OPIOIDS: THE GOOD, THE BAD, AND EVERYTHING IN-BETWEEN

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OBJECTIVES

1. Understand the problem of drug abuse and misuse as it relates to opioids.
2. Describe the appropriate use of opioids for specific types of pain.
3. Discuss adverse effects of opioid use. Understand when and why Naloxone use is appropriate.
4. Identify alternative therapies to treat pain.
5. Describe proper drug storage and disposal to help prevent misuse.
6. Discuss what is being done in the state and the country about opioid use.
There are over 40 million people ages 65 and up living in the United States. By 2030, this group is expected to account for ___% of the population.
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By 2030, this group is expected to account for 20% of the population.
26.5% of Wyoming’s population will be 65 and older by the year 2030. This is an increase of ___% from 2015.
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In 2006, 2.8 million Americans older than 50 years had a substance use disorder. By 2020, this is projected to reach nearly ___ million Americans.
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Illicit drug use is more prevalent among American older adults than among older adults in almost any other country in the world.
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Nearly 1 out of every ___ older adults has a mental health or substance use conditions.
Nearly 1 out of every 5 older adults has a mental health or substance use conditions.
Definitions:

Define opioids

Abuse vs misuse

Acute vs chronic pain

Define overdose
WHAT IS AN OPIOID?

- Opioids are a class of medications that act on certain receptors in the brain to relieve pain.
- They include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers such as oxycodone (OxyContin), hydrocodone (Norco), codeine, morphine, and more.
### Drug Misuse

- Taking a drug other than how prescribed:
  - Taking for a reason other than what it was prescribed for
  - An extra dose if felt one was ineffective
  - Taking with foods or other medications that interact with drug
  - Sharing medications with others

### Drug Abuse

- Taking a drug with the intention of experiencing euphoria
CHRONIC VS. ACUTE PAIN

Acute Pain
- Does not last longer than 3-6 months
- Sudden onset with a specific cause
- Sharp or stabbing pain
- Relieved when underlying cause is treated
- Causes:
  - Broken bones, other trauma
  - Surgery
  - Dental work
  - Burns or cuts
  - Labor and childbirth

Chronic Pain
- Lasts longer than 3-6 months
- May occur without any past injury
- Continues after underlying issues have resolved
- Causes:
  - Headache
  - Arthritis
  - Cancer
  - Nerve pain
  - Back pain
WHAT IS AN OVERDOSE?

- Opioids work on a part of the brain that regulates breathing
- Higher levels of opioids can cause respiratory depression
- “Opioid Overdose Triad”
  - Pinpoint pupils
  - Unconsciousness
  - Respiratory depression
WHAT IS AN OVERDOSE?

Important: An overdose does not have to be intentional

- Overdose can happen in people using opioids as prescribed if they are opioid naïve or if they are taking high doses
  - Opioid naïve: patients who do not take opioids on a regular basis
- Older age is a risk for unintentional overdose
  - Cognitive impairment
  - Changes in body’s ability to process medication
Since 1999, there has been a 4x increase in the sale of prescription opioids.

There has been no change in the amount of pain Americans report in that time.

In 2014, nearly 2 million people either abused or were dependent on prescription opioids.
MORE THAN 40 people die every day from overdoses involving prescription opioids.\(^1\)

Since 1999, there have been over 165,000 deaths from overdose related to prescription opioids.\(^1\)

4.3 million Americans engaged in non-medical use of prescription opioids in the last month.\(^2\)
OPIOID EPIDEMIC IN WYOMING?
In 2016 there were 50 opioid-related overdose deaths in Wyoming. That’s a rate of 8.7 deaths per 100,000 persons. Lower than the national average of 13.3 deaths per 100,000 persons.

Wyoming ranked 35th for rate of opioid-related overdose deaths in 2016.
Bottom line: We are working to prevent an opioid epidemic in Wyoming.
Physical Risk Factors

- Chronic pain
- Physical disability or reduced mobility
- Transition in care or living situation
- Poor health status
- Chronic illness
- Large drug burden
RISK FACTORS FOR SUBSTANCE ABUSE LATER IN LIFE

Psychiatric Risk Factors

• Avoidance coping style
• History of alcohol problems

Social Risk Factors

• Bereavement
• Unexpected or forced retirement
• Social isolation
WHO NEEDS AN OPIOID?

- Opioids can be effective for treating acute pain
  - For example, may be needed after a surgery or dental procedure
  - In such an instance, should be used for pain control for **no more than 3 days**
- Opioids should be avoided for the initial treatment of chronic pain
  - If pain responds to no other alternatives, opioids can be considered
WHO NEEDS AN OPIOID?

