

## Substance Abuse: OPIOIDS

Presented by UIC College of Nursing  
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### Purpose and Objectives

- Identify and describe the most abused classes of opioid prescription drugs
- Discuss the prevalence of opioid drug abuse in terms of age, gender, ethnicity, and socioeconomic status
- Learn five symptoms of opioid drug abuse
- Describe the effects of the opioid classes of drugs on the central nervous system
- Discuss the components of four evidence based treatment approaches for opioid drug abuse

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### Purpose and Objectives

- Identify specific risks for Older adults who abuse opioid prescription drugs
- Identify and describe three current issues affecting attitudes toward opioid drug abuse
- Explain five strategies for the prevention of opioid prescription drug abuse
- Identify methods of disposal of unused medications

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## Quotes

- "In the past, I often found that when I reached out for a fast cure it led me down a slippery slope of more medications, hopeful dependence on the next prescription and ultimately a much longer drawn-out illness."  
Carre Otis
- The mentality and behavior of drug addicts and alcoholics is wholly irrational until you understand that they are completely powerless over their addiction and unless they have structured help, they have no hope."  
— [Russell Brand](#)

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## What are Opioids?

- Opioids: opium and opium-derived compounds as well as semisynthetic and synthetic compounds that resemble the structure and/or function of the naturally occurring forms
- Opioids are medically used for relief of pain and cough suppression, and many have an abuse potential
- Heroin

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## Fentanyl

- Used primarily for surgery; but used as additive to heroin recently: 100 times more powerful than morphine: dramatically increases risk of OD

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## Opioids

Analgesic (pain-relieving)

Diarrhea/cough

Abuse

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## Medication:

Substance	Treatment Agent	Effects
Opioids	Methadone (Dolophine <sup>®</sup> , Methadose <sup>®</sup> ), buprenorphine (Suboxone <sup>®</sup> , Subutex <sup>®</sup> , Probuphine <sup>®</sup> ), and naltrexone (Vivitrol <sup>®</sup> )	<ul style="list-style-type: none"> <li>Suppress withdrawal symptoms</li> <li>Relieve cravings</li> <li>Reduce drug-seeking and criminal behavior</li> <li>Help become more open to behavioral treatments</li> </ul>

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## Historical Perspective of Opioid abuse

- Late 19th and early 20th century:
- Civil war: introduction of hypodermic needle and morphine analgesia
- Many women/higher income Americans: high rates of morphine use physicians for menstrual pain and menopausal symptoms.
- 20th century: U.S. adopted severe policies toward addiction; criminalized addiction
- Harrison Act (1914): prohibition on prescription of narcotics (opiates) to addicts.
- Many physicians prosecuted
- Physicians fear opioid prescribing
- Increased drug trafficking and crime associated with opiate and cocaine abuse

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## Opioids and Illinois

- Heroin distribution and availability
- Prescription opioid use: From pills to heroin
- Illinois heroin-related deaths

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## Not just an Urban Problem

- West Virginia: drug OD rate was 41.5 deaths/100,000
- Ohio: 2003: 296 opioid deaths
- 2015: 2,590 opioid deaths

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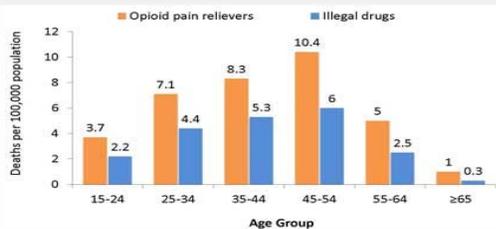
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### Deaths from Opioid Pain Relievers Exceed Those from All Illegal Drugs



Source: CDC, Morbidity and Mortality Weekly Report, 60(43): 1489, 2011.

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## Desired Effects and Potential Dangers

- |   |   |
|---|---|
| -reduces pain by blocking neurotransmitter that signals pain response | -can be physically addicting                              |
| -produces sense of Euphoria   | -Synergistic effect when taken with other CNS depressants |
| -suppresses cough   | -overdose can be fatal                                    |
| -manages diarrhea   | -other health problems related to injection use           |

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## Chronic Pain treatment and addiction

- 116 million
- Substance abuse and chronic illness similarities (diabetes, hypertension, asthma)



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### Trends

- Sale of RX painkillers increasing
- Fastest growing drug problem
- Adverse health consequences

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### Changing Demographics

- Currently, about 1/3 of those with opioid dependence are women of child-bearing age (Unger et al. 2010)
- January 17, 2016 NY Times: The death rates of Caucasians, especially women, are rising (death rates for black and Hispanics continue to fall)
- Drug overdose
- New users predominantly white, living in nonurban areas
- 75% current heroin users began with Rx opioids first

