

# **Attitudes about Opiate Use Disorder**



# Objectives

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- Show the effect that opioid epidemic has had on North Carolina and the United States.
- Explain what opioids are, how they are used for pain management, and how they can be misused.
- Understand the difference between tolerance, dependence, and addiction.
- Understand opiate-use disorder as a medical illness.
- Explain medication-assistive treatment for opiate-use disorder.
- Provide ways to reduce the stigma towards substance-use disorders.

# How have opioids affected North Carolina?

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- FIVE people die from opioid overdoses every day.
- More people die from opioid overdoses than car crashes.
- More than 2,000 North Carolinians died of an opioid overdose in 2017 – a 32% increase from 2016.
- Between 1999 and 2017, more than 13,169 North Carolina residents have lost their lives due to unintentional opioid overdoses.
- The number of unintentional opioid overdose deaths in 2017 was nearly 17 times higher than in 1999.
- The number of unintentional opioid overdose deaths has more than doubled in the past decade.
- In 2017, there were nearly 125 unintentional opioid-related overdose ED visits per week, on average.

# OVERPOWERING NC'S OPIOID EPIDEMIC



Misuse. Addiction. Double the overdoses in the past ten years alone. Opioids—including prescription pain medication, heroin, and fentanyl—are devastating lives in North Carolina. It's time for all of us to take the first step in solving the problem, because together, we are more powerful than opioids—and together, we can take back our communities.

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**Question: Why is opioid misuse a problem in North Carolina?**

- A. North Carolina has seen a 32% increase in deaths from opioid overdose.
- B. 4 NC cities are in the top 25 for opioid misuse.
- C. More people die of opioid overdoses than car crashes.
- D. It's not a problem.
- E. A, B, and C.

**Answer: E**

# Opiates don't discriminate...

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- Misusing opiates is NOT a moral failure or a choice – it's a medical disease that can affect any race, gender, income level or social class.

## But people DO discriminate

- People with opiate-use disorders can experience rejection, bullying, discrimination, and stigma.
- This can make recovery longer and more difficult!



SARA | 29 - Lakewood, CO

## "I didn't think it could happen to me because a doctor had prescribed them."

My issue with opioids started in my early 20s after receiving a morphine drip while in the hospital for a medical condition. The drip continued the whole time I was there, and I received a consistent supply of meds when I left. I didn't realize for another year or two that I probably left the hospital that day dependent on opioid pain medication. In the following years, when I was trying to figure out what was wrong with me and why I was so sick all the time, it was really hard to come to terms with the fact that I was physically addicted to opioids. I didn't think it could happen to me because a doctor had prescribed them. As my tolerance rose, I needed more and more, and started buying pain medication off the streets.

Eventually that progressed to heroin because it was just so much cheaper. I repeatedly sought treatment through my primary insurance provider, but as it's expensive, they wanted to exhaust every option before giving it to me. Before I could ever get the inpatient treatment I needed, I lost my health insurance, and eventually spiraled back into things. I finally entered into a therapeutic community program in Colorado, and that is how I found long-term recovery. My parents shared my hopelessness and frustration. They were amazed at the lack of options I had when I wanted to get better. Now that our lives are very different, they both rally and advocate for people to gain access to treatment.



AMANDA | 22 - Denver, CO

## "It wasn't until I stopped stigmatizing myself that I was able to start my lasting recovery."

I began using OxyContin at age 16; it didn't take long before I was addicted. Eventually, I started using heroin because it was cheaper. I hid it really well up until I had to get treatment. My mom knew I had been dabbling in weed and drinking, but was shocked when my heavy drug use came to surface. After I relapsed, there were months where I convinced everyone I was OK, and then I'd end up in the hospital. My parents tried everything to keep me grounded and control what I was doing. But I'd gotten so good at manipulating, and I would do anything to get that next fix.

I think one of the misconceptions was that I was choosing this, and in a lot of ways, I was. But

chemically, it got to the point where it was no longer a choice. I eventually ran out of money and came back home, and it was seeing the pain of withdrawal that really changed how my mom saw addiction. I was violently ill, and my mom was my nurse. At that darkest point, when she was feeling so helpless and not knowing how to help me, she finally understood that it wasn't a choice to use. From that point, she was ready to do whatever it took to help me recover. Once I had her support, that was when I finally realized that I needed to recover for my own well-being. It wasn't until I stopped stigmatizing myself that I was able to start my lasting recovery.



