

Provider Panelists

- ▶ MaryLee Pakieser, MSN, RN, BC-FNP, Harm Reduction Michigan Clinic in Cadillac, Advanced Correctional Healthcare in two county jails
- ▶ Muhammad Abdelhai, MD-Internal Medicine, Recovery and Addiction Services Medical Director Thunder Bay Community Health Service Inc
- ▶ Maureen C. Mead, M.D., FACEP, FASAM Alcona Recovery Services Medical Director Alcona Health Center
- ▶ Eugene Wang, DO Medical Director, Harbor Hall and NMSAS Recovery Center and President Harborside Spine and Sports Center
- ▶ Julia Riddle, DO, Substance Use Director/OB Department Chair, Munson Medical Center
- ▶ David McGreaham, MD Contracted Medical Director, NMORC

Agenda

- ▶ Xylazine
- ▶ Trends/Updates in Your Practices/Medications for Opiate Use Disorder
- ▶ Q and A

Xylazine = tranq, zombie drug

- ▶ Synthesized in the '60's as an anti-hypertensive agent but found to be too potent in humans
- ▶ Mimics adrenergic receptors(agonist) so decreases the release of NE and Dopamine in the CNS resulting in analgesia, sedation, muscle relaxation, hypotension. It acts like clonidine (blood pressure medicine) and is also structurally similar to phenothiazines
- ▶ Used with ketamine by veterinarians to sedate horses, dogs, cats and others
- ▶ 20% of opioids now contain it
- ▶ Often seems to come from Puerto Rico or online

Xylazine = tranq, zombie drug

March '24 Harm Reduction Journal

- ▶ Side Effects: slow heart rate, low blood pressure, slow breathing, loss of consciousness(limp body), skin ulcers that are not located at the injection site
- ▶ OD Treatment: Naloxone, supportive care, atipamezole (alpha-2 antagonist)
- ▶ Withdrawal over days-weeks, get hypertensive and fast heart rate
 - ▶ Treat with benzodiazepines, clonidine
- ▶ Test Strips available
- ▶ Medetomidine (dex) 20X more potent, recent reports out of Philadelphia



Carfentanil MDHHS June 30th

- ▶ Being seen in increasing numbers of OD deaths
- ▶ 100X as potent as fentanyl
- ▶ Its higher strength could lead to more overdoses and overdose-related deaths, even for people with a high tolerance for opioids.
- ▶ It quickly causes central nervous system depression, which can lead to rapid death.
- ▶ Its higher strength could require multiple doses of naloxone to be administered to reverse an overdose.
- ▶ It is increasingly found among overdose deaths that also include cocaine, methamphetamine and other stimulants. People may use these drugs and not be aware they could contain carfentanil.

Buprenorphine Providers per 100,000 Residents by County

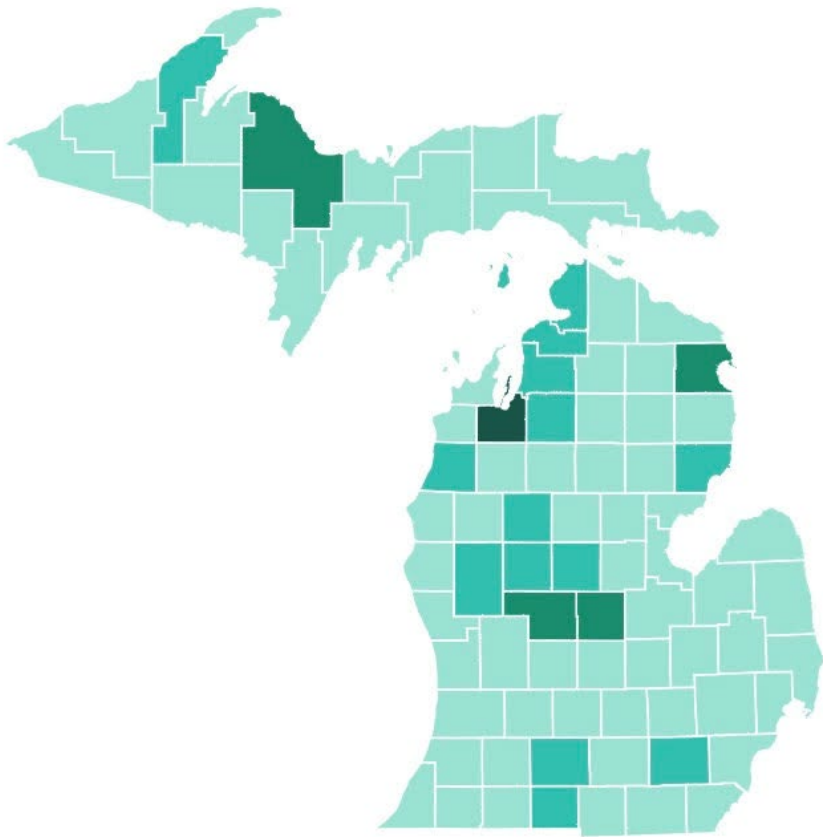
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2021 Q1

