ORGANIZATION OF THE AMERICAN STATES (OAS)
INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION (CICAD)

OPIOIDS IN LATIN AMERICA

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What are opioids?

Relevant data on the opioid epidemic

Opioids in five countries in Latin America

Conclusions
What are opioids?

Generic term applied to:

- Natural opiates: Opium, morphine, codeine, thebaine
  - Poppy plant

- Synthetic opioids: Tramadol, fentanyl, methadone, pethidine
  - Precursors

- Semi-synthetic opioids: Heroin, hydrocodone, oxycodone
  - Morphine Derivative, Codeine or thebaine derivative, Thebaine derivative

- NPS with opioid effects: Acetyl Fentanyl
  - Precursors
SYNTHETIC OPIOIDS

- **Opioids:** Use for non-medical purposes can have serious health consequences.
- Tolerance and dependence develop very fast and can reach extreme levels.
- Each episode of use for non-medical purposes carries a high risk of overdose and death from respiratory depression.

**Fentanyl:** first synthesized in 1959. Underwent international control in 1964. It is 100 times more potent than morphine. Pain treatment.

**Carfentanil:** first synthesized in 1974. Underwent international control in 2018. It is 10,000 times more potent than morphine. It is intended only for veterinary purposes in large animals.
Deaths from overdose. United States, 2018

2018 → Deaths from overdose (DO) → 67,367 → Opioid deaths (OD) → 46,802 (69.5% DO) → Deaths from synthetic opioids (not methadone) - fentanyl - → 31,335 (67% OD) (46% DO)

14,666 (21.7% DO) → Cocaine deaths

12,676 (18.7 DO) → Deaths by Psychostimulants


During 1999–2018, opioids were involved in 446,032 deaths in the United States.
Number of deaths associated with opioids in Canada and the United States, 2016-2018


- United States, Rate by 100,000 population: 13.3 (2016), 14.9 (2017), 14.6 (2018)

CDC *2019: data is provisional.
In 2019, CICAD/OID carried out a research project on opioids and other emerging drugs, in which five Latin American countries participated: Argentina, Mexico, Peru, the Dominican Republic and Uruguay.
Argentina: Two lines of research - 1) Describe the healthcare offer for the treatment of opioid use disorders -2) Describe the sociodemographic profile of use and health of users of opioid substances, in treatment for dependence on these substances, in selected establishments (public, private and / or social security) in the country.

Mexico: Analyze and describe the care services for people who use heroin, fentanyl and other opioids in three states on the northern border of Mexico: cities of Ensenada, Mexicali and Tijuana, in Baja California; Chihuahua and Ciudad Juarez, in Chihuahua; and Hermosillo, Nogales and San Luis Rio Colorado (SLRC) in Sonora.

Peru: G1) Know the situational status of heroin, fentanyl and other opioids use - E1) Describe the sociodemographic profile of patients undergoing treatment for opioid use in public and private services; E2) To know the perceptions related to the use of opioids in secondary school students in the cities of Callao, Lima, Pucallpa, Tacna and Trujillo.

Dominican Republic: Characterize the current problem of the illicit use of heroin and other opioids in two cities: Santo Domingo and Santiago.

Uruguay: Know the chemical characterization of seized opioids, identify the sociodemographic and use profile of heroin, fentanyl and other opioid users, and estimate the magnitude of use of these substances. 12 lines of research were developed in the country.
# Main Findings Argentina

### The demand for opioid treatment is low.
- It is higher in healthcare workers.

### Patients in opioid therapy:
- Predominantly males $\geq 30$ years.

### Opioid dependence, there is a higher proportion of women.
- Most developed dependence after being treated with opioid medications.

### Heroin:
- Demand and prevalence of use are low.
- They used outside of Argentina: Europe or the USA.

### CPD opioids more often used without medical prescription:
- Tramadol and morphine.
- The predominant method of administration is oral.

### Healthcare workers:
- Use of fentanyl and its derivatives without medical prescription is common.
- Injectable method of administration.

### Treatment approach used for opioid use disorders:
- It does not differ from that used for disorders due to the use of other drugs.

### Substitute treatment with methadone or buprenorphine:
- It is exceptional and limited to patients in the healthcare field.
Main Findings Mexico

**Treatment centers:**
- Implement mutual aid models.
- Staff has adequate levels of training in addiction care, but not specific to opioids.

**Need for training:**
- 75.5% of interviewees considered it essential in specific treatment of heroin and other opioids use.

**Treatment for Women:**
- There is a minimum offer for them, and the highest admissions recorded are in centers with mutual aid models.

**Treatment costs:**
- Are often a barrier.
- Mainly for patients who do not have family support.

**Socio-labor reintegration programs:**
- Almost nonexistent.

**Treatment at Youth Integration Centers** (CIJ, by its Spanish acronym):
- Good practices of Tx substitute with methadone and comprehensive care.
- Attention protocols and interdisciplinary program are applied.
- Well-trained staff.

**Civil society organizations:**
- Reported mixed heroin and crystal use.
- Perceive fentanyl use.
- The increase in overdose cases is attributed to fentanyl use.

