Nursing Excellence in Whole Health Care
NP's Leading the way in Behavioral Health Integration

UNC SON ECHO ABCs for MAT

Addiction and Behavioral Clinic for Medication Assisted Treatment

OVERVIEW OF OPIOID USE DISORDER

FOR PRIMARY CARE TEAMS

UNC SON ABC MAT ECHO is made possible by funding from the Health Resources & Services Administration (HRSA) Grant numbers: T94HP30882 (2017-2023) and T14HP33207 (2019-2023). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

UNC SCHOOL OF NURSING

Project ECHO®
University of North Carolina at Chapel Hill School of Nursing

Introduction to opioid use disorder

Developer: Miriam Komaromy, MD, The ECHO Institute

Reviewer/Editor: Joe Merrill, MD, University of Washington; Elizabeth Pointer, UNC SON ECHO

Presenter: Leslie M. Sharpe, DNP, FNP-BC

Disclosures: none

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: heroine, hydrocodone, oxycodone
- Fully Synthetic: fentanyl, tramadol, methadone

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

What are the effects from opioid use?

All opioids have significant potential for causing “addiction”, or Opioid Use Disorder.

They also share common effects, depending on the dose:

- Pain relief (analgesia)
- Cough suppression
- Constipation
- Sedation
- Respiratory suppression
- Respiratory arrest
- Death

