



The Opioid Epidemic

William "Beau" Clark, MD
East Baton Rouge Parish Coroner

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Dr. William “Beau” Clark is serving his third term as Coroner of East Baton Rouge Parish. He is currently the Past-President of the Louisiana State Coroner’s Association and the Past-President of the Louisiana State Medical Society.

Dr. Clark is a native of Baton Rouge. He received his undergraduate degree from Louisiana Tech, majoring in biology. He later graduated from Louisiana State University School of Medicine in New Orleans and completed his residency in Emergency Medicine at Earl K. Long Medical Center in Baton Rouge. He is board certified by the American Board of Emergency Medicine.

Dr. Clark has served our community in many capacities during his career, from emergency medicine doctor, to a member of the East Baton Rouge Parish Sheriff’s Office SWAT team. He has been in the medical field for over 20 years and in law enforcement for nearly the same. Since taking office in 2012, Dr. Clark’s mission has been to engage his office fully in his 3 jurisdictions: death investigations, mental health investigations, and sexual assault investigations.

His many awards include Baton Rouge Eye Bank Champion for Sight, Louisiana Organ Procurement Champion of Donation, Baton Rouge Business Reports 40 under 40 and the St. Michael’s High School Alumni of the Year.

Beau is married to Vanessa Clark of Baton Rouge and they have two children, Will and Julia. He is a member of St. Jude Parish and is an avid endurance athlete and has completed an IRONMAN race.



Chapter One: Heroin



Heroin

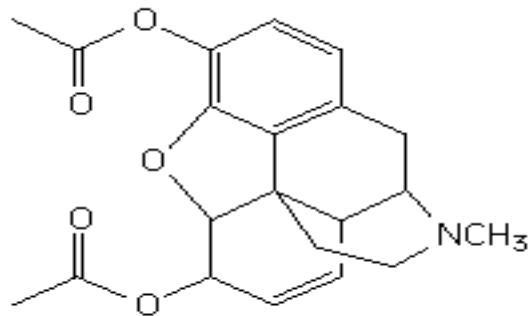
- Heroin is an opioid painkiller and the 3,6-diacetyl ester of morphine. Heroin is used as a recreational drug for its euphoric effects. It's side effects include CNS and respiratory depression and death.



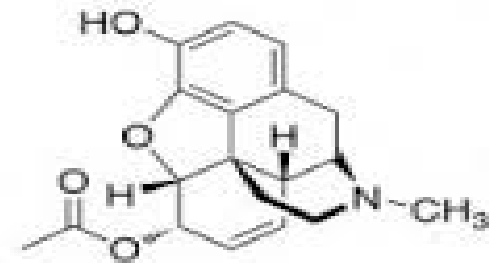


Heroin

- Post mortem toxicology
 - Heroin (diacetylmorphine) is rapidly metabolized (less than 20 minutes) to 6-monoacetylmorphine (6-MAM). The detection of this metabolite allows the definitive determination of a heroin exposure.



Heroin



6-monoacetylmorphine
(6-MAM)



Potency

- All prescriptions, including opiates, are regulated by the FDA. If the pill has x mg of drug, then that's what's in it.
- Heroin is illicit; therefore, not regulated in a laboratory, but made by the dealer. Its strength or potency is quite variable.
- In the field of pharmacology, potency is a measure of drug activity expressed in terms of the amount required to produce an effect of given intensity.
- The potency of seized heroin has been extremely variable.

