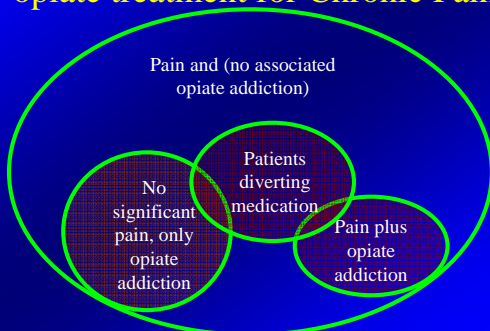


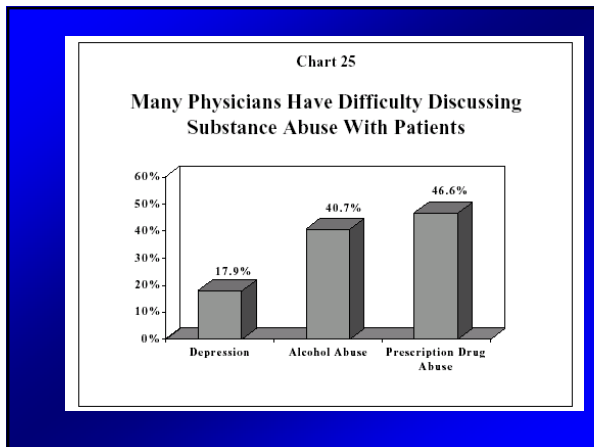
Prescription Opiate Use

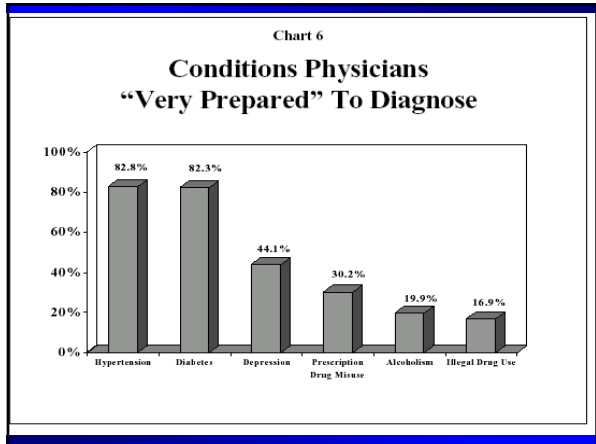
Prescription Opiate Abuse

Joshua Boverman M.D.
Assistant Professor
Psychiatry and Family Medicine
OHSU

Your Panel of Patients receiving opiate treatment for Chronic Pain

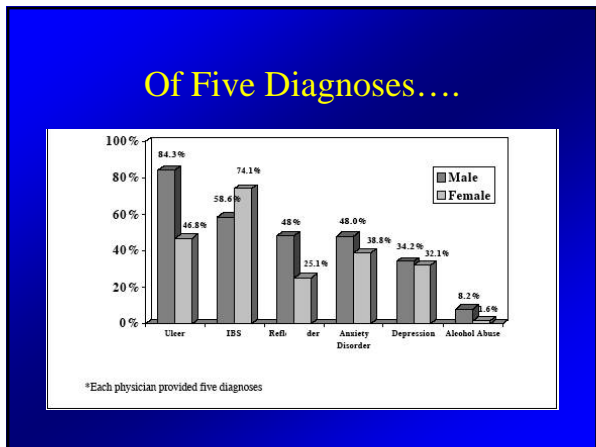






38 year-old married male with

- Recurrent abdominal pains
- Job-related anxiety and stress
- Intermittent elevated blood pressure
- Gastritis visible on gastroscopy
- Trouble sleeping and irritability
- Normal libido, no psychiatric history





This Talk

- Clarify some words and phrases:
 - “drug abuse”
 - Risky drug use
 - Substance Abuse Disorder (DSM-IV)
 - “drug dependence”
 - Physiologic Dependence
 - Substance Dependence Disorder (DSM-IV)
- Describe opiate medical use and abuse
- Opiate abuse: screening, diagnosis, treatment

What is Drug Abuse?

- DSM-IV
- Abuse
 - Repeated negative consequences as a result of use
- Dependence
 - Life orbits around use (tolerance, withdrawal, loss of control).

