

# Opioid Use Issues: All the Players

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## Objectives

After review, the participant will be able to:

- 1) Identify criteria for opioid use disorders
- 2) Understand the complexity of the opioid issue in our communities
- 3) Discuss ways in which communities can reduce the burden of this illness.

## Lest we forget

Alcohol  
Tobacco  
Marijuana  
Stimulants/methamphetamine/cocaine  
Synthetics  
Hallucinogens  
Huffing

## What are opioids?

Opiates- drugs derived from opium.

Opioids- term previously used to describe synthetic opiates.

Now it is common to refer to all as "opioids."



## Psychiatric Disorders-general rules

Symptoms

Duration

Impact on functioning

Not better explained by something else...



## Opioid Use Disorders:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.

## Opioid Use Disorders, cont...

9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

10. Tolerance, as defined by either of the following:

- A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
- A markedly diminished effect with continued use of the same amount of an opioid.

**Note:** This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.

11. Withdrawal, as manifested by either of the following:

- The characteristic opioid withdrawal syndrome (refer to Criteria A and B of the criteria set for opioid withdrawal).
- Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

**Note:** This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

## Opioid Use Disorders, cont...

**In early remission:** After full criteria for opioid use disorder were previously met, none of the criteria for opioid use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion A4, "Craving, or a strong desire or urge to use opioids," may be met).

**In sustained remission:** After full criteria for opioid use disorder were previously met, none of the criteria for opioid use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, "Craving, or a strong desire or urge to use opioids," may be met).

*Specify if:*

**On maintenance therapy:** This additional specifier is used if the individual is taking a prescribed agonist medication such as methadone or buprenorphine and none of the criteria for opioid use disorder have been met for that class of medication (except tolerance to, or withdrawal from, the agonist). This category also applies to those individuals being maintained on a partial agonist, an agonist/antagonist, or a full antagonist such as oral naltrexone or depot naltrexone.

**In a controlled environment:** This additional specifier is used if the individual is in an environment where access to opioids is restricted.

## Why the need to review:

### Economic Impact of the Opioid Epidemic:

**\$ 55 billion** in health and social costs relate prescription opioid abuse each year<sup>1</sup>

**\$ 20 billion** in emergency department and inpatient care for opioid poisonings<sup>2</sup>

Source: Pain Med. 2011;12(4):657-67.<sup>1</sup>  
2013;14(10):1534-47.<sup>2</sup>

### On an average day in the U.S.:

**More than 650,000** opioid prescriptions dispensed<sup>1</sup>

**3,900 people** initiate nonmedical use of prescription opioids<sup>2</sup>

**580 people** initiate heroin use<sup>2</sup>

**78 people** die from an opioid-related overdose<sup>3</sup>

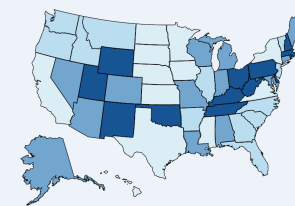
<sup>1</sup>Opioid-related overdoses include those involving prescription opioids and illicit opioids such as heroin

Source: IMS Health National Prescription Audit<sup>1</sup> / SAMHSA National Survey on Drug Use and Health<sup>2</sup> / CDC National Vital Statistics System<sup>3</sup>

1. CDC, MMWR, 2015; 64:1-5.  
2. CDC Vital Signs, 60(43):1487-1492

## Why the need to review, continued...

### Drug overdose death rates, United States, 2014\*



Drug overdose deaths per 100,000 population

6.3 - 11.7	11.9 - 14.4
15.1 - 18.4	19 - 35.5

\*Age-adjusted death rate per 100,000 population  
Source: CDC National Vital Statistics System

**20**  
DEATHS  
IN 2013

**61**  
DEATHS  
IN 2015

Overdose deaths in North Dakota increased from 20 deaths in 2013 to 61 deaths in 2015.

CDC/NCHS, National Vital Statistics System, Mortality

## How did we get here?

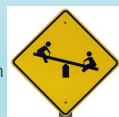
Focus on management of non-cancer pain



Marketing by pharmaceutical companies



Risk-benefit ratio based on inadequate information



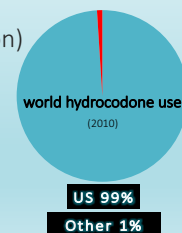
New supply and demand-change back to "street"

## What do we call the problem?

A Crisis? "a situation that has reached a critical stage" (Webster's)

An Epidemic? (regional contagion)

