

Overview of Opioid Use Disorder

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Objectives

- Define opioids
- Review opioid intoxication
- Understand the opioid epidemic
- Learn about harms from opioids
- Know criteria for opioid use disorder (OUD)
- Understand role of primary care teams in addressing OUD
- Confront stigma



What are opioids?

“Natural”, referred to as “opiates”

- Derived from opium poppy
- Morphine, codeine, opium

Synthetic (partly or completely):

- Semisynthetic: heroin, hydrocodone, oxycodone
- Fully Synthetic: fentanyl, tramadol, methadone

Effects

All of these drugs have significant potential for causing “addiction”, or Opioid Use Disorder

They also share common effects, depending on dose:

- Pain relief (analgesia)
- Cough suppression
- Constipation
- Sedation (sleepiness)
- Respiratory suppression (slowed breathing)
- Respiratory arrest (stopping breathing)
- Death

“Opioid” refers to both “natural” and synthetic members of this drug class

Pop Quiz: Which of These Drugs is an Opioid?

fentanyl

BUPRENORPHINE

PERCOCET

marijuana

hydrocodone

COCAINE

TRAMADOL

oxycodone

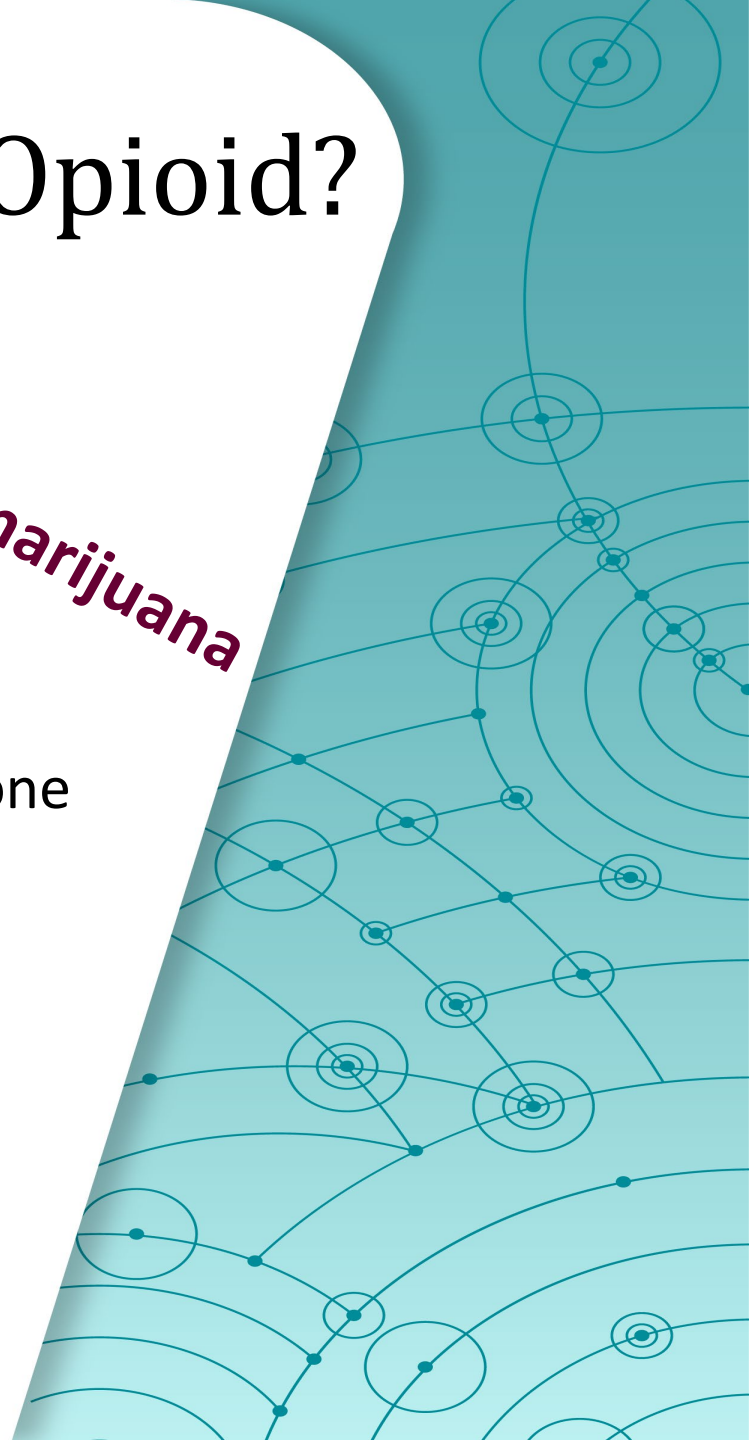
mushrooms

methamphetamine

methadone

alcohol

heroin



Opioid Intoxication

What does someone look like when they are intoxicated with opioids?