Substance Abuse DSM-IV

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household)

Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)

Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

Substance Abuse DSM-IV

B. The symptoms have never met the criteria for Substance Dependence for this class of substance.

Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

tolerance, as defined by either of the following:

a need for markedly increased amounts of the substance to achieve intoxication or desired effect.

markedly diminished effect with continued use of the same amount of the substance.

withdrawal, as manifested by either of the following:

the characteristic withdrawal syndrome for the substance
the same (or a closely related) substance is taken to relieve or avoid symptoms.

the substance is often taken in larger amounts or over a longer period than was intended.

there is a persistent desire or unsuccessful efforts to cut down or control substance use.

Substance Dependence

a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance, or recover from its effects.

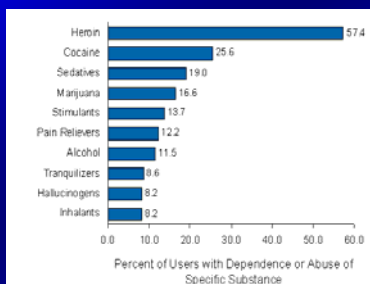
important social, occupational, or recreational activities are given up or reduced because of substance use.

the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

What is Drug Abuse?

- DSM-IV
- Abuse
 - Repeated negative consequences as a result of use
- Dependence
 - Abuse, plus tolerance and/or withdrawal and/or loss of control

Percent of users who have abuse or dependence



Opiate effects

- Sedation
- Anxiolysis
- Pain relief
- Respiratory Depression
- Tolerance
- Withdrawal - "sick"
 - Anxiety and dysphoria
 - Aches, sweats, chills, nausea,
 - lacrimation, sniffles, perspiration, yawns, goose bumps, tremor
 - dilated pupils, tachycardia, increased respiration

History Morphine to Heroin

- 1800s Heavy use and abuse
 - US opium imports ~ 11 million grams/year
- 1803 Morphine
- 1843 IV Morphine
- 1895 Heroin at Bayer
- 1898 Heroin's commercial debut
- 1900s Heroin: the cure for morphine addiction

> <http://www.pbs.org/wgbh/pages/frontline/shows/heroin/etc/history.html>

20th century: Heroin to Methadone and Oxycontin

- 1906 Pure food and drug act
- 1914 Harrison act
- 1942 Methadone developed
- 1970s Methadone introduced
- Increasing interdiction
- Increasing use

- <http://www.pbs.org/wgbh/pages/frontline/shows/heroin/etc/history.html>

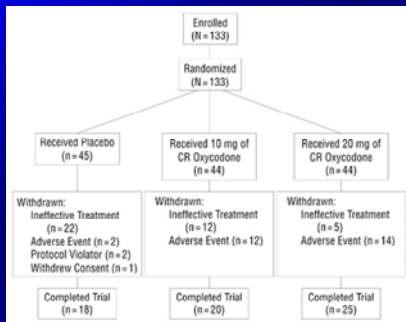
20th Century: Refined Medical Use

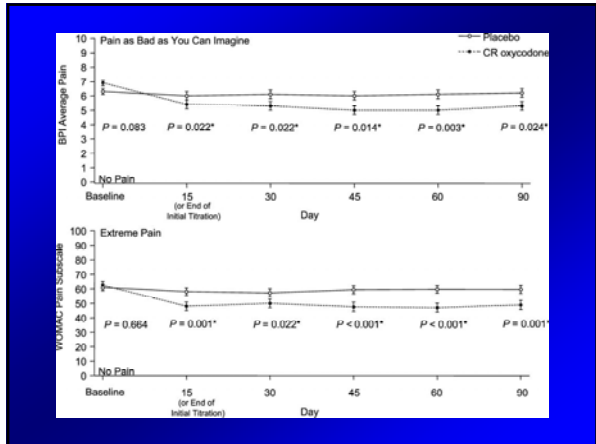
- Perfected inpatient and acute use
- Restricted outpatient use
- British hospice movement
- US: Palliative Care
- Greater Use in Intractable Pain

21st Century: Greater use and abuse

- Dramatic rise in outpatient prescriptions
 - #1 bestselling medication: Vicodin
 - Concerns about risk/benefit ratio:
 - Deaths, drug dependence
 - Chronic narcotic therapy for chronic pain is not an evidence based approach
- Epidemic of prescription opiate abuse
 - 10% of US high-school students have taken Vicodin, Oxycontin, other pain pills recreationally
 - Accidental fatal overdoses up - 50 - 100 %