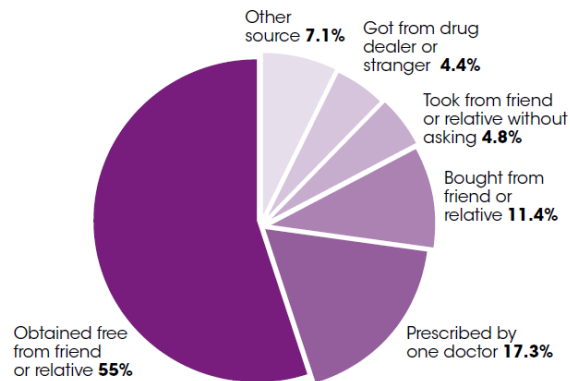
A Pandemic? (global)



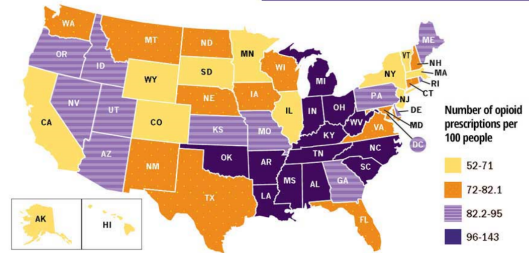
US 99%

Other 1%

### People who abuse prescription painkillers get drugs from a variety of sources<sup>7</sup>



### Some states have more opioid prescriptions per person than others.



SOURCE: IMS, National Prescription Audit (NPA™), 2012.

### Sources of Prescription Opioids

Most people who abuse prescription opioids get them for free from a friend or relative. However, those who are at highest risk of overdose (using prescription opioids nonmedically 200 or more days a year) get them in ways that are different from those who use them less frequently. These people get opioids using their own prescriptions (27 percent), from friends or relatives for free (26 percent), buying from friends or relatives (23 percent), or buying from a drug dealer (15 percent). Those at highest risk of overdose are about four times more likely than the average user to buy the drugs from a dealer or other stranger.<sup>8</sup>

### Community-The Gift of Togetherness



### Medical Community

- Education of healthcare students and prescribers
- Center for Disease Control Prescribing Guidelines
- Prescription Drug Monitoring Programs
- Practitioner Board recommendations
- MAT (Medication Assisted Treatment)



### Recent CDC Guidelines

Voluntary

Primary Care focus

Chronic Pain (pain lasting past 3 months, or past the time of normal tissue healing.)

### Medication Assisted Treatment (MAT) for Opioid Use Disorder

#### REPLACEMENT

**Buprenorphine** (sublingual, buccal, implant)  
With/without naloxone  
Can be clinic-based with special provider DEA number

**Methadone-**  
requires an Opioid Treatment Program environment

#### BLOCKADE

**Naltrexone**  
(daily oral, or monthly injection)

## Treatment and Recovery Community

Access

Education

MAT as part of Treatment and Recovery Community



## Pharmacy Community

In addition to the Medical Community comments,

Medication Take Back Programs



## Community

Education

Consumer expectations for pain management

Reduction of stigma

Housing

Social Determinants of Health



## Workplace

Safety

Recognition of issues

Support



## Corrections/Law Enforcement

Education/Training

Treatment

Alternatives to Incarceration

Drug Courts



## Overdose Treatment

Access to Naloxone (opioid reversal):

Law Enforcement

Paramedics

Public

## Legislature

“Good Samaritan” laws

Access to Naloxone

Funding for education and treatment



## Messaging



NORTH DAKOTA

**PREVENTION**

RESOURCE & MEDIA CENTER

Free Materials | Initiatives | In the Community

[Home](#) / [Initiatives](#) / [Prescription Drug & Opioid Abuse](#)


Initiatives

Underage Drinking


Binge Drinking


**Prescription Drug & Opioid Abuse**


Mental Health

**Preventing Prescription Drug & Opioid Abuse**

Prescription drug abuse is a growing problem in North Dakota.  
[Browse data related to prescription drug abuse in North Dakota.](#)

**LOCK**

**MONITOR**

**TAKE BACK**

**STOP**  
**OVERDOSE**

Lock, Monitor, Take Back, is an evidence-based prevention effort with the primary goal of reducing access to prescription drugs, especially opioids, by encouraging North Dakotans to be safe with their medications, including promoting North Dakota Take Back locations, and promoting ways communities can support this effort at the local level.

To support these community efforts, the Department of Human Services, Behavioral Health Division in collaboration with the Reducing Pharmaceutical Narcotics Task Force is launching 'Stop Overdose'. This statewide campaign is built on saving lives by sharing information and providing resources for those impacted by this public health concern from family and friends to

## HOPE

## Questions? Comments?

5