**Needs:**
- Training in the management of opioid-consuming patients.
- Extending monitoring and research to other cities in the country.
Main Findings Peru

In general terms:

- No significant level of opioid use is perceived,
- Unfamiliarity with this type of substance is observed in the country.
- Need for updated diagnoses and following specific inter-institutional strategies.
- Generate more evidence at national scope.

The students interviewed:

- Perceive that opioids are being used by some very specific groups of the population, particularly drug polyusers and habitual drug users.

Specialists interviewed:

- Use is a latent possibility due to a generalized global culture of opioid use.
- Use may increase in the event of a possible drop in its price, when there is more availability in the market.
- Others affirm that access difficulties and the type of reaction generated by opioids will continue to be a limitation for their use in Peru.

Need for training:

- Technicians or specialists (both police and health/education service providers) do not always have adequate or sufficient information about the opioid problem.
- Create spaces for discussion and exchange, in order to promote timely improvements and updates at the regulatory level.
- Need to provide information mainly to four types of social actors: (a) Schoolchildren; (b) Parents; (c) School psychologists; (d) Authorities.
Main Findings Dominican Republic

**Opioid users:**
- Mostly people with a long history of drug use, where heroin is the fourth or fifth drug of use.
- Average age of people in treatment: 52 years.
- 70% used heroin for the first time in the US, 24% did it in the Dominican Republic.
- The province of Santiago is the geographic area of the country with the most heroin users.

**Treatment:**
- High recidivism among people in treatment: an average of 4 times in treatment.
- More than 90% said they were very satisfied or satisfied with the program they were receiving.

**Type of treatment:**
- 61% were in the outpatient treatment modality and 39% in residential.
- Residential-type programs that offer assisted medication with an opioid antagonist more valued.
- Suboxone use is well appreciated among users who were treated with this medication.

**Medication diversion:**
- Opioid antagonists are diverted to the illicit market.
- Some patients marketed Suboxone on the illegal drug market in order to obtain heroin doses.
- The health services reacted by restricting the dose of the medicine.
- Specific rules should be developed from the health authority to deal with this problem.
Main Findings Uruguay

**Controlled prescription opioid use:**
- It does not make up a public health problem: low demand and low supply.
- Non-existence of a high prescription of opioids.
- High perception of risk associated with the improper use of opioid medications.
- Legal market with strengths in regards to regulation and controls.
- Illegal market for use of opioid substances almost non-existent.
- Monitoring of this type of substances since 2014, through the EWS-Drugs.

**EWS-Drug Detections:**
- Fentanyl stamps and heroin samples in the local market.
- In one case, a public alert was issued, which aimed to warn the entire health system, as well as potential users, of the circulation of this substance and the probable risk of poisoning.
- The health system reacted by providing the mobile emergency units with stock of the antagonist Naloxone, in order to be able to reverse eventual cases of opioid poisoning.

**Exceptional cases:**
- The cases detected with the use of opioids fulfill tasks in healthcare areas.
- This is associated with accessibility to the substance.
- There is concern about the diversion of these drugs from the formal channels of circulation, which, although they were found to be of low magnitude, is not non-existent.
General conclusions

Low prevalence
- In general terms and comparatively with other drugs that are produced in the region or are more traditional.

Availability facilitates use
- As observed in the health personnel of Argentina and Uruguay.

Need generates a market
- Heroin-dependent users in the Dominican Republic.

Closeness to markets generates use
- As seen in the border cities of Mexico with the United States.

Opioid use exists, but has remained invisible
- It is not recorded in large population surveys.
- Of 5 countries, in 4 of them use was observed in specific population groups.
- We also know of use in other countries that were not part of these studies:
  - Presence of the "H" in Colombia and Ecuador.
  - Increased use of opioid medications in Chile.
General conclusions (continuation)

**Gender**

- Higher use of opioids in men than in women in crude numbers.
- Higher proportion of women develop dependence after being treated with opioid medications.
- The supply of treatment for women is lower and does not take into account issues such as childcare.
- Important risk factor for starting opioid use in women:
  - Their partners had opioid use disorders.

**Onset of heroin use**

- Most began heroin use in countries and regions where heroin use is more common, such as in Europe or the United States.
- The Dominican Republic is a warning to other countries that experience signs of heroin or opioid use in specific populations.
General conclusions (continuation)

**Opioid medications**

- In Argentina and Uruguay, use was observed in professionals and technicians who work in healthcare.
- There is concern about use of various opioid medications via injection.
- The use of fentanyl patches or its use in injected form was also observed.
- Outside of the healthcare area, tramadol, morphine and suboxone are used without medical indication.
- Use of opioid medications in suicide attempts.

**Treatment**

- Substitute treatment with methadone, buprenorphine (generic) and suboxone is limited only to patients who work in the healthcare area.
- The interviewed patients valued the treatment in residential type programs and assisted medication with an opioid antagonist.
It is essential to generate updated information and technical guidelines to prevent or respond early to an opioid epidemic in the countries of Latin America and the Caribbean.

The COVID-19 pandemic has shown us the importance of anticipating and being prepared to respond adequately to an emerging epidemic that affects the health of the entire population.

The high prevalence of opioid-related drug use, poisoning, and deaths in Canada and the United States represent new challenges not only for those countries, but also for the entire Hemisphere.
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