

# **Addressing the Opioid Crisis: Ethical Solutions in Interprofessional Practice**

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## Learning Objectives:

Workshop attendees will be able to:

1. Describe the shifting demographic and geographic variability associated with opioid use disorders (OUD);
2. Review the impact of the criminalization of drugs historically and discuss restorative justice and harm reduction approaches to recovery that include engaging professionals, families and communities;
3. Identify national and international evidence-based, interprofessional strategies and policies designed to address the opioid crisis; and
4. Describe current efforts to expand the provision of focused and targeted overdose prevention and interventions to those populations with the greatest need.

## OPIOIDS Opium and Derivatives

**Opioids:** All natural and synthetic substances that possess morphine-like actions.

(Partial list of commonly used opioids)

Opium	Demerol	OxyContin (Oxycodone)
Morphine	Dilaudid	Percodan (Hydrocodone)
Codeine	Fentanyl	Darvon, Darvocet, Ultracet
Heroin	Carfentanil	
	Methadone	

### **Primary Effects:**

CNS depressant  
Depression of respiration  
Analgesia (pain relief)  
Euphoria  
Sedation and drowsiness

Gastrointestinal tract (reduction of diarrhea)  
Suppression of cough

***Administration:***

Injection  
Oral  
Inhalation (smoking or snorting)  
Rectal

***Tolerance:*** variable; increases with repeated administration and regular drug use

***Physical Dependence:*** develops with chronic use; characterized by classic withdrawal symptoms

***Cross tolerance:*** to all other natural or synthetic opioids

***Antagonists:*** Naloxone; Naltrexone  
Buprenorphine: partial agonist and antagonist actions

***Other Issues:*** Overdose, IV drug use, and HIV/AIDS

## **Risks Associated with Chronic and High Dose Heroin Use**

Some common street names: Smack, scag, thunder, hell dust, big H, horse

Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulites, and liver disease. Other complications, including various types of pneumonia, may result from the poor health condition of the user, as well as from heroin's depressing effects on respiration. In addition heroin may have additives that do not really dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs.

One of the most significant effects of heroin use is **physical dependence**. With regular heroin use, **tolerance** develops. Once this happens, the user must increase the dose to achieve the same effect.

**Withdrawal** produces drug craving, restlessness, muscle and bone pain, insomnia, diarrhea and vomiting, cold flashes with goose bumps and other symptoms. Major withdrawal symptoms peak between 48 and 72 hours after the last dose and subside after about a week. Sudden withdrawal by heavily dependent users who are in poor health is occasionally fatal, although heroin withdrawal is considered less dangerous than alcohol or barbiturate withdrawal. Heroin laced with fentanyl, carfentanil, or other substances that are poisonous have been known to cause death within hours.

## **Physical Dependence is NOT Addiction**

Physical Dependence: a state characterized by tolerance and withdrawal

Addiction: (also called substance dependence, behavioral dependence, or substance use disorder): a persistent and chronic pattern of drug use that is characterized by serious health and life problems directly related to the use of drugs and coupled with the user's inability or unwillingness to quit or stay abstinent. It may also be characterized by "craving."

## **Opioid Misuse and Addiction**

- Opioid addiction has quickly become a national crisis, as communities are seeing the number deaths from drug overdoses overtake those from car accidents (ages 25-54). (*National Safety Council estimates based on data from National Center for Health Statistics—Mortality Data for 2017*)
- It is estimated that during 2016, over 11 million people misused prescription pain medications, almost 1 million used heroin and over 2 million experienced an opioid use disorder.
- Young adults 18 to 25 comprised the largest percentage of those misusing opioids. (*Substance Abuse and Mental Health Services Administration, 2017*)

## **Opioid Overdose (OD) Deaths**

Total deaths in 2016 from OD on all drugs (excluding alcohol and tobacco) = 63,632  
(male: female 2:1)

**OD Death from opioids** (both prescription and illicit) = 42,249 of these (2/3)

Heroin OD = 15,469

Methadone OD = 3,373

Synthetics OD (other than methadone) = 19,413

*(Seth, P., Scholl, L., Rudd, R.A., & Bacon S., 2018)*

### **Opioid OD Death Rates 1999-2017**

OD deaths by any opioid rose by 591%

The most common OD deaths were caused by:

