ADDITIONAL SUPPORTING DOCUMENT

THE ATTACHED DOCUMENT DESCRIBED AS

Slide Presentation Regarding Opioids
(49 pages)

WAS SUBMITTED DURING THE BOARD OF COUNTY COMMISSIONERS
MEETING HELD ON DECEMBER 5, 2017
UNDER AGENDA ITEM NO. 37
BY Staff

AND IS BEING ADDED TO THE RECORD PURSUANT TO NRS 241
Dear Colleagues,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught — incorrectly — that opioids are not addictive when prescribed for legitimate pain.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. Please take the pledge. Together, we will build a national movement of clinicians to do three things:

First, we will educate ourselves to treat pain safely and effectively. A good place to start is the TurnTheTideRx pocket guide with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we care more than an occupation to us. It is a calling rooted in empathy, science, and onefold. They remain our greatest strength.

Thank you for your leadership.

Vivek H. Murthy, M.D., M.B.A.
19th U.S. Surgeon General
OVER
259,000,000
PRESCRIPTIONS FOR OPIOIDS IN 2012

MORE OPIOID PRESCRIPTIONS THAN THE NUMBER OF ADULT AMERICANS.
400% increase in opioid prescription sales since 1999 without overall change in reported pain
Dear Colleagues,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught — incorrectly — that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

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Thank you for your leadership.

Vivek H. Murthy, M.D., M.B.A.
19th U.S. Surgeon General
Prescription opioid use is a risk factor for heroin use. Pooling data from 2002 to 2012, the incidence of heroin initiation was 19 times higher among those in 2008 and 2009 found that 86 percent had used opioid pain relievers nonmedically prior to using heroin, and their initiation into nonmedical use was characterized by three main sources of opioids: family, friends, or personal prescriptions.

- Nearly 80% of new heroin users took prescription opioids before starting heroin.
- In 2015, there were 12,990 heroin overdose deaths in the U.S.
Prescription opioid use is a risk factor for heroin use

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94 painkiller prescriptions for every 100 Nevada residents, 1 in 5 high school students self-reported that they had used a prescription drug that was not specifically written for them.
The Working Group heard testimony from Sergeant Erick Wilds, LVMPD, about the growing drug trends in southern Nevada with regard to heroin, amphetamine, and prescription drug abuse. Sergeant Wilds reported that heroin was one of the most significant drug threats to Las Vegas as evidenced by the 107% increase in the amount of heroin seized during 2015 compared to 2014. According to the Clark County Coroner's Office, 71 deaths were attributed to heroin use in 2015, a 25% increase from the prior year.

In 2015, the number of indoor marijuana growth operations decreased, however, with the opening of legal medical marijuana dispensaries, the number of legal marijuana delivery services increased. LVMPD initiated undercover buys on illegal marijuana delivery services resulting in 26 arrests, 30 search warrants, the seizure of 55 firearms and $193,059.19 in U.S. currency. In all, 102 pounds of marijuana, 63 pounds of THC wax, 109 pounds of THC oil and 503 pounds of edibles were seized.

Drug Use on the I-80 Corridor

Sergeant Max Brokaw of the Washoe County Sheriff's Office provided testimony to the Working Group and reported that heroin use is a big concern in
National Governors Association Policy Academy on Prescription Drug Abuse Prevention

State of Nevada Plan to Reduce Prescription Drug Abuse
Nevada ranks:

- 2nd highest for hydrocodone (Vicodin and Lortab);
- 2nd highest for oxycodone (Percodan and Percocet);
- 4th highest for methadone;
- 7th highest for codeine.
In 2012-2014, the mortality rate from opioid overdoses in Clark County was almost 70% higher than the national rate.
SCOPE OF THE OPIOID PROBLEM IN SOUTHERN NEVADA
Since 2008, more Clark County residents have died each year from opioid overdoses than firearms or motor vehicle traffic accidents. In 2012-2014, the mortality rate from opioid overdoses in Clark County was almost 70% higher than the national rate.

"Our nation is struggling with a prescription drug epidemic and we must take advantage of every tool at our disposal to address this public health and safety crisis."

P. Gil Kerlikowske – Director, White House Office of National Drug Control Policy

Opioids are a class of narcotics prescribed to treat moderate to severe pain. Common examples include codeine, morphine, Lortab (hydrocodone), OxyContin (oxymorphone). More potent preparations include Dilaudid (hydromorphone) and fentanyl, used for severe pain or for anesthesia. Heroin is an illicit opioid that is procured on the streets. It may be used to supplement or replace prescribed opioids.