- Drowsy, sedated
- Speech and movement may be slowed
- May appear confused or incoherent
- May appear euphoric
- Pupils are constricted



What Major Problems do Opioids Cause?

Overdose and Death

Addiction = Opioid Use Disorder

*What other kinds of problems are associated with Opioids
and Opioid Use Disorder?*

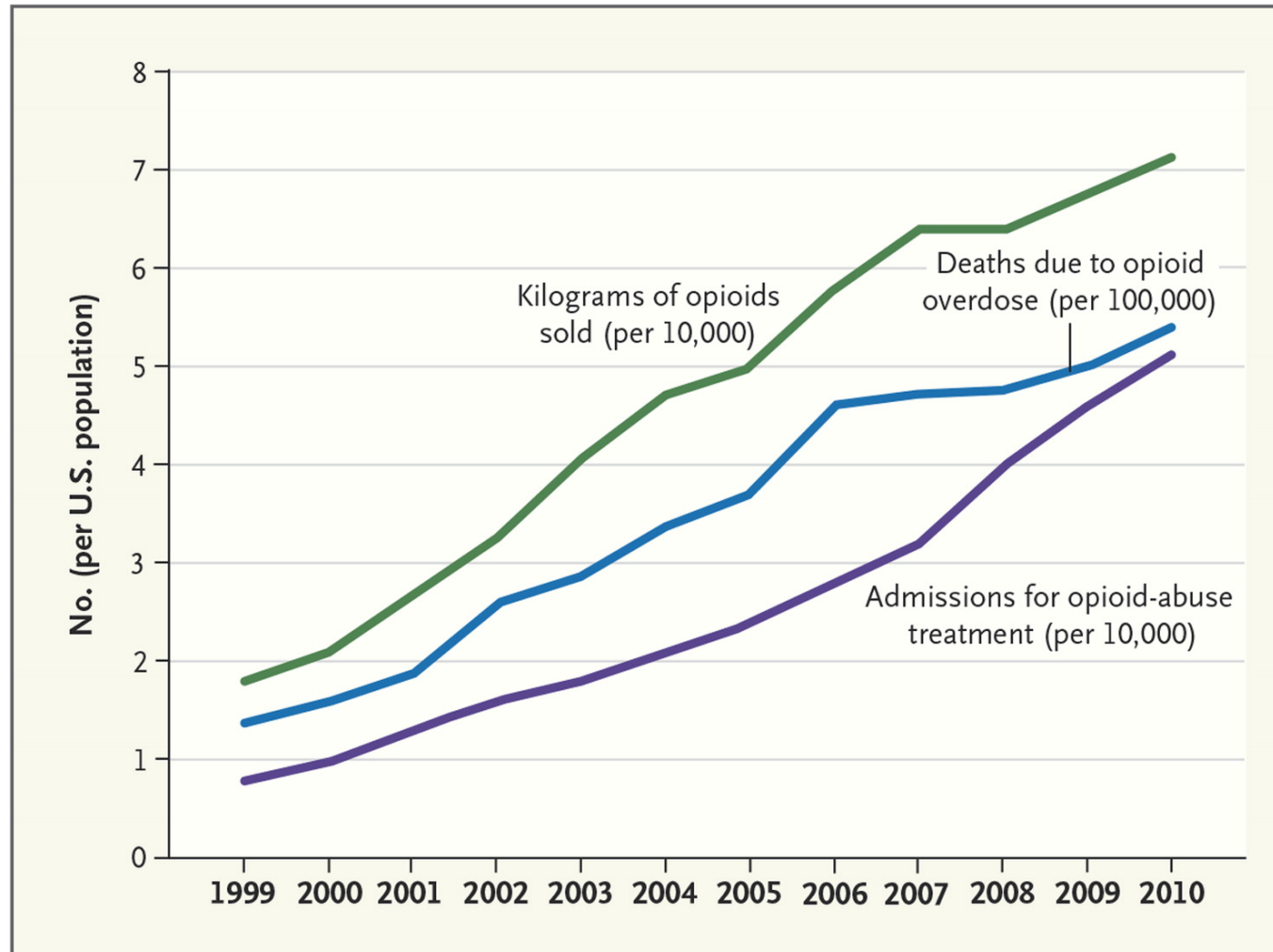


Why Have Opioids Become Such a Big Problem in the US?