Heroin

Fentanyl

Oxycodone

Hydrocodone

Methadone

*(National Institute on Drug Abuse, 2019)*

### **How Did We Get Here?**

Purdue Pharmaceutical Company and Oxycontin

Pill mills and unethical pharmacies

Inadequate medical doctor training on the proper use of opioids

The War on Drugs

Fear of police involvement for reporting ODs

Regulation of the dispensation of methadone and buprenorphine by the DEA

Inadequate treatment and discriminatory attitudes about drug users

Out-of-pocket costs for drug treatment, visit caps, and high co-pays

An obsolete and profiteering drug rehab industry including patient brokering

Lack of medical professionals trained in addiction medicine

Lack of evidence-based treatments being used

Most opioid patients never get addicted: most people who do get addicted did not start their addiction with a doctor's Rx

## **The Opioid Epidemic: What is it?**

Epidemic' doesn't just refer to the deaths associated with the use of opioids, but includes the wide range of struggles of those using and abusing opioids.

Opiate use and addiction have multiple impacts on families.

These impacts include criminal justice involvement, adverse effects on mental health conditions, poor living conditions, and damaged relationships.

The struggles impact well beyond the individual toll.

National, state and local efforts to address the 'ripple effect' of this epidemic need to draw upon the whole 'systems of care.'

Effective collaboration among the various systems (medical, behavioral health, social services, and natural and peer supports) can help individuals and families reach recovery and achieve stability.

## **Evidence Based Treatments for Opioid Use Disorder**

Residential Detoxification  
Medication Assisted Treatment  
Trauma-Focused Cognitive Behavioral Therapy  
Seeking Safety  
Motivational Interviewing  
Family-focused treatments

An effective, but underutilized, treatment approach is called Medication-Assisted Treatment, or MAT: <https://www.samhsa.gov/medication-assisted-treatment>

This is not 'just' prescribing medications, but rather using medications in combination with behavioral and counseling interventions to provide a 'whole patient' approach.

This holistic plan has demonstrated greater effectiveness than medication or counseling alone

## **Medication Assisted Treatment (MAT) (3 classes)**

Only 10% of drug programs in the US use MAT

### **Class I: Agonist**

*Methadone:* An opioid medication

- Orally administered
- Used for detoxification and maintenance
- Blocks euphoric effects from other opiate use
- Long half-life: one dose per day
- Relieves cravings and withdrawal

### **Class II: Partial Agonist**

*Buprenorphine:*

- Subutex(alone)
- Suboxone(with naloxone)
- Partial agonist-antagonist
- Lower potential for abuse

### **Class III: Antagonist**

- Naltrexone: a slower acting drug used to block the effects of opioids and alcohol. Vivatrol and NTX are extended release injectable versions of Naltrexone
- Naloxone: a fast acting drug used to reverse ODs administered by injection or nasal spray

Naloxone saves lives; Naltrexone aids in recovery

### **MAT is used to:**

- Decrease overdose death
- Decrease infectious disease spread
- Increase treatment retention
- Decrease criminal activity

## Interprofessional Collaboration

Effective collaboration is needed among the various systems:

- Medical
- Behavioral health
- Social services
- Law enforcement
- Child Welfare
- Education
- Juvenile justice
- Judicial
- Early childhood providers
- Natural and peer supports

## Global Efforts

The Global Commission on Drug Policy strongly recommends a shift to Harm Reduction <https://www.globalcommissionondrugs.org/tag/opioid-crisis>

**Harm reduction** is a set of ideas and interventions that seek to reduce the harms associated with both drug use and ineffective drug policies.

This includes:

- Decriminalization and regulation
- Expanded access to MAT
- Clean needle and syringe exchange
- Pharmaceutical-grade heroin and hydromorphone dispensed by doctors
- Overdose prevention sites
- Fentanyl test kits for users
- Fentanyl-detection sensors for use of law-enforcement

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