The U.S. National Drug Control Strategy & Drug Landscape For NIHCM Webinar
Fentanyl and Xylazine Focus

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Rolling 12-Month Provisional Drug Overdose Deaths by Substance Jan 2015 – June 2023

Past Year Illicit Drug Use:
Among People 12 and Older, 2022

No Past Year Illicit Drug Use
211.7 Million People (75.1%)

Past Year Illicit Drug Use
70.3 Million People (24.9%)

Marijuana: 61.9M
Hallucinogens: 8.5M
Rx Pain Reliever Misuse: 8.5M
Cocaine: 5.3M
Rx Tranquilizer or Sedative Misuse: 4.8M
Rx Stimulant Misuse: 4.3M
Methamphetamine: 2.7M
Inhalants: 2.3M
Heroin: 1.0M

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

Office of National Drug Control Policy
Past Year Substance Use Disorder: Among People 12 and Older, 2022

- No Past Year SUD: 233.3 Million People (82.7%)
- Past Year SUD: 48.7 Million People (17.3%)

- Alcohol Use Disorder: 29.5M
- Drug Use Disorder: 27.2M
- Marijuana Use Disorder: 19.0M
- Rx Pain Reliever Use Disorder: 5.6M
- Rx Stimulant Use Disorder: 1.8M
- Methamphetamine Use Disorder: 1.8M
- Cocaine Use Disorder: 1.4M
- Heroin Use Disorder: 900,000

Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

1 Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

2 Includes data from all past year users of the specific prescription drug.

Received Substance Use Disorder Treatment in the Past Year Among People 12 or Older Who Needed It, 2022

![Bar chart showing percentage of individuals receiving treatment in the past year by age group]

- **12 or Older**: 24.0%
- **12 to 17**: 40.0%
- **18 to 25**: 16.4%
- **26 or Older**: 24.7%

Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

“Saving lives is our North Star”

**The NDCS** “seeks to build the foundation for the Nation’s work to reduce drug overdose deaths by addressing both the supply and demand sides of drug policy.”
2022 National Drug Control Strategy Chapters

- ✓ Prevention & Early Intervention
- ✓ Harm Reduction
- ✓ Substance Use Disorder Treatment
- ✓ Building a Recovery-Ready Nation
- Reduce the Supply of Illicit Substances through Domestic Collaboration
- Reduce the Supply of Illicit Substances through International Engagement
- ✓ Criminal Justice
- ✓ Data Systems and Research

✓ Public Health-related Chapters
Harm reduction is an approach that emphasizes working directly with people who use drugs (PWUD) to prevent overdose and contagious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer flexible options for accessing substance use disorder treatment and other health care services.

- **Overdose reversal medicines (Naloxone/Nalmefene)**
  - Helpful if plans can elect to cover OTC & continue to cover prescription formulations

- Test Strips

- Syringe Services Programs- provide billable services
  - Wound Care
  - PrEP and Pep
  - Testing and vaccinations for hepatitis & HIV & syphilis
It is clear that if we were to appropriately screen, diagnose, and treat individuals with SUD similarly to chronic conditions such as diabetes, we would be able to significantly reduce mortality associated with substance use.

- Increased access to quality treatment,
- reduced stigma,
- dedicated interventions for the most vulnerable,
- and a trained workforce are all necessary to meet the Strategy’s treatment goals.
New Challenges with Fentanyl in the Xylazine Era

- **Xylazine**
  - Is a veterinary medicine (not allowed for humans) but then also not yet controlled (scheduled) federally
  - Causes prolonged sedation.¹
  - Does not respond to overdose reversal medicines (because it is not an opioid) but fentanyl does
  - Contributes to deaths with opioids but generally not lethal alone
  - Naloxone restores breathing although rapid return of consciousness may not be apparent the way it is without the sedative Xylazine

- ONDCP Director, Dr. Rahul Gupta declared Xylazine an emerging threat in April 2023 as it had sufficiently spread across U.S. census regions to qualify as an “emerging threat.”²

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New Challenges with Fentanyl in the Xylazine Era

### Wound care:
- Infections are “distinct” from other injection related wounds\(^1\).
- Reports suggest wounds are likely to respond to care if Xylazine use ceases

### Treatment challenges:
- Anecdotes of extremely high morphine equivalent tolerance from fentanyl (200 mgs of methadone)
- Recommended 16 mg dose limits for buprenorphine may no longer be relevant\(^2\)
- NIDA hosted a meeting to develop a research agenda on treatment of patients exposed to Xylazine-fentanyl
- SAHMSA will hold a meeting on dose limits in December
- People dependent on Xylazine and in withdrawal even if they receive medications for opioid use disorder. This makes treatment adherence and wound care difficult

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Notice of Proposed Rulemaking: Medications for the Treatment of Opioid Use Disorder and Supplemental NPRM include proposals to:

- Remove all language concerning a DEA registration (waiver) to prescribe buprenorphine for opioid use disorder treatment
- Update the regulation of an initial dose of methadone remains at 30mg, not to exceed 40mg on the first day, with the incorporation of a provision for higher doses if clinically indicated
- Pandemic provisions modified but sustained
  - Methadone revised criteria allow up to 7 days of take home doses during the first 14 days of treatment, up to 14 take home doses from 15 days of treatment and up to 28 take home doses from 31 days in treatment.
  - The requirement that Opioid Treatment Programs maintain procedures to protect take homes from theft and diversion was continued,
  - Patient education on safe transport and storage of take home doses is added, including documentation of the provision of this education in the patient’s clinical record
  - Telemedicine initiation of buprenorphine
• National Drug Control Strategy
• Methamphetamine Plan (Emerging Threat)
• Recovery-Ready Workplace Toolkit: Guidance and Resources for Private and Public Sector Employers
• Substance Use Disorder in Pregnancy: Improving Outcomes for Families
• Fentanyl Adulterated or Associated with Xylazine Response Plan (Emerging Threat)
Thank you

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