- 1990s: New norm that all pain should be eliminated
 - pain as the “5th vital sign”
- Pharmaceutical company promotion
- Opioid over-prescribing
- Diversion, and widespread non-medical use of opioids, especially among youth
- Heroin widely available and less costly
- Limited access to medication treatment

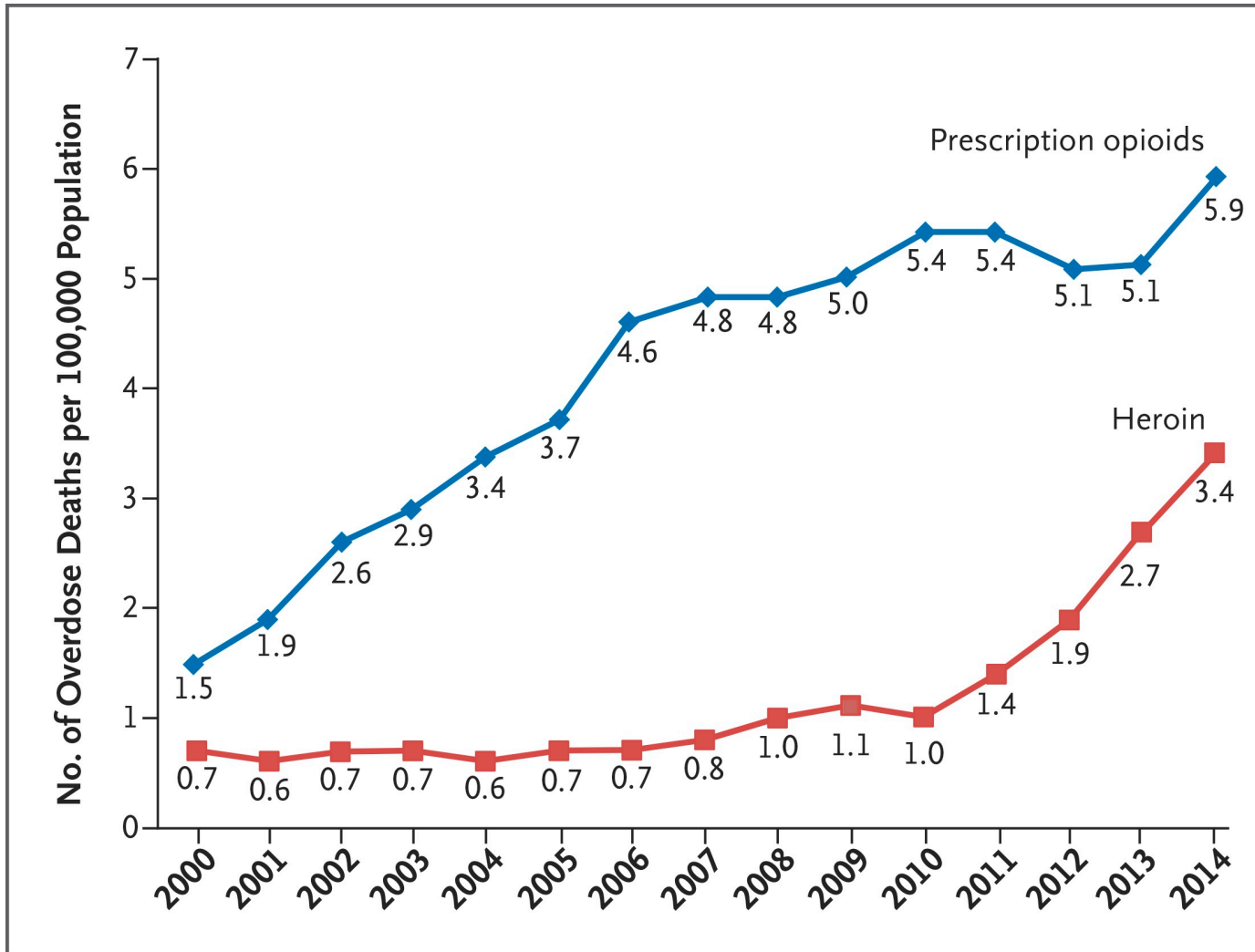


Opioid Sales, Admissions for Opioid-Abuse Treatment, and Deaths Due to Opioid Overdose in the United States 1999–2010



