# Opioid Addiction Treatment ECHO

## For Providers and Primary Care Teams at Neighborhood Health Centers of the Lehigh Valley

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# Introduction to Opioid Use Disorder

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# Disclosures

Miriam Komaromy and Joe Merrill have no financial conflicts of interest to disclose

*Abby Letcher has no disclosures*

# 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?

**"Opioid" refers to both "natural" and synthetic members of this drug class**

**"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

Pop Quiz:

# Which of These Drugs is an Opioid?

BUPRENORPHINE

***PERCOCET***

marijuana

hydrocodone

**COCAINE**

TRAMADOL

oxycodone

mushrooms

methamphetamine

methadone

heroin

**alcohol**

fentanyl

# Opioids are effective for acute pain

- We have learned a lot in recent years about the limited effectiveness of opioids for chronic pain
- On the other hand, opioids remain highly effective for acute pain, and judicious use of opioids remains important
- Healthcare personnel consistently under-rate the intensity of pain that African-American patients are experiencing more than other racial groups, when compared with self-assessment
- Other research suggests that lack of racial or cultural congruence appears to make us less able to assess someone's degree of pain and suffering

Crowley-Matoka, Pain Medicine 2009; Staton J Nat Med Assoc 2007

# Opioid Intoxication

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

- Drowsy, sedated (“nodding”)
- Speech and movement may be slowed
- May appear confused or incoherent
- May appear euphoric (“high”)
- Pupils are constricted (“pinpoint”)

