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We All Have A Role to Play In Reducing Opioid Use and Abuse in our Homes, Our Communities and Our Workplaces

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Many people who never would believe they could become a “drug addict” innocently become habituated, or even addicted to opioid pain killers. Physicians routinely prescribe opioids to help their patients cope with the pain of a medical or dental procedure, routine or emergency surgery, for chronic pain or to assist in pain relief from an accident or injury. In the US, we have a problem with both the over prescription of opioids and the over use and abuse of opioids.

For many it is easy to become addicted. We have heard that some people find themselves on the road to addiction to opioids after only seven to ten days of use. Opioids are an opium like compound. Opioids are drugs that act on the nervous system to relieve pain. They work well, and since none of us wants to feel pain, they are very popular. Opioids are a class of drugs that include the illegal drugs heroin and opium, synthetic fentanyl and pain relievers available legally by prescription including morphine, codeine, hydrocodone (e.g. Vicodin) and oxycodone (OxyContin and Percocet).

IT IS ESTIMATED THAT FIFTEEN MILLION PEOPLE TAKE OPIOIDS EVERY DAY AND TWO MILLION PEOPLE CURRENTLY MEET DIAGNOSTIC CRITERIA FOR ABUSE OR ADDICTION TO PRESCRIPTION OPIOID PAIN RELIEVERS.

WHAT IS THE OPIOID CRISIS?

The term “crisis” has begun to be used for the high amounts of people abusing opioids, addicted to opioids and dying from over-dose of opioids. The numbers are staggering. It is estimated that fifteen million people take

opioids every day and two million people currently meet diagnostic criteria for abuse or addiction to prescription opioid pain relievers (Volkow & Collins, 2017). Every day, 90 Americans die from an opioid overdose (Rudd, Seth, David, & Scholl, 2016).

This situation has come about due to an increased awareness of chronic pain in the population, and changes in treatment guidelines as well as pharmaceutical practices. Opioids are extremely addictive and can override the brain’s decision making – thus making the associated withdrawal symptoms very difficult to handle. Patients may become more sensitive to pain when they stop taking these pain medications.

Additionally, patients develop a tolerance for the initial prescribed amount and seek higher dosages to try to experience the same ‘pain relief’ (McCann, 2017). Patients actually are experiencing very little relief from pain by this point and are more likely experiencing symptoms of withdrawal. Also, as the tolerance increases and legal routes to drugs dry up, people may turn to heroin. About 80% of people who use heroin first misused prescription opioids (Muhuri, Gfroerer and Davies, 2013).

WHAT IS BEING DONE?

Medical doctors, dentists and all health care providers who prescribe pain relievers are looking more closely at the frequency of necessity for opioid prescription and turning to less addictive alternatives for pain relief. Bret Haake, MD., a top ranking doctor in the field of Neuroscience, interviewed for this edition of Sand Paper, has been a leading voice in the awareness among medical doctors to only consider prescribing opioids for major tissue injury and for relieving suffering at the end of life.

WE ALL HAVE A ROLE TO PLAY, CONTINUED...

In the last two years, many efforts to educate the public have helped. One way to reduce the abuse of opioids is to remove them from personal medical cabinets where unused prescriptions sit. Many opioids are finding their ways into schools and workplaces from the medicine cabinets of family members. With the increasing level of addiction, many people are willing to take risks to get more opioids and are taking prescription meds from their parents or grandparents. In workplaces where opioids are available, employees addicted to opioids steal them from patients or smuggle drugs out of locked drug cabinets. Having opioids in your home or workplace also increases the risk of break in by those desperate for a dose. Many county sheriffs' departments are now collection sites for prescription opioids you no longer need. If you have prescription opioids in your house, get them out and to a place where they can be safely destroyed.

If you are face a medical procedure for which a doctor would prescribe an opioid, talk to your doctor about any concerns you have, alternatives available to you or how to transition to another type of painkiller.

