

# Opioid addiction and abuse



Opioids are a class of drugs that are used in the management of pain, and they represent a breakthrough in palliative medicine. Some major developments in the administration of these drugs have enabled them to be among the prescription drugs in health institutions. The drugs, however, have a characteristic of being euphoric and addictive, and patients have developed physical and psychological dependence during treatment. Most of the factors causing dependence of opioids are mainly centered on the individual using them for pain management, and include the use of other psychoactive drugs and pre-existing mental conditions. Bio-psychosocial stressors are also established predisposing factors for opioid abuse. The abuse has fatal effects on some of the patients with other patients developing lifelong complications. Investigations that may be used to monitor and detect opioids use and abuse include the use of urine sampling. Some of the interventional methods include behavior therapy.

## **Introduction**

Opioids have widely been used in the, management of chronic pain in many health institutions, with the drugs being prescribed to other patients for management of some categories of acute pain. A major challenge that has emerged with the use of these drugs, however, is the addiction and dependence associated with them. The problem has caused financial and health problems for the patients who are unlucky to develop the dependence. On a global assessment of the problem, the economy is greatly affected with opioid dependence contributing significantly to the health budget. The people at risk of developing opioid dependence include the individuals with chronic pain and those with other underlying mental

disorders or substance use disorders. This paper examines the abuse of prescription opioids, the effects to the patients and some of the complications that the dependence associated with it may have on them.

## **Opioid abuse**

Opioids have been used extensively in the management of pain, and this is because they contain analgesic and euphoric properties (Knisely et al., 2008). Some of the factors that have also facilitated the increase in the use of opioids in the management of chronic pain as Portenoy states include the “introduction of high-dose, extended release oral tablet formulations of opioids with good bioavailability” (1996). This means that the drugs can easily be prescribed to patients, as opposed to the traditional methods which required monitored in-patient medication. The abuse of prescribed opioids has been on the rise in the recent past, with some researchers observing that the use surpassed street narcotics in the US (Webster, & Webster, 2005). Webster and Webster, states that the epidemic use of these drugs has raised concerns in the ruling class and “In April 2011, the White House unveiled a multi-agency plan aimed at reducing the “epidemic” of prescription drug abuse in the United States” (2005).

Opioid abuse is recognized as one of the major psychiatric conditions, and there exists guidelines on the classification and treatment of the same. The Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV) is the reference book that physicians and psychiatrists use to identify and classify substance abuse. According to the document, diagnostic criteria for substance abuse include physical dependence, tolerance, and 5 additional behaviors associated with illicit drug use (Knisely et al., 2008).

however, both therapeutic and non-therapeutic use of opioids are associated with tolerance and physical dependence, and a patient rightfully receiving opioids as treatment may be erroneously classified as having the condition. With the challenge being established, the American Pain and Addiction Societies came up with a consensus document that identifies 4 criteria for addiction as being “impaired control over drug use, compulsive use, continued use despite harm, and craving” (Knisely et al., 2008).

Some of the studies done in the US indicate a high prevalence of opioid abuse among the outpatients on prescription therapy, and an average of 20% of patients on long-term opioid therapy abuse the opioids (Wasan et al., 2007). Studies also show a relevant difference in the gender and age of the patients abusing the drugs with more men than women being involved, and the problem being prevalent among the younger generation of patients (Wasan et al., 2007). Some of the major opioids that are abused are hydrocodone and oxycodone, with three quarters of the patients abusing these two drugs. The cost of opioid abuse is also reported to be high, and the average cost of treating patients in the health system is greater than that for treating non-abusers. This is because the patients who are dependent on the opioids frequently have other comorbidities, and thus the higher costs of treatment.

With the increase in the number of patients on long-term treatment for chronic conditions, there has been reported increase in fatalities from the overdose of the opioids. Opioids are known to cause respiratory depression and embarrassment, and patients who overdose these drugs are then prone to succumb as a result. It is therefore important that among the measures

that are put in place to prevent opioid abuse, healthcare providers must ensure that they do not give patients more of the medication than they should get.