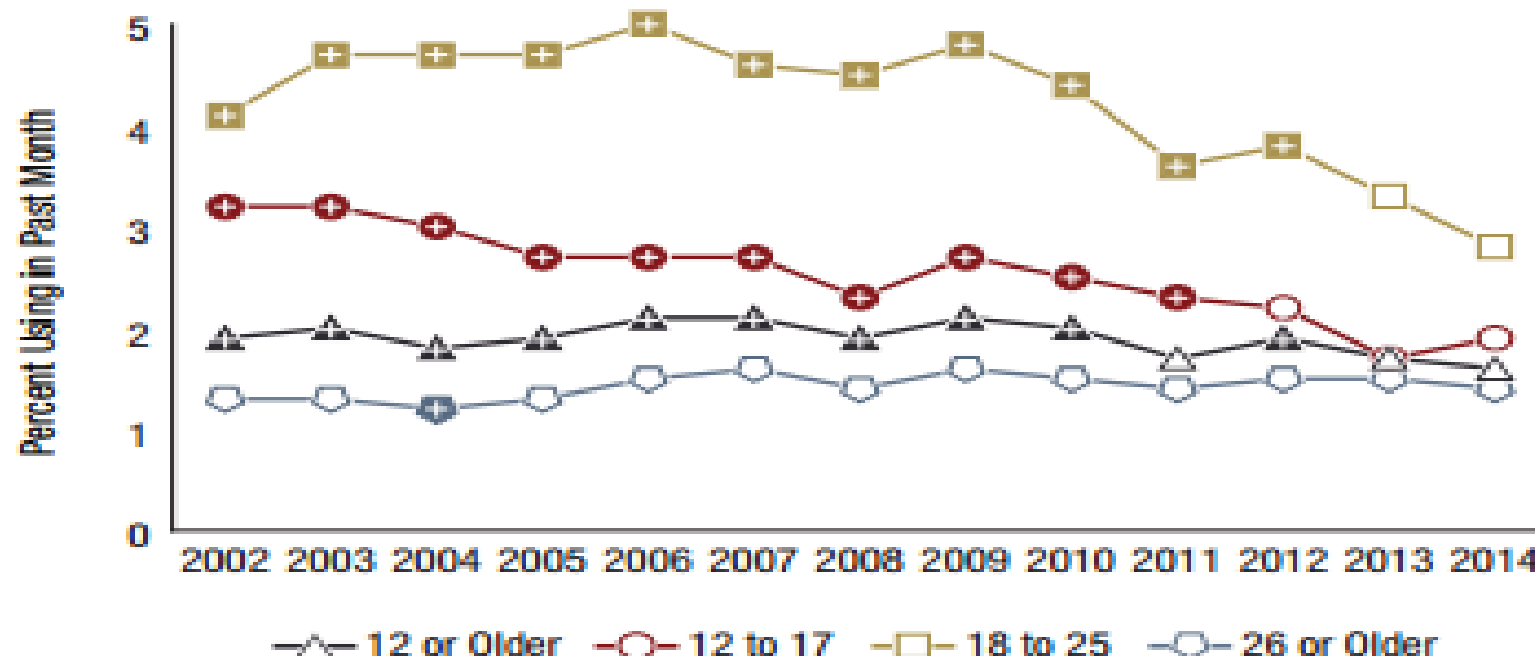
Volkow ND et al. N Engl J Med 2014;370:2063-2066

Age-Adjusted Overdose Death Rates Related to Prescription Opioids and Heroin in the United States, 2000-2014



Trends in Non-Medical Use of Pain Relievers

Figure 6. Past Month Nonmedical Use of Pain Relievers among People Aged 12 or Older, by Age Group: Percentages, 2002-2014





91
AMERICANS

die every day from
an **opioid overdose**
(that includes prescription
opioids and heroin).