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### Impact of the Crisis

- Data on ER visits and OD deaths tell only part of story
- Families overwhelmed by presence of addiction
- Burden on healthcare and criminal justice system

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### Injection Drug use

Injection drug use in particular related to partner drug use (Powis et al. 1996)

- Women who inject heroin often have partner who also injects
- Women more likely to be introduced to injection by male partner
- Women more likely to share needles, leading to higher risk of infection

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### Telescoping

- A faster course from commencing substance use to SUD and treatment onset
- More rapid progression of the disease – more drug-related problems, sooner
- Research shows telescoping among women who use alcohol, compared to men
- Results for opiates are less conclusive, although several studies indicate
- Shorter duration of illness
- Greater psychiatric, health and family problems

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## Various Categories of use

- Nonmedical use
- Misuse
- Abuse
- Physiological dependence
- Psychological dependence
- Pseudoaddiction



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## Complications of drug abuse and dependence

- Depression
- Drug overdose
- Bacterial endocarditis, hepatitis, thrombophlebitis, pulmonary emboli, malnutrition, respiratory infections caused by intravenous delivery
- HIV infection through shared needles
- Unsafe sexual practices, which may result in unwanted pregnancy, unviable pregnancy, fetal drug complications, sexually transmitted infections and HIV



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## Repeated Dosing: Opioid Tolerance and Withdrawal

- Tolerance:**
- Need more for same effect
  - Less effect with same amount
  - Occurs for euphoria, sedation, respiratory depression, vomiting, analgesia
  - Minimal tolerance to constipation, miosis, sweating
  - Can attain high levels of tolerance with gradual increases to doses that would otherwise be lethal

- Withdrawal**
- Upon reduction or cessation of opioid use/administration

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### Complications of drug abuse and dependence

- Problems with the law
- Increase in various cancer rates
- Problems with memory and concentration
- Interpersonal relationships
- Death



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### Vulnerable Groups

- Youth
- Women
- 65 and over
- Military



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### Older Adults and Prescription Drug Abuse

- 17% of those 65 and over abuse alcohol or Prescription drugs; little research
- RX drug abuse
- Long 1/2 life
- Antihistamines

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### Risk Factors in Older Adults

- Prior personal or family history of substance abuse
- Loss of housing or sense of independence
- New onset medical problem
- Grief related to loss of loved one
- Recent retirement
- Social isolation
- Mental Health Issues – Especially depression

(David Meshorer, Ph.D. Psychological Health Psychological Health Roanoke) 28

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### Treatment for Older adults

- Medical Status
- Identification, screening assessment
- Least Intensive first
- Intervention
- Motivational Counseling

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### Barriers to identifying and treating older adults

- Ageism
- Lack of awareness
- Clinician behavior
- Dual diagnoses

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### Barriers to treatment for women

- Who will care for children while mother is in treatment?
- Many worry about custody issues
- It can be a difficult role-shift to ask for help, accept help
- Shame
- Mothers who are primary caretakers of the children may leave treatment early or not go at all due to childcare restraints

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### Opioids Withdrawal

- Physical dependence is typically shown through the signs and symptoms of opioid withdrawal
- Dysphoric mood, Pupillary dilation, Nausea or vomiting , Sweating, Muscle aches/cramps, Gooseflesh, Lacrimation, Rhinorrhea, Diarrhea, Yawning, Insomnia ,Tachycardia, Hypertension

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### Symptoms of Prescription Drug Abuse

- Opiates and narcotics (use)
  - Needle marks on skin, sometimes called tracks
  - Scars from skin abscesses
  - Rapid heart rate
  - Small, pinpoint-sized pupils
  - Relaxed or euphoric state (nodding)
  - Confusion
  - Constipation
  - Low blood pressure
  - Coma or respiratory depression leading to death in high doses

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## Symptoms of Prescription Drug Abuse

- Opiates and narcotics (withdrawal)
  - Anxiety and difficulty sleeping
  - Sweating
  - Goosebumps
  - Runny nose
  - Stomach craps or diarrhea
  - Enlarged (dilated) pupils
  - Nausea and vomiting
  - Excessive sweating
  - Increase in blood pressure, pulse and temperature
  - Drug cravings
  - Depression
  - Bone and muscle pain
  - Sleeplessness

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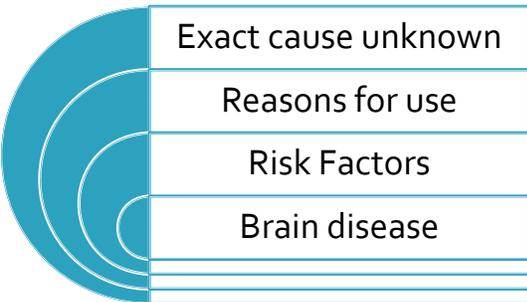
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## Etiology



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### Genetic or Environmental Factors

- Genetic variation, personal background, social factors
- Has nothing to do with willpower and moral fiber
- Questions raised: what if it was possible to identify which individuals are predisposed to addiction by completing a genetic profile?

