

Introduction to Opioid Use Disorder

Carol Ott, PharmD, BCPP

Clinical Professor of Pharmacy Practice

Purdue University College of Pharmacy

Clinical Pharmacy Specialist, Outpatient Psychiatry

Eskenazi Health



Pop Quiz:

Which of These Drugs is an Opioid?

BUPRENORPHINE

PERCOCET

marijuana

hydrocodone

COCAINE



oxycodone

mushrooms

methamphetamine

methadone

alcohol

heroin

fentanyl



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





DOSE EQUIVALENTS TO MORPHINE

•	Morphine SA	30	mg
•	Morphine LA	15	mg
•	Hydromorphine	4	mg
•	Oxycodone	20	mg
•	Hydrocodone	30-40	mg
•	Oxymorphone	10	mg
•	Codeine	200	mg
•	Methadone	?? 5	mg
•	Fentanyl	0.1	mg
•	Buprenorphine	0.4	mg
•	Tramadol	400	mg
•	Heroin (diacetyl-morphine)	2.5	mg

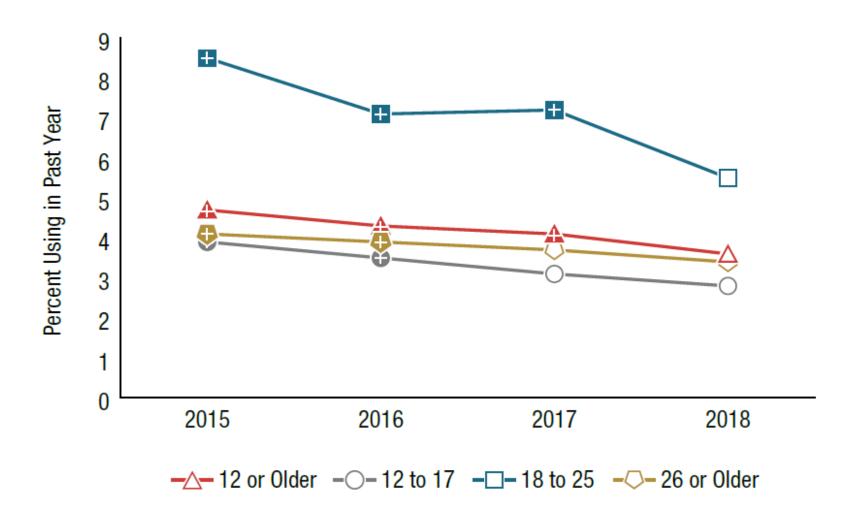


Why Have Opioids Become Such a Big Problem in the US?

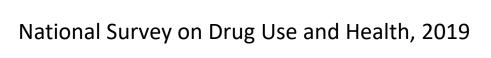
- 1990s: New norm that all pain should be eliminated
 - pain as the "5th vital sign"
- Pharmaceutical company promotion
- Opioid over-prescribing
- Diversion, and widespread non-medical use of opioids, especially among youth
- Heroin widely available and less costly
- Limited access to medication treatment



Figure 21. Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older: 2015-2018

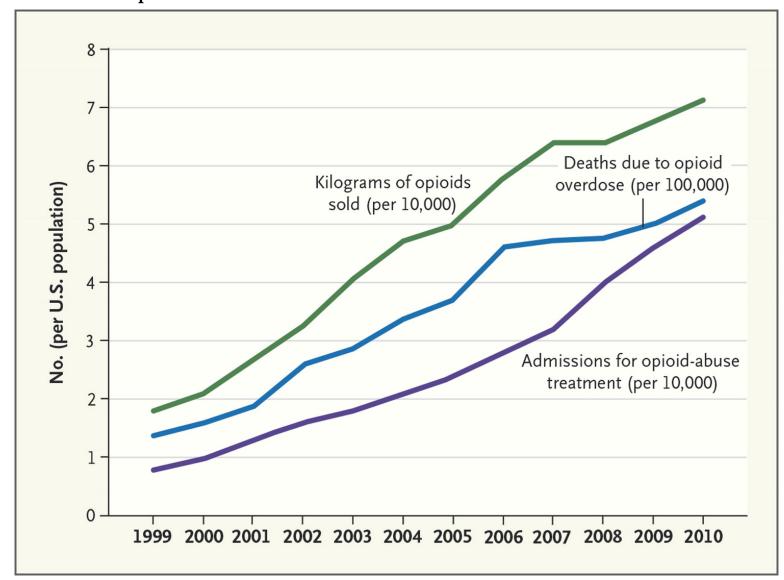


⁺ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.