16.7

Buprenorphine Provider Rate

Category 0-19 20-39 40-59 60+

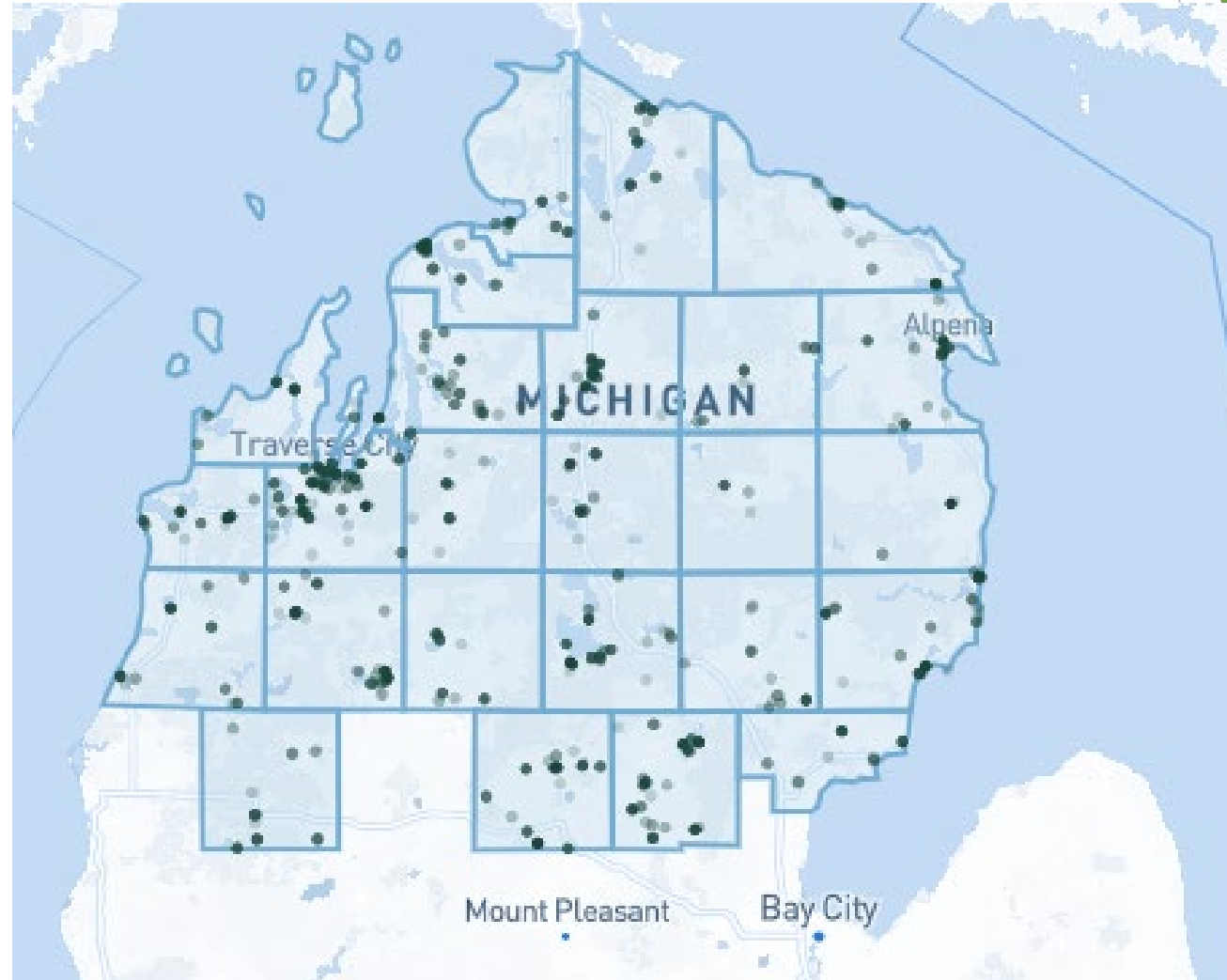


2022 Data by County Medications for OUD Patients

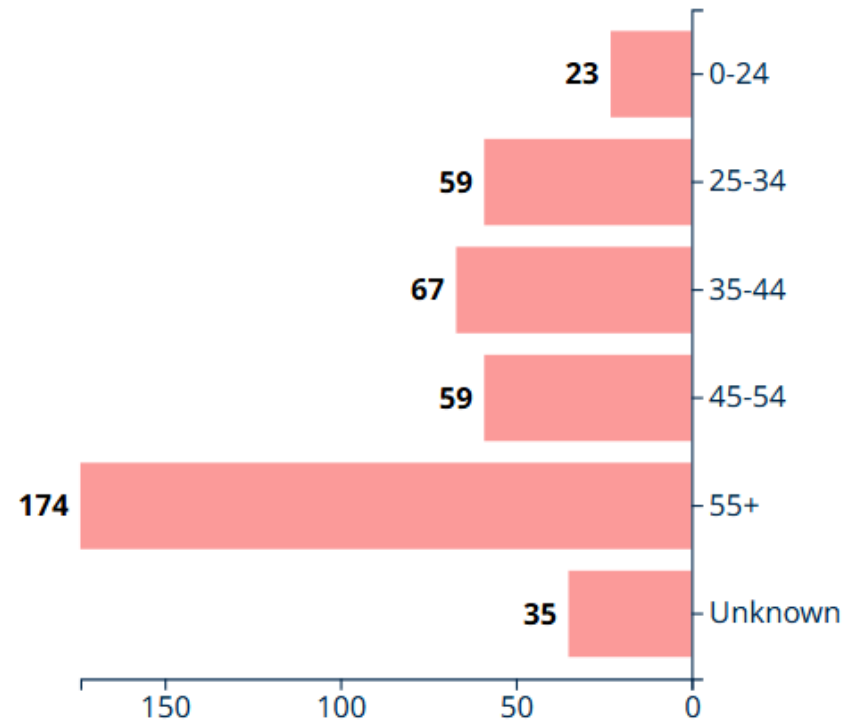
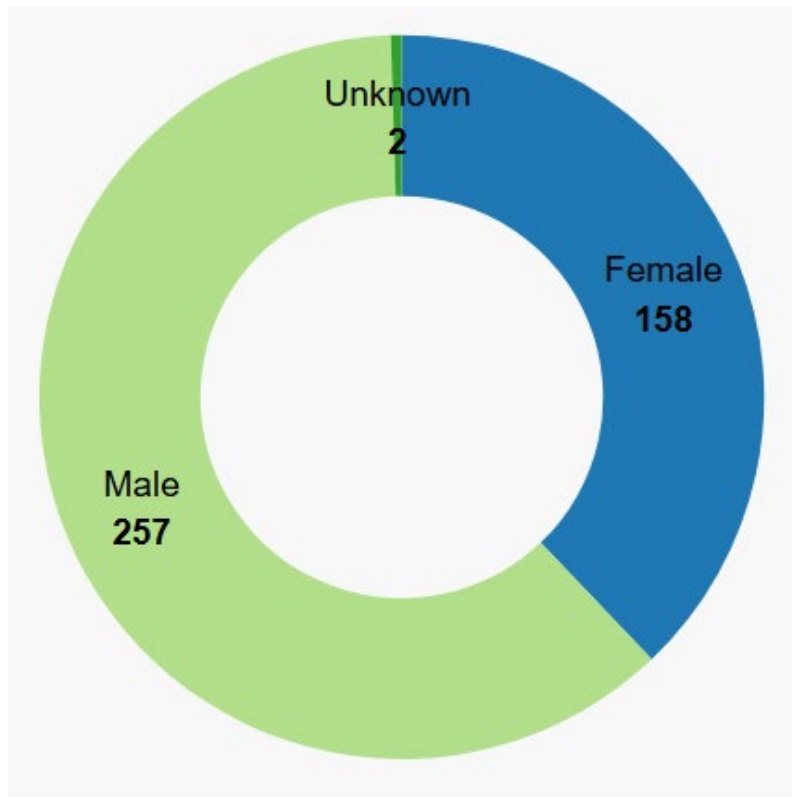
▶ Presque Isle	155/13,000
▶ Iosco	359/25,000
▶ Arenac	158/15,000
▶ Gladwin	232/25,000
▶ Ogemaw	221/20,000
▶ Cheboygan	310/25,000
▶ Emmet	474/34,000
▶ Otsego	244/25,000
▶ Grand Traverse	1,073/96,000