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

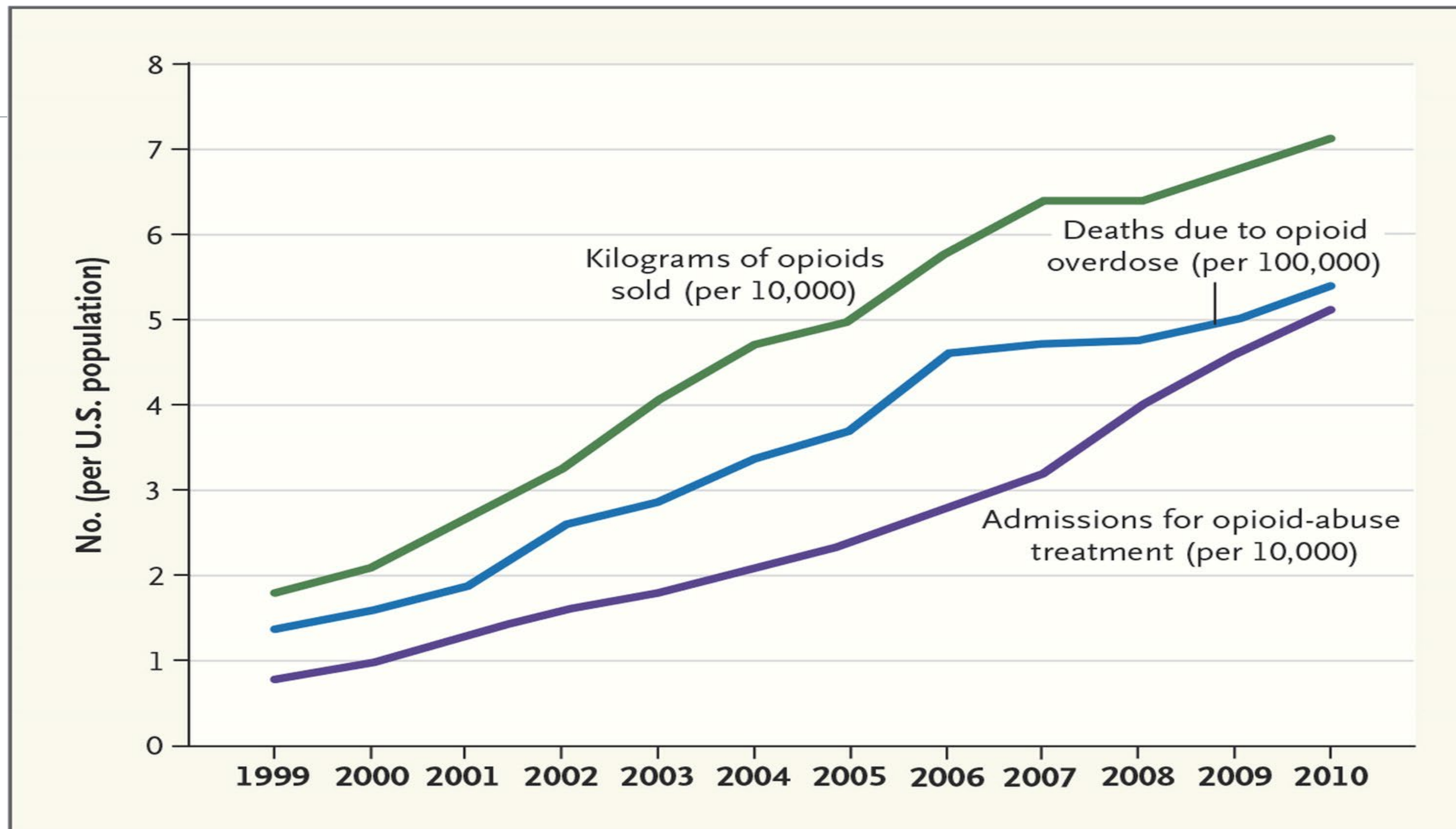
Addiction = Opioid Use Disorder

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

Why have opioids become such a big problem in the US?

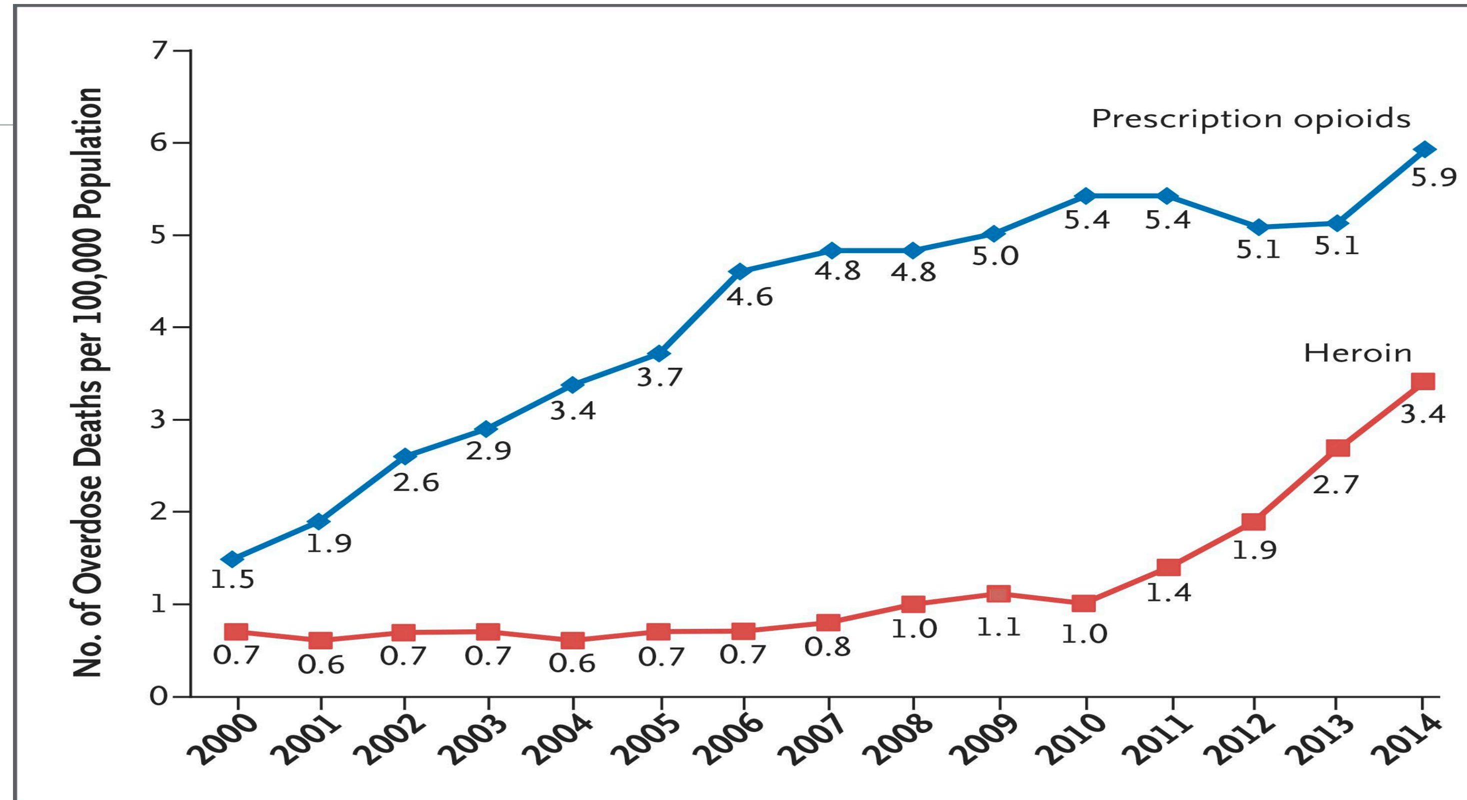
- 1990s: New norm that all pain should be eliminated
  - pain as the “5th vital sign”
- Pharmaceutical company promotion
- Opioid over-prescribing
- Diversion, and widespread non-medical use of opioids, especially among youth
- Heroin widely available and less costly
- Limited access to medication treatment