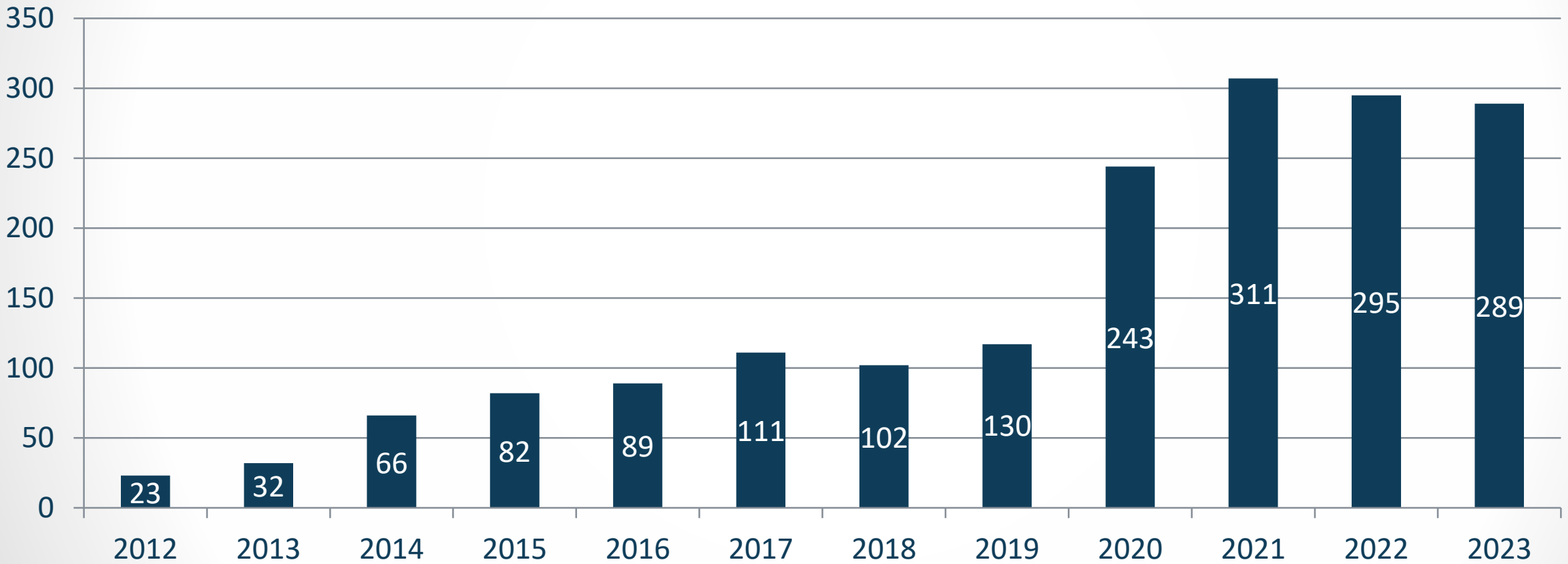


Tolerance

- Drug tolerance is a pharmacology concept where a subject's reaction to a specific drug and concentration of the drug is reduced followed repeated use, requiring an increase in concentration to achieve the desired effect.
- The naive user (first timer) versus the chronic user versus the chronic user that has detoxed from rehab and is unaware that they are again a naive user.



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Why?

- The Law- In the early portions of 2000s, the LA legislature formerly mandated a life sentence for the distribution of Heroin, which is considered a schedule I. However, in an effort to “prevent the incarceration of non-violent criminals”, the mandatory sentencing was greatly reduced to the 5-10 year range.
- The Medicine- In 2010, the LA Board of Pharmacy created and implemented the Prescription Monitoring Program (PMP) in an effort to assist physicians and the DEA to prevent “doctor shopping”, otherwise known as narcotics diversion.
- The Pain Scale- At around the same time as Oxycontin’s FDA approval, the American Pain Society, introduced the “pain as the 5th vital sign” campaign. This declaration was not accompanied by the release of any device which could objectively measure pain, as was done with all previous vital signs, making it the first and only subjective vital sign.
- The Patient Satisfaction Survey- Press Ganey deserves a place with their emphasis on patient satisfaction. They monetized their concept, selling not only surveys but also consulting services to help hospitals improve their scores. Unfortunately, the correlation between patient satisfaction and quality is unclear.



The Perfect Storm

- A decrease of prescription narcotics on the street, a decrease in sentencing for heroin, and an opportunity for the businessman drug dealer.





Important to Note

- Heroin dealers are rarely Heroin users
 - The dealer is a business man, who sells drugs
 - The user is some one with a medical and psychological illness



The “Bad Guy”

- In the business to make money
- Sells a product that is in high demand
- Has a customer base that will do anything to get the product- the users
- Looking for an environment with a high return on the investment and minimal laws that make business risk averse
- Questionable ethics



The “Bad Guy” in Louisiana

- Not making as much money anymore in the cocaine/crack business
- Heroin is more financially lucrative
- Not really sure about the business model, so we see varying degrees of potency
- If caught, the jail sentence is minimal
- Getting creative- other forms of distribution



The “Good Guy” (Patient)

- In almost all cases investigated, their addiction began through an opiate prescription provided by a physician
- When they were cut off, they turned to the street and found because of the PMP that there was not a lot of diverted prescription opiates available, but the “need” was so tremendous that heroin (which is cheaper and readily available) became the alternative
- Death followed