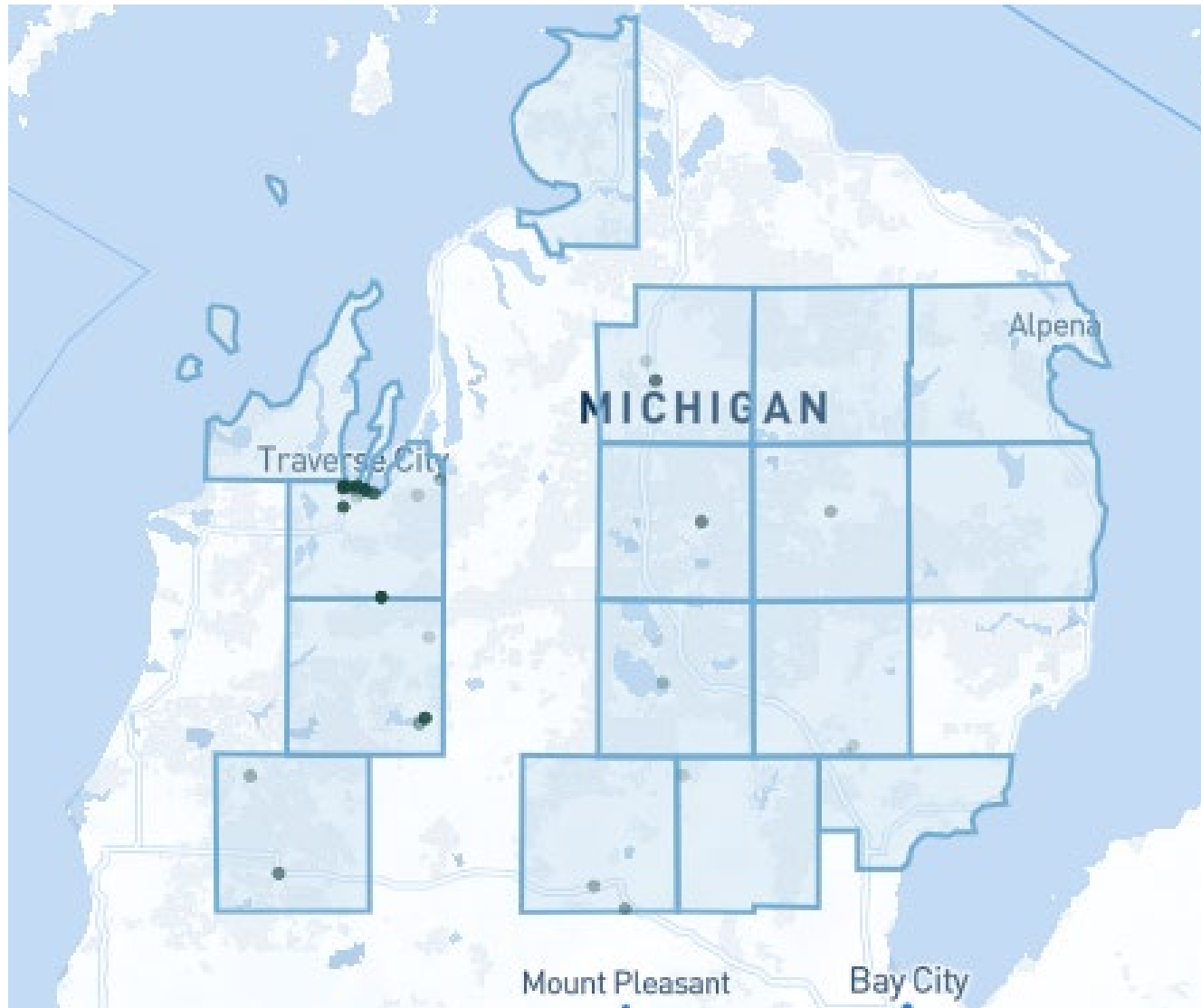
2024 EMS Naloxone # 417



