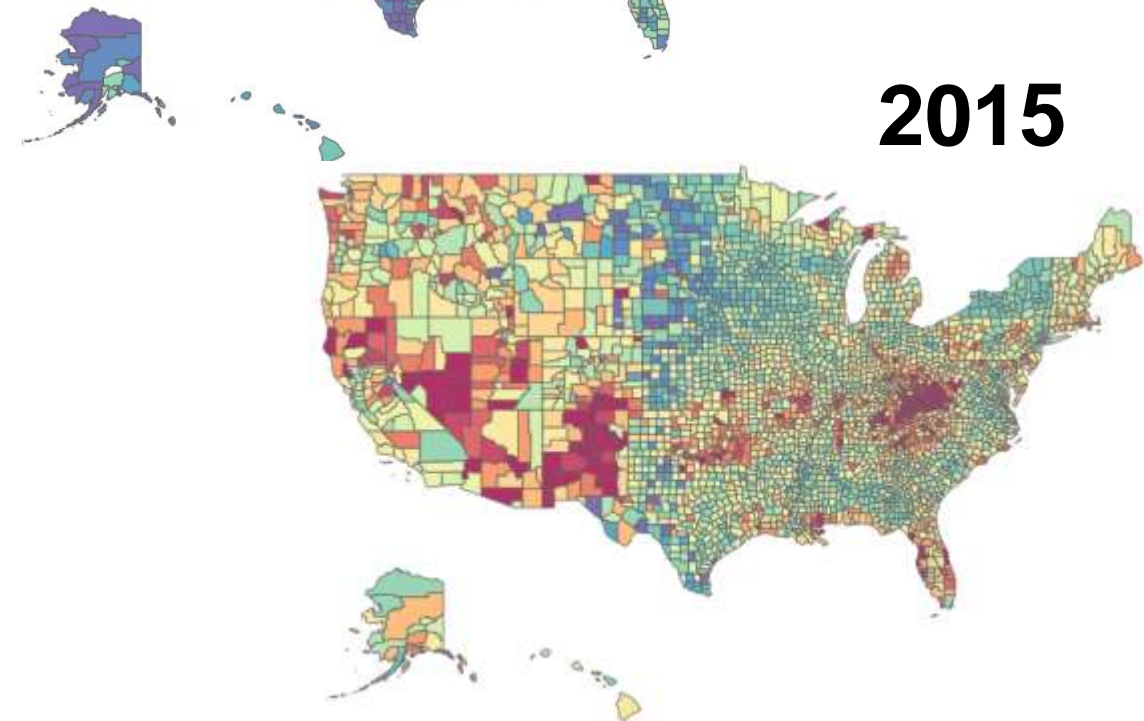
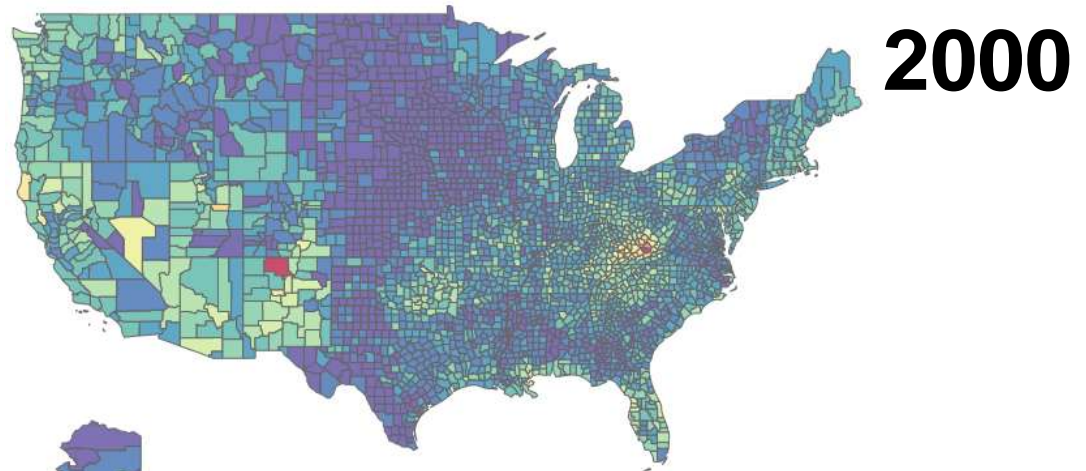