# What Major Problems do Opioids Cause?

**Overdose and Death**

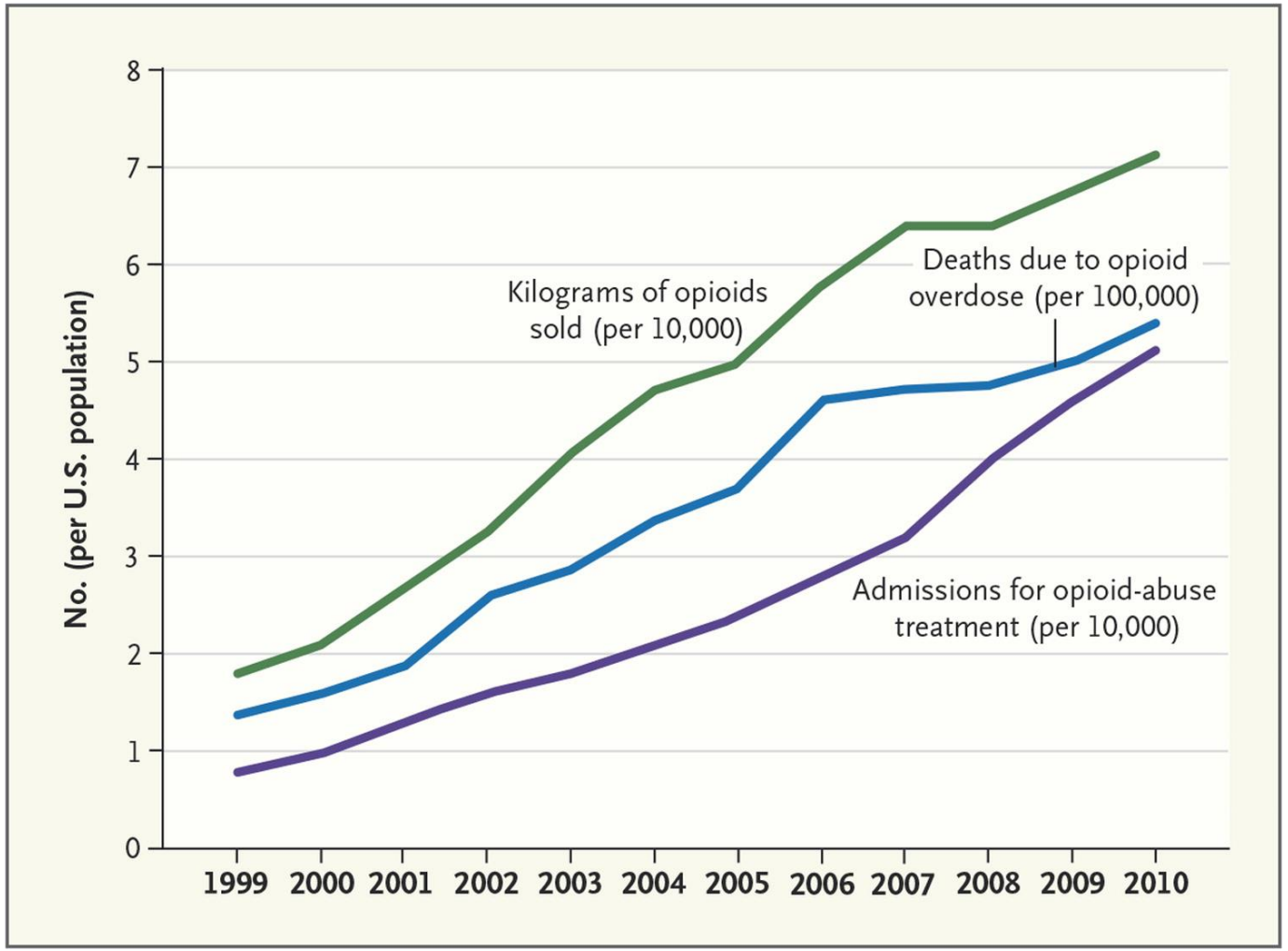
**Addiction = Opioid Use Disorder**

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

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

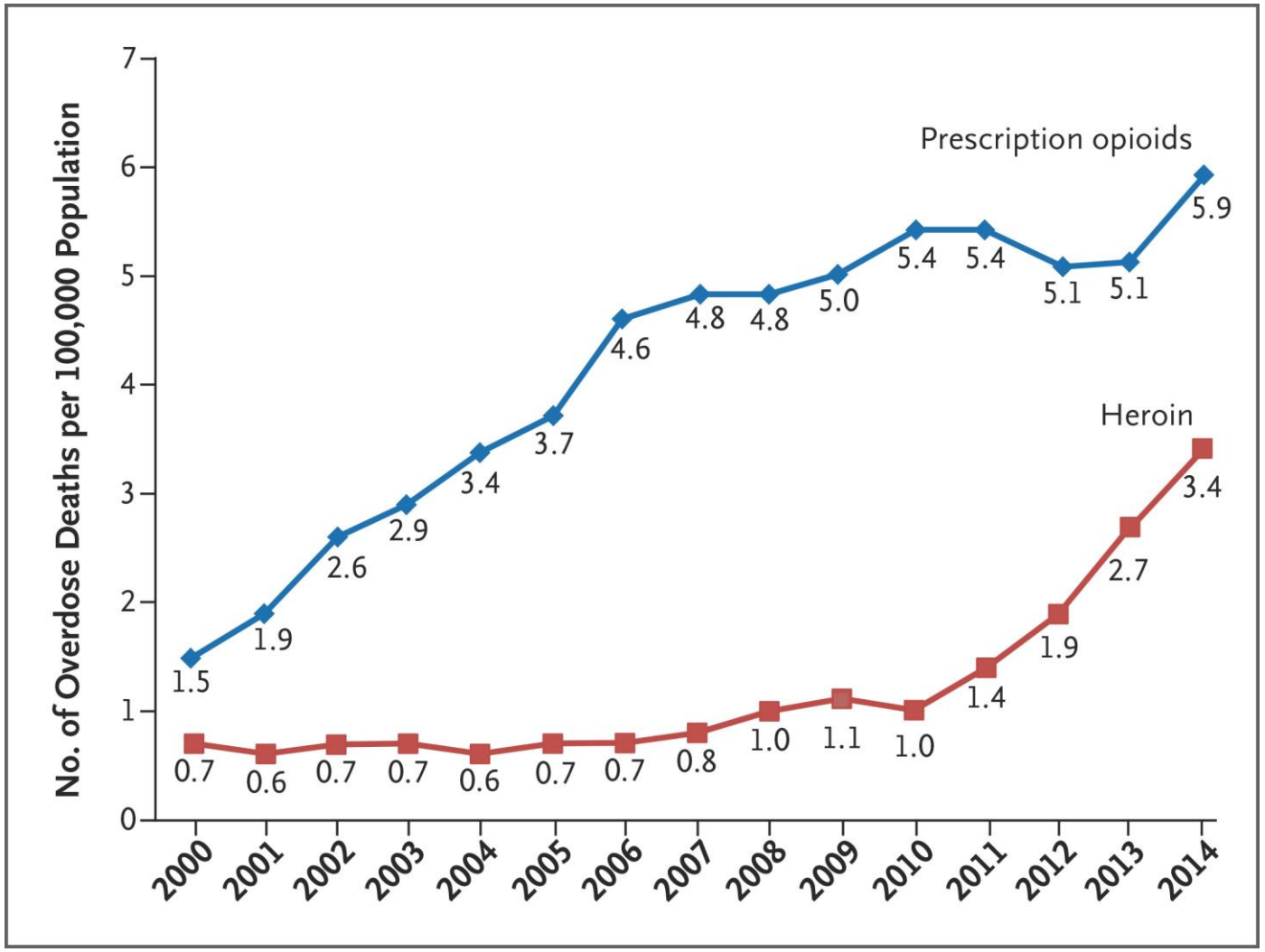
- 1990s: New norm that all pain should be eliminated
  - pain as the "5th vital sign"
- Pharmaceutical company promotion
- Opioid over-prescribing
- Diversion, and widespread non-medical use of opioids, especially among youth
- Heroin widely available and less costly
- Limited access to medication treatment