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



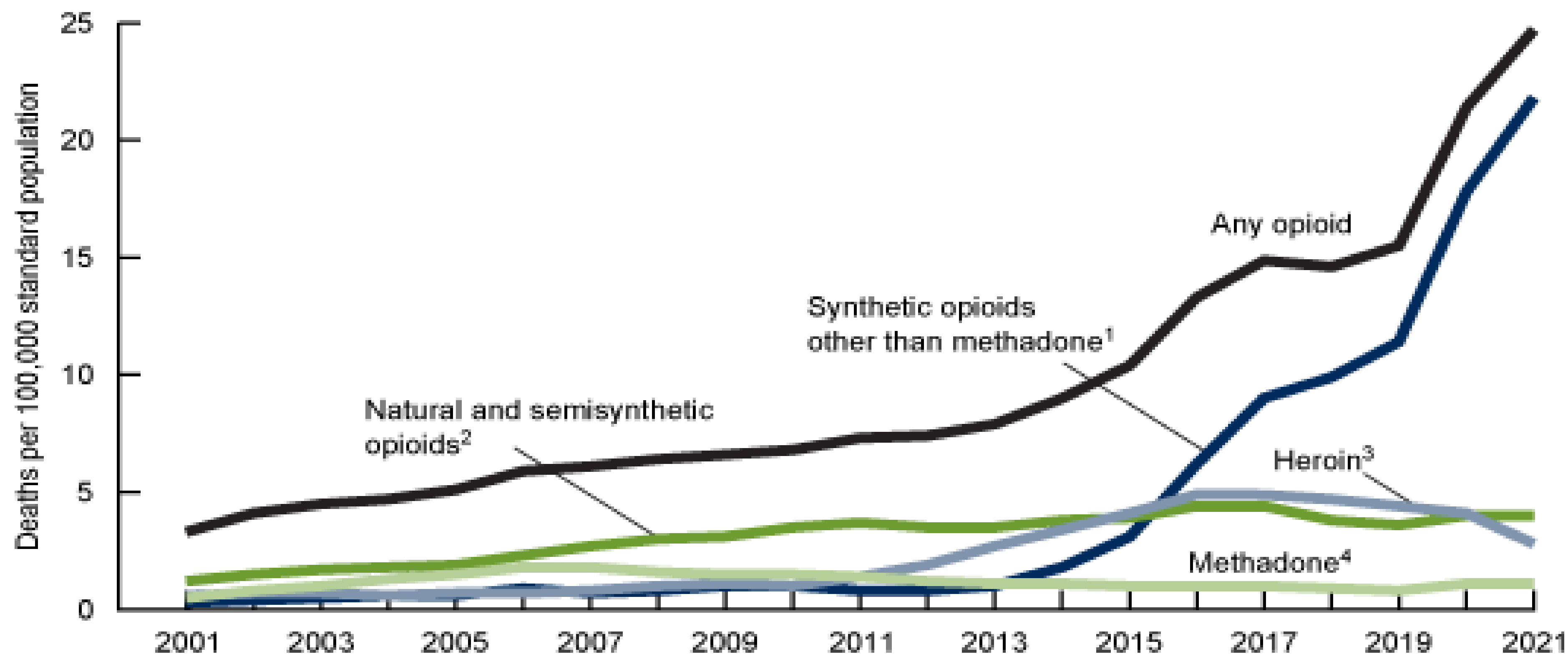
Volkow ND et al. N Engl J Med 2014;370:2063-2066.