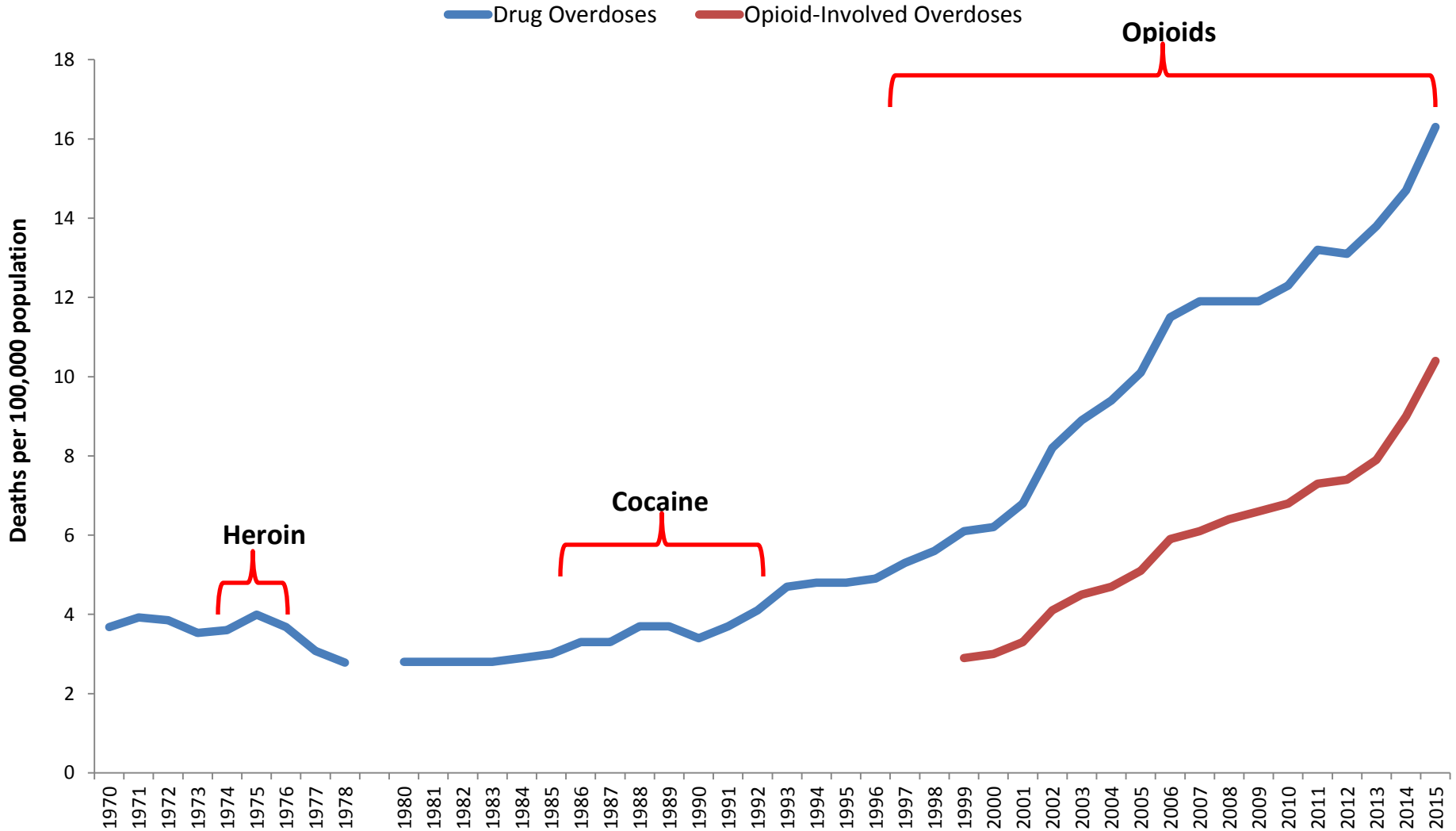


