

Recognizing Narcotic Abuse and Addiction and Helping Those With It

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Ancient History



- * 1995: OxyContin approved by FDA
 - * Claimed it was “non-addictive” due to slow release
 - * Recommended use in chronic non-cancer pain
- * 1997: Pain societies: “Pain is undertreated, narcotics should be used aggressively”
- * 1997: VA: rules requiring aggressive pain treatment
- * 2001: CMS, JCAHO: rules mandating doctors aggressively identify and treat pain
- * 2010: More deaths from prescription narcotics than car accidents

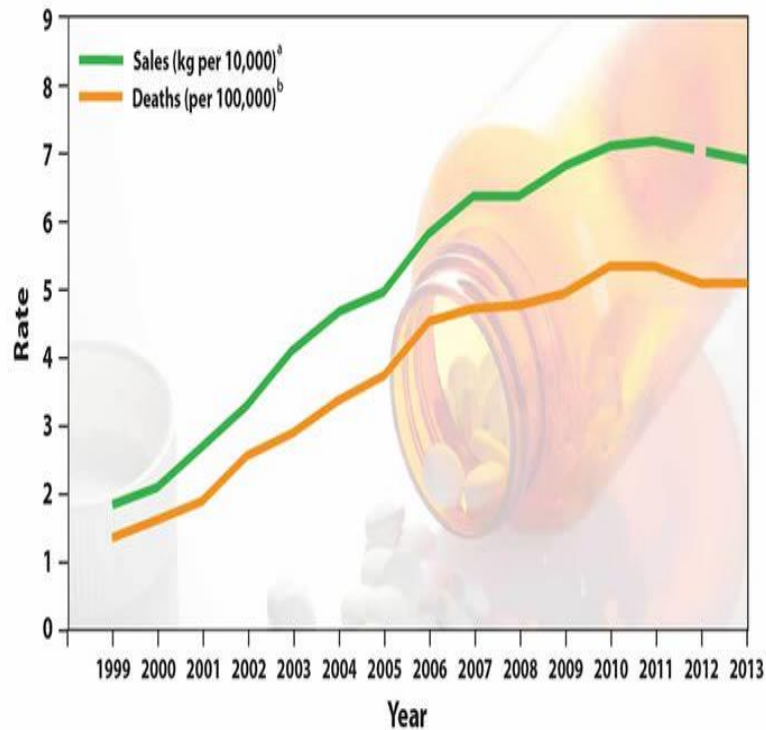
Doctors Meant Well



- * Patients were suffering
- * Doctors were taught that narcotics were the best treatment for their patients in pain
- * They were basing their treatments on the best information at the time (the 1990s)
- * Since then, we've learned that narcotics are dangerous and are not very effective for long-term pain

The Result

Prescription Painkiller Sales and Deaths



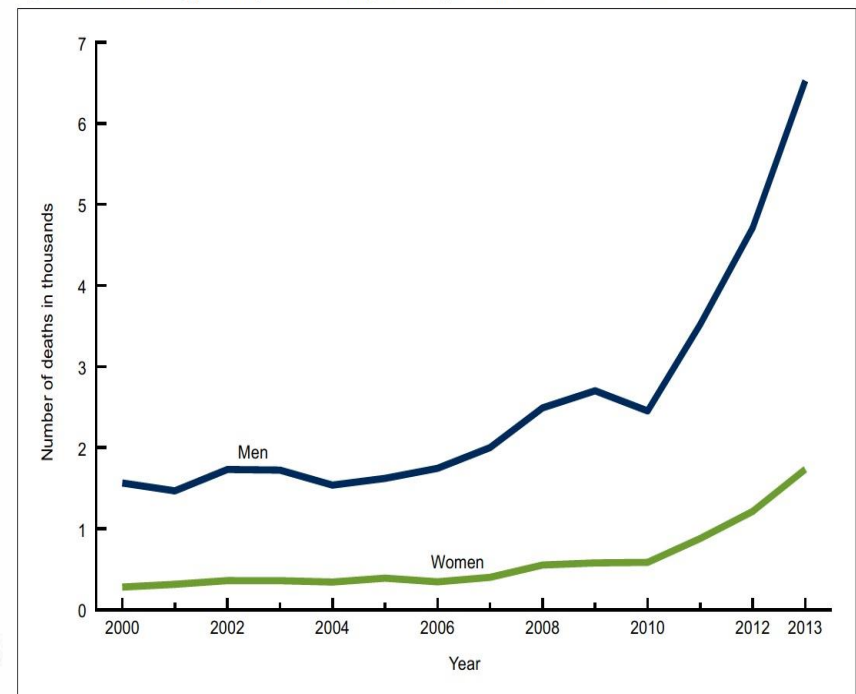
Sources:

^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

^bCenters for Disease Control and Prevention, National Vital Statistics System mortality data. (2015) Available from URL: <http://www.cdc.gov/nchs/deaths.htm>.

