Introduction to Project ECHO© and to Opioid Use Disorder
January 29th, 2018
12:00pm-1:00pm

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Disclosures

The speakers do not have relevant financial relationships with commercial interests.

Objectives

After this webinar training, participants will be able to:

- Describe at least three (3) acute and chronic effects of opioids.
- Specify at least 5 symptoms of OUD.
- Recommend at least two (2) ways primary care teams can address OUDs.
- Demonstrate two (2) lessons learned from case discussion.

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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

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Pop Quiz:

Which of These Drugs is an Opioid?

BUPRENORPHINE

PERCOCET

marijuana

hydrocodone

COCAINE

TRAMADOL

oxycodone

mushrooms

methamphetamine

methadone

heroin

alcohol

fentanyl

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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?

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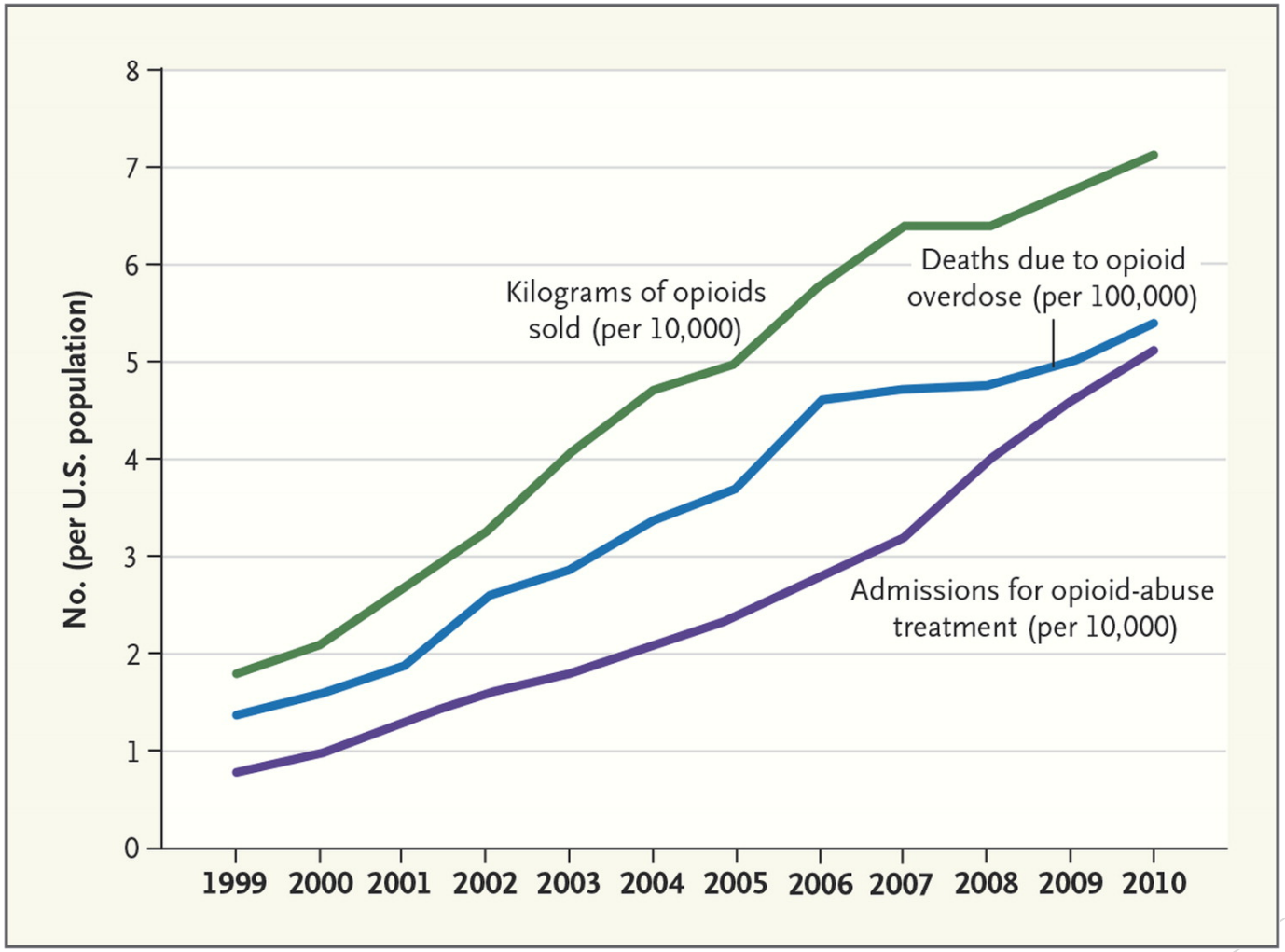
Why Have Opioids Become Such a Big Problem in the US?