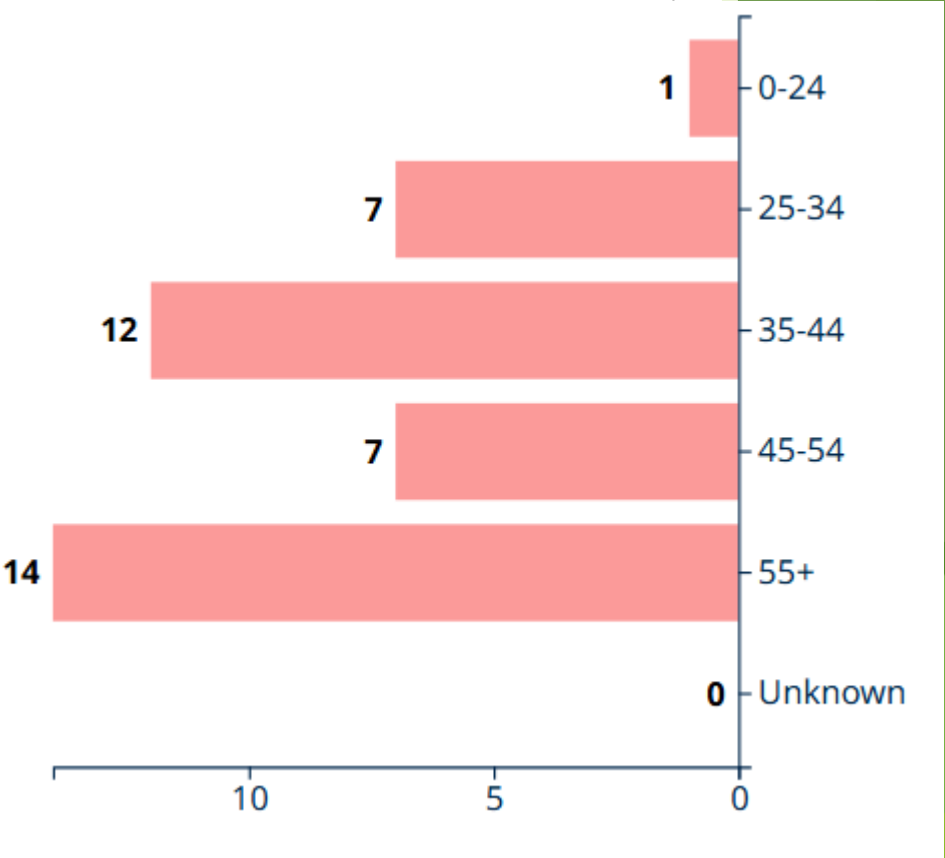
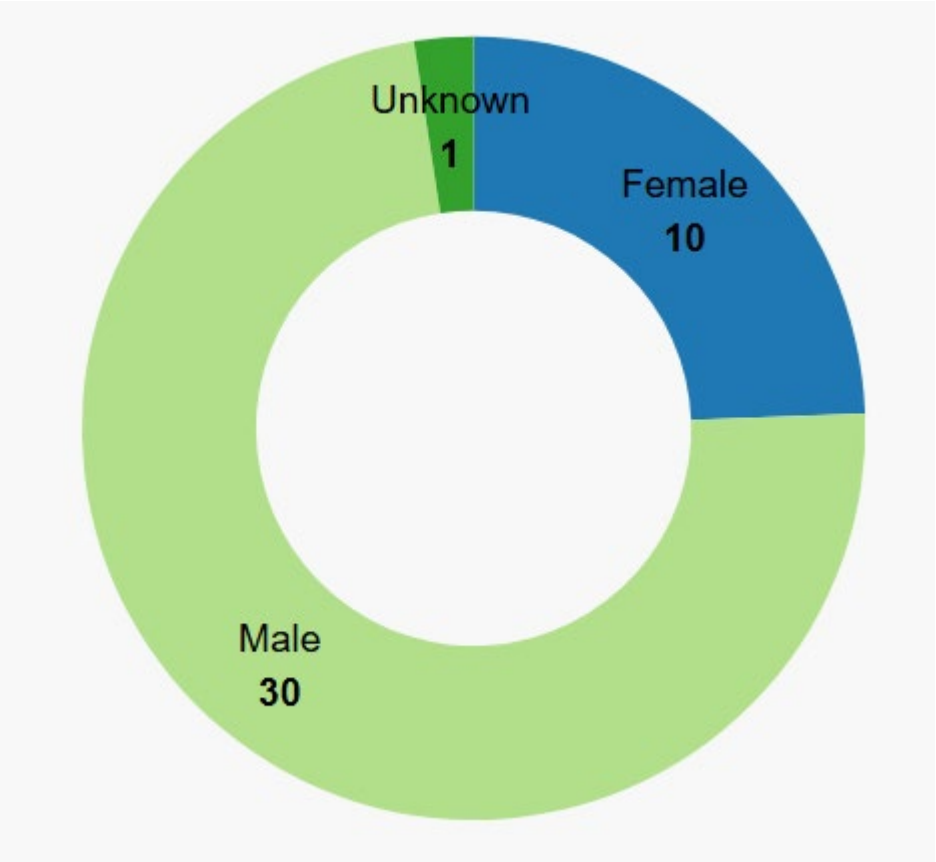
2024 EMS Naloxone # 417



