Tips for HIV Clinicians Working with **Opioid Users**

Prescription opioids (a.k.a., *Vic, Perc, Oxy, Roxy, Ocean, Hydros, Dones*), when used appropriately and as prescribed, are extremely effective in the treatment of acute and chronic pain. In addition to relieving pain, prescription opioids are also indicated for cough relief and diarrhea[1-2]. Many studies have shown that when properly managed, short-term medical use of prescription opioids is safe and rarely causes addiction.[2] The misuse of prescription opioids, however, is associated with behaviors that may negatively impact a client's HIV treatment plan. Below are some tips – and evidence supporting them – for HIV clinicians working with current and recovering opioid users.

Be Aware of the Scope of the Current Opioid Epidemic

In mid-2010, the release of the abuse-deterrent formulation (ADF) of OxyContin resulted in a dramatic shift from OxyContin use to heroin use. Cicero and Ellis[3] reported that 70% of the Researchers and Participants Interact Directly (RAPID) respondents indicated when ADF OxyContin was released, they switched to using heroin[3]. Information gleaned from this report was corroborated by the work done by Mars and colleagues entitled "Every 'Never' I Said Came True: Transitions from opioid pills to heroin injecting[4]." As there is a greater amount of scrutiny on physician prescribing practices of opioid analgesics, physicians are responding by limiting, if not discontinuing the opioid analgesic prescriptions for many of their chronic pain patients. This reduction in prescribing practice has left many individuals with little or no choice but to begin supplementing with street drugs, including heroin and illicit fentanyl.

Note Dramatic Increases in Hepatitis C

Directly related to the shift in use from OxyContin to heroin, there has been an increase in the number of reported cases of acute Hepatitis C since 2010. According to the United States CDC 2015 Surveillance Data for Viral Hepatitis, acute HCV infection increased 2.9+ fold from 2010 to 2015, with a 44% increase from 2011 to 2012, a 20% increase in 2013 and an 11% increase in 2015. HCV related deaths increased nearly 11% from 2011 to 2014, with the largest concentration of deaths in the New England, Midwestern and Appalachian states. It is highly recommended that HIV providers test their patients for HCV. Check with your program's medical director for more information and resources.

Identify the Symptoms of Opioid Withdrawal

Opioid withdrawal is influenced by several factors, including amount and frequency of use, route of administration, and the half-life of the drug (e.g., how long does it take for half of the drug to be eliminated from the body). Withdrawal usually begins shortly before the next scheduled dose and may last for weeks or months. Common opioid withdrawal symptoms include nausea and vomiting, tearing eyes and runny nose, muscle aches and cramps, sweating, and fever along with insomnia[5-6].

Be Aware of the Risk of Overdose

According to the Centers for Disease Control and Prevention, more than 1,000 individuals are seen daily in emergency departments across the nation for their misuse of opioids. Opioid related overdose deaths are on the increase – 91 Americans die every day from and opioid overdose including prescription opioids and heroin. Since 2010, there has been a dramatic increase in heroin-related overdose deaths, though equally as disturbing is the rise in deaths related to other synthetic opioids, including fentanyl and fentanyl analogues sufentanil and carfentanil. Nicknamed "gray death," carfentanil, used as an elephant tranquilizer, is 100 times more potent than fentanyl and 10,000 times more potent than morphine. The impact of fentanyl-related deaths has been greatest in northeastern and mid-western United States, though increases have been seen in other parts of the world, as well. Sweden, the United Kingdom, and Estonia have reported dramatic increases in fentanyl-related deaths beginning in 2013.

Maintain Calm and Create an Accepting Environment

Prescription opioid users can experience confusion and delirium, and symptoms of opioid withdrawal include dysphoric mood, muscle aches, and insomnia[3]. A calm voice, reassurance of safety, low sensory stimulation (e.g., a quiet, dimly lit office), and a non-aggressive body posture and non-judgmental language can help an active – or abstaining – prescription opioid user from reacting negatively to the clinical setting. All too often clinicians overlook the psychological aspects of opioid withdrawal and minimize the potential impact that anxiety and fear of withdrawals has on an individual's behavior.