- 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

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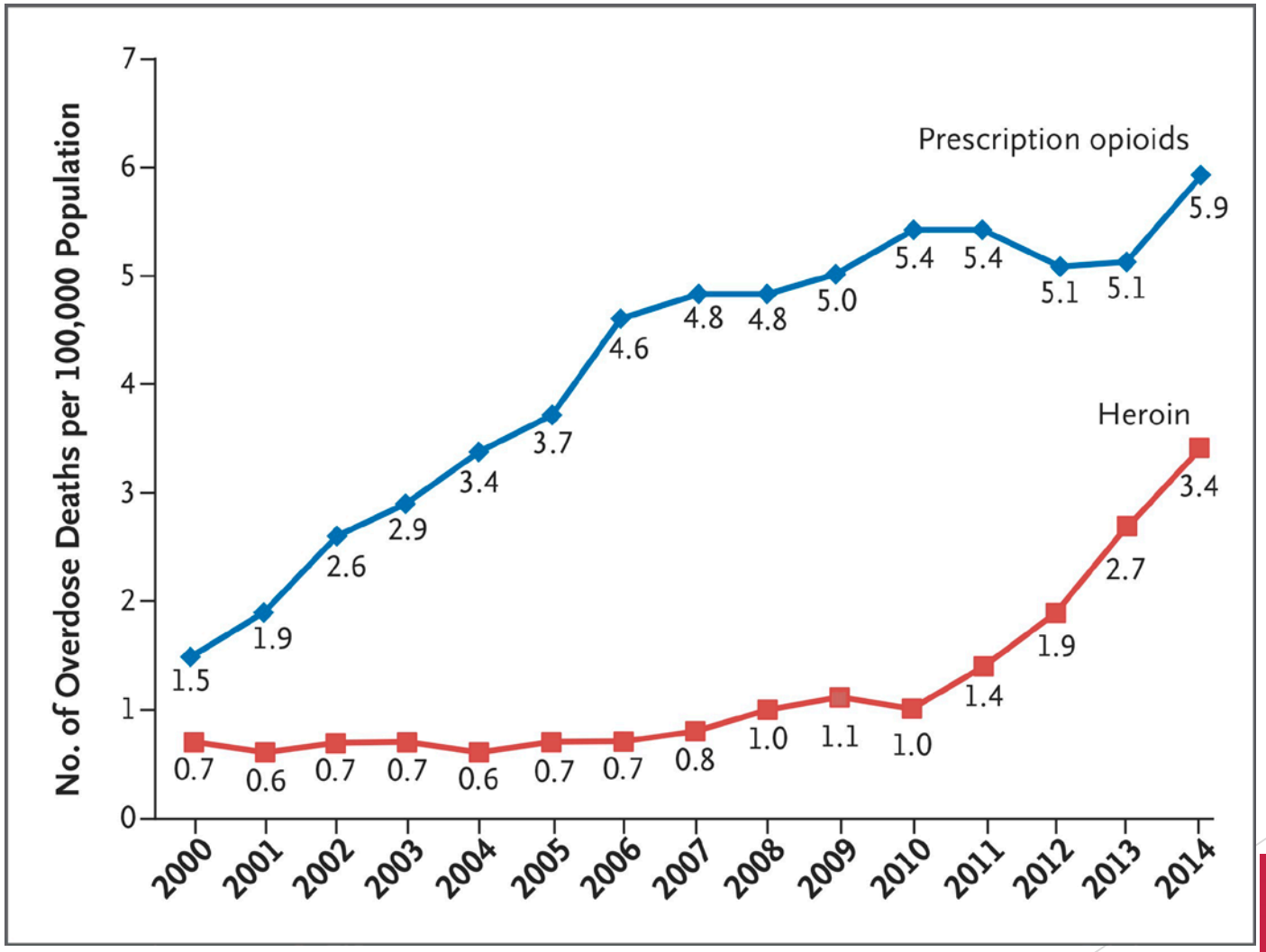
Age-Adjusted Overdose Death Rates Related to Prescription Opioids and Heroin in the United States, 2000–2014