# 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

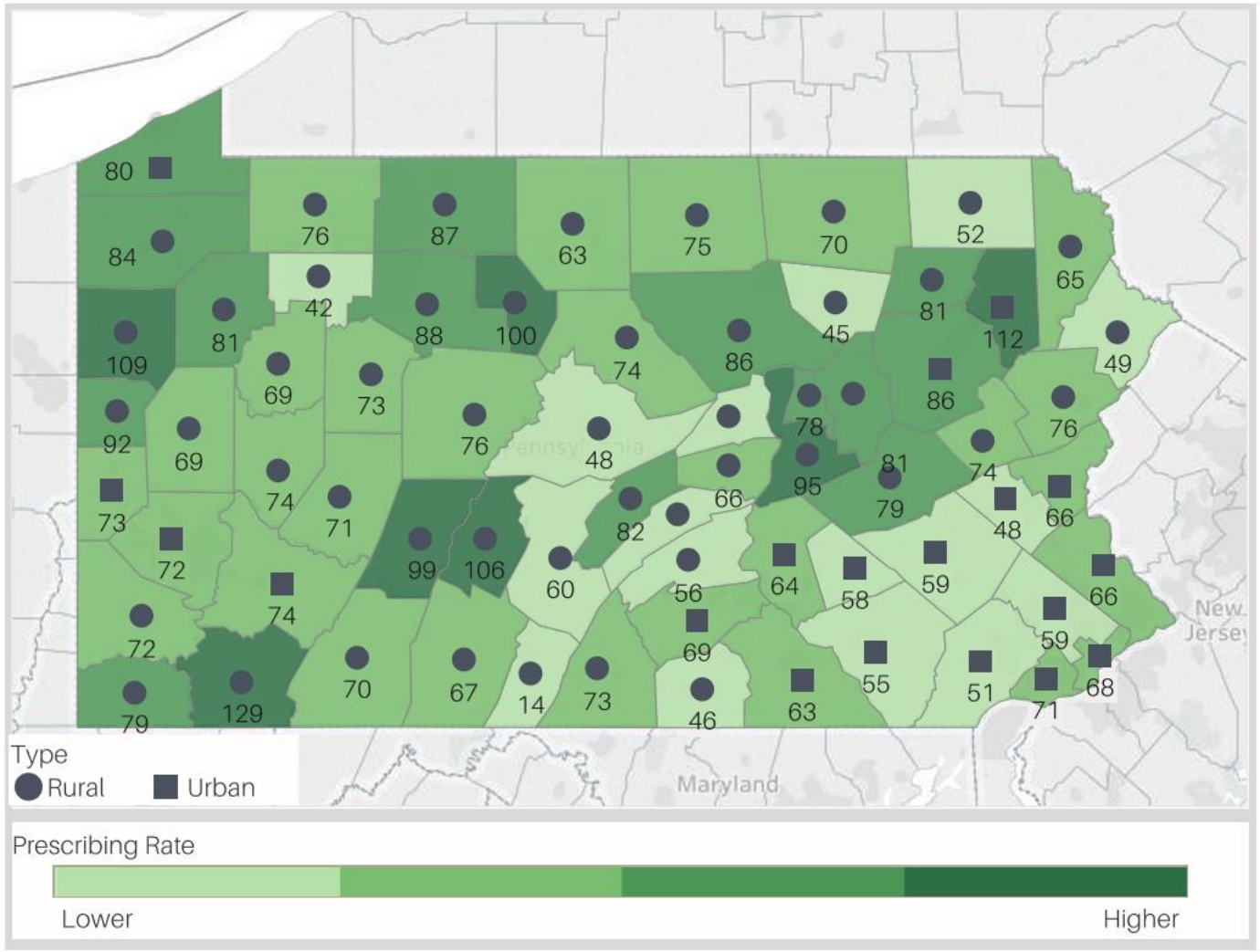



Comptom N Engl J Med. 2016 Jan 14;374(2):154-63

# But There is GOOD News!

The total number of dosage units dispensed in 2017 declined approximately 6 percent for oxycodone and approximately 14 percent for hydrocodone from 2016; comparing 2017 to 2015 showed an even greater decline of approximately 8 percent for oxycodone and approximately 24 percent for hydrocodone (see Figure 2).

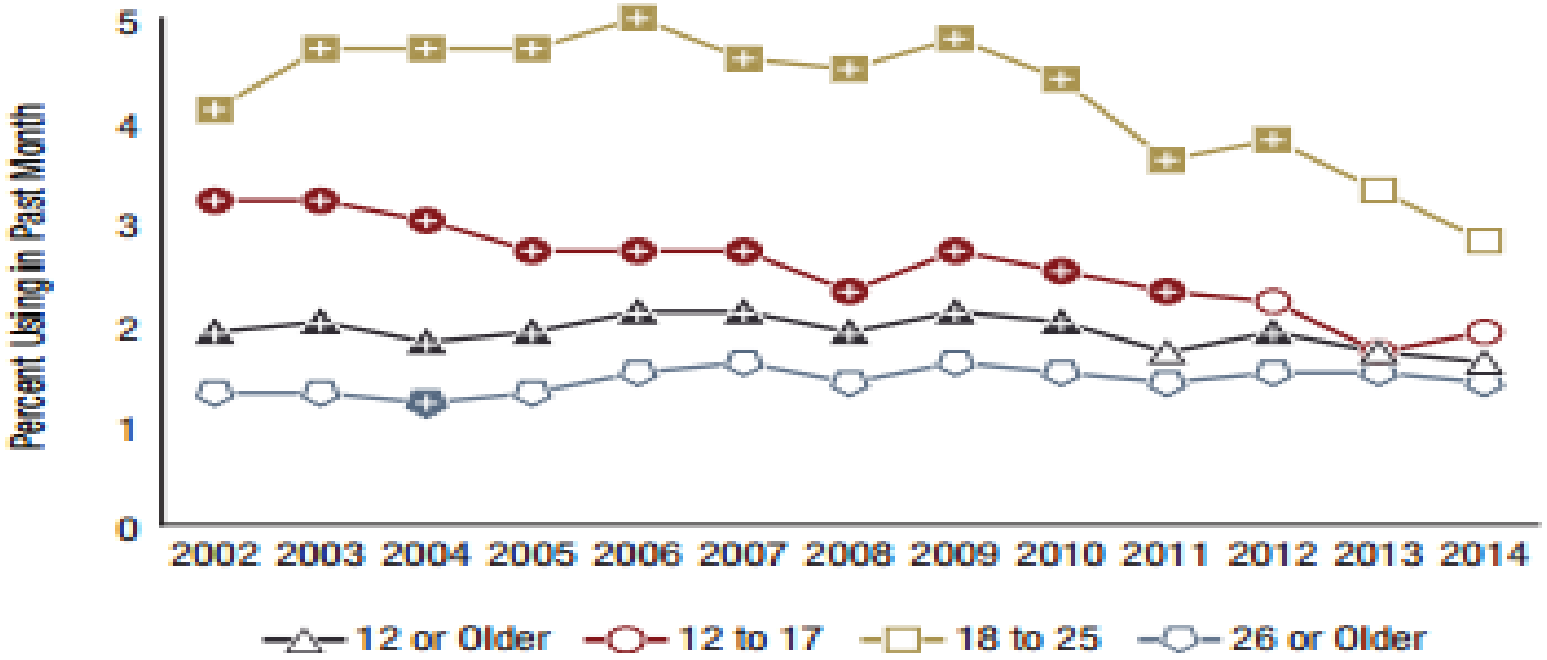
(U) Figure 1. Opioid Prescriptions per 100 persons by Pennsylvania County, 2016