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### Impact of Trauma

- **Gabor Mate** (In the realm of Hungry Ghosts)
- **Multi-dimensional view of addiction**
  - genetics
  - neuroscience
  - trauma, especially childhood trauma

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### Adverse Childhood Experiences (ACE) Study

- ACE questionnaire: 10 question screening tool
  - ACE researchers found nearly 2/3 of opioid users had high score on ACE
  - NIDA: "Rate of victimization among women substance abusers ranges from 50%-100%
- Belief that brain development is sabotaged by traumatic experiences**

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### Red Flags of Substance Misuse

Change in appetite	Changes in hygiene/ appearance	Lethargic or "spaced-out"
Pupils bigger or smaller than normal	Change in sleep patterns	Significant financial changes
Change in personality	Loss of interest	Lack of motivation

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### Red Flags of Overdose

Slow/stopped breathing	Vomiting or gurgling noises	Fingernails / lips are blue
Will not wake up	Cannot speak	Slow/stopped heart rate
Limp body	Extremely Pale	Cool / clammy to touch

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### Diagnosis

- Substance-related disorders
  1. Psychotic disorder
  2. Bipolar disorder
  3. Depressive disorder
  4. Anxiety disorder
  5. Obsessive-compulsive or related disorder
  6. Dissociative disorder
  7. Sleep-wake disorder
  8. Sexual dysfunction
  9. Delirium
  10. Mild and major neuro-cognitive disorder

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## Tests and Diagnosis

- Medical history
- Urine/blood tests
- Psychiatric disorders

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## CAGE Assessment

- C – Have you ever felt you should **CUT DOWN** on your drinking?
- A – Have people **ANNOYED** you by criticizing your drinking?
- G – Have you ever felt bad or **GUILTY** about your drinking?
- E – **EYE OPENER**: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

The CAGE assessment can identify alcohol problems over the lifetime. Two positive responses are considered a positive test and indicates further assessment is needed.

(National Institute on Alcohol Abuse and Alcoholism)

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## Substance Use Management



### Successful treatment has several steps:

- Detoxification (the process by which the body rids itself of a drug)
- Behavioral counseling
- Medication (for opioid, tobacco, or alcohol addiction)
- Evaluation and treatment for co-occurring mental health issues such as depression and anxiety
- Long-term follow-up to prevent relapse



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## More on Treatment

- Recognize the problem
- Detox
- Case management
- Behavioral/pharmacological

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## Different Types of Treatment

12 Step	In-Patient	Self-help
Group Therapy	Individual Therapy	Dual Diagnosis
Medications	Abstinence	Moderation

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## How to Stay Safe

- Start low and go slow
- Tell Doc about all meds you take
- Follow up frequently
- Be realistic
- Keep medications safe

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## Treating Addiction to opioids

- Naltrexone
- Agonist
- Vivitrol
- Methadone
- Buprenorphine

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## What Do I Do?

1. If there is imminent danger (the person is not responding, having difficulty talking or breathing, not thinking clearly, etc.), stay with the member and call emergency services.
2. If the person has an ongoing problem that is not resolving or getting worse, assist the member in seeking more help
  - A. Use your team
  - B. Call providers to communicate symptoms
  - C. Assist in getting further evaluation
  - D. Follow-up

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## Assessment Before Transition

- What is the member's past experience with substance use?
- What is current frequency and quantity of use?
- If member reports sobriety, how long have they been sober and how was sobriety achieved?
- Are there co-occurring mental health conditions present?
- What support systems does the member have in place?
- What is the member's motivation to obtain / maintain health?




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## Assessment After Transition



Photo: <http://www.gbs.org/news/our/making-sense/medicare-coverage-aging-parents-care-nearly-enough/>

- Assess the member for changes in appearance, hygiene, alertness, and/or personality.
- Check prescription medications to determine any misuse.
- Look in the bathroom, refrigerator, and cabinets for hidden signs of substance use.
- Be aware of unknown individuals and their impact on the member's substance use.
- Check on the member's finances. Have they changed? Do they have all the possessions they had at the last visit? Are they meeting their basic needs?