"Drug overdose deaths are the leading cause of injury death in the United States, ahead of motor vehicle deaths and firearms (deaths)," the Drug Enforcement Agency announced in November, 2015

<https://www.cdc.gov/drugoverdose/epidemic/>

<http://www.cnsnews.com/news/article/susan-jones/dea-drug-overdoses-kill-more-americans-car-crashes-or-firearms>

Fentanyl

- A completely synthetic opioid, prescribed for severe pain
- Estimated to be 100x more potent than heroin
- Increasingly popular among drug dealers because easy to manufacture
- Often mixed with heroin or sold as heroin, so user is unaware
- Extremely deadly
- Epidemic rise in overdoses: for instance, now accounts for 2/3 of overdoses in Massachusetts *
- Difficult to reverse with naloxone because of potency

What is the Definition of Opioid Use Disorder? (also know as opioid “addiction”)

According to the American Society of Addiction Medicine’s definition:

Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors



How do You Diagnose Opioid Use Disorder (OUD)?

2 or more criteria = OUD:

- Using larger amounts/longer than intended
- Much time spent using
- Activities given up in order to use
- Physical/psychological problems associated with use
- Social/interpersonal problems related to use
- Neglected major role in order to use
- Hazardous use
- Repeated attempts to quit/control use
- Withdrawal *
- Tolerance *
- Craving

*Does not count if taken only as prescribed and constitutes the sole criteria

DSM 5, American Psychiatric Association

A 37 year old man has been prescribed opioids for pain control after a motorcycle accident. He has had multiple surgeries, and has been receiving prescriptions for opioids for many months. He tells you that the opioid analgesic doses that he has been prescribed are no longer controlling his pain. He is asking for a higher dose, or a more potent formulation.

How would you decide if he has Opioid Use Disorder?



A 52 year old woman is prescribed high doses of opioids (more than 180 MME per day) for chronic pain from inflammatory bowel syndrome. The patient's former physician has left your practice, and she is transferring to you for care. You note that the prescription monitoring program shows that she has received additional opioids in 2 different emergency departments in the past month. The front desk staff tell you that the patient has recently lost her job and is getting divorced.

How would you decide if she has an opioid use disorder?



A 19 year old woman comes in with a large abscess on her arm. She has track marks on both arms and hands, and acknowledges injecting heroin several times per day. She has been trading sex for drugs, and was recently released from jail.

What is the diagnosis?

How would you talk with her about her drug use?



What Can Primary Care Teams do to Address Opioid Use Disorder?

- **Prevention:** Responsible opioid prescribing (CDC Guideline 2016)
- Includes 3 main principles:
 - Use non-opioid therapies:
 - Use non-pharmacologic therapies and non-opioid pharmacologic therapies
 - Establish and measure goals for pain and function
 - Don't routinely use opioids to treat chronic pain
 - Start low and go slow:
 - Start with lowest possible effective dose
 - Start with immediate release, rather than long-acting
 - Only prescribe amount needed for expected duration of pain
 - Taper and discontinue if no improvement or risks of harms outweigh benefits
 - Close follow-up:
 - Check prescription monitoring program and urine drug tests
 - Avoid concurrent benzos and opioids
 - Arrange treatment for opioid use disorder if needed

What Can Primary Care Teams do Besides Prevention to Address Opioid Use Disorder?

- Screening: detection and early intervention for risky use
- Prevent diversion: close monitoring of patients on opioids, use of prescription monitoring programs and urine drug screens
- Harm reduction: overdose prevention, infection prevention through syringe exchange and vaccination
- Treatment: **Medication treatment** for Opioid Use Disorder is highly effective in reducing relapse, overdose, and other harms. Behavioral treatments and peer support also help to prevent relapse.
- Address co-occurring medical, psychological, and social barriers to health

Reducing Stigma

- Individuals with substance use disorders (SUDs) are highly stigmatized
- Although addiction is a brain disease, people with SUDs are often regarded as simply needing more willpower, rather than treatment
- Language use perpetuates stigma in healthcare and in society at large
- Stigma prevents people from seeking care
- What are some situations in which you see stigmatizing behavior or language related to SUDs?
- Health care teams can send a powerful message by avoiding stigmatizing language and behavior



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