Source: Centers for Disease Control

# 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**



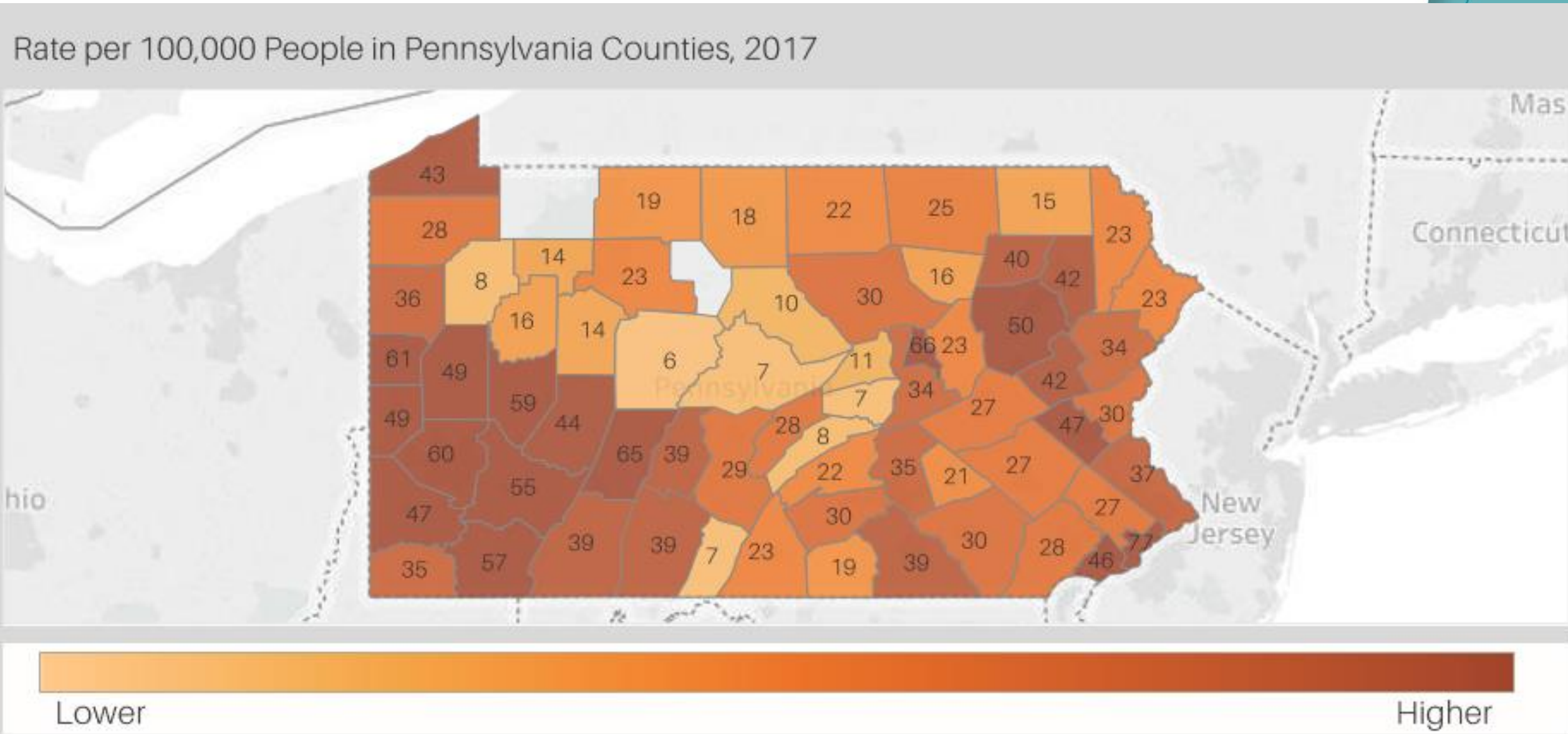

Hedden et al. Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health from SAMHSA