2024 Deaths #41



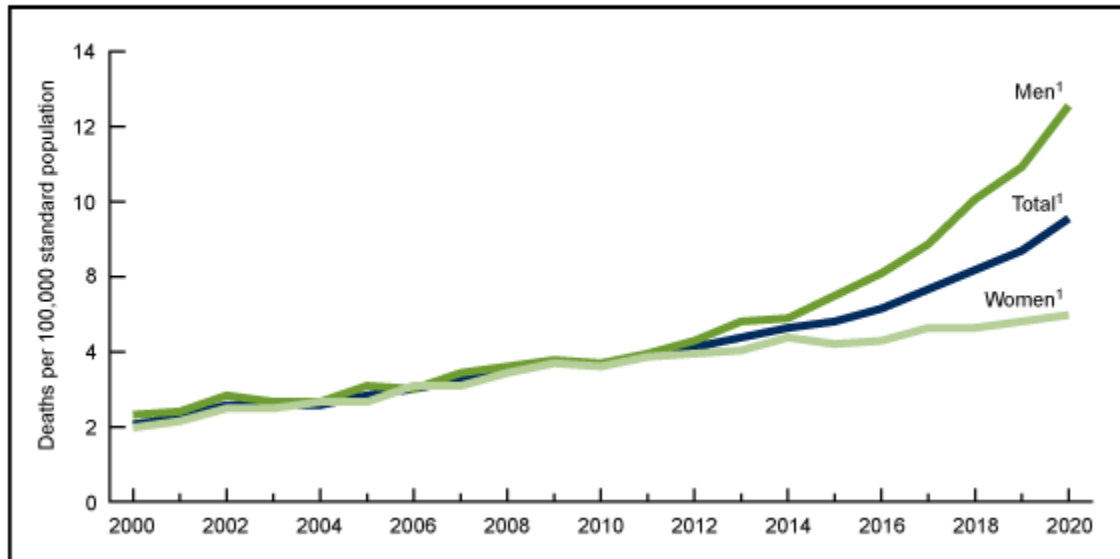
Deaths 2024 Region #41



Drug Overdose Deaths in Adults Aged 65 and Over: United States, 2000–2020

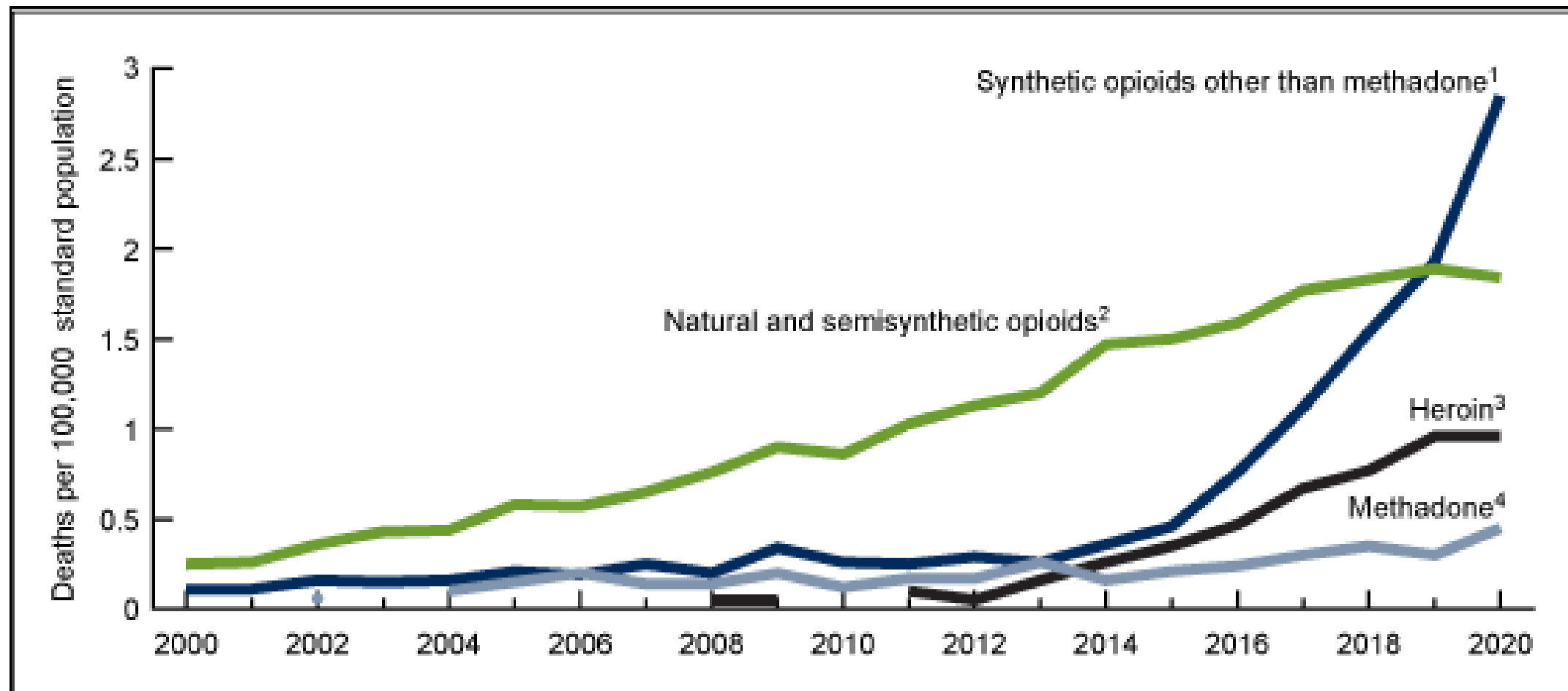
► National Center for Health Statistics, Nov 2022

