

Alternatives to Pain Medications

A number of methods are available to help people control their acute and chronic pain. It is best for them to discuss their best approach with their clinical providers. Among their options are:

- Acupuncture
- Advil and Tylenol together instead of opioids
- Behavioral / psychological therapies including Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Mindfulness-based Stress Reduction (MBSR)
- Exercise, including aerobic, resistance, and coordination/stabilization activities
- Massage and manipulation
- Physical Therapy
- Weight Management
- Yoga

Champions Program

The Opioid Prevention and Treatment Champions program will help Gaston County's for-profit and nonprofit organizations use a compassionate and stigma-free view when addressing opioids with their employees. With Champions resources, they will educate their employees about opioid use disorder, provide access to treatment and support services, and develop policies in support of these activities. By helping employees stay healthy and recover their health, they will reduce turnover, avoid recruiting and training costs, and build employee morale. Plus, by avoiding stigma they will make it easier for employees to seek help.

Common Names for Opioids

See page 9 for a complete listing of common names for prescription and street opioids.

Disposing of Medications Safely

Diversion is the pilfering of prescribed pain killers from home medicine cabinets that people illegally give or sell to others. Often, this is done by youth in their own homes, friends and family, tradespeople working in homes, individuals who break into homes, and people who tour homes that are for sale. Many people save prescription opioids thinking they may need them at a future time to relieve pain. Frequently they forget they have these medications.

To prevent diversion, the Gaston Controlled Substances Coalition recommends disposing out-of-date and no-longer-needed medications – opioids and other medications (pills, fluids, and ointments) – in drug drop boxes located across the county. You will not be asked any questions about the medications, which will be safely discarded following Drug Enforcement Agency rules.

In addition to reducing the risk of opioid misuse, not flushing medications in the commode helps protect our waterways. We also recommend keeping track of all medications, regularly counting your supply of medications, never sharing prescribed medications, and locking and securing medications.

See page 11 for a complete listing of medication drop box locations in Gaston County.

Glossary of Terms

Employee Assistance Programs (EAP)

Employee Assistance Programs provide employees with short-term counseling for such issues as bereavement, substance use, marital stress, financial problems, general stress, legal problems, mental health concerns, and chronic and acute health conditions...and may also provide information and resources on health promotion and work/life issues. They typically help employees access key services, including debt management advice, counselling, management referrals, and legal guidance. Some also help businesses develop strategies for preventing employee problems and may train and/or consult with managers and supervisors on organizational concerns.

EAPs help reduce the effects of employees' personal problems on their workplace engagement, happiness, and productivity. From a business point-of-view, they help reduce the economic costs of absence and low productivity. These services are typically provided at no cost to the employee, although the number of sessions may be limited, and services may be delivered in person, by telephone, or virtually.

As most employees refer themselves to EAP services, it is important for employers to promote their programs. EAPs also accept referrals from other key stakeholders, such as the HR department or line managers, who may see an employee needs assistance before the employee sees it themselves.

Sources:

<https://www.hrzone.com/hr-glossary/what-is-an-employee-assistance-program-eap>

<https://www.workplacementalhealth.org/mental-health-topics/employee-assistance-programs>

Gaston Controlled Substances Coalition

The Coalition was formed to engage stakeholders – persons living with and affected by opioid use disorder, and leaders in the fields of medicine, behavioral health, education, emergency medical services, law enforcement, business, government, public health, and the faith community – to address Gaston County's opioid epidemic. It does this work by:

- Encouraging community organizations to develop, implement, and evaluate opioid prevention programs for their clients and patients
- Convening stakeholders to develop, implement, and evaluate opioid prevention programs through the Coalition
- Encouraging community organizations to develop, implement, and evaluate programs designed to deliver high-quality treatment and interagency collaboration to improve treatment outcomes
- Share member programs and successes to inspire the development of other innovative programming

Glossary of Terms

Impact of Opioids in the Workplace

Employees who are impaired because of substance use, pose a hazard to themselves and those around them, particularly in safety-sensitive positions. Opioids can impair thinking and reaction time and lead to serious errors, injuries, and poor productivity when employees perform tasks that require focus, attention to detail or the need to react quickly. In addition, employees with opioid use disorder (OUD) often also contribute to absenteeism, higher health care costs, lower morale among co-workers, and reduce their company's bottom line.