Consider Gender Differences in Risk of Opioid Misuse among Chronic Pain Patients

In a study of 610 non-cancer patients with chronic pain using prescription opioid painkillers, men and women had similar rates of opioid abuse, but the reasons for misuse differed by gender. Jamison and colleagues found that drug misuse by women was motivated more by emotional issues and psychological distress. Women who misused prescription opioids were more likely to admit to being sexually or physically abused or had a history of psychiatric or psychological problems. On the other hand, among men, the misuse of prescription opioids stemmed from problematic social and behavioral problems that led to substance abuse[7-11].

Recommend Evidence-Based Behavioral and FDA-Approved Pharmacotherapies for the Treatment of Opioid Use Disorders

Medications in and of themselves can be useful in reducing an individual's drug use, though to effectively develop a successful recovery it is important to engage the patient in behavioral strategies to address stress and other triggers within a person's environment[12-17]. A list of evidence-based practices can be found at: https://www.samhsa.gov/ebp-web-guide.

FDA-Approved Drugs Used in MAT[21]

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
Naltrexone	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

Know your Community Support Resources

Prescription opioid use transcends racial/ethnic and geographic boundaries and impacts a very diverse array of populations. Though referral resources vary from location to location, Narcotics Anonymous, 12-step programs, substance abuse treatment programs, and relapse prevention groups are often available for specific groups (MSM, women, HIV+ individuals, etc.), and may even be opioid specific. Both medical and behavioral treatment interventions have been shown to be effective in treating prescription opioid dependence. You should become familiar with local treatment programs that have experience in treating prescription opioid users.

Keep a list of your local referral resources and update it regularly. Write down referral information you can share with your patient!

- ***Need a local substance abuse treatment referral?*** Phone: 1-800-662-HELP (SAMHSA National Helpline); Website: http://findtreatment.samhsa.gov
- ***Need a local 12-Step meeting?*** Narcotics Anonymous: http://www.na.org (click on "Find a Meeting." then "NA Meeting Search" or "Local NA Helplines")
- ***Information on life-saving medication naloxone, the antidote for an opioid overdose at the Get Naloxone Now:*** http://www.getnaloxonenow.org/
- ***How to Use Methadone Safely***, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Food and Drug Administration, https://store.samhsa.gov/shin/content//SMA09-4409/SMA09-4409.pdf

What are some possible signs that your patients might be using opioids inappropriately?

- Drug hoarding during periods of reduced pain symptoms
- Using a prescription opioid to achieve euphoric effects
- Unwillingness to try non-opioid treatments
- Deterioration of functioning at work, with family, or socially because of medication effects
- Sedation, declining activity, sleep disturbances, or irritability unexplained by pain or other co-occurring conditions

What should you do if you suspect that a patient may be using opioids non-medically?

- Immediately address the non-medical use of opioids
- Increase monitoring
- Include treatment for substance dependence in patient's pain management treatment plan

What are some strategies for talking with your patients about potential substance use problems?

- Be nonjudgmental – patients may be more forthcoming with information about their non-medical use of opioids
- Ask questions about warning signs (e.g., "Have you ever taken your Vicodin for other reasons than pain management?")
- Listen to what your patients say about how and why they take their medications
- Use existing screening instruments, such as the *Opioid Risk Tool*, the *Pain Medication Questionnaire*, the *Screener and Opioid Assessment for Patients with Pain*, and the *Screening Tool for Addictions Risk*[18-20].

SOURCE: ***Substance Abuse in Brief Fact Sheet: Pain Management without Psychological Dependence – A Guide for Healthcare Providers***
The information above is excerpted from the SAMHSA-CSAT fact sheet, which is available for download at: http://www.kap.samhsa.gov/products/brochures/pdfs/saib_0401.pdf.

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