Heroin-related Deaths

Figure 2. Number of drug-poisoning deaths involving heroin, by sex: United States, 2000–2013



NOTE: Access data table for Figure 2 at: http://www.odc.gov/nchs/data/databriefs/db190_table.pdf#2.

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

More consequences

Rx opioid abuse is rampant in our society

- Approximately 7% of people in the US have a substance use disorder
- The prevalence of troublesome opioid/alcohol use in PCP pts. is 11%
- Rx OD deaths exceed 39,000/year in US, greater than MVA fatalities
- Rx opioids have now caught up to marijuana as most abused drugs
- Rx opioid OD deaths exceed those from heroin and cocaine combined
- Drug overdose death rate 4X greater in 2008 than 1999
- 75% of fatal OD's in 2008 involved prescription drugs
- Middle-aged whites were at highest risk of prescription opioid OD death
- 85% of misused narcotics are physician prescriptions
- 27% of addicts were first exposed to narcotics by prescription from MD



Prescription narcotic use is out of control

80% of all prescription narcotics in the world are
consumed in the US
(with just **5%** of the world's population)



Sadly, narcotics don't work well long-term



“From 1999 to 2013, the amount of prescription painkillers prescribed and sold in the U.S. nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report.”

The Center for Disease Control

What We Now Know

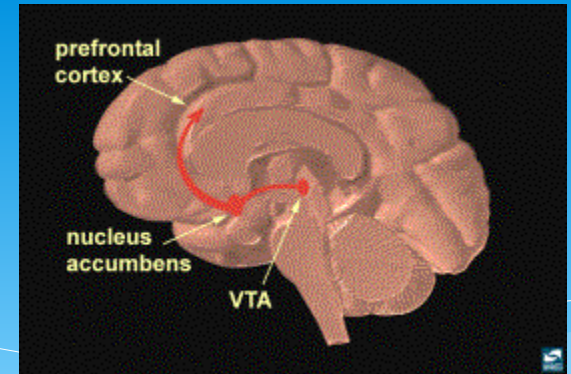
- * At first, narcotics work well for pain
- * After a couple of months, their effect drops below what most people would think is helping them
- * After six months, there is no evidence of any effect
- * If they are taken even longer, they can actually start making pain worse!

And then there's the problem of addiction

Non-narcotic Treatments for Pain

- * Acetaminophen (Tylenol)
- * NSAIDs (drugs like ibuprofen)
- * SNRIs: venlafaxine, duloxetine, milnacipran
- * TCAs: desipramine, amitriptyline, nortriptyline
- * Anticonvulsants: gabapentin, pregabalin, topiramate, carbamazepam, etc.
- * Topicals: lidocaine, NSAID, capsaicin
- * Procedures: blocks, epidurals, facet block
- * Physical therapy, occup. therapy, braces, stimulators
- * CBT, hypnosis, meditation, acupuncture

Narcotic Addiction: Why?



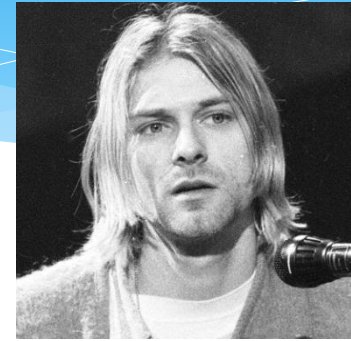
- * Narcotics stimulate the “reward center” in the brain
- * When something does this, it makes you want to do it again
- * It’s like a virus in your programming
 - * The more you feed it, the stronger it gets
- * Before long, the craving takes over, and willpower can’t control it
 - * That’s addiction

- * But you don’t have to be addicted to have a problem
 - * The most important thing in some people’s lives is their next pill
 - * Taking it for fun – some people can stop at this (very dangerous)
 - * Drug liking → seeking → abuse → addiction → rehab or death
 - * Getting narcotics to sell them

Risk Factors for Addiction

The person – addictive risk

- * Genetic
- * Psychological
- * Being around others doing drugs
- * How bad your life is



The drug – addictive quality

- * how much the drug stimulates the reward system
- * How fast it kicks in
- * How fast it's eliminated (rapid loss increases craving)
- * Long-acting (constant) vs. short (rewards pill-taking)



The more addiction-prone the person, and the more addictive the narcotic, the greater the risk of addiction.