The Solutions

- It's complicated!
- Some steps:
 - Stop using a pain scale (rather use a yes or no system- it's subjective) and stop using patient satisfaction surveys- Medical Community
 - Opioid education and prevention
 - Increase sentencing for distribution- managing the “Bad Guy”
 - Make the “bad guy” businessman go elsewhere to do business- Law Enforcement
 - Getting caught is serious and you go to jail for a long time- Judicial System
 - Responsible prescribing habits- Act 82 (Moreno) and Act 76 (Mills) – (Risk-Benefit Analysis)
 - Treatment of the addict
 - Medically Assisted Treatment (MAT)
 - Cognitive Behavioral Therapy (CBT)

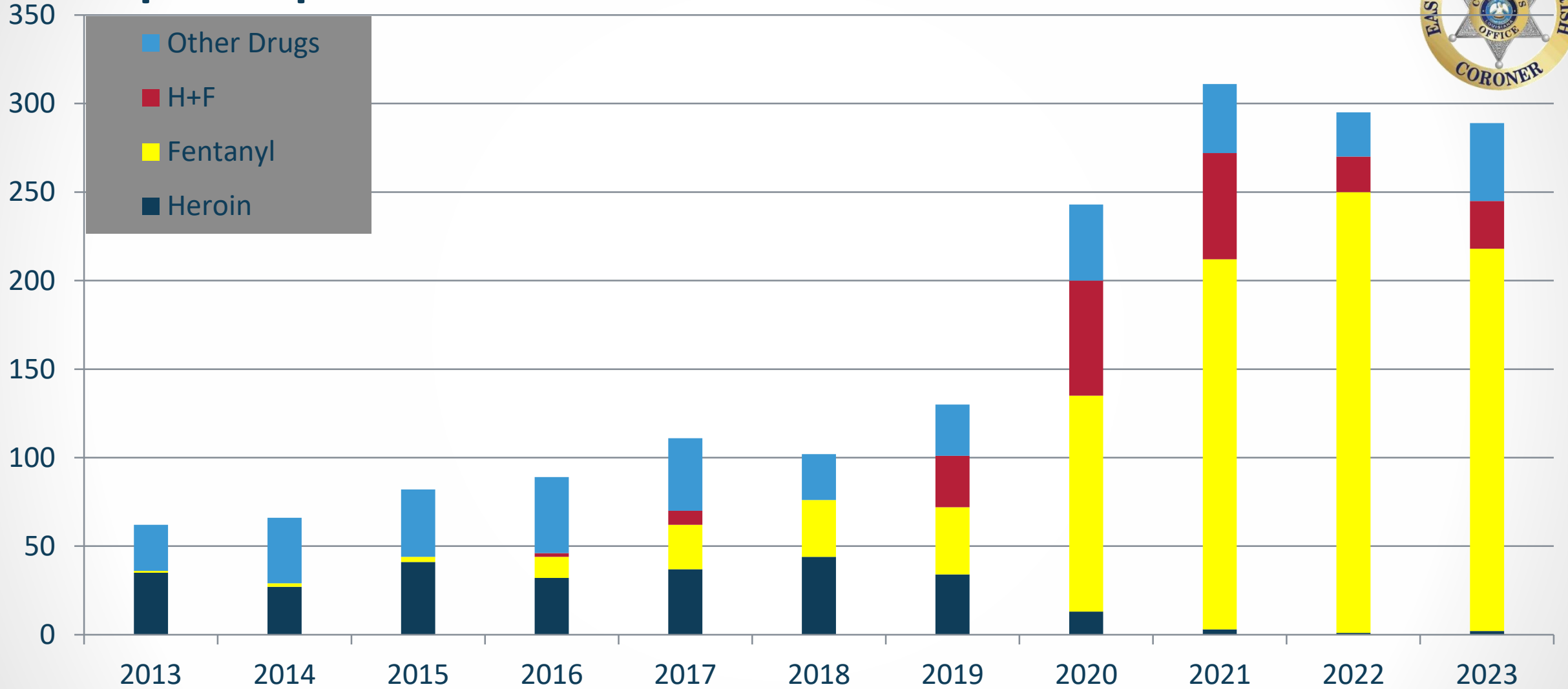


Chapter Two: Fentanyl



- It is common for a user to request a drug and be given a baggy of white powder that the dealer has no idea what exists in the baggy. For example, we have had cases where a known cocaine addict buys a baggy of white powder from the dealer and overdoses. Later, we discover thru post-mortem toxicology that the substance was fentanyl. This is a common example that the dealer is only interested in making money regardless of the substance they sell or the danger they put their “customer” in. It also illustrates the danger the addict puts themselves in by consuming an unknown substance of unknown potency.