The U.S. Department of Human Health Services is fighting the crisis by improving access to treatment and recovery programs, promoting use of overdose reversing drugs, increasing understanding of the epidemic through better public health surveillance, supporting cutting-edge research on pain and addiction and advancing better practices for pain management (Price, 2017).

Resources

1. Price, T. Secretary Price Announces HHS Strategy for Fighting Opioid Crisis. HHS.gov. April 19th, 2017.
2. McCann, B. EAPS and the Opioid Crisis. The Journal of Employee Assistance. 2017. 47.3.
3. Muhuri PK, Gfroerer JC, Davies MC. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. CBHSQ Data Rev. August 2013.
4. Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep. 2016;65. doi:10.15585/mmwr.mm655051e1.
5. Volkow & Collins. All Scientific Hands on Deck” to End the Opioid Crisis. National Institute on Drug Abuse May 31st, 2017. Retrieved from: <https://www.drugabuse.gov/about-nida/noras-blog/2017/05/all-scientific-hands-deck-to-end-opioid-crisis>

HOW SAND CREEK CAN HELP YOU

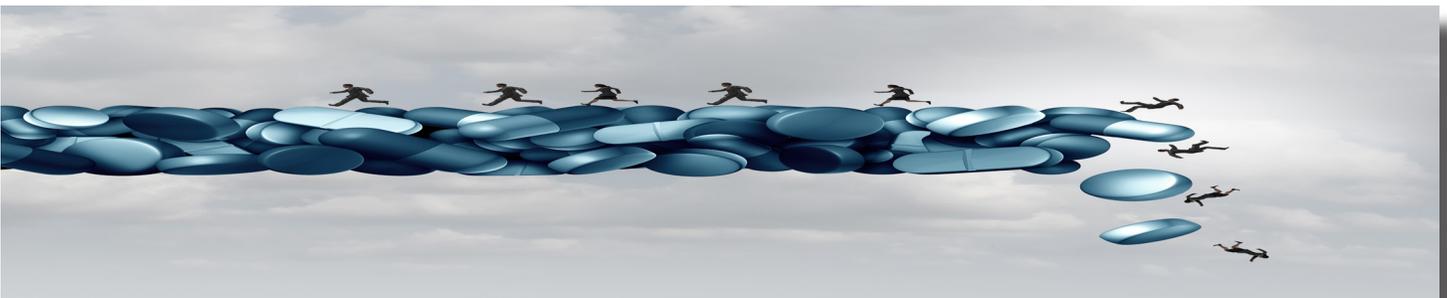
If you are an employer concerned about an employee's abuse of painkillers, or if you are a family member who has a loved one in pain and reliant on opioids or if you are concerned about your own use of opioids, give Sand Creek a call for confidential non-judgmental help.

We can offer consulting assistance for employers, supervisors and family members on ways to get help to an employee or family member.

For the person struggling with opioid dependency, Sand Creek counselors can help you find the steps and guide you along the path to an opioid free life again. We can offer professional counseling for the other things in life that cause you emotional pain and we will work to connect you to the medical support and treatment resources you need.

An opioid free, pain free life is possible.

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INTERVIEW, CONTINUED...

"...THE AFFECTED PERSON CAN BECOME DISCONNECTED FROM THE IMPORTANCE OF WORKING ON RELATIONSHIPS OR THE NEED TO TRY TO SUCCEED AT WORK."

Erica: How have you seen opioids affect a person's ability to do their job? Their family relationships?

Dr. Haake: Since opioids can disconnect a person from stress and concern about what is going on in one's life, the affected person can become disconnected from the importance of working on relationships or the need to try to succeed at work.

Erica: What can people do if they think they or someone they care about may have an opioid medication problem?

Dr. Haake: They should seek out care with an addiction specialist or at least start a conversation with their primary care physician.

Erica: How is the medical community changing their pain treatment approach?

Dr. Haake: Historically, in the context of trying to relieve pain and suffering and not fully understanding how opioids can increase pain over time and are quite addicting, too many opioid pain medications have been prescribed and for too long.