It's like lighting a fire

- * The drier the tinder,
 - * (more addiction-prone the person)
- * The stronger the flame,
 - * (more addictive the opiate)
- * The greater the risk a fire will start.

BUT even damp wood will start with
a strong enough flame!



Some narcotics are safer than others

- * **Low** buprenorphine, tapentadol (Nucynta), tramadol
- * nalbuphine (Nubain), butorphanol (Stadol)
- * -
- * methadone
- * -
- * -
- * fentanyl (transdermal)
- * codeine, hydrocodone, morphine
- * -
- * fentanyl (sublingual)
- * -
- * -
- * oxycodone, oxymorphone (Opana)
- * **High** hydromorphone (IV), meperidine, heroin



Signs of a Problem: Prescriptions



- * Taking more than they're prescribed
- * Taking when they're not in pain
- * Getting pain pills from more than one doctor
- * Needing more, and more, and more
- * Constantly thinking about the drugs
- * Taking so much they're "stoned"
- * Using other drugs (marijuana, cocaine, etc.)
- * Overdose

Signs of a Problem: Heroin

- * Sudden, dramatic change in personality
- * Where did all the money go?
- * Not taking care of themselves
- * Getting in trouble with the law
 - * Stealing, dealing drugs
 - * Prostitution
- * Track marks



Treating Addiction

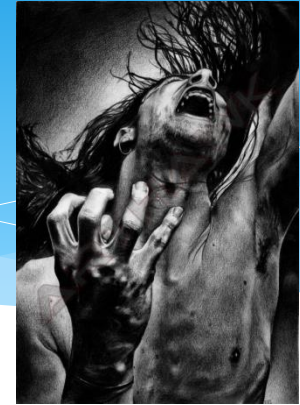
- * If it's very early, just quitting may work
- * If they try to quit but can't, they need help:
 - * 211
 - * www.suboxone.com
 - * Google: "WI opiate treatment locator"
 - * You doctor may be able to refer to a treatment site
 - * Narcotics Anonymous or Alcoholics Anonymous
- * They can't just get sober, they have to change their life!
- * Sadly, most narcotic treatment centers in WI are full

Families Also Need Help



- * **Al-Anon** was developed to help partners and other loved ones of people with addiction
 - * They can provide support
 - * They can help you learn how to deal with your addicted loved one
 - * They can help organize a family intervention
 - * You can see others who have successfully dealt with it
- * Alateen can help teenagers with an addicted parent

Hitting Bottom



- * No addict quits until they “wake up”
- * For most, their life has to get absolutely horrible
- * Sometimes they will say they want to quit but have not yet hit bottom – they will relapse
- * Hitting bottom causes them to be willing to do **anything** to get over their addiction
 - * Changing friends, jobs, hobbies, home, how they dress...
- * With motivation and support, they can overcome it!

Types of treatment

- * Abstinence: AA, NA, Community Support Groups
- * Medicines to prevent withdrawal and block cravings:
 - * Methadone (covered by Public Aid)
 - * Buprenorphine (available in some doctor's offices)
 - * Naltrexone (month-long injection, \$\$)
- * All must be combined with counseling, groups, etc.
- * Effective treatment takes years

What You Can Do - Individually



- * This is a deadly disease – take action!
- * Don't enable them. **Only** help them get better.
- * Confront the person: family intervention
- * Contact their doctor (give your name); be specific
- * Keep your pills safe (in a fire safe)
- * Count your pills every few months and keep track
- * Ask your doctor for non-narcotic pain pills
- * Dispose of pills that you don't need any more

What Community Organizations Can Do #1

- * Encourage participation in drug take-back days
- * Encourage having naloxone available in homes
- * Encourage reporting “pill mills” to the police
- * Encourage questions to prescribers:
 - * “Is there a non-narcotic treatment I could try instead?”
 - * “Is this the least-addictive narcotic I could try?”
 - * “Do I really need this many pills?”

What Community Organizations Can Do #2

- * Train speakers on narcotics, addiction, and pain Tx for school, church, and community programs.
 - * Getting rid of pills, having naloxone available
 - * Encouraging non-narcotic pain treatments
 - * Destigmatizing addiction – it’s a “computer virus”
 - * Understanding signs of addiction
 - * Helping people understand how to get treatment
 - * Developing Intervention resources

Questions?



Thank you for attending!