"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/drug**overdose**/epidemic/

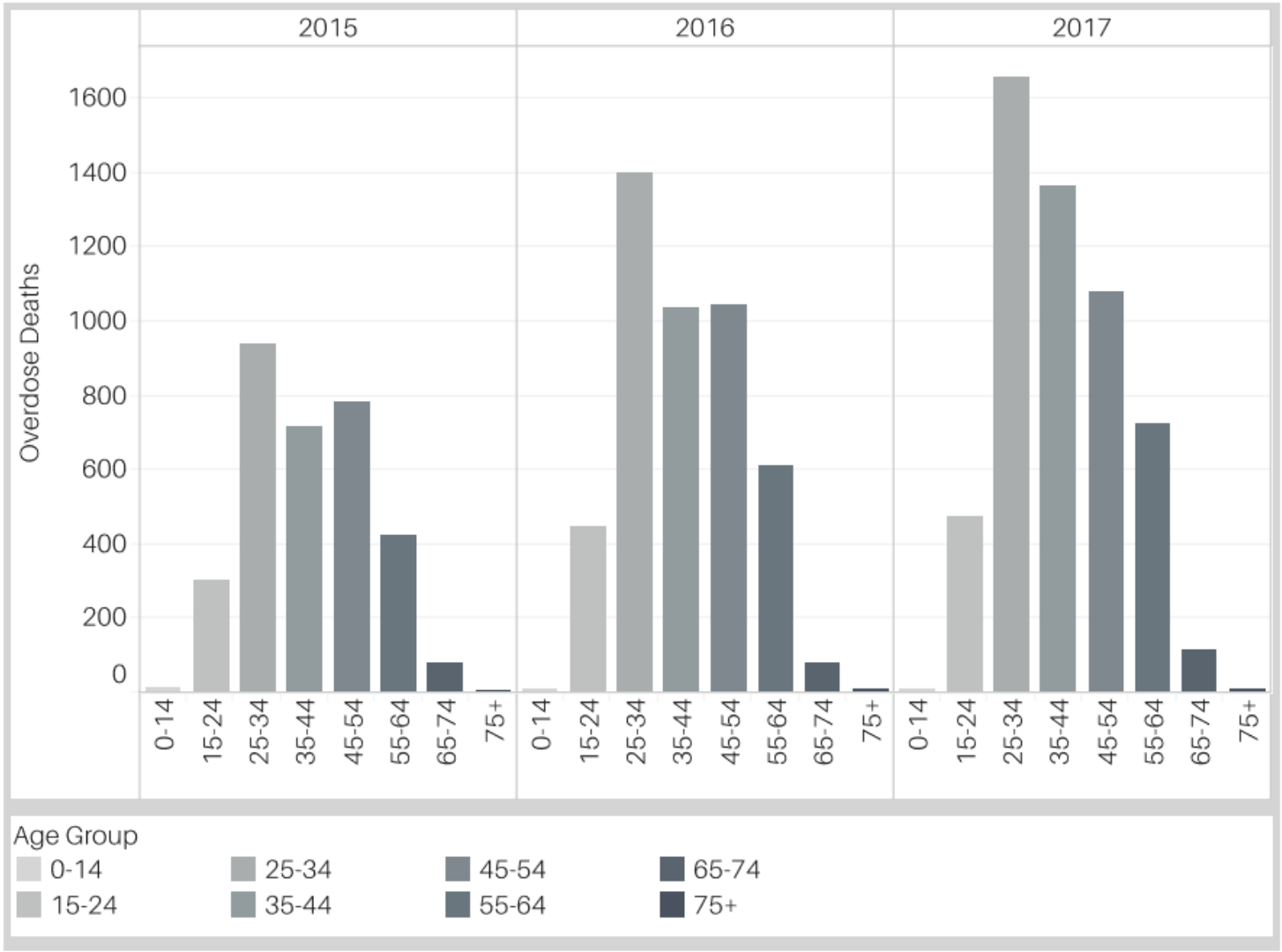
http://www.cnsnews.com/news/article/susan-jones/dea-drug-overdoses-kill-more-americans-car-crashes-or-firearms