Improved information about the dangers of opioid use and the limitations in their benefit is quickly changing the way that the healthcare community uses these medications. People are increasingly looking for better ways to treat patients that do not require opioid pain medications.

Still, they are an important part of treating major tissue injury and relieving suffering at the end of life.

Erica: What is the most important piece of information about the 'opioid crisis' that people don't seem to know – that you want them to know?

Dr. Haake: Pain is common and we all experience it. It is mostly tolerable and limited and improves with time. It improves best with exercise and positive thought. Medications can help during the hyper-acute phase, but there are many medications besides opioids that work well in this phase too. In general, if we can quickly transition to avoiding medication, we do better in the long run.

In general, when a person is on chronic opioids, their pain increases over time. If we can get them to commit to coming off of the medications, over time, they will have less pain and will re-engage in their lives. This journey can be very hard and the pain can increase during the weaning process and for a while off of the pain medications. They need support to do this. For some individuals that cannot easily get off, they may need to be maintained on opioids while one improves the readiness to consider weaning off. At all times, exercise, keeping up the faith that things are going to work and supporting any mental health issues are very important.

So what I want people to know is that opioid pain medication should be avoided if it is not for palliative end of life care or major tissue injury.

Erica: Where do you hope this situation will be in 5 years?

Dr. Haake: Hopefully, opioids will be only used in limited quantities to help with major injuries and the medication will be removed quickly during the healing process and any excess medications will be easily disposed of.

In the meantime, we need good pain clinics and addiction services.

DEAR SANDY,

My husband injured his back over a year ago while putting holiday lights on the roof of our house. He was out of work for some time as a result. Due to the severity of his injury, and the rehab associated with it, our family physician prescribed pain medication to help him sleep after his comments about losing sleep and discomfort due to the chronic pain.

This has been a double-edged sword. While it seems like the medication has helped reduce his pain level, I've noticed that his behavior has changed over the last several months. He seems as though he might be developing a reliance on the medication. Are there any tips you can provide on how to determine if my husband might be too dependent on his prescription?

Signed,

Worried

DEAR WORRIED

The data is alarming. It's estimated that between 26 million and 36 million people worldwide suffer from substance use disorders to prescription opioid pain relievers, according to the National Institute on Drug Abuse.

Is your husband among those millions? The answer to this question might be tricky. Oftentimes, those that abuse opioids do not show any outward signs of their dependence. As with other types of addiction, the longer someone is actively struggling with an addiction to painkillers, like hydrocodone or oxycodone, the more apt the signs will be.

Some of the things you could look for are, drowsiness, weight loss, flu-like symptoms, changes in exercise habits/energy levels, loss of relationships, and possibly mood swings.

Keep in mind that your own intuition might be the best way to tell. You probably know your husband better than anyone else, and if you sense a change in him over the last year and you believe it might be due to painkillers, acknowledging and taking steps to address it could save his life.

Which leads me to my second point, overdose is a very real possibility for those that might be abusing opioids. When mixed with alcohol, sedatives or other medications, the results could be life threatening.

Your spouse might not fit the description of what you perceive is a "typical" addict, but if he is using prescription painkillers beyond what his doctor has recommended, there is a problem and he is at risk of overdosing. If you suspect your loved one is addicted to prescription pain relievers, talk to a doctor, an addiction specialist or a treatment center. The good news is that painkiller addiction is treatable.

Sincerely,

Sandy



SEND YOUR QUESTIONS TO DEAR SANDY BY EMAILING US
AT INFO@SANDCREEKEAP.COM.



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Our Employee Assistance Program (EAP) is designed to offer face-to-face counseling and consulting to those that voluntarily reach out to us. We are not simply a phone counseling service or online tool type EAP. Thousands of professional counselors form a worldwide Sand Creek network available to deliver personal care and support to you in your community. Our services are administered nationally, but delivered locally.

Sand Creek supports the relationship between individual health and overall organizational health. Our Organization Assistance Program (OAP) service extends the reach into the organization and provides work teams with a systemic approach to improve the health and well-being of an organization.