Figure 1. Age-adjusted drug overdose death rate for adults aged 65 and over, by sex: United States, 2000–2020



- Between 2000 and 2020, age-adjusted rates of drug overdose deaths for adults aged 65 and over increased from 2.4 to 8.8 deaths per 100,000 standard population.
- For men aged 65–74 and 75 and over, rates of drug overdose deaths were higher among non-Hispanic Black men compared with Hispanic and non-Hispanic White men.
- For women aged 65–74, drug overdose death rates were higher for non-Hispanic Black women compared with Hispanic and non-Hispanic White women, but for women aged 75 and over, non-Hispanic White women had the highest rates.
- The age-adjusted rate of drug overdose deaths involving synthetic opioids other than methadone (such as fentanyl) for adults aged 65 and over increased by 53% between 2019 (1.9) and 2020 (2.9).

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids for adults aged 65 and over, by type of opioid: United States, 2000–2020



Suggested Causes

- ▶ Chronic Pain and prescription opioids an issue
 - ▶ Metabolism effects
 - ▶ Accidental mis-use with cognitive decline
- ▶ Loneliness results in substance-misuse
- ▶ Baby Boomers have always had drug misuse issues and now they're old

Interventions

- ▶ ER's and Chronic Pain: SBIRT, naloxone, fentanyl test strips
- ▶ Employers, senior centers, churches
- ▶ Isolated elderly males often with alcohol use disorder: No easy answers on how to reach them, lots of distrust of any outreach workers, and often don't use healthcare systems regularly

THANK YOU!

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CORRESPONDENCE | ARCHIVE



Addiction Rare in Patients Treated with Narcotics

Published January 10, 1980 | N Engl J Med 1980;302:123 | DOI: 10.1056/NEJM198001103020221 | VOL. 302 NO. 2



Editor's Note: For reasons of public health, readers should be aware that this letter has been "heavily and uncritically cited" as evidence that addiction is rare with opioid therapy. Leung et al. (<https://www.nejm.org/doi/full/10.1056/NEJMc1700150>) describe its history.

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

Jane Porter

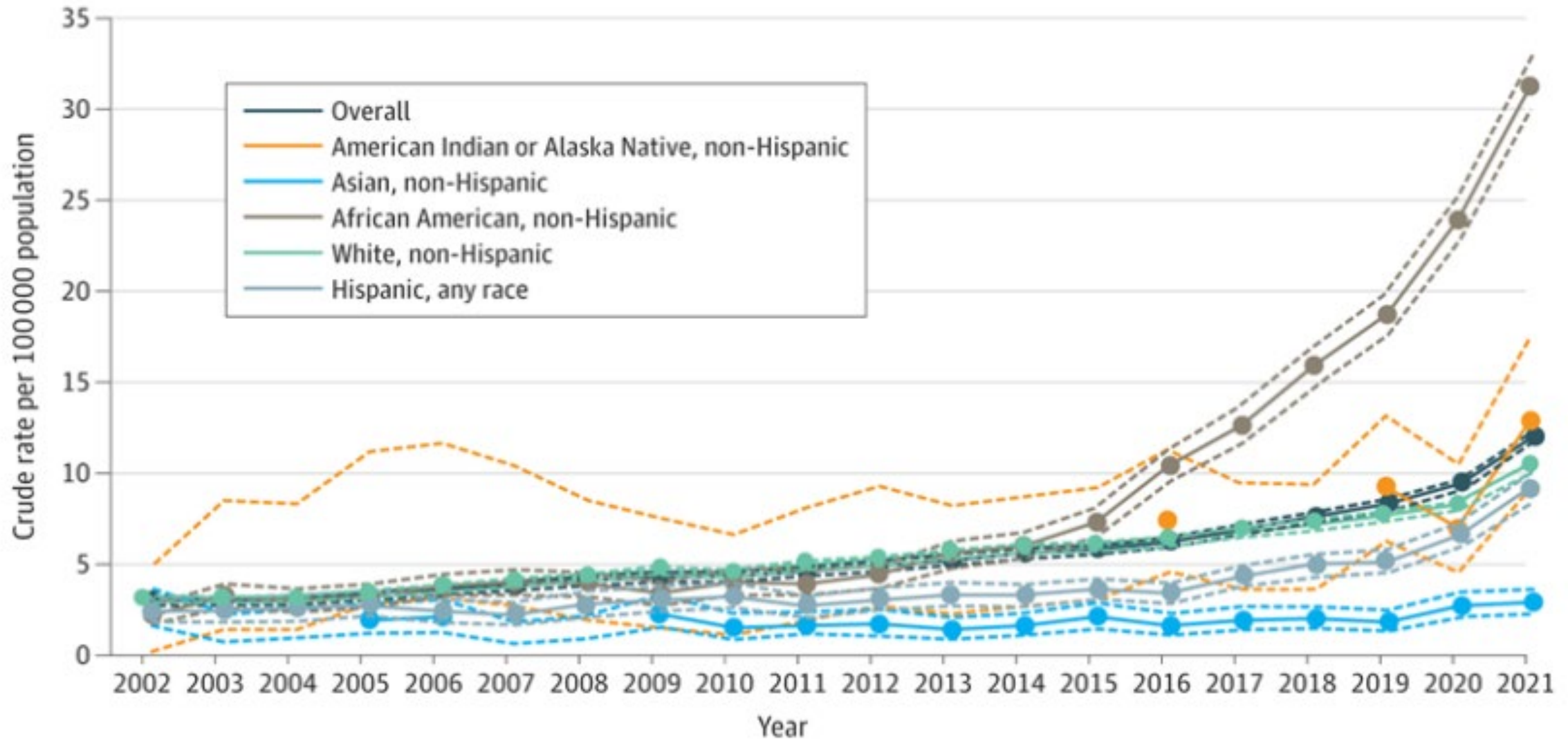
Hershel Jick, M.D.