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## Prevention

- Physicians
- Patients
- Pharmacists
- Parents
- Relapse prevention

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## Disposal of unused medications

- DEA recommendations
  1. Authorized collectors
  2. Drug take-back event
  3. Destroying medications
  4. Return to manufacturer

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### Resources:



- Substance Abuse and Mental Health Service Administration: [www.samhsa.gov](http://www.samhsa.gov)
- National Institute on Alcohol Abuse and Alcoholism: [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Counsel on Alcohol & Drug Dependence: [www.ncadd.org](http://www.ncadd.org)

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### References

- American Psychiatric Association, (DSM-V)
- Carey, B (2008) Drug Rehabilitation or Revolving Door? New York Times, December 22, 2008
- Centers for Disease Control and Prevention (CDC) Unintentional Drug Poisoning in the United States, CDC data brief, July 2010
- Hanson, G. (2012) Genetics is an Important Factor in Addiction. Genetics
- Mayo Clinic (2010) Prescription Drug Abuse
- SAMHSA (Substance Abuse and Mental Health Services Administration) Substance Abuse among Older Adults, Treatment Improvement Protocols, series 26
- White, W.L. and McClellan (2008), Addiction as a Chronic Disorder. Counselor Magazine, July 2008

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## Resources

- Drug Policy Alliance (DPA) [www.drugpolicy.org](http://www.drugpolicy.org)
- Narcotics anonymous (NA) [www.na.org](http://www.na.org)
- National Institute on Drug Abuse (NIDA), <http://nida.nih.org>
- Rational Recovery, <https://rational.org>
- U.S. Drug Enforcement Agency (DEA), [www.usdoj.gov/dea](http://www.usdoj.gov/dea)

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## Recommended Reading

- Johann Hari (2015) Chasing the Scream (The first and last days of the war on drugs)
- Gabor Mate (2010) In the Realm of the Hungry Ghosts
- Sam Quinones (2015) Dreamland: The true tale of America's opiate Epidemic

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## Geriatric Depression Scale (GDS) Short form

- 1. Are you basically satisfied with you life? Yes/**No**
- 2. Have you dropped many of your activities and interests? **Yes**/No
- 3. Do you feel that you life is empty? **Yes**/No
- 4. Do you often get bored? **Yes**/No
- 5. Are you in good spirits most of the time? Yes/**No**

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**Geriatric Depression Scale (GDS)  
Short form**

- 6. Are you afraid that something bad is going to happen to you? **Yes/No**
- 7. Do you feel happy most of the time? **Yes/No**
- 8. Do you often feel helpless? **Yes/No**
- 9. Do you prefer to stay at home, rather than going out and doing new things? **Yes/No**
- 10. Do you feel that you have more problems with memory than most? **Yes/No**

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**Geriatric Depression Scale (GDS)  
Short form**

- 11. Do you think it is wonderful to be alive now? **Yes/No**
- 12. Do you feel pretty worthless the way you are now? **Yes/No**
- 13. Do you feel full of energy? **Yes/No**
- 14. Do you feel that your situation is hopeless? **Yes/No**
- 15. Do you think that most people are better off than you are? **Yes/No**

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**Geriatric Depression Scale (GDS)  
Short form**

Answers in **bold** indicate depression and each answer counts as one point. For clinical purposes a score of 5 or more suggests depression and warrants a follow up interview. Scores above 10 almost always indicate depression.

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**The AUDIT Questionnaire**  
Circle the number that comes closest to the patient's answer

- 1. How often do you have a drink containing alcohol?  
(0) never (1) once a month or less (2) two to four times a month (3) two to three times a week (4) four or more times a week
- 2. How many drinks containing alcohol do you have on a typical day when you drinking?  
(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7-9  
(4) 10 or more

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**The AUDIT Questionnaire**  
Circle the number that comes closest to the patient's answer

- 3. How often do you have six or more drinks on one occasion?  
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
- 4. How often in the past year did you find you were unable to stop drinking once you had started?  
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily

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**The AUDIT Questionnaire**  
Circle the number that comes closest to the patient's answer

- 5. How often in the past year have you failed to do what was normally expected of you when drinking?  
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
- 6. How often in the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?  
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily

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**The AUDIT Questionnaire**  
 Circle the number that comes closest to the patient's answer

- 7. How often during the past year have you had a feeling of guilt or remorse after drinking?  
 (0) never (1) less than monthly (2) monthly  
 (3) weekly (4) daily or almost daily
- 8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?  
 (0) never (1) less than monthly (2) monthly  
 (3) weekly (4) daily or almost daily

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**The AUDIT Questionnaire**  
 Circle the number that comes closest to the patient's answer

- 9. Have you or someone else been injured as a result of drinking?  
 (0) no (2) yes, but not in last year  
 (4) yes, within the last year
- 10. Has a relative, a friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?  
 (0) no (2) yes, but not in last year  
 (4) yes, within the last year

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**The AUDIT Questionnaire**

In determining the response categories it has been assumed that one drink contains 10g of alcohol.

Record sum of individual item scores here\_\_\_\_\_

A score of 8 or more indicates a strong likelihood or hazardous or harmful alcohol consumption

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Thank you!

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