## **Reasons for abuse and misuse**

Opioids are a class of drugs that are at the top of the ladder of pain management and are a final result in chronic pain (Knisely et al., 2008). As such, the drugs are prescribed for patients with chronic pain such as cancer patients, patients with other chronic conditions and patients being palliated for other terminal illnesses. The drugs are also used in the management of acute pain that is very intense in the absence of other analgesics. In the management of these conditions, the use of opioids is under prescription, and only health workers mandated to prescribe them may do so.

Even under prescription, opioid abuse and misuse is reported among the patients and health workers. Some of the reasons behind the abuse include self medication, misuse and abuse as a result of addiction, use of the opioids for reward, and the diversion of use for profit (Knisely et al., 2008). Some of the patients usually obtain prescription forms from the healthcare providers and continue to alter the details so as to have the dose altered for their own benefit. In the course of the treatment, the patient may then end up with higher doses of the drug than was originally intended, and if this happens for a number of times the patient may become dependent.

One may develop two kinds of dependence, and this is similar to any other substance dependence including alcohol. One type of dependence is physical dependence where a patient experiences withdrawal symptoms when they

skip the drug and are unable to perform their daily activities. The other type of dependence is psychological dependence, and a patient feels the urge to use the drug even without any physical symptoms. The other cause of abuse for opioids is where a patient sells the drug or provides it to their family and friends for profit, who in turn end up being addicted to the drug.

Some patients have also been reported to use the opioids as a reward, and this is also a major cause of concern. The health system is also to blame for the abuse associated with these drugs. Despite scanty evidence showing the efficacy of the opioids in reducing the effects of chronic pain, the researchers have not been able to demonstrate added advantage for using them in some conditions. They have also been faulted for their lack of long-term effectiveness. There also exists little evidence showing the safety profile of the drugs based on randomized control trials.

Some of the psychosocial factors that influence the development of opioid abuse include the age of the patients, the character and intensity of the pain for which the patient is receiving therapy and the presence of other psychiatric disorders in the patient. As indicated above, a patient with an existing psychiatric condition or an underlying dependence on some of the other medications is at a higher risk of developing dependence to opioids compared to other individuals. It is also observed that the presence of comorbidities and the seriousness of the illness in a patient being managed with opioids may be a contributing factor to abuse of the opioids.

## **Possible Solutions**

Due to the large number of reported cases of abuse of opioids, health institutions pharmacological regulatory bodies and governments around the world have set up measures to ensure that the public health concern is mitigated. In health institutions, the first measure set up is the screening of patients suspected to be dependent and abusing opioids. A number of methods have been developed to screen patients for any risk factors for abuse before initiation of opioids for chronic pain management. There are also screening methods for patients already on treatment with opioids and in general, the methods focus on family and social history of the patient. Any psychosocial stressors that are significant in the causation of opioid abuse such as mental conditions are considered.

There are also a number of tests which are used to assess the abuse of opioids, with the most commonly used being the urine drug test. The test is preferred because it offers a non-invasive and relatively cheap way of assessing the adherence to treatment. It is also sensitive to the use of opioids, and drug levels are detectable 1-3 days after the first exposure to the drugs. According to Wasan et al, the test provides objective documentation of treatment compliance and also offers a method of screening opioids abuse in patients on chronic pain management (2007). The other measure that has assisted in the efforts to reduce the abuse associated with opioids is the monitoring of the practices in prescription of the opioids. Health practitioners prescribing opioids are encouraged to observe prescription practices that do not encourage abuse. One of them is

evaluation of patient's social status before handing the opioids to the patients, and evaluation of the psychosocial stressors.

An extensive educational program is also being utilized in many places, and this is provided to both health practitioners and the patients on chronic pain control with opioids. Since most of the abuses and addictions that are associated with opioids are a reflection of the individual's behavior, behavioral therapy is another interventional method that is used. According to Ballantyne, " Behavioral interventions with close monitoring and cognitive behavioral substance misuse counseling could increase overall compliance" (2003).

## **Conclusion**

Prescription opioids abuse has been on the increase over the last number of years, and this has been a major cause of health concern. As reported above, opioids are increasingly used in the management of chronic pain, and patients on this therapy have been found to have a preponderance to abuse them psychosocial stressors are discussed as a major cause of the abuse. Some of the other causes of opioids abuse have also been discussed, and so have the possible solutions and measures being used to counter the health problem.