Boston Collaborative Drug Surveillance Program Boston University Medical Center, Waltham, MA 02154



Figure. Characteristics of Fatal Drug Overdose Among Adults 65 Years and Older in the US, 2002-2021^a

A Crude drug overdose mortality per 100 000 population



Older adult drug overdose: an application of latent class analysis to identify prevention opportunities

[Maryann Mason](#) ^{1,2,✉}, [Kaveet Pandya](#) ², [Alexander Lundberg](#) ^{1,2}

Drug & Alcohol involvement

Any opioid (yes)	1801	78.44
Fentanyl as a cause of death (yes)	1511	65.81
Only illicit opioids as a cause of death (yes)	297	12.94
Only prescription opioids a cause of death (yes)	151	6.58
Both prescription and illicit opioids as a cause of death (yes)	1330	57.92
Cocaine as a cause of death (yes)	919	40.03
Methamphetamine as a cause of death (yes)	114	4.97
Alcohol test result positive (yes)	667	33.00

Other

Emergency Department Visit in last year (yes)	150	7.01
Isolation or Homeless indicators (yes)	367	15.98

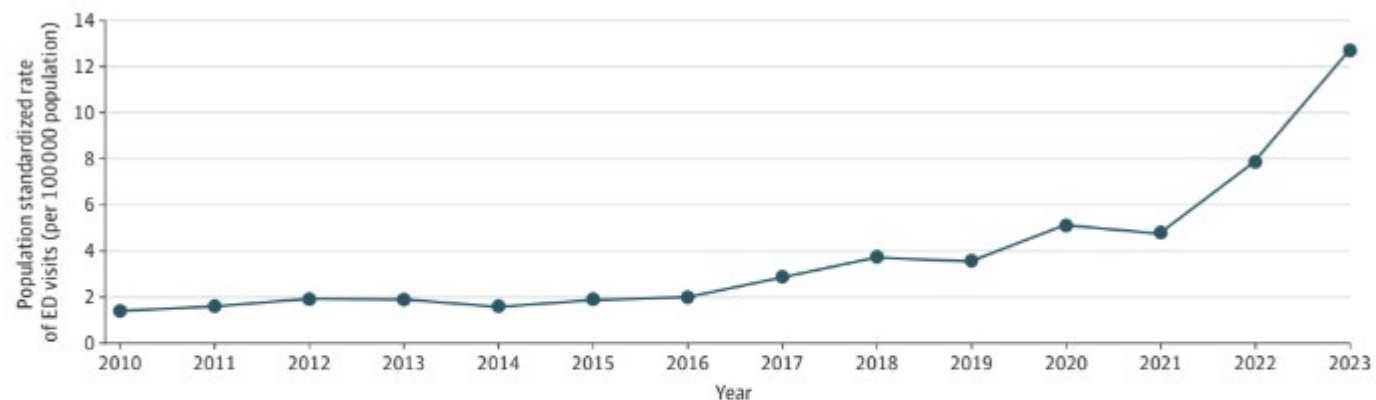
- Illinois Statewide Unintentional Drug Overdose Reporting System
- 2018-2021 2,298 people
- 88% age 55-64
- 75 % male
- 80% “any opioid”
- 65 % Fentanyl