On the other hand, employers who help employees with OUD find people in recovery have equal or lower health care costs, absenteeism and job turnover compared to employees who never report a substance use disorder. Employers who work with employees throughout treatment, to achieve recovery, are likely to see a high return on investment as it creates clear reasons and culture for job satisfaction and loyalty in the workforce.

Source: [https://www.nsc.org/workplace/safety-topics/drugs-at-work/opioid-use-workforce-\(1\)](https://www.nsc.org/workplace/safety-topics/drugs-at-work/opioid-use-workforce-(1))

Medication Assisted Treatment (MAT)

also known as Medication Assisted Therapy and Medication Assisted Recovery Services or MARS

Medication assisted treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration and MAT programs are clinically driven and tailored to meet each patient’s needs.

Research shows a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose. MAT is primarily used to treat addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services and provides a more comprehensive, individually tailored program of medication and behavioral therapy that addresses the needs of most patients.

The goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Research also shows these medications and therapies can contribute to lowering a person’s risk of contracting HIV or hepatitis C by reducing the potential for relapse.

Source: <https://www.samhsa.gov/medication-assisted-treatment>

Narcan

Narcan is a widely available, affordable, and fast-acting remedy for an opioid overdose. It works on any type of opioid, including synthetic opioids such as fentanyl, but it will not reverse the effects of overdoses from other drugs, including those from cocaine or benzodiazepine medications.

Narcan is an opioid agonist, which means it attaches to opioid receptors in the brain and blocks the effects of opioids. Respiratory failure is the leading cause of overdose deaths from opioids. Naloxone can quickly restore normal breathing but it has no effect on people who do not have opioids in their system, nor is it a treatment for opioid use disorder.

A person experiencing an opioid overdose typically falls into an unresponsive and life-threatening state, their pupils contract to pinpoints, as their breathing becomes very slow or shallow, their skin becomes pale, and their lips and fingernails can turn purple. If administered in time, Narcan usually causes the client to waken within two to three minutes.

Sources:

<https://family-intervention.com/blog/what-is-narcan-and-how-does-it-work/>

<https://www.drugabuse.gov/publications/drugfacts/naloxone>

Opioid Use Disorder (OUD)

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition describes opioid use disorder as a problematic pattern of opioid use leading to problems or distress, with at least two of the following occurring within a 12-month period:

1. Taking larger amounts or taking drugs over a longer period than intended
2. Persistent desire or unsuccessful efforts to cut down or control opioid use
3. Spending a great deal of time obtaining or using the opioid or recovering from its effects
4. Craving, or a strong desire or urge to use opioids
5. Problems fulfilling obligations at work, school, or home
6. Continued opioid use despite recurring social or interpersonal problems
7. Giving up or reducing activities because of opioid use
8. Using opioids in physically hazardous situations
9. Continued opioid use despite ongoing physical or psychological problem likely to have been caused or worsened by opioids
10. Tolerance, or the need for increased amounts or diminished effect with continued use of the same amount
11. Experiencing withdrawal (opioid withdrawal syndrome) or taking opioids (or a closely related substance) to relieve or avoid withdrawal symptoms

Many people living with OUD function well in their daily activities. While opioid use disorder is like other substance use disorders, it has several unique features. Opioids can lead to physical dependence within a short time, as little as 4-8 weeks. In chronic users, abruptly stopping the use of opioids leads to severe symptoms, including generalized pain chills, cramps, diarrhea, dilated pupils, restlessness, anxiety, nausea, vomiting, insomnia, and very intense cravings. Because these symptoms are severe it creates significant motivation to continue using opioids to prevent withdrawal.

Opioid Use Disorder (OUD) *(cont'd)*

As with other addictions, both genetic factors and environmental factors, such as ease of access, contribute to the risk of opioid use disorder. Access to prescription opioids and to heroin have contributed to the current opioid epidemic.

According to the American Medical Association (AMA), an estimated 3-19% of people who take prescription pain medications develop an addiction to them. People misusing opioids may try to switch from prescription pain killers to heroin when it is more easily available. About 45% of people who use heroin started with an addiction to prescription opioids, according to the AMA.

More than half of people misusing opioid medications report

- Obtaining them for free or stealing them from a friend or family member
- Going to multiple doctors to get additional prescriptions
- Filling prescriptions at different pharmacies so that no one will notice how many pills they get each month

Source:

<https://www.psychiatry.org/patients-families/addiction/opioid-use-disorder/opioid-use-disorder>

Polydrug Use

Using more than one drug at a time, or polydrug use, can create new, more euphoric highs but can make them more dangerous by intensifying the effects of the individual drugs. For example, alcohol can intensify the effects of painkillers making it more likely the user will stop breathing.

When taken together, alcohol and opioids depress the respiratory system and lower blood pressure. And when individuals combine heroin and cocaine – to create a “speedball” – the effects of heroin last longer than cocaine which can cause respiratory failure when the cocaine wears off.

The risks of polydrug use depend on the types and amounts of drugs taken together. The greatest risk of combined drug intoxication is death. Other side effects include brain damage, coma, heart problems, seizures, stomach bleeding, liver damage and failure, heatstroke, suppressed breathing, and respiratory failure.

Source:

<https://www.addictioncenter.com/addiction/polydrug-use/>

Glossary of Terms

Relapse

Relapse, or re-initiation, is the worsening of a medical condition that had previously improved. A re-initiation to substance occurs when a person with a substance use disorder (SUD) starts using again after a period of not doing it.

For people in recovery, a re-initiation means a return to drug use after a period of not partaking. Although it is challenging for persons in recovery, many people in long-term recovery see it as a part of the healing process as it can be a teaching tool, helping them to learn their triggers and signs.

Those working on recovery – along with their supportive friends and family – should understand re-initiation is often a natural, formative step on the way to a drug-free life. As it affects almost 50% of those in recovery, it is common and does not have to permanently derail anyone’s drug-free life.

Treatment and Recovery

Recovery is when people with opioid use disorder (OUD) stop using illegal and illicit opioids. A variety of treatments, provided in inpatient and out-patient settings, can help them achieve this status.

The process of securing recovery is challenging. Some people stop using opioids on their own, others stop after a single course of treatment, most achieve recovery after several courses of treatment, while others do not achieve recovery after multiple treatment programs. This speaks to the profound and lifelong craving for opioids people experience, even for people in long-term recovery.

The vast majority of people seek drug treatment where some work to completely stop using opioids while others use Medication Assisted Therapy (MAT), which uses low-dose opioids to control craving, so they can continue healing through counseling and support services. These medications – buprenorphine, naltrexone, or methadone – are not habit forming, and enable clients to continue their normal routines, including working and raising families. Some individuals wean themselves from these medications while others use them for the balance of their lives. MAT is considered the gold standard of care.

With MAT, individuals in counseling explore traumatic life events that may contribute to their use of opioids and develop skills for managing the desire for opioids they will always have. In support groups they build and sustain recovery by sharing experiences, insights, and encouraging each other when they are vulnerable to using again. Many support groups have a spiritual focus and believe in a higher power as a personal source of nurturing, assurance, and hope.

Unlike acute illnesses, like influenza, where people do not feel symptoms after recovering, people in opioid recovery will feel the urge to use opioids for the balance of their lives. When individuals in recovery re-initiate their use of opioids – especially those in early recovery – encourage them to speak with their current or past treatment counselor; it is important not to see them as failures, to give up on their recovery, or to stigmatize their situation. If you need help managing these situations, ask your EAP for advice.

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Risk of Addiction

Because many people see opioid use as a personal choice and not a chronic disease, they do not see themselves as susceptible to opioid use disorder (OUD). In fact, any individual who takes prescribed opioids for pain management over a several weeks, can become dependent on them. Before restrictions were put on opioid prescribing, many people developed OUD by following medical advice. People who are especially susceptible include individuals who are genetically predisposed to opioids and those with histories of childhood trauma.

The structure of opioid receptor sites in the brain protects some people against substance dependence in general and opioid dependence in particular, while others do not have this protection. Individuals without this protection often like the effects of opioids and are drawn to use them.

Adverse Childhood Experiences (ACES) describes adults who have strong immune and emotional responses to potential threats because they experienced severe and frequent trauma as children. Adults with high ACES scores are especially susceptible to OUD because of their calming emotional effect. Among the many risk factors measured by ACES are children who: lost parents to death, incarceration, and divorce; were abused or neglected; observed regular family conflict; and families that struggled with poverty. Fortunately, children can be counseled to learn resiliency skills and avoid the emotional pain that make them susceptible to using opioids. Through counseling, adults can also learn to address the influence of high ACES scores.

Source:
<https://www.cdc.gov/violenceprevention/aces/index.html>

Sources of Drugs

People can obtain and use opioids in legal and illegal ways.

The legal use of opioids is when patients receive prescriptions and use opioids as prescribed, to control pain. Illegal opioids are drugs that are made, sold, or used in ways that break the law. They can be prescription pain pills a person gives to a friend, prescription pain pills that are stolen and given or sold to others, and medications that are manufactured or refined and sold on the 'street' and include heroin, fentanyl, and other drugs that are laced with opioids.

Substance Use Disorder (SUD)

Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. It includes opioid use disorder and addiction to other drugs, such as alcohol, marijuana, and nicotine. When you're addicted, you may continue using the drug despite the harm it causes.

Drug addiction can start with experimental use of a recreational drug in social situations, and, for some people, the drug use becomes more frequent. For others, particularly with opioids, drug addiction begins with exposure to prescribed medications, or receiving medications from a friend or relative who has been prescribed the medication.

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Substance Use Disorder (SUD) (cont'd)

The risk of addiction and how fast you become addicted varies by drug. Some drugs, such as opioid painkillers, have a higher risk and cause addiction more quickly than others. As time passes, you may need larger doses of the drug to get high. Soon you may need the drug just to feel good. As your drug use increases, you may find that it's increasingly difficult to go without the drug. Attempts to stop drug use may cause intense cravings and make you feel physically ill (withdrawal symptoms).

You may need help from your doctor, family, friends, support groups or an organized treatment program to overcome your drug addiction and stay drug-free.

Drug addiction symptoms or behaviors include, among others:

- Feeling that you must use the drug regularly, daily, or even several times a day
- Having intense urges for the drug that block out any other thoughts
- Over time, needing more of the drug to get the same effect
- Taking larger amounts of the drug over a longer period than you intended
- Making certain that you maintain a supply of the drug
- Spending money on the drug, even though you can't afford it
- Not meeting obligations and work responsibilities, or cutting back on social or recreational activities because of drug use
- Continuing to use the drug, even though you know it's causing problems in your life or causing you physical or psychological harm
- Doing things to get the drug that you normally wouldn't do, such as stealing
- Driving or doing other risky activities when you're under the influence of the drug
- Spending a good deal of time getting the drug, using the drug, or recovering from effects of the drug
- Failing in your attempts to stop using the drug
- Experiencing withdrawal symptoms when you attempt to stop taking the drug

Sometimes it's difficult to distinguish normal teenage moodiness or angst from signs of drug use. Possible indications that your teenager or other family member is using drugs include:

- Problems at school or work: frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance
- Physical health issues: lack of energy and motivation, weight loss or gain, or red eyes
- Neglected appearance: lack of interest in clothing, grooming or looks
- Changes in behavior: exaggerated efforts to bar family members from entering his or her room; being secretive about where he or she goes with friends; drastic changes in behavior and in relationships with family and friends
- Money issues: sudden requests for money without a reasonable explanation; or a discovery that money is missing or has been stolen or that items have disappeared from the home, indicating maybe they're being sold to support drug use