Opioid Epidemic Compared to Past Drug Crises

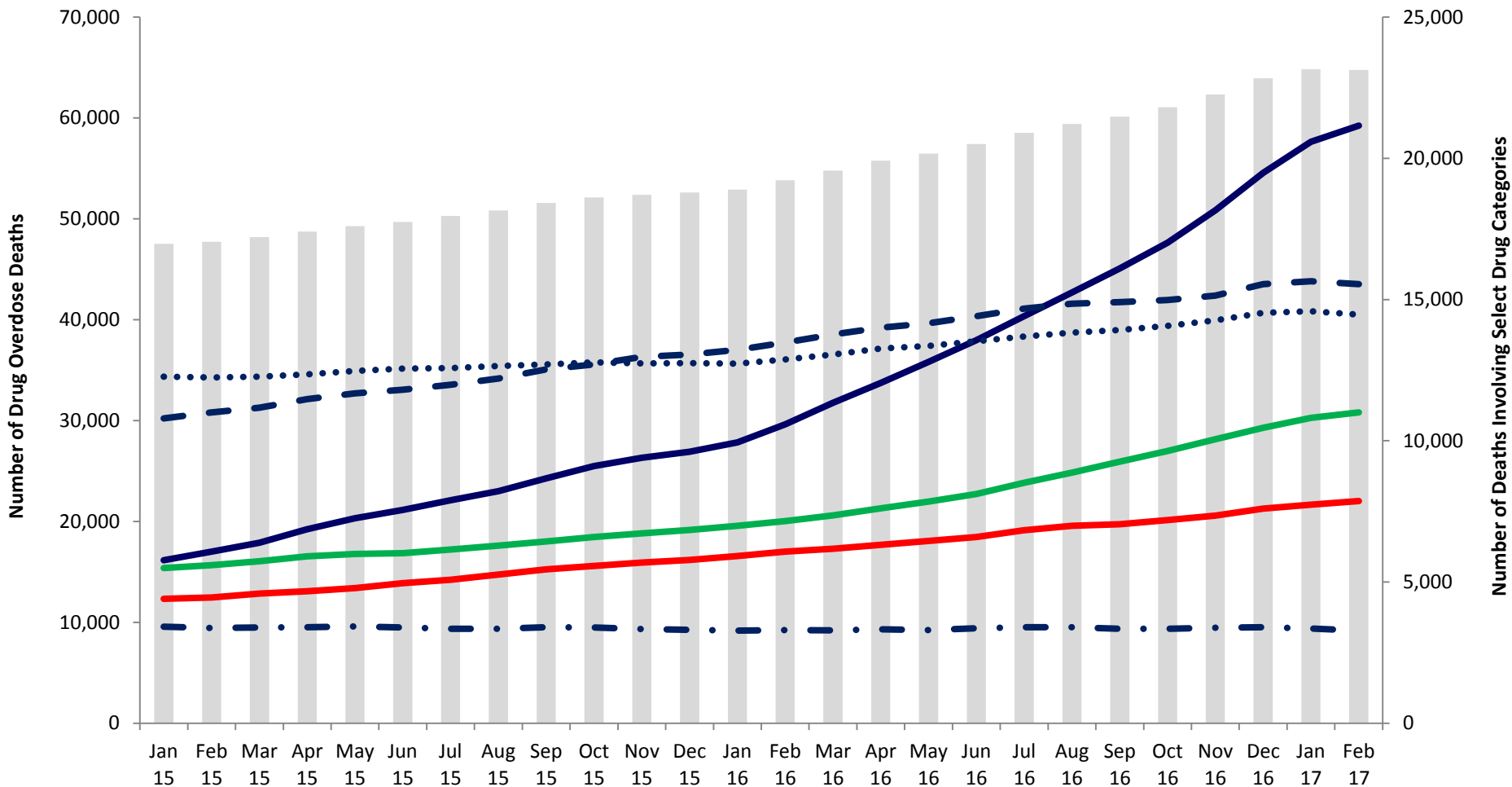
- Greater magnitude
- More sustained
- Geographically diffuse
- Socioeconomic reach
- Iatrogenic component



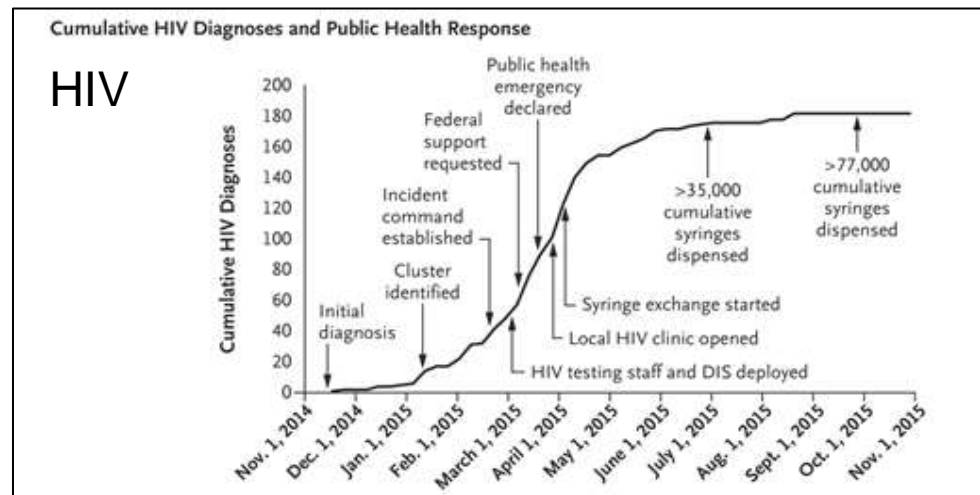
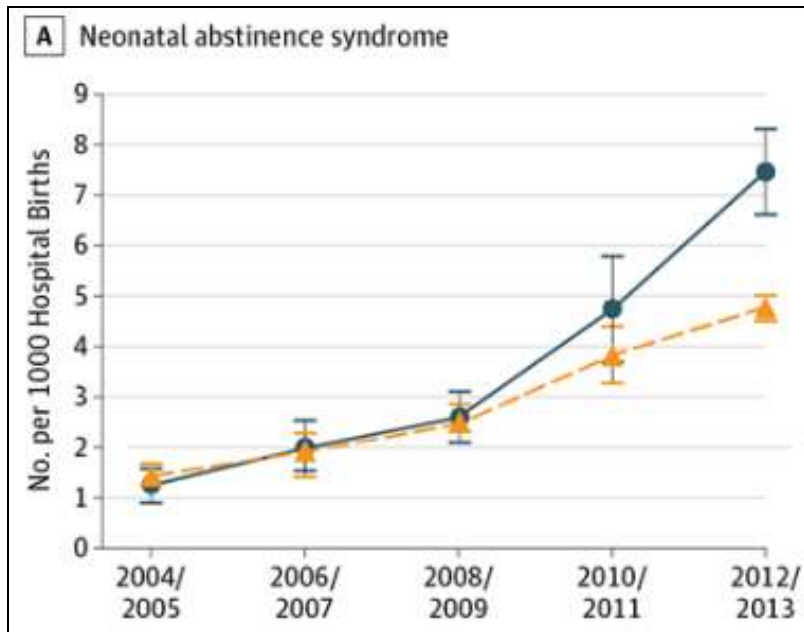
Sustained Impact of the Opioid Crisis



