important information on the problem.

### **Continuing concerns**

- The true dimensions of this problem are not known: emergency rooms and medical examiners do not routinely test for fentanyl – the test for fentanyl is costly and not routine. Fentanyl is found in vanishingly small concentrations in bodily fluids. Accordingly, it may be lurking in street drugs, recruiting vulnerable people into abuse or deeper into addiction.
- We urge you to consider fentanyl as a cause, not only of overdose, medical emergencies and death, but also as a constituent of drugs sold to addicts, and a contributor to addiction.
- We urge to ask emergency room toxicologists and medical examiners to periodically test for fentanyl.

- We urge you to determine whether more people in your communities are seeking treatment for fentanyl abuse, before they arrive in emergency rooms.
- We urge you to develop an action plan so that if fentanyl or other synthetic drugs emerge as a public health hazard, you will be able to mount a rapid response to protect your community.
- Educate your populations on the hazards of heroin, fentanyl, other street drugs; the hazards of injecting, inhaling or ingesting unknown drugs, unknown quantities, unknown interactions. The combination of cocaine laced with fentanyl may stress cardiovascular and pulmonary function more profoundly than either drug alone.
- We urge you to develop an integrated supply and demand strategy to halt introduction and propagation of fentanyl into your communities, as well as the diversion and abuse of other prescription drugs.
- We encourage you to include fentanyl and prescription drug abuse in verbal screening programs and in biometric testing.
- We urge you to consider this problem in a broader context of abuse of prescription drugs; You need to engage medical and legal professionals, local, state and federal agencies, in devising an effective response to the emerging public health hazard of prescription drug abuse.
- Our national experts will provide you with unique perspectives on this public health problem. Please take advantage of their presence and engage them. They are here to inform and help us collectively.
- We also urge you to write your questions down on paper we provide, so that we can address as many concerns and unknowns you may have.

There is much we can do collectively to improve the public health of our nation.

We seek your help and we offer you ours.

### **Epilogue**

This forum does not end our association.

We are motivated in helping you and your communities and in providing you with ongoing information.

We intend to maintain contact. We want to learn whether this meeting had an impact on your community and whether you were able to disseminate this information.

We will mail you all the speaker presentations on Monday.

We encourage you to monitor fentanyl use in your communities.

**Let me close:**

Drugs that reduce pain, anxiety, hyperactivity or sleeplessness, used medically according to physician instructions, are legal and beneficial. Used inappropriately, the same drugs can be harmful, abusable, addictive, even deadly. Therein lies a critical challenge.

Will it be possible in the future to design drugs that promote therapeutic benefits but have no abuse liability? Preliminary examples say yes. This has to be a compelling pursuit of our national health research strategy.

**Speakers**

We welcome our first speaker, who will describe the pharmacology of fentanyl, Dr. Nora Volkow, Director of the National Institute on Drug Abuse.

She will be followed by the Joe Rannazzisi, Chief, Office of Diversion Control at the Drug Enforcement Administration. He will provide an overview of the international and domestic clandestine production of fentanyl.

We will then hear from:

Jeremiah Daley, Director of the Philadelphia-Camden High Intensity Drug Trafficking Area;

Tim McCormick, Assistant Special Agent in Charge of the DEA task force and intelligence units assigned to the Chicago HIDTA; and

Abraham Azzam, Director of the Michigan HIDTA, who will provide regional perspectives from three cities that were among the first to see outbreaks of heroin-laced fentanyl.

After a short break, and to close the morning session, we will learn more about detecting overdose outbreaks from:

Captain Richard Bossert, Emergency Medical Services Administration of the City of Philadelphia;

Dr. William Wingert, Chief Toxicologist, Philadelphia Medical Examiner's Office; and

John Kashani, Assistant Medical Director, New Jersey Poison and Information Education System and Assistant Professor in the Department of Preventive Medicine and Community Health, NJMS, UMDNJ.

Lunch break begins at 12 noon. As we have an extremely tight schedule, we urge you, indeed exhort you and implore you, to return promptly at 12:45 pm.

The afternoon's focus is on prevention and treatment.

Dr. Kenneth Hoffman, a medical officer from SAMHSA's Center for Substance Abuse Treatment, will lead off.

He will be followed by prevention specialists Dr. Calvin Trent, Director, City of Detroit Bureau of Substance Abuse Prevention, Treatment and Recovery and Dr. Michelle Reid, Medical Director, Detroit-Wayne County Mental Health Agencies, Detroit Department of Health.

Dr. Charles O'Brien, Kenneth Appel Professor, University of Pennsylvania, will speak about substance abuse treatment options and opportunities.

Dr. O'Brien has been instrumental to the organization of the forum and we are very grateful to him and to the University of Pennsylvania for their support.

Susan Plaza, Director of Clinical Services, Odyssey House will discuss a strategy to educate the public about the deadly consequences of misusing fentanyl.

Then we will hear closing remarks from John Walters, Director of national drug control strategy, who addresses us after receiving an honorary doctorate from the Philadelphia College of Osteopathic Medicine in recognition of his contributions in the fields of education and health in the United States.

Director Walters has provided ONDCP with powerful, effective leadership and has introduced innovative supply and demand reduction programs. During his leadership, we have seen sharp declines in illicit drug use in our nation.

At 2:30 we will begin a formal Q& A by inviting the media for questions and then take more questions from the audience.