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**True or false?**

People with opiate use disorder are weak and just need to stop using the drug.

**Answer?**

FALSE – People with opiate use disorder have a medical illness and need medical treatment.

# What are OPIOIDS?

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- Opioids (also known as narcotics) are natural or synthetic chemicals that affect nerve cells in the brain and body by reducing the strength of a pain signal and how strongly a person feels pain.
- Includes:
  - The illegal drug, heroin
  - Legal, semi-synthetic and synthetic pain medications:
    - Fentanyl
    - Oxycodone (OxyContin, Roxicodone) – semi-synthetic
    - Hydrocodone (Norco, Vicodin)
    - Codeine
    - Morphine (MS Contin) & Hydromorphone (Dilaudid)
    - Tramadol (Ultram)
    - Meperidine (Demerol)
    - Oxymorphone (Opana)

# Opioids for pain management



- Opioids can be very useful to treat a moderate to severe amount of pain.
- They are generally safe when prescribed by a doctor and taken for a short period of time.
- They can be misused because they can also produce strong feelings of pleasure, excitement, and happiness.
- A person can become dependent on opioids within just 7 days of use.

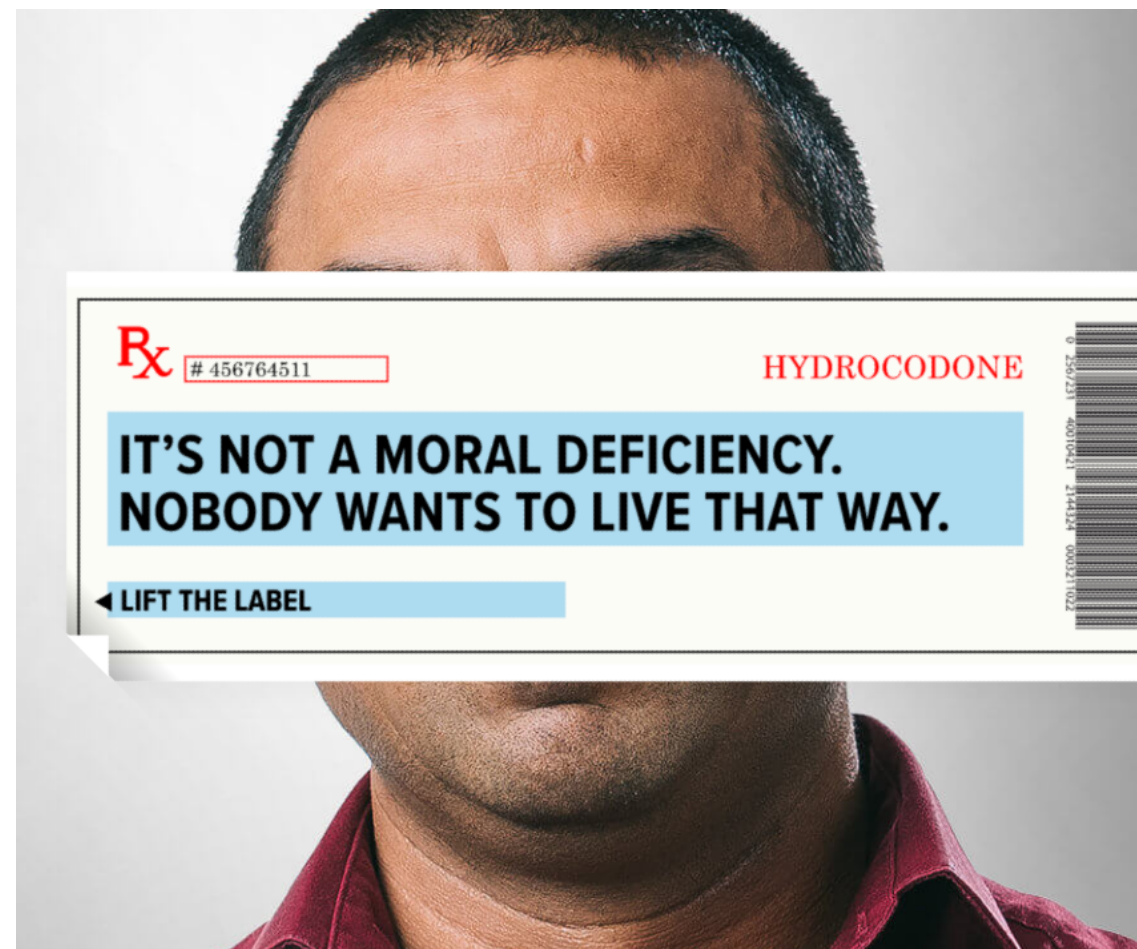
# Tolerance vs Dependence

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- **Tolerance** happens when a person no longer responds to a drug or substance like they first did. A person may need a higher amount of the substance to get the same effect.
  - Just like how some people can wake up to the caffeine in one cup of coffee, people with a tolerance to caffeine may need 3 cups of coffee to get the same effect.
- **Dependence** happens when there are physical changes to the body from constantly being exposed to a drug or substance. If a person suddenly stops taking that drug, then they can experience withdrawal symptoms.
  - This is the same as when that person who drinks 3 cups of coffee per day suddenly stops; they may experience headaches and other symptoms because their body is dependent on the caffeine.
- Dependence to opioids is TREATABLE with medications, known as ***medication-assisted treatment (MAT)*** or ***medications for opiate use disorder (MOUD)***.

# Opiate addiction

- Opiate addiction is also known as “opiate-use disorder” (OUD) or just simply a “substance-use disorder” (SUD).