RISK FACTORS
Opioid pain relievers, even when legally prescribed, are highly addictive substances putting consumers at risk for addiction. According to the CDC, there are four major risk factors that make someone particularly vulnerable to prescription opioid abuse and overdose, including:

FACT
People addicted to prescription opioids are 40 times more likely to become addicted to heroin.

Although partial agonists (drugs that only have partial efficacy relative to full agonists, such as buprenorphine) may carry a lower risk of dependence, prescription opioids that are full opioid-receptor agonists (nearly all the products on the market) are no less addictive than heroin.
scope of the opioid problem

Since 2008, more Clark County residents have died from opioid overdoses than from firearm or motor vehicle traffic accidents, and opioid overdoses in Clark County were almost twice the national average. In Clark County, opioid use and misuse were implicated in over 1,700 emergency visits and 1,700 inpatient hospitalizations annually 2013-2015.

Our nation is struggling with an epidemic that requires us to use every tool at our disposal. We can't afford to let the opioid problem continue to grow.

R. Gil Kerlikowske - Director

Opioids are a class of narcotics prescribed to treat moderate to severe pain. Common examples include codeine, morphine, Lozol (hydrocodone), OxyContin (oxymorphone). More potent preparations include Dilaudid (hydromorphone) and fentanyl, used for severe pain or for anesthesia. Heroin is an illicit opioid that is procured on the streets. It may be used to supplement or replace prescribed opioids.

Risk factors

Opioid pain relievers, even when legally prescribed, are highly addictive substances putting consumers at risk for addiction. According to the CDC, there are four risk factors that make someone particularly vulnerable to prescription opioid abuse and overdose, including:

- Obtaining overlapping prescriptions from multiple providers and pharmacies
- Taking high daily dosages of prescription pain medication
- Having mental illness or a history of alcohol or other substance abuse
- Living in rural areas or having low income.

Fact

People addicted to prescription opioids are 40 times more likely to become addicted to heroin.

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Cost

In Clark County, opioid use and misuse were implicated in over 1,700 emergency visits and 1,700 inpatient hospitalizations annually 2013-2015.


is equivalent to 4,200 people with inpatient treatment at an average-priced 28-day drug and alcohol rehab facility (under $25,000 per person)

Opioid-related deaths (2003-2015)

| Year | Clark County | National
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By age group (by sex):

- Under 20 years: 2003-2015
- 20-29 years: 2003-2015
- 60-69 years: 2003-2015
- 70+ years: 2003-2015

By race/ethnicity:

- White: 2003-2015
- Hispanic: 2003-2015
- Other: 2003-2015

By gender:

- Female: 2003-2015
CITIES THAT HAVE ALREADY FILED CIVIL LAWSUITS

- Everett, WA
- Seattle, WA
- Tacoma, WA
- Stockton, CA
- Birmingham, AL
- Chicago, IL
- Welch, WV
- Williamson, WV
- Kermit, WV
- Huntington, WV
- Portsmouth, OH
- Parma, OH
- Lorain, OH
- Cincinnati, OH
- Dayton, OH
- Manchester, NY
- New Haven, CT
- Waterbury, CT
COUNTIES THAT HAVE ALREADY FILED CIVIL LAWSUITS

Washington
- Multnomah

California
- Santa Clara
- Orange
- San Joaquin

Texas
- Upshur

Illinois
- Jersey
- Saint Clair

Tennessee
- Sullivan
- Hawkins
- Washington

Kentucky
- Union
- Henderson
- Carlisle
- Marshall

Kentucky (cont.)
- Christian
- Cumberland
- Whitley
- Bell
- Harlan
- Knox
- Leslie
- Perry
- Clay
- Laurel
- Pulaski
- Lincoln
- Boyle
- Garrard
- Madison
- Anderson
- Spencer
- Shelby
- Franklin
- Louisville
- Jefferson
- Oldham

Kentucky (cont.)
- Henry
- Nicholas
- Fleming
- Pendleton
- Campbell
- Kenton
- Boone
- Greenup
- Boyd
- West Virginia
- McDowell
- Mercer
- Wyoming
- Logan
- Boone
- Fayette
- Kanawha
- Wayne
- Cabell
- Huntington

Ohio
- Lawrence
- Gallia
- Jackson
- Pike
- Vinton
- Ross
- Hocking
- Brown
- Clermont
- Belmont
- Guernsey
- Columbiana

New York
- Suffolk
- Nassau
- Orange
- Sullivan
- Duchess
- Broome
- Rensselaer
- Schenectady
- Seneca
- Erie

Pennsylvania
- Delaware

Michigan
- Wayne
- Oakland
NEVADA RECEIVED LESS IN THE TOBACCO LITIGATION
$6 Billion + $200 Million per year

$4.1 Billion

$17.3 Billion

$11.3 Billion
DAMAGES