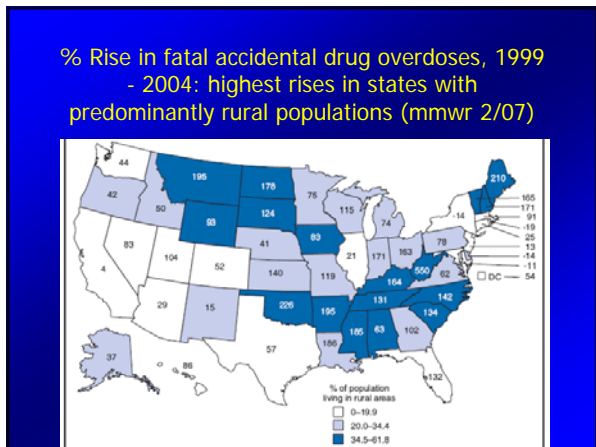
Osteoarthritis: Placebo, Oxycontin 10 mg BID, or Oxycontin 20 mg BID



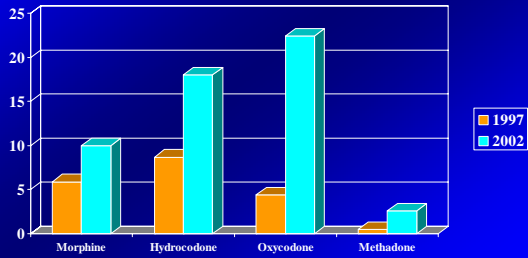


Opiate Treatment of Chronic Pain

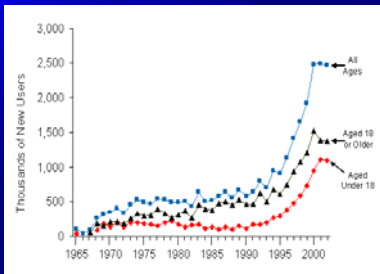
- Effective short-term
- Longer term effects are modest
 - Accompanied by dose increases
 - Requiring doses that will induce withdrawal on discontinuation



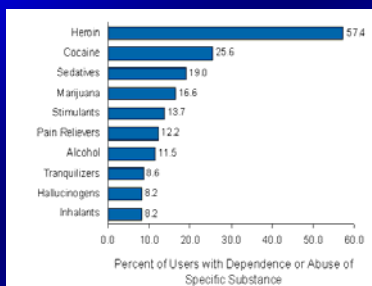
U.S. Retail Sales of Opioids, 1997 – 2002



New “abusers” of prescription opiates



Percent of users who have abuse or dependence



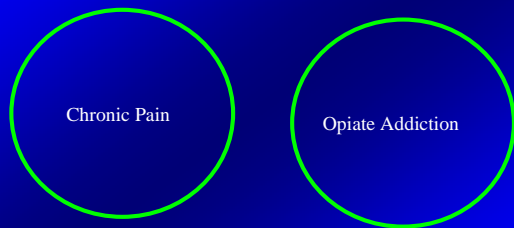
Prescription Opiate Abusers

- Vast majority are not dependent
- Usually diverted from friends/family
- Those who become dependent:
 - Get meds from internet, doctor shopping, street sales
 - May switch to heroin
 - Often started because of pain

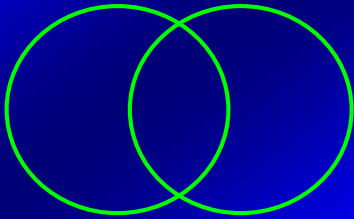
Abuse/medical use

Addiction	– Pseudo-addiction
Dependence	– Physiologic dependence
Abuse	– Self-medication

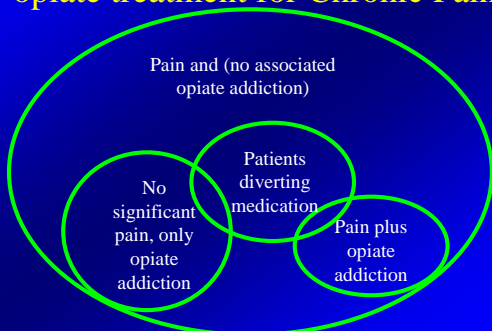
Chronic Pain vs Opiate Addiction



Chronic Pain vs Opiate Addiction



Your Panel of Patients receiving opiate treatment for Chronic Pain



How can you recognize persons with opiate problems in your practice?

