SUD Lecture Series
Opioids and Benzodiazepines

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United Healthcare®

Disclosure

Dr. Levy and Dr. Gallegos have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

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Agenda: Opioids

1. Define opioids
2. Effects of opioids on the body and brain
3. Opioid intoxication, overdose, and withdrawal
4. Effects of chronic opioid use
5. Case presentation
6. Opioid addiction treatment
7. Importance of HEDIS Measures

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Agenda: Benzodiazepines

1. Define benzodiazepines
2. Effects of benzos on the body and brain
3. Benzo intoxication and withdrawal
4. Relapse and remission
5. Non-medication addiction treatment

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Opioids & Benzodiazepines - Impacts, Risks, Prevention

Know what to look for, how to ask questions regarding risk factors

- Inappropriate use
  - impairs physical and mental health
  - disrupts relationships
  - impairs school and work performance
- Risk factors include
  - family history
  - genetic influences
  - stress
  - physical and social environment
- Prevention
  - strong family ties
  - faith
  - education
  - reduce stress
  - generational support (extended family)
  - maintaining good general health
    - exercise
    - good quality diet
    - good sleep habits
  - for children, appropriate supervision

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Opioids

What are opioids?

POPPY FLOWER

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What are opioids?

- Opiate vs opioid
  - “Opiate,” refers to drugs that directly derive from the opium poppy
    - Examples: morphine, codeine
  - “Opioid,” refers to all drugs that act like opiates in the body, including natural and semi-synthetic and synthetic drugs
    - Examples: oxycodone, hydrocodone, heroin, fentanyl, methadone, buprenorphine

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What do opioids do to the body & the brain?

- Relieve pain
- Produce euphoria
- Cause drowsiness
- Cloud thinking
- Slow breathing - may cause breathing to stop
- Cause constipation
- Decrease blood pressure – dizziness with standing

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Signs & Symptoms of Opioid Intoxication –
& how these symptoms can mimic those of other conditions

- Constricted pupils ("pin-point pupils")
- Initial euphoria followed by apathy
- Impaired judgment, attention, memory
- Drowsiness, "nodding out"
- Slurred speech
- Variably psychomotor agitation or retardation

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Opioid Overdose

- Breathing becomes shallow
- Choking/gurgling sounds
- Skin: decreased circulation
  -may be blue, pale, cold
- Confusion
- Decreased alertness
- Body becomes limp
- Loss of consciousness
  -unresponsive
- Coma/death

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Importance of Narcan (naloxone)

- **Narcan** is an **opioid antagonist**
  - -blocks opioid receptors
  - -“kicks,” the opioid (e.g., heroin) off the receptor
  - -the overdose is reversed
- **Narcan** quickly restores breathing and consciousness during an overdose

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Importance of Narcan (naloxone)

- Support People of opioid users
  - -friends, family, caregivers
  - -should have access to **Narcan**
- **Narcan** dispensed without a prescription
  - -All 50 states
  - -Pharmacists can provide guidance
- Available as a nasal spray and auto-injector

FDA News Release: 3/29/ 2023: FDA Approves First Over-the-Counter Naloxone Nasal Spray

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Opioid Intoxication “Thought Experiment” (Einstein's term)

You are a service coordinator. You are visiting a mother at home who has 2 children aged 7 and 15 years; you are sitting and talking with the mother. You notice that the 15 y.o. on the couch is watching a football game on TV; he intermittently doses off during the action. The soda can in his hand tilts and spills; this wakes him up. You notice that his eyes do not “look right”. He makes no attempt at cleaning up the spilled soda. When his mother addresses the spill, he mumbles something and continues to watch TV.

Do you have a concern? Maybe he is just sleepy.

Is intervention necessary?

How should you approach the parent? Would you discuss Naloxone?

There are many missing pieces in this picture. No wrong answers.

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Signs and symptoms of opioid withdrawal

- Dilated pupils
- Nausea, vomiting, diarrhea, stomach cramps
- Dysphoria
- Insomnia
- Yawning
- Muscle aches
- Tearing, runny nose
- Sweating, fever
- Chills/goosebumps
- Intense cravings

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Opioid withdrawal

- Onset and length of withdrawal depends on the opioid used
  - **Heroin**: withdrawal within 12- 24 hours of last use and can last 3-7 days
  - **Fentanyl**: withdrawal may start 12-30 hours after last use
    - May show positive on UDS up to 7 days or more after last use
  - **Methadone**: withdrawal with chronic use
    - may take 24-48 hours and
    - may last 10-14 days or more

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Medications for Opioid Withdrawal and Addiction

- Buprenorphine:
  - Partial agonist: gives some opioid effect
  - Much weaker; does not cause a “high”
  - Binds tightly to the receptor
  - Prevents other opioids from having an effect

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Medications for Opioid Withdrawal and Addiction

- Buprenorphine:
  - First line treatment
    - Ideally started as a regular Medication for Opioid Use Disorder (MOUD)
    - Can be tapered
    - Safe enough to be started in a provider's office
  - Safe for pregnant women with opioid use disorder
    - Enables sobriety and keeps fetus safe
    - Lower preterm birth rate and less newborn withdrawal

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Medications for Opioid Withdrawal and Addiction

- Buprenorphine:
  - Trade Names:
    - Suboxone
    - Zubsolv
      - both also contain naloxone),
    - Subutex,
    - Sublocade (Extended release)

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Medications for Opioid Withdrawal and Addiction

- Methadone
  - Full opioid agonist, long-acting
  - Used as a MOUD
  - Requires treatment to occur in a federally regulated methadone clinic

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Medications for Opioid Withdrawal and Addiction

- Methadone
  - Requires daily attendance for dosing,
    - can earn, “take-homes”
  - DOES NOT “replace one addiction with another”
  - Dosed daily
    - Avoids peaks and valleys of a heroin high
    - Patient remains stable
    - Able to live life, work, care for kids, other normal routines

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Other Medications for Opioid Withdrawal-Symptom Relief

- Lucemyra (lofexidine):
  - -alpha 2 receptor agonist
    - Counteracts decreased circulation, drowsiness
    - non-opioid treatment for withdrawal only
    - very similar to clonidine
- Clonidine

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Other Medications for Opioid Withdrawal-Symptom Relief

- "Comfort Meds"
  - -Robaxin (muscle relaxant for aches),
  - -Promethazine (for nausea),
  - -Loperamide (for diarrhea),
  - -Acetaminophen or Ibuprofen (headache),
  - -Non-narcotic sleep aids
    - Benadryl, Melatonin, Trazodone, others

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Effects of chronic opioid use

-Chronic constipation

-Liver and kidney disease

-Depression

-Anxiety disorders

-Risk of overdose and death

-Increased pain sensitivity

-IV users

- -HIV
- -Hep B/C
- -heart lining/valves (“endocarditis”)
- -skin (abscesses)
- -collapsed veins

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