Research Letter | Substance Use and Addiction

Stimulant-Related Emergencies in Older Adults

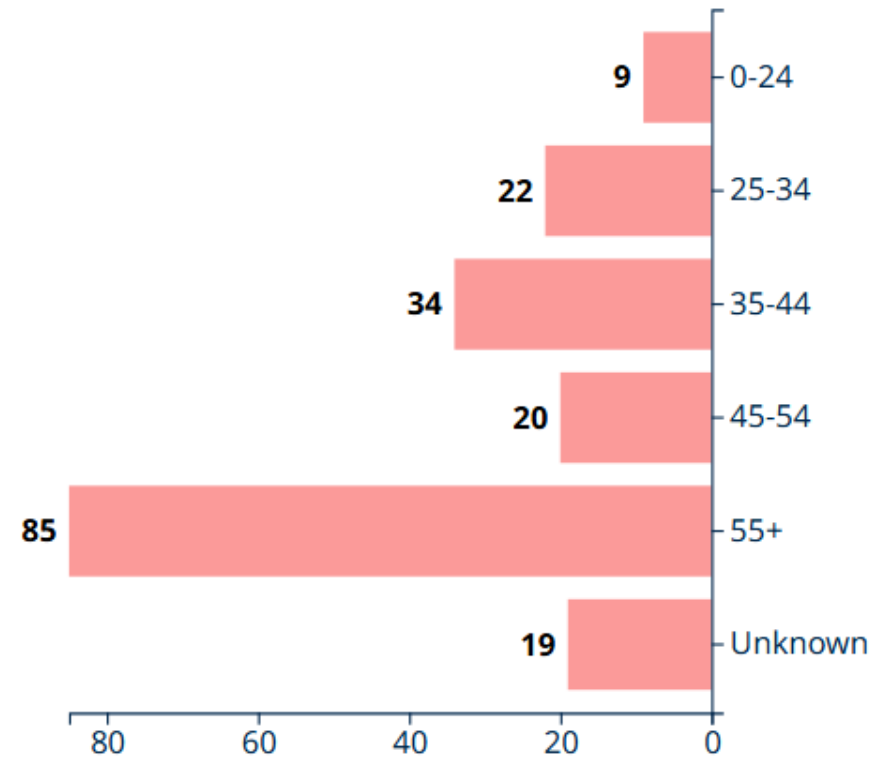
Jonathan S. Zipursky, MD, PhD; Rachela Smith, BArtSci; Ania Sarnocinska, MSc; Jagadish Rangrej, MSc, MMath;
Inas Riyaz Mohammed, MDA; Saad Rais, MSc; Kamil Malikov, MD, MSc, MBA; Michael P. Hillmer, MSc, PhD; Nathan M. Stall, MD, PhD

Figure. Stimulant-Related Emergency Department (ED) Visits in Older Adults in Ontario, Canada From 2010 to 2023

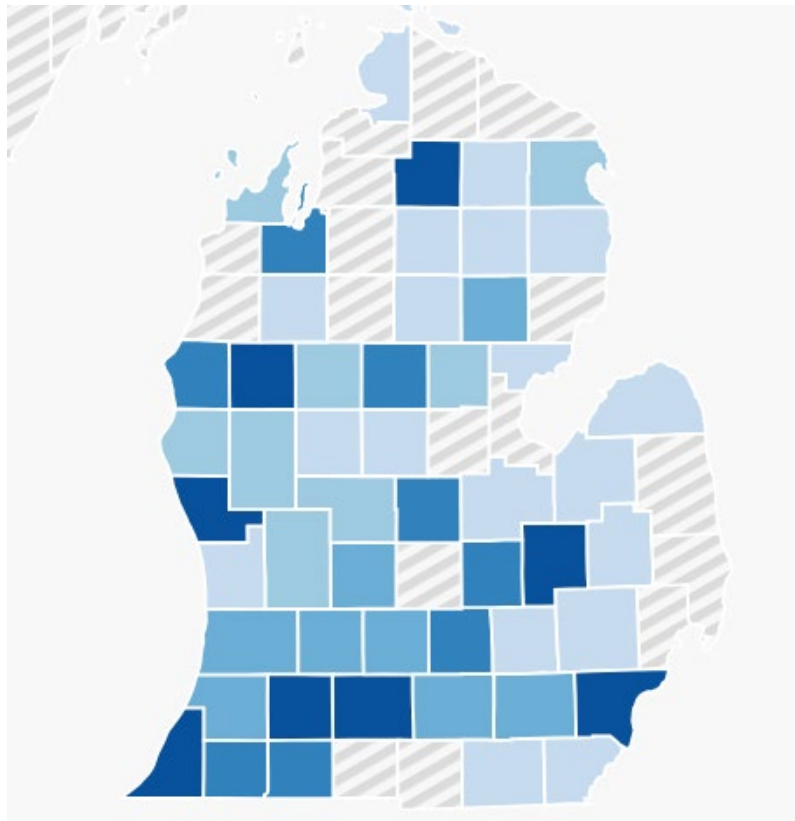


No. of stimulant ED visits	24	28	35	36	31	38	42	62	84	83	124	119	203	338
Total No. of ED visits	1058738	1081173	1142256	1178416	1233715	1285182	1336519	1385826	1420295	1440349	1206667	1341951	1377221	1459860
Population-standardized rate	1.40	1.59	1.93	1.90	1.57	1.86	1.99	2.84	3.72	3.54	5.11	4.75	7.84	12.63

Jan 1-June 30, 2025 EMS Naloxone #189



Deaths Jan 1, 2025-July 10, 2025 # 714



What Worries Me

- ▶ We're Under-Resourced with Mental Health and Addiction Services
- ▶ We're legalizing and marketing potentially addictive substances and activities: Marijuana, gambling
- ▶ We are modeling bad behaviors for our children: Your children are watching you. Role model appropriately
 - ▶ It's OK to drink in public, it's OK to drink everywhere
 - ▶ Marijuana isn't harmful
 - ▶ Vaping is safe, right?
 - ▶ Gambling is fun
 - ▶ Look, I'm on my cell phone again
- ▶ The target keeps moving: xylazine, meth, other formulations Kratom is everywhere
- ▶ Alcohol deaths 178,000 Overdoses 107,000 (2022)