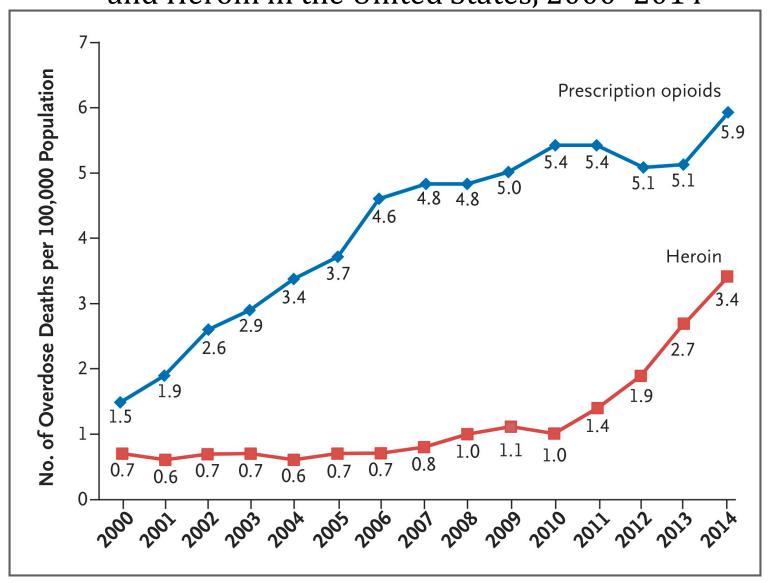
Opioid Sales, Admissions for Opioid-Abuse Treatment, and Deaths Due to Opioid Overdose in the United States 1999–2010





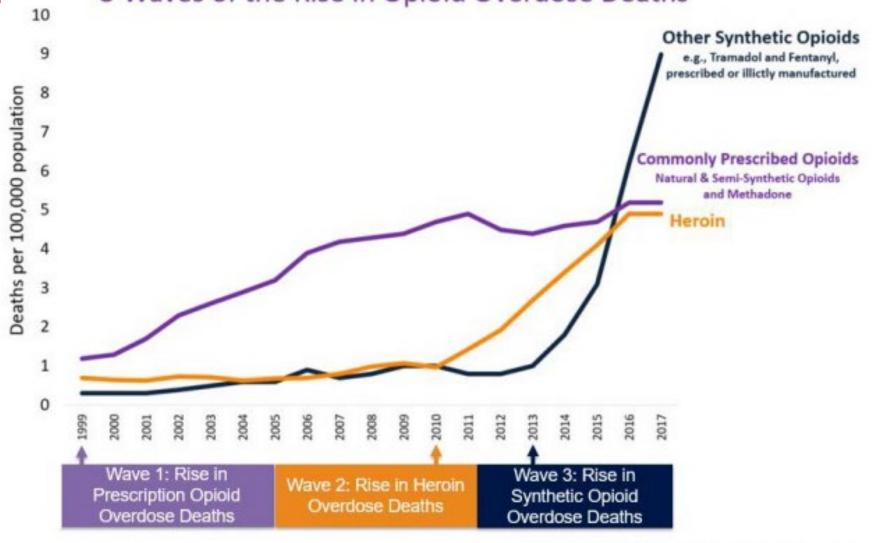
Age-Adjusted Overdose Death Rates Related to Prescription Opioids

and Heroin in the United States, 2000–2014





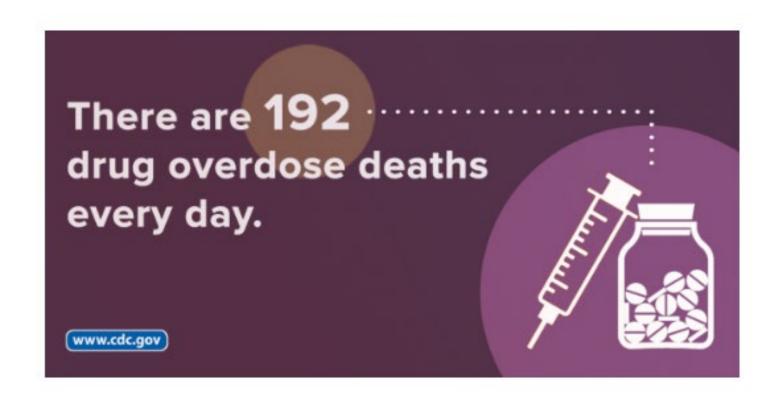
3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

(





"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

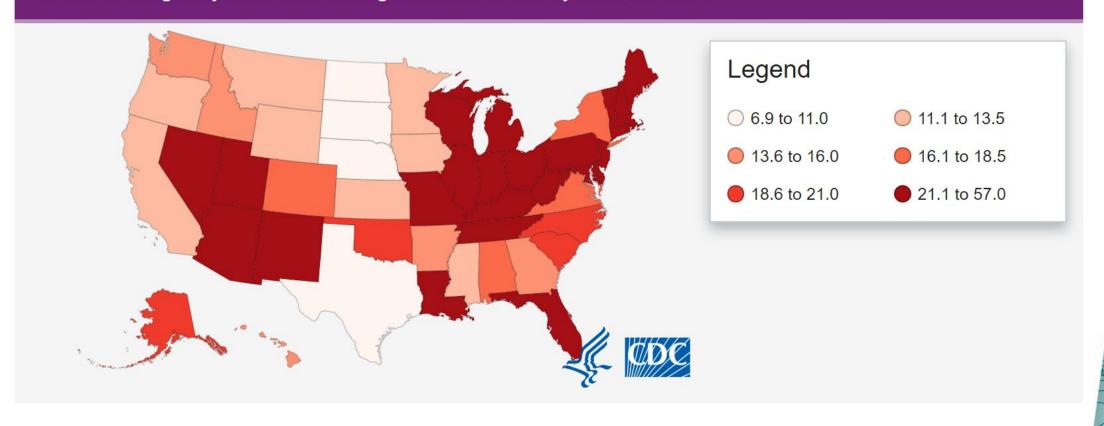
http://www.cnsnews.com/ news/article/susanjones/dea-drug-overdoseskill-more-americans-carcrashes-or-firearms