- It is a BRAIN DISEASE – it literally rewires the brain and changes the way that the brain works. It involves an intense urge to take a drug, despite the negative consequences.
- There is no cure for OUD, but it is treatable. Like all chronic illnesses, there are many ways to manage it.
  - Therapy
  - Lifestyle changes
  - Medications (MAT)



# How to recognize the signs of opiate use disorder

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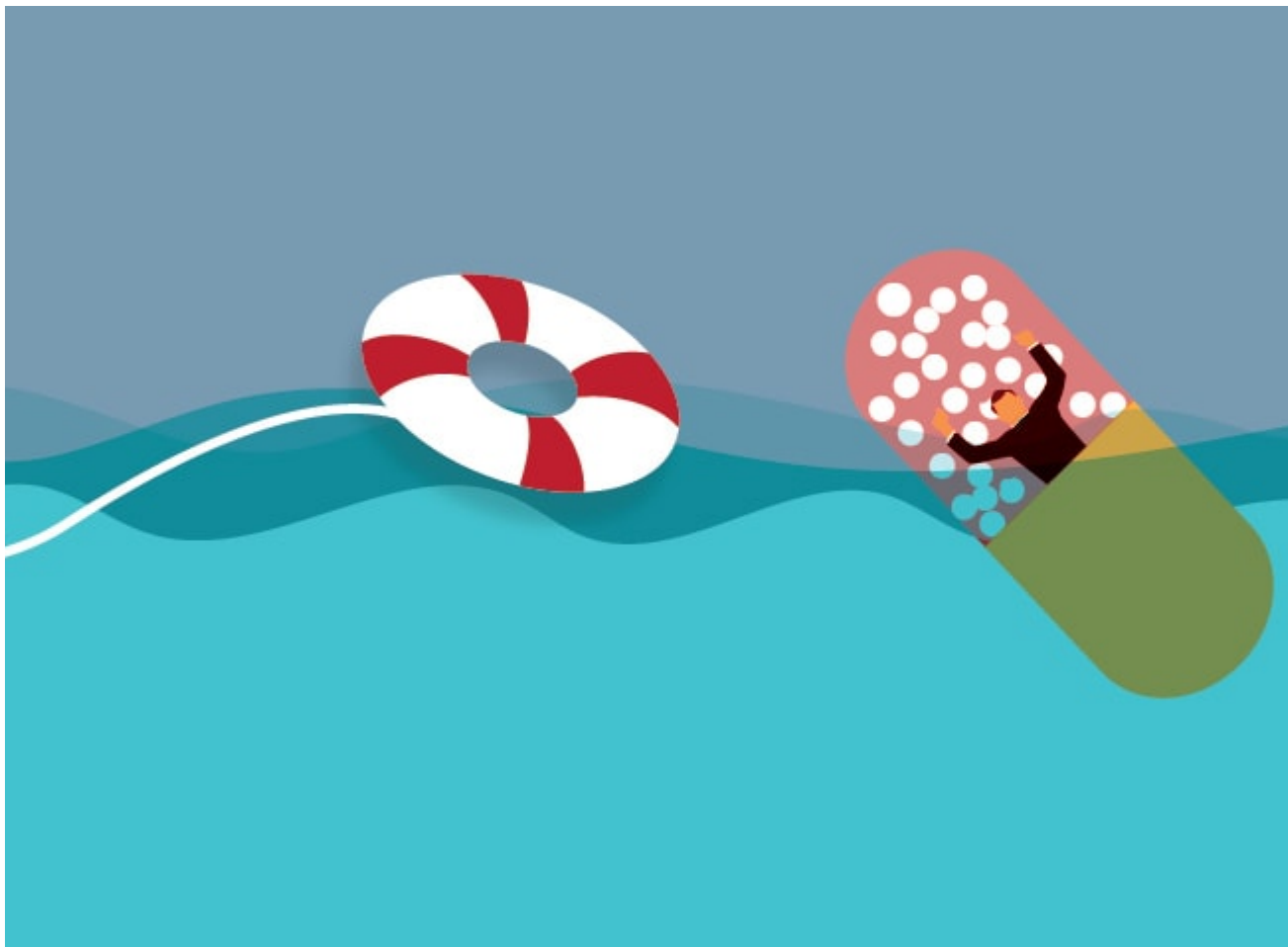
- Nodding off
- Pinpoint pupils
- Slurred speech
- Drowsiness or changes in sleep habits
- Impaired memory and attention
- Development of tolerance
- Weight loss
- Frequent flu-like symptoms
- Decreased libido
- Lack of hygiene
- Changes in exercise habits
- Strong desire for opioids; inability to control or reduce use; using more and more opioids over time.
- Secretive behavior or isolation from family/friends
- New financial difficulties
- Stealing from family, friends, or businesses
- Withdrawal symptoms that occur after stopping or reducing use, such as:
  - Negative mood or mood swings
  - Nausea and/or vomiting
  - Muscle aches
  - Diarrhea
  - Fever
  - Insomnia