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



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

Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2001–2021



UNC SCHOOL OF NURSING

Nursing Excellence in Whole Health Care
NP's Leading the way in Behavioral Health Integration

Project ECHO®
University of North Carolina at Chapel Hill School of Nursing

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

"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/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
- Epidemic rise in overdoses: for instance, now accounts for 2/3 of overdoses in Massachusetts *
- Difficult to reverse with naloxone because of potency
- Buprenorphine induction can be more difficult with long term use

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

How do you diagnose Opioid Use Disorder (OUD)? 2 or more criteria=OUD: DSM5, American Psychiatric Association

- 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

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 provider 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?

How would you talk with her about contraception?

Might she be pregnant? If so, what are the implications?

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
  - Do not 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 else can primary care teams do 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

Be particularly aware of the unique risks of opiate use and abuse in women of childbearing age and during pregnancy

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

Lancet Psychiatry. 2015 Apr;2(4):314-22. doi: 10.1016/S2215-0366(15)00005-X. Epub 2015 Mar 31.

Agreement between definitions of pharmaceutical opioid use disorders and dependence in people taking opioids for chronic non-cancer pain (POINT): a cohort study.

Degenhardt L[1], Bruno R[2], Lintzeris N[3], Hall W[4], Nielsen S[5], Larance B[5], Cohen M[6], Campbell G[5]

Pain Med. 2015 Sep;16(9):1745-58. doi: 10.1111/pme.12773. Epub 2015 May 22.

Pharmaceutical Opioid Use and Dependence among People Living with Chronic Pain: Associations Observed within the Pain and Opioids in Treatment (POINT) Cohort.

Campbell G[1], Nielsen S[1], Larance B[1], Bruno R[2], Mattick R[1], Hall W[3,4], Lintzeris N[5,6], Cohen M[7], Smith K[1], Degenhardt L[1,8,9,10]

N Engl J Med. 2016 Jan 14;374(2):154-63. doi: 10.1056/NEJMra1508490.

Relationship between Nonmedical Prescription-Opioid Use and Heroin Use.

Compton WM, Jones CM, Baldwin GT

N Engl J Med. 2015 Jan 15;372(3):241-8. doi: 10.1056/NEJMsa1406143.

Trends in opioid analgesic abuse and mortality in the United States.

Dart RC[1], Surratt HL, Cicero TJ, Parrino MW, Severtson SG, Bucher-Bartelson B, Green JL

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.

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

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

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

Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response.

Broyles LM, Binswanger IA, Jenkins JA, Finnell DS, Faseru B, Cavaiola A, Pugatch M, Gordon AJ.

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

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