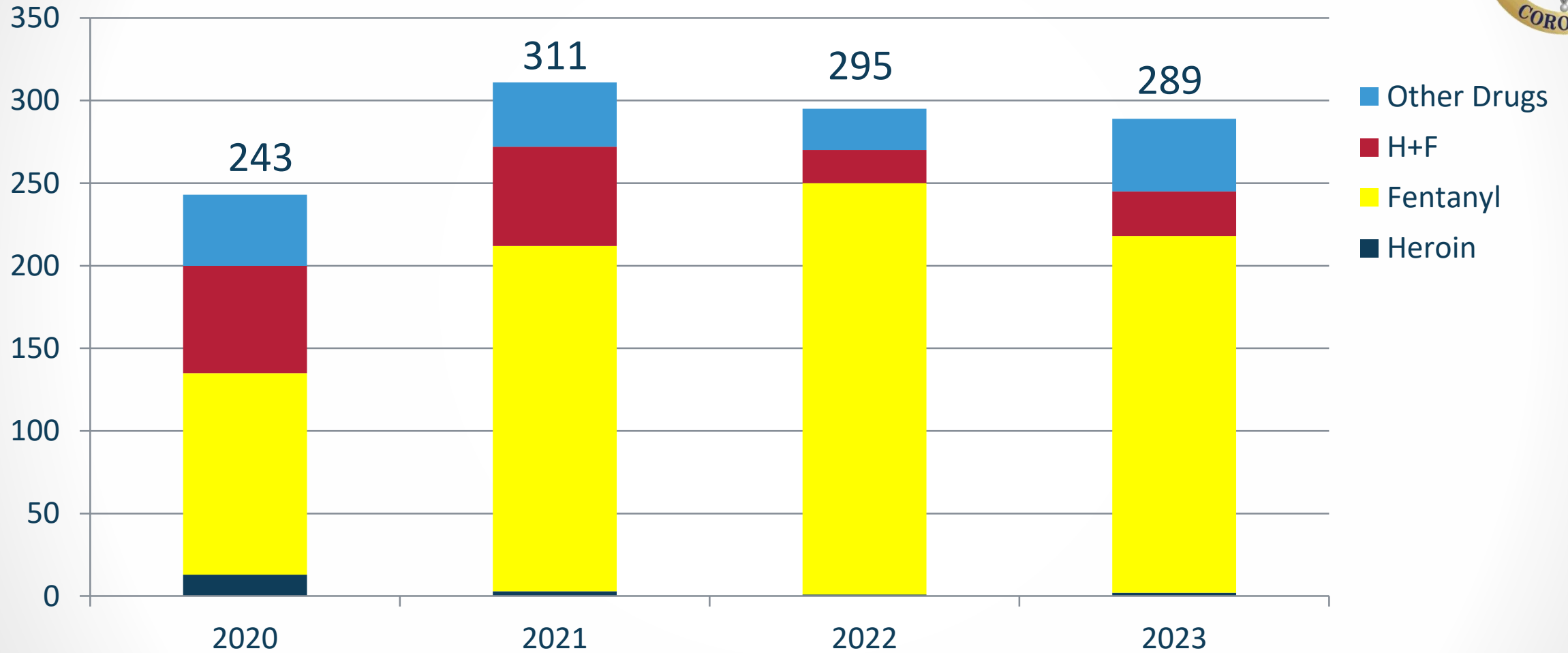
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Chapter Three: Adulterated

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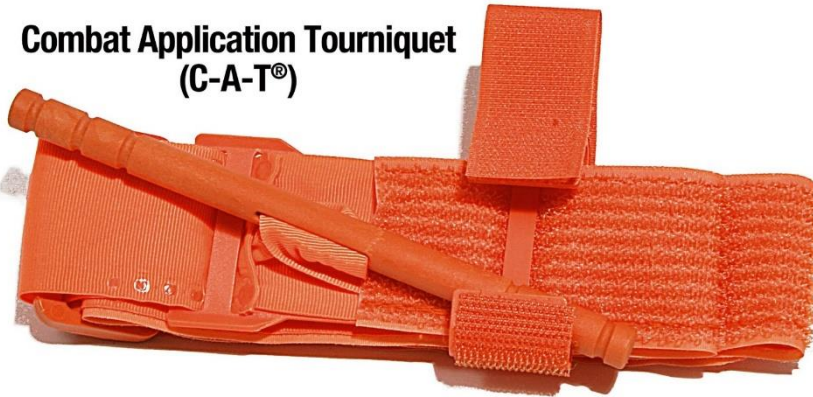


Why?

- Occasional illicit drug use
- Daily illicit drug use
- The power of addiction to opioids
- There is an extremely high possibility that all illicit drugs in our community are adulterated with fentanyl



The Response





“Memento mori”

Questions and Discussion