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

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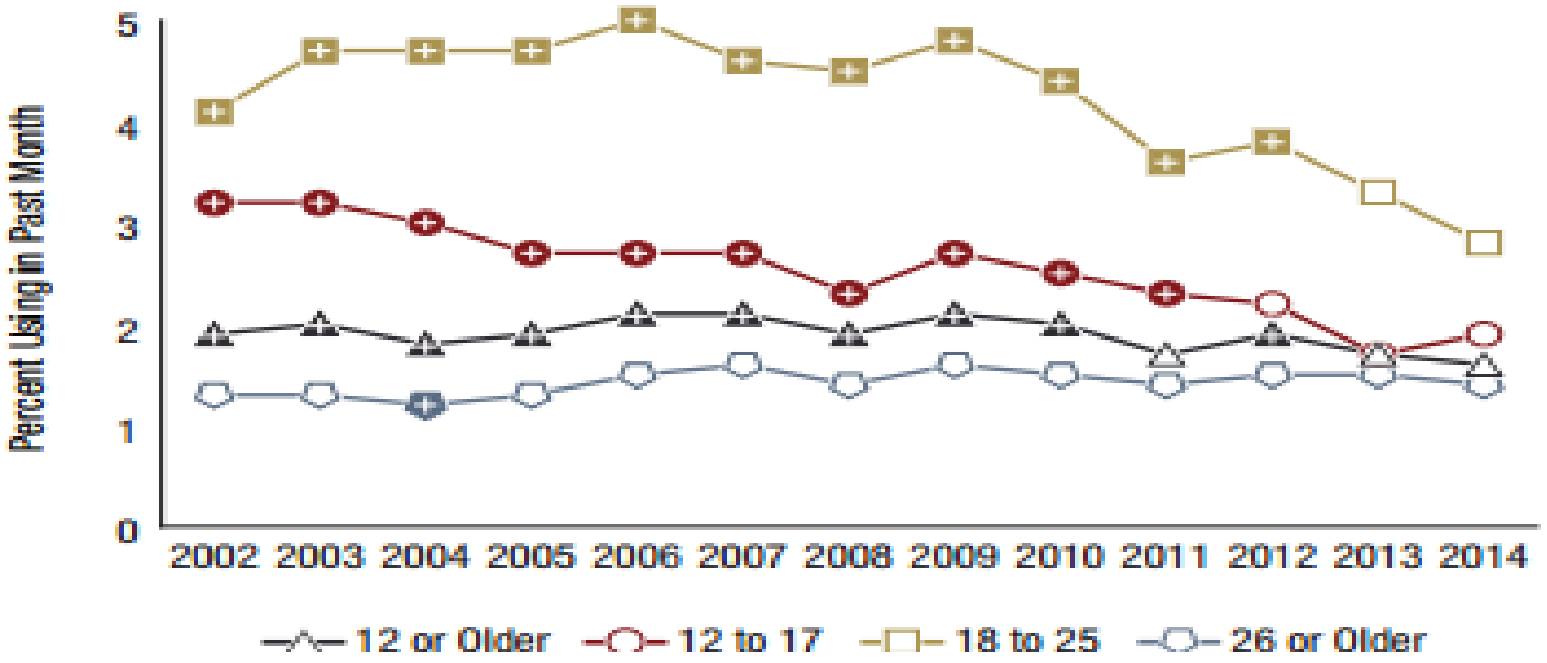
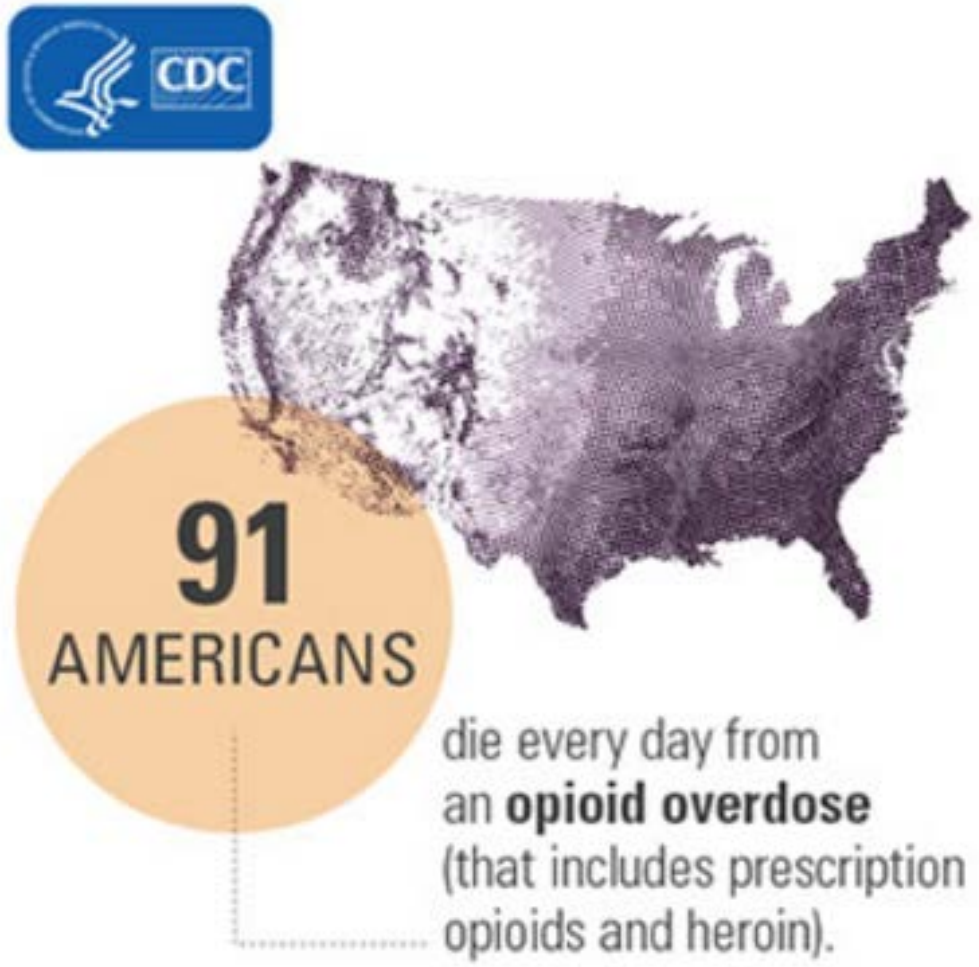
Trends in Non-Medical Use of Pain Relievers

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

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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 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

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Physical dependence on opioids

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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

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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

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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

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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

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

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