Epidemic Continues to Evolve

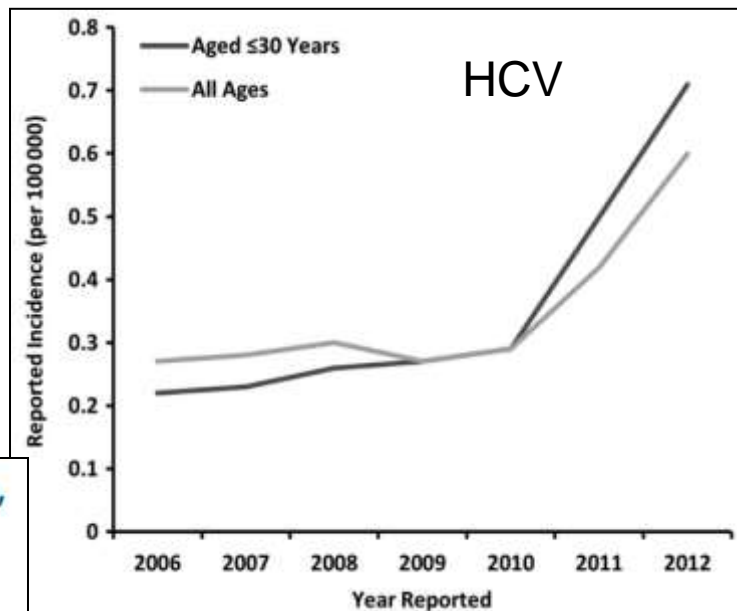


Impacted Populations and Health Consequences Continue to Expand



Furanyl-Fentanyl Overdose Events Caused by Smoking Contaminated Crack Cocaine — British Columbia, Canada, July 15–18, 2016

Salman A. Klar, MPH¹; Elizabeth Brodtkin, MD¹; Erin Gibson¹; Shovita Padhi, MD¹; Christine Predy²; Corey Green, MHSc¹; Victoria Lee, MD¹



Counterfeit Norco Poisoning Outbreak — San Francisco Bay Area, California, March 25–April 5, 2016

Kathy T. Vo, MD^{1,2}; Xander M.R. van Wijk, PhD³; Kara L. Lynch, PhD³; Alan H.B. Wu, PhD³; Craig G. Smollin, MD^{1,2}

Origins of the Epidemic and a Path to Solutions

Increases in opioid-related harms fundamentally tied to two primary issues

- Significant rise in opioid prescribing that began in the mid-to-late 1990s
 - Prescribing opioids for different types of chronic pain conditions that we now know do not often benefit from opioids in the long-term
 - Prescribing higher doses and for longer durations
 - Prescribing opioids in combination with medications like benzodiazepines which can substantially increase risk for overdose
- Lack of health system and provider capacity to identify, engage, and provide high-quality, evidence-based opioid addiction treatment, in particular medication-assisted treatment with naltrexone, buprenorphine, or methadone
 - Majority of people with opioid addiction in the U.S. do not receive treatment
 - Even among those who do get treatment, many do not receive evidence-based care
 - Lack of access to and provision of treatment is a significant contributor to rising rates of heroin and fentanyl use, rates of injection drug use, and overdose death