

OPIOIDS

FACT SHEET

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What are opioids?

Prescription drugs can help patients manage chronic or severe pain, restore emotional or behavioral balance, control sleep disorders, or fight obesity. However, when prescription medications are abused, the consequences, including addiction, can be dangerous or even deadly.

The term “opioids” describes morphine and other natural and synthetic chemicals that are structurally similar to morphine. Opioids include codeine, meperidine, and other medications that are used to treat pain, as well as heroin, an abused drug. Research has provided much information about the addictive mechanisms and mood-altering and behavioral effects of opioids.

Problems related to withdrawal

Taken as prescribed, opioids can be used to manage pain effectively without negative side effects. **Chronic use of opioids can result in tolerance, which means that users must take higher doses to achieve the same effects.** Long-term use also can lead to physical dependency and addiction. Withdrawal can occur when an individual discontinues use of these drugs.

Withdrawal symptoms may include restlessness, muscle and bone pain, insomnia, vomiting, cold flashes with goose bumps, and involuntary leg movements. Individuals who are addicted to opioids are more likely to over-dose on these drugs, which could be fatal.

Commonly prescribed opioids/uses

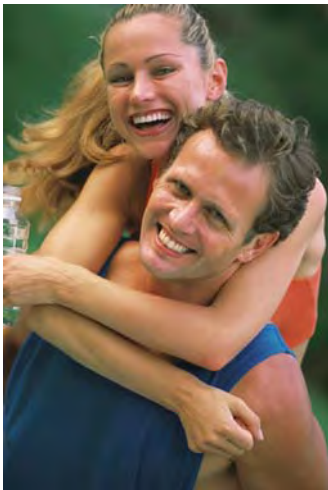
Opioids are commonly prescribed because of their effective analgesic, or pain-relieving, properties. **Medications that fall within this class are also commonly referred to as narcotics. Opioids include morphine, codeine, and related drugs such as Oxycodone (OxyContin), Hydrocodone (Vicodin), and meperidine (Demerol), which are commonly prescribed to relieve pain.**

MEDICAL APPLICATIONS

- Morphine - is often used before or after surgery to alleviate severe pain.
- Codeine - is used for milder pain and is less effective than morphine.
- Propoxyphene (Darvon), hydrocodone (Vicodin), hydromorphone (Dilaudid), and meperidine (Demerol), - are used less often because of their side effects.
- Diphenoxylate (Lomotil) - can be used to relieve severe coughs and diarrhea.

Opioids affect the brain and body

Opioids act by attaching to specific proteins called opioid receptors, which are found in the brain, spinal cord, and gastrointestinal tract. **When these drugs attach to certain opioid receptors, they can block the transmission of pain messages to the brain.** In addition, opioids can produce drowsiness and depending upon the amount of drug taken, depress respiration. Opioid drugs also can cause euphoria by affecting the brain regions that determine what we perceive as pleasure.



Taking a large single dose of an opioid without medical supervision could cause severe respiratory depression that can lead to death. Many studies have shown, however, that properly managed medical use of opioid analgesic drugs is safe and rarely causes clinical addiction, which is defined as compulsive, often uncontrollable use of drugs. Taken exactly as prescribed, opioids can be used to manage pain effectively.

Opioids are safe to use with other drugs only under a physician's supervision. Typically, they should not be used with other substances that depress the central nervous system, such as alcohol, antihistamines, barbiturates, benzodiazepines, or general anesthetics, as such a combination can be life-threatening.

Managing pain

When treating pain, health care providers have long wrestled with the dilemma of how to adequately relieve a patient's suffering while avoiding the potential for addiction to pain medications.

Most patients who are prescribed opioids for pain, even those undergoing long-term therapy, do not become addicted to the drugs. The few patients who do develop rapid and marked tolerance for and addiction to opioids usually have a history of psychological problems or prior substance abuse. In fact, studies have shown that abuse potential of opioid medications is generally low in healthy, non-drug-abusing volunteers.

The issues of under-prescribing opioids and the suffering of millions of patients who do not receive adequate pain relief have led to the development of new medical guidelines for pain treatment. While these guidelines hopefully will help bring an end to under-prescribing, alternative forms of pain control are still needed.

Over time, providers should note any rapid increases in the amount of a medication needed or frequent requests for refills before the quantity prescribed should have been used. They should also be alert to the fact that patients addicted to prescription medications may engage in “doctor shopping,” moving from provider to provider in an effort to get multiple prescriptions for the drug they abuse.



Preventing or stopping prescription drug abuse is an important part of patient care. However, health care providers should not avoid prescribing or administering opioids when needed.

Role of patients

There are several ways that patients can prevent prescription drug abuse. When visiting the doctor, requesting a complete medical history and a description of the reason for the visit ensures the doctor understands the complaint and prescribes the appropriate medication. Patients have to learn to follow the directions for use carefully and understand the effects the drug could have, especially during the first few days the body is adapting to the medication. Also, they should be aware of potential interactions with other drugs by reading all information provided by the pharmacist.

Pharmacists can play a key role in preventing prescription drug misuse and abuse by providing clear information and advice about how to take a medication appropriately, about the effects of the medication, and about any possible drug interactions. Changes to the recommended dosage should not be made nor should patients abruptly stop taking a prescription without consulting a physician first.

The path to healing

Reaping the benefits of treatment begins by recognizing the signs of opioid addiction. This step is best facilitated by having a comprehensive evaluation by a qualified health care professional. Although narcotic addiction can be diagnosed by primary care physicians, most often the physician will refer the patient to a psychiatrist, psychologist, clinical social worker, or other professionals specializing in addictions. Treatment is a partnership between the patient and the health care provider. It is important that informed consumers understand their treatment options and discuss all concerns with a treatment provider as they arise.

An important first step towards long-term treatment of opioid addiction is detoxification. Detoxification's primary objective is to relieve withdrawal symptoms while the patient adjusts to being drug free. To be effective, detoxification must precede an inpatient treatment program that either requires complete abstinence or incorporates a medication, such as Naltrexone, into the treatment plan.

Naltrexone is an opioid blocker that is often employed for highly motivated individuals in treatment programs like Rimrock Foundation where complete abstinence is required. Another medication, buprenorphine, was approved by the Food and Drug Administration on October 9, 2000 for the detoxification and maintenance treatment of heroin and other narcotic addictions. Buprenorphine functions on the same brain receptors as morphine, but does not produce the same euphoria, dependence, or withdrawal syndrome. It is long-lasting, less likely to cause respiratory depression, and well-tolerated by people addicted to heroin or other opioids

Opioid addiction represents a challenge to treatment professionals. Patients who have abused narcotics are more prone to relapse and are often more complex clients to treat effectively because of their many problems. These patients require a comprehensive treatment approach that recognizes their special needs and provides an integrated care setting.

Rimrock Foundation is a health care setting for treatment of the whole person. We directly address the physical and psychological elements of dependency disorders, as well as the defeating beliefs that accompany addiction. Thirty-five years of experience has provided us with an expertise in treating patients who are suffering from addiction complicated by a psychiatric disorder.

For further information on Rimrock Foundation's treatment of opioid addiction, call Jen Porter, Admissions Supervisor, at 1-800-227-3953 or 1-406-248-3175, or visit our web site at www.rimrock.org. For more educational information on opioids, contact the Rimrock Foundation Library at the above numbers.

Disclaimer: This Fact Sheet is designed for educational purposes only. The information contained herein is not intended to substitute for informed medical advice or training. This information should not be used to diagnose or treat a health problem without consulting a qualified healthcare provider.