https://www.cdc.gov/drug**overdose**/epidemic/



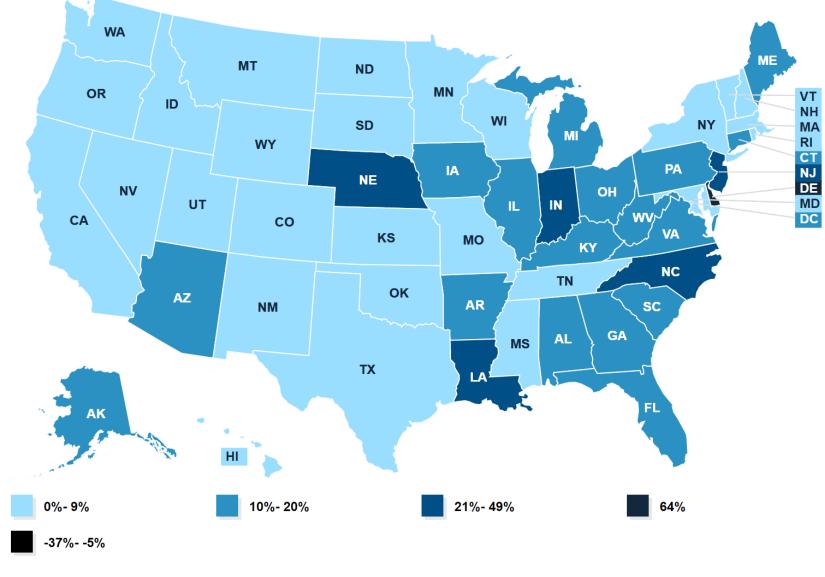


Number and age-adjusted rates of drug overdose deaths by state, US 2017



INDIANA- 1,236 deaths in 2015 - 1,852 deaths in 2017





Percent change in opioid overdose deaths from prior year: 2016-2017 Indiana – 49% increase; second highest percentage in the US for these years



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")





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





Lethal doses comparison





Predictors of overdose

- Concurrent use of benzo (1.6)
- Concurrent use of antipsychotics (2.3)
- Chronic lung disease (1.7)
- Dose of opioids taken (4.0)
- Alcohol use (1.9)
- Mood disorders (1.8)
- History of heart disease (5.3)
- Prior overdose history (28.5)



Physical dependence on opioids



Opioid use disorder (opioid addiction)





BOTTOM LINE

OPIOID USE DISORDER IS A FATAL DISEASE



What is the Definition of Opioid Use Disorder?

(also known 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



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

- Ask them if they have or know someone who has overdosed, stories are more powerful then statistics
- Empathy, don't judge, build the relationship and trust
- Discuss the risks

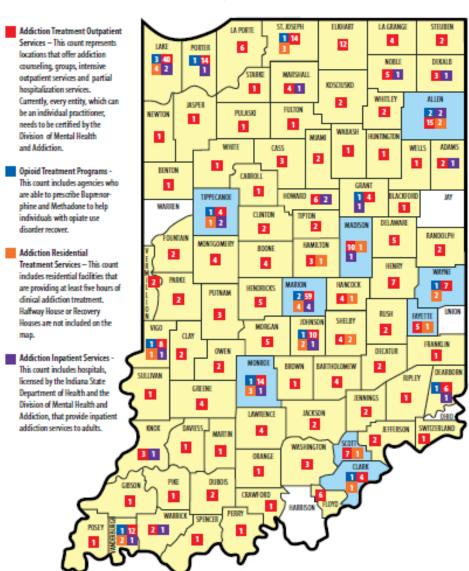
• Offer Naloxone at the first visit (it may be your only chance)



Indiana Family & Social Services Administration Division of Mental Health and Addiction

Adult Addiction Treatment Services

Counties with Syringe Exchanges in Blue



Controller 24, 20

6



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. <u>Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response.</u>

Subst Abus. 2014;35(3):217-21

<u>Campbell G¹</u>, <u>Nielsen S¹</u>, <u>Larance B¹</u>, et al. Pharmaceutical Opioid Use and Dependence among People Living with Chronic Pain: Associations Observed within the Pain and Opioids in Treatment (POINT) Cohort. <u>Pain Med.</u> 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





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

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

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

<u>Degenhardt L</u>¹, <u>Bruno R</u>², <u>Lintzeris N</u>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. <u>Lancet Psychiatry.</u> 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. <u>Problems of Quality and Equity in Pain Management: Exploring the Role of Biomedical Culture (pages 1312–1324) Pain Medicine</u>: 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.