**MATCH THE DEFINITIONS:**

Tolerance	I need more oxycodone than I used to in order to have any pain relief.
Dependence	I stopped using my oxycodone 2 days ago, and now I am having nausea, vomiting, and diarrhea.
Addiction	I stole money from my mom to go and buy more oxycodone from my dealer.

# Treatment vs recovery

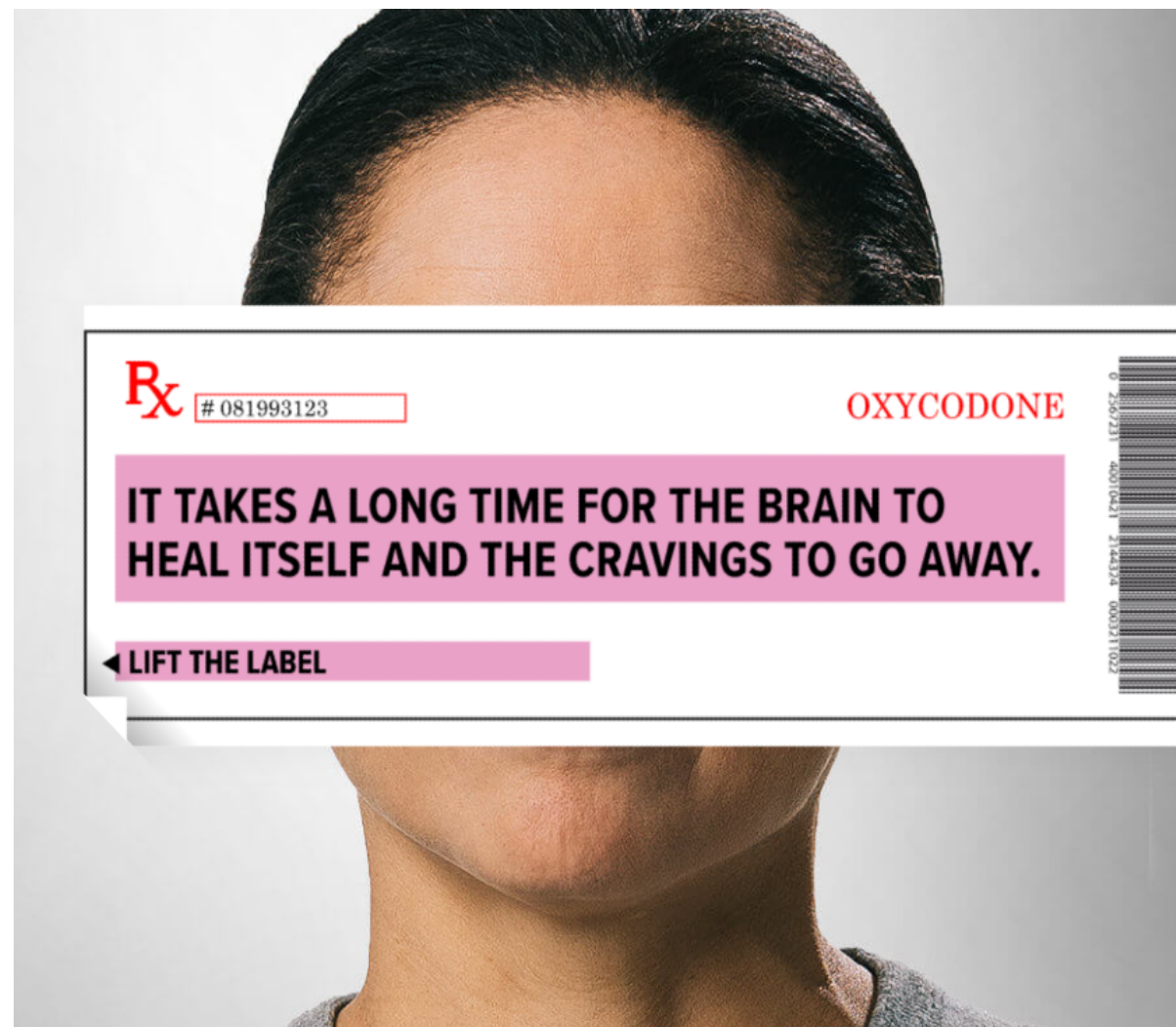
- **Treatment helps people stop using drugs and fight urges to use drugs again.**
  - Includes counseling, medication-assisted treatment, or both.
- **Recovery means a person has stopped using drugs and has learned new ways of dealing with problems.**
  - Positive changes to their health, social activities, and values.
  - Can continue for someone's whole life!





# Medication-assisted treatment (MAT)

- Combines long-term behavioral therapy with medication.
- It' NOT "*replacement therapy*."
  - Helps with withdrawal symptoms
  - Helps the brain recover from the chemical changes caused by opiate misuse.
- Most common medications:
  - Methadone (Dolophine)
  - Naltrexone (Vivitrol)
  - Buprenorphine (Subutex)
  - Suboxone (Buprenorphine and Naloxone)
- The concept is the same as treating high blood pressure with anti-hypertension medication and counseling with lifestyle changes.



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**TRUE OR FALSE:**

Medication-assistive treatment (MAT) just substitutes one drug for another drug.

**ANSWER:**

FALSE – The medications prescribed for MAT work differently than opioid drugs. They help with withdrawal symptoms and help the brain recover from the effects of misusing opioids.

# What is stigma?

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- Stigma is when you, or someone else, views a person in a negative way.
- A feeling of shame or judgement from someone else.
- Can be a person's own internal feelings about themselves: such as confusing *feeling* bad, with actually *being* a bad person.
- People who experience stigma, either internal or external, are **less likely to seek treatment**.

