



## Synthetic opioids escalate battle against drug addiction in Ohio

By CHARLIE BAN

### Stronger opioids entering heroin marketplace

Around the table during the NACo-NLC Opioid Task Force meeting in Kenton County, Ky., members told horror stories of overdoses and addiction in their counties, sprinkling in mentions of something so exaggerated that it sounded like a joke — elephant tranquilizers.

Less than a week later, across the Ohio River in Hamilton County and Cincinnati, a rash of 174 opioid overdoses in six days left five dead with traces of that tranquilizer — the synthetic drug carfentanil.

It started showing up in July, according to the Hamilton County Heroin Coalition, but it made its mark right before Labor Day.

County Health Commissioner Tim Ingram doesn't see it going away, either.

"This is the tipping point into a new era of synthetic street drugs," he said. "It's driven by money — it's faster to market, cheaper to make, more profitable for dealers and way more potent."

It's 10,000 times more potent than morphine, with a half-life of eight hours, compared to half-lives of one hour for fentanyl and 20–30 minutes for heroin.

In some cases, that's what people are looking for.

"The first time someone does heroin, they have a tremendous, almost orgasmic feeling," said O'dell Owens, Cincinnati's health director and interim health commissioner. "Some addicts will try stronger drugs like fentanyl or carfentanil so they can get that high again, not just try to fight off withdrawal symptoms."

Ingram isn't sure how much users know about what they're buying. He said their understanding of potency and dealer's marketing nicknames, along with the varied concentrations of the stronger drugs, made it all a crapshoot.

"I think they don't know what they're buying," he said. "It's like Russian roulette, only there are five bullets in the chamber."

Owens said the city health department is trying to get the word out about the synthetic drugs through its needle exchange.

"There's an education component, where we ask them questions about their drug use and teach them about avoiding hepatitis and AIDS," he said. "We can also tell them about how dangerous these new drugs are."

They are so potent that a single dose of naloxone doesn't suffice in reviving someone overdosing on fentanyl or carfentanil.

"That's not all bad," Owens said. "Sometimes when you revive someone completely, they wake up angry and fight you because they lost their high. Now you can get them enough of a dose to save their lives and get them to an emergency room."

But those drugs also present a hazard for law enforcement.

"Police have stopped using dogs to sniff for some drugs," Owens said. "The dogs have died from smelling the carfentanil — it's that strong."

Likewise, officers in Hartford, Conn. became sick after inhaling powdered opioids during a September drug bust. In British Columbia, the Vancouver Police Department is giving its officers doses of naloxone for them to use to protect themselves from accidental ingestion.

Ingram said that he saw the path forward as a combination of supply reduction, harm reduction and medically-assisted treatment.

"It's a disease, not as much a moral failing," he said.