# PA Fatal Overdoses Still on the Rise



# In ALL Age Groups

(U) Figure 30. Age Distribution of Drug-Related Overdose Decedents, Pennsylvania, 2015-2017




Source: Pennsylvania Coroner/Medical Examiner Data

# Fentanyl

- A completely synthetic opioid, prescribed for severe pain
- Estimated to be 100x more potent than heroin
- Increasingly popular among drug manufacturers & 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

https://www.statnews.com/2016/08/03/fentanyl-massachusetts

# 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*

Physical dependence
on opioids

≠

Opioid use disorder
(opioid addiction)

# 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, and what kind of physical and emotional care may be needed?

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

# References


American Society of Addiction Medicine. (2011). Public Policy Statement: Definition of Addiction. Chevy Chase, MD: American Society of Addiction Medicine. Available at http://www.asam.org/docs/publicypolicy-statements/1definition_of_addiction_long_4-11.pdf?sfvrsn=2

Botticelli MA, Koh HK. Changing the language of addiction. JAMA October 4, 2016;316(13):1361

Broyles LM, Binswanger IA, Jenkins JA, et al. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response.
Subst Abus. 2014;35(3):217-21

Campbell G[1], Nielsen S[1], Larance B[1], et al. Pharmaceutical Opioid Use and Dependence among People Living with Chronic Pain: Associations Observed within the Pain and Opioids in Treatment (POINT) Cohort. Pain Med. 2015 Sep;16(9):1745-58. doi: 10.1111/pme.12773. Epub 2015 May 22.

CDC Guidelines for prescribing opioids for chronic pain: United States 2016.
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

DEA Joint Intelligence Report: The Opioid Threat in Pennsylvania. Sept 2018
https://www.dea.gov/sites/default/files/2018-10/PA%20Opioid%20Report%20Final%20FINAL.pdf

CDC Opioid Overdose Information
https://www.cdc.gov/drugoverdose/epidemic/

Compton WM, Jones CM, Baldwin GT Relationship between Nonmedical Prescription-Opioid Use and Heroin Use. N Engl J Med. 2016 Jan 14;374(2):154-63. doi: 10.1056/NEJMra1508490.

Dart RC[1], Surratt HL, Cicero TJ, et al. Trends in opioid analgesic abuse and mortality in the United States. N Engl J Med. 2015 Jan 15;372(3):241-8. doi: 10.1056/NEJMsa1406143.

Degenhardt L[1], Bruno R[2], Lintzeris N[3], et al. Agreement between definitions of pharmaceutical opioid use disorders and dependence in people taking opioids for chronic non-cancer pain (POINT): a cohort study. Lancet Psychiatry. 2015 Apr;2(4):314-22. doi: 10.1016/S2215-0366(15)00005-X. Epub 2015 Mar 31.

Megan Crowley-Matoka, Somnath Saha, Steven K. Dobscha et al. Problems of Quality and Equity in Pain Management: Exploring the Role of Biomedical Culture (pages 1312–1324) Pain Medicine: 6 OCT 2009 | DOI: 10.1111/j.1526-4637.2009.00716.

Staton LJ, Panda M, Chen I, *et al.* When race matters: Disagreement in pain perception between patients and their physicians in primary care. J Natl Med Assoc 2007;99(5):532–8

US Department of Health and Human Services (HHS) Office of the Surgeon General, Facing Addiction in America: the Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC, HHS, November 2016.