- Prior to treatment:
- Ask about drug use/misuse
 - Have you ever had problems with drugs or alcohol?
 - Prescribe conservatively
- During treatment:
- Urine drug screening
 - Mandatory for chronic opiate prescriptions
 - Track prescriptions carefully
 - Be aware of 'red flags'
 - Early refills, lost Rxes, signs of withdrawal or intoxication on f/u appointments, etc
 - Be aware that you still may not be able to detect misuse, addiction, or diversion

Urine Drug Testing

- On site, immunoassay, 'dipstick' vs GC/MS
- + 'dipstick' is very reliable for
- Opiates
- Synthetic opiates
- Benzodiazepines
- THC
- Alcohol
- Cocaine
- Amphetamines have 1-2 % false + on immunoassay

Enhancing UDS Performance

- Random or unannounced testing
- Add a Standard UA (to detect dilution)
- Temperature (detect dilution or substitution)
- F/U with GC/MS (more precise and time consuming)
- Test for adulterants
- Observe collection

Treatment options for opiate problems

- Physiologic dependence
- Detox. Buprenorphine
- Addiction - ("substance abuse disorder" or "substance dependence disorder")
- Detoxification (inpatient or outpatient)
 - Buprenorphine far easier
 - Detox is rarely effective
 - Psychosocial treatment
 - Inpatient
 - Outpatient
 - professional counseling, AA/NA, Smart Recovery
 - Opiate Maintenance treatment
 - methadone or buprenorphine

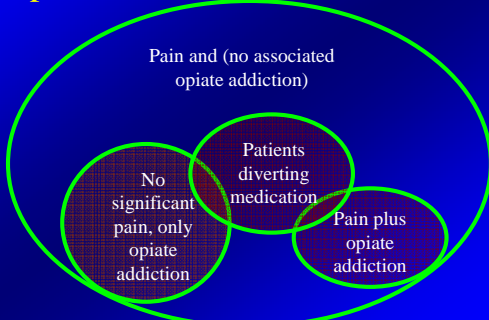
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Case 1

- 37 year-old with chronic back pain
- Rxd Oxycontin 20 BID, increasing to 80 TID after 8 months
- UDS + for morphine and cocaine
- Denied refills, she argues extensively with her physician, threatens legal action, and is never seen again

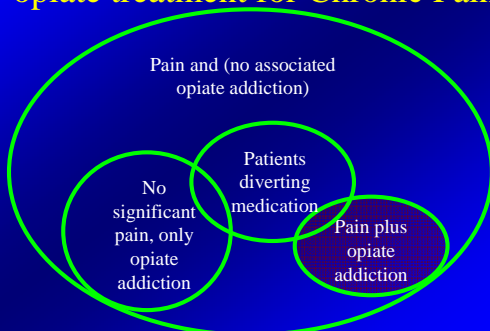
Your Panel of Patients receiving opiate treatment for Chronic Pain



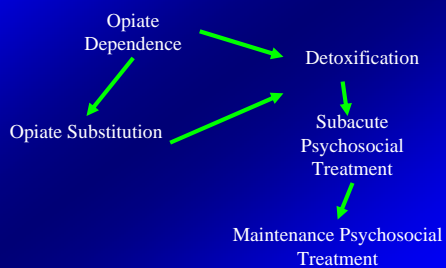
Case 2

- 24 year-old with hemophilia
 - Painful hemarthrosis
 - Vicodin, then Oxycodone, then Oxycontin
 - Develops Anxiety, depression
 - Frequent unscheduled visits
 - Frequent no-shows
 - When asked reports runs out early
 - "get me off of this stuff"
 - Rxed Buprenorphine maintenance and is now doing well

Your Panel of Patients receiving opiate treatment for Chronic Pain



Current Treatment Options for Opiate Dependence



CONCLUSIONS

- Prescription Opiate Abuse is a serious condition
- Prescription Opiate Abuse is rapidly increasing
- Physicians and other prescribers are the #1 source of abused opiates
- You can take steps to:
 - PREVENT opiate abuse
 - DETECT opiate abuse
 - TREAT Opiate abuse