# Eliminating stigma

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- Reducing harmful stereotypes will increase support for people affected by opiate use disorder.
- Change your language to help reduce the stigma and help save lives.
- Use “person-first” language.
  - Don’t define the person based on the medical disorder that they might have
  - It’s non-judgmental and neutral
  - Shows that the diagnosis is purely clinical

Avoid saying or charting:	Why?	Instead say or chart:
"The patient has a history of <b>drug abuse</b> ."	Abuse is linked with violence, anger, or a lack of control. It places blame on the person with an addiction and doesn't acknowledge addiction as a health issue.	"The patient struggles with <b>drug misuse</b> ." "He is an individual suffering with <b>opiate use disorder</b> ."
"He's a drug <b>user</b> and an <b>addict</b> ." (Or alcoholic, crackhead, druggie, dopehead, doper, drunk, drunkard, junkie, pothead)	The word addict is stigmatizing because it labels a person by his or her behavior as caused by SUD and ignores their dignity and humanity. Remember that opiate or substance use disorder is an illness.	"Mr. Jones is a person with a <b>substance use disorder</b> ." "The patient is <b>experiencing an alcohol or drug problem</b> ." "The patient <b>misuses drugs</b> ." "He is engaged in <b>risky use of substances</b> ."
"She's been <b>clean</b> and <b>sober</b> for the last 18 months." "She had a <b>dirty</b> urine sample."	It links SUD symptoms with filth and implies a person struggling with SUD is "dirty" and socially unacceptable. The same goes when referring to a drug test as a "clean test" (i.e. a negative result/no evidence of use) or "dirty test" (i.e. to a positive result/evidence of use).	"She is in <b>recovery/maintaining recovery</b> ." "She has been <b>substance-free</b> for the last 18 months." "She is an <b>addiction-survivor</b> and is <b>in remission</b> ." "She has not had a <b>positive drug test</b> in 18 months." "She had a <b>positive urine drug screen</b> ."
"That kid has a bad drug <b>habit</b> ."	A habit is something that can easily be formed or broken through commitment or determination. Addiction is a disease of the brain and it requires medical interventions for treatment and recovery. Calling SUD a habit implies that solution comes down to willpower, when it actually needs medical intervention.	He suffers from a " <b>substance use disorder</b> ." "He has an <b>alcohol and drug disease</b> ." "He is a person <b>struggling with chemical dependency</b> ."
"The patient takes Suboxone as <b>replacement therapy</b> for his opioid addiction."	By describing medication-assisted treatment (MAT) as "replacement" for the opioid that a person is addicted to minimizes the validity of these treatments and implies that the individual is still actively using drugs. Methadone, Suboxone and Vivitrol are medications prescribed to a person suffering from an illness, the disease of opioid addiction. Addiction is an uncontrollable compulsive behavior. The first goal of addiction treatment is to stop this dangerous behavior. With medication-assisted treatment as part of a comprehensive treatment plan with behavioral counseling, the dangerous addictive behavior is stopped, not replaced – and life can be extended.	"The patient takes Suboxone for <b>treatment</b> for his <b>opioid addiction</b> ."

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Select all of the CORRECTLY-worded statements:

- A. The patient has a history of drug abuse.
- B. Mr. Smith has a positive urine drug screen.
- C. The patient is undergoing treatment for his opiate use disorder.
- D. Ms. White provided a dirty urine sample, even though she said she has been clean for years.
- E. She is an addiction-survivor and is in remission.
- F. Just put Mr. Brown in the drunk-tank until he sobers up.

## Take away points

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- **Opiate use disorder and other substance use disorders are medical illnesses.**
- **People with OUD require medical interventions.**
- **Medication-assistive treatment is the standard for treating opiate use disorder. It's not substituting one drug for another.**
- **Use person-first language and avoid terms and language that may cause discrimination and bias.**
- **Hold yourself and your colleagues accountable for their language (both spoken and written) and actions.**
- **Set high standards for patient care and uphold the values of Carolina Care™.**

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**TRUE OR FALSE:**

I will practice Carolina Care, and I will not discriminate or use stigmatizing language to or about my patients.

**ANSWER:**

TRUE



# References and resources

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- UNC Health Care's [Opioid Stewardship](#)
- [More Powerful NC](#): Overpowering NC's Opioid Epidemic
- [North Carolina Department of Health and Human Services](#)
- [Governor's Institute](#): A non-profit organization to prevent, identify, and treat substance use disorders.
- [Lift The Label](#): Colorado's Office of Behavioral Health
- [Partnership for Drug-Free Kids](#)
- [North Carolina Health News](#)
- [Centers for Disease Control and Prevention](#)
- [North Carolina State Center for Health Statistics](#)
- Johns Hopkins Medicine: [Opioid Addiction](#)