- Treatment goals
  - In chronic pain, it is not realistic to expect complete relief of pain
  - Treatment goals should focus on a decrease of pain and an increase in functioning
  - Ultimate goal: maximize the enjoyment of life and minimize medication-related health risks

Bottom line: There is an appropriate emphasis on opioid-related adverse effects and overdose, but these medications **DO** have a place in medicine.
Adverse effects can be seen in 80% of patients on chronic opioid therapy

- Adverse effects are especially pronounced in older patients

Aging organs are less effective at processing drugs → Drugs are not metabolized as efficiently → Build up of drug in the body → Higher drug levels and more adverse effects
ADVERSE EFFECTS OF OPIOIDS

- Adverse effects to monitor in older patients:
  - Constipation
  - Sedation → accidents, falls
  - Impaired balance
  - Bone loss and increased fracture risk
  - Respiratory depression
  - Dizziness and confusion
  - Urinary retention
  - Erectile dysfunction
  - Nausea and vomiting
Naloxone can serve as an antidote to opioid overdose
- Can completely reverse the effects of an overdose if administered in time
- Naloxone is available and can be used to reverse respiratory depression
- Must still seek emergency care after an overdose
  - Effects are only temporary
Pharmacists and certain healthcare providers can prescribe Naloxone.

Training for caregivers is needed on administration:
- Patients cannot give to themselves.

Should be kept on hand by anyone who may come in contact with an opioid overdose:
- Mental health clinics, emergency medical services, long-term care facilities.
WAYS TO AVOID ADVERSE EFFECTS

PATIENTS

Tell every doctor you see of all opioid prescriptions, as well as all other medications as some may interact (including alcohol usage!).

Try to see one doctor for all of your opioid prescriptions.

Use one pharmacy to fill all your prescriptions.

Understand higher doses are likely to increase the risk of side effects without increasing efficacy.
WAYS TO AVOID ADVERSE EFFECTS

CAREGIVERS

Education on Naloxone

- Help track as-needed medication usage
- Monitor patient's alcohol consumption

Monitoring of adverse effects
WAYS TO AVOID ADVERSE EFFECTS

**PROVIDERS**

- Start low and go slow
- Check PDMP with each prescription
- Seek non-opioid alternatives
- Include a regimen for opioid-induced constipation
Non-pharmacologic options:

- Exercise
- Weight loss
- Application of heat or cold
- Physical therapy
- Acupuncture
ALTERNATIVE THERAPIES

- Tylenol (acetaminophen) is the preferred non-opioid pain reliever in older patients
- Avoid NSAID use in older patients
  - NSAIDs (Nonsteroidal anti-inflammatory drugs): includes medications such as ibuprofen, naproxen, aspirin
  - Increased gastrointestinal or cardiac adverse effects from NSAIDs:
    - Congestive heart failure
    - Edema
    - High blood pressure
    - Heart attacks
    - Kidney injury
    - Gastrointestinal bleeding
- Avoid long-term use of NSAIDs in this population
- Other options: topical formulations such as Voltaren gel or a lidocaine patch
How should you dispose of leftover medications?

Should you take all of your opioids if you feel no more pain?

Should you keep leftover pills and take them years later?

Should you share pills with friends?
PROPER MEDICATION STORAGE, USE, AND DISPOSAL

- **Medication Storage**
  - Store out of reach of children or animals
  - Do not store in bathroom medicine cabinet
    - Humidity can degrade medication
    - First place someone may look
  - Preferable to store in locked location

- **Medication Use**
  - Do not share medications with others
  - Over 70% of people using opioids for nonmedical reasons got them from family or friends
PROPER MEDICATION STORAGE, USE, AND DISPOSAL

- Medication Disposal
  - Medication disposal is available statewide
  - Some pharmacies provide disposal bags
  - Can mix with coffee grounds or kitty litter, place in sealed bag, and throw in trash
  - To prevent drug diversion, some opioids should be flushed
    - Fentanyl patches, Dilaudid, and methadone

- Medication Donation
  - Can donate for reuse if in original sealed unit dose container
DRUG DONATION AND DISPOSAL

FIND A MEDICATION DONATION SITE OR DISPOSAL DROP BOX LOCATION

- PROTECT YOUR PRIVACY
- PROTECT YOUR HOME
- PROTECT OUR COMMUNITY

DONATE
- ✔ SEALED
- ✔ EXPired
- ✔ CONTROLLED SUBSTANCES (E.G. MEDICATIONS FOR PAIN, SLEEP OR ANXIETY)

DISPOSE
- ✔ OPENED
- ✔ EXPIRED
- ✔ CONTROLLED SUBSTANCES (E.G. MEDICATIONS FOR PAIN, SLEEP OR ANXIETY)

TEXT YOUR COUNTY NAME TO (307)–370–2086 FOR DIRECTIONS TO THE NEAREST DONATION SITE OR DISPOSAL DROP BOX

HELP STOP PRESCRIPTION MEDICATION ABUSE
**Additional Resources Around Wyoming**

- **Wyoming Rx Abuse Stakeholders**

- **Wyoming Department of Health**
  - [https://health.wyo.gov/](https://health.wyo.gov/)

- **New Wyoming State Legislation in the Works**
  - Opioid Task Force Committee
  - Goal is to prevent drug misuse around the state by implementing:
    - Required opioid education for health care providers
    - Required monitoring of PDMP
    - Dosing limits for acute pain
ADDITIONAL RESOURCES

Providers:
- Providing Integrated Care for an Aging Population: https://store.samhsa.gov/shin/content/SMA16-4982/SMA16-4982.pdf

Caregivers
- Get Connected: https://store.samhsa.gov/shin/content/SMA03-3824/SMA03-3824.pdf

Patients
- https://store.samhsa.gov/shin/content/SMA12-3619/SMA12-3619.pdf
QUESTIONS?