

Opioid Crisis: FACT or FICTION? YOU DECIDE!

Just over 20 years ago as doctors and patients alike were seeking better pain killers the pharmaceutical companies worked on a campaign to promote OxyContin an Opioid derived pain killer as a “SAFE & EFFECTIVE” alternative pain medication. Soon afterwards, it became apparent that **THERE IS AN ADDICTIVE FACTOR** to this and many other Opioid forms of prescribed pain meds, such as:

“
Heroin is the street version of Opioids, just diluted with other chemicals.”

- Codeine (only available in generic form)
- Fentanyl (Actiq, Duragesic, Fentora, Abstral, Onsolis)
- Hydrocodone (Hysingla, Zohydro ER)
- Hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Kadian, MS Contin, Morphabond)
- Oxycodone (OxyContin, Oxaydo)
- Oxycodone and acetaminophen (Percocet, Roxicet)



The CDC Stats for USA:

Since 1999,
165,000 people
have **FATALLY OVERDOSED**
on **PRESCRIPTION PAINKILLERS**.

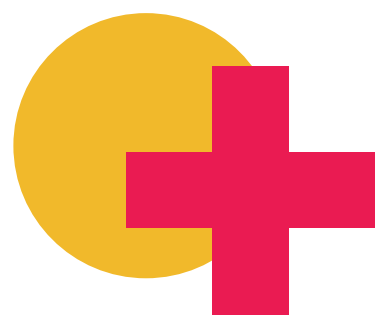
28,700 people died
from overdoses of
PRESCRIPTION OPIOIDS
& heroin in 2014

Tri-County Region of Multnomah, Clackamas and Washington Counties:

- In 2016, **168 PEOPLE DIED** from an opioid overdose. Most deaths (64%) were reported in Multnomah County.
- Overdose deaths and death rates in the Tri-County region have remained at about the same level since 2013.
- Multnomah County had the **HIGHEST OVERDOSE DEATH RATES** over time, followed by Clackamas and then Washington counties.
- Heroin deaths accounted for a larger proportion of all opioid deaths in Multnomah County, compared with Clackamas & Washington counties.
 - Overdose death rates were higher for males compared with females, and highest for those aged 45-54.
- Higher overdose death rates were experienced by American Indian/Alaska Native, White, and Black/African American populations, while Asian/Pacific Islander and Hispanic populations had the lowest death rates.
- Overdose deaths involving fentanyl/synthetic opioids were **OVER THREE TIMES HIGHER** in 2017 than in 2016.

NARCAN CAN HELP!

NARCAN® Nasal Spray counteracts the life-threatening effects of an opioid overdose. Since most accidental overdoses occur in a home setting, it was developed for first responders, as well as family, friends, and caregivers—with no medical training required.



Why are some people more prone to Opioid Addiction?

Harvard University is currently studying this. One area of interest looks at how the Brains Receptor sites respond and their sensitivity to Opioids. Another consideration is that people who are prone to extreme sensations and risk takers are more prone to addiction. Harvard also found that if a first degree relative (mother, father, sister, brother, son or daughter) has an addictive disorder,

YOU ARE 4 TIMES MORE AT RISK YOURSELF!

Statistically they have found more people are introduced to Opioids through a family member or friend who has “given” them something for their “pain”. Then there’s prescribed medications given after a surgical procedure or injury that can become a problem for some people.

What can I do for Acute Pain if I am predisposed to Addiction?

1. Talk to your PCP – Make a game plan for injuries or planned surgical procedures.
2. Discuss with your MD what other pain medication options are available.
3. Know your limits – Listen to your body – Be patient and allow time for healing
4. R-I-C-E (Rest - Ice - Compression - Elevation)
5. You can alternate Tylenol & Ibuprofen for pain.

The federal government has an online assessment tool called **NIDA-Modified ASSIST** that primary care doctors can use to inventory the substance use of their patients, especially those at high risk for addiction.

How to define Addiction – A guide using the THREE C’S METHOD:



Loss of **CONTROL** – not able to stop oneself



CRAVINGS – that can range from mild to severe



CONTINUING – to engage in a behavior despite adverse consequences

What about Chronic pain?

1. Talk to your PCP about going to a pain clinic
2. Openly discuss your concerns of addiction with the pain clinic and work together on a plan for pain control that is non-Opioid based.

“I don’t believe it’s ever safe for a recovering addict to take opioids for pain”

says Cindy Perlin, a licensed clinical social worker, certified biofeedback practitioner and the author of The Truth About Chronic Pain Treatments: The Best and Worst Strategies for Becoming Pain Free.

Alternative Therapies

Counseling, massage, acupuncture, hot tub soaks, staying active doing low impact exercises such as Tai Chi, yoga and water aerobics have also been found to control chronic pain issues with success.

Providence Persistent Pain Program:
oregon.providence.org/our-services/p/providence-persistent-pain/persistent-pain-toolkit/

A Toolkit designed to help both health care professionals and patients and their families with resources for understanding and quieting pain.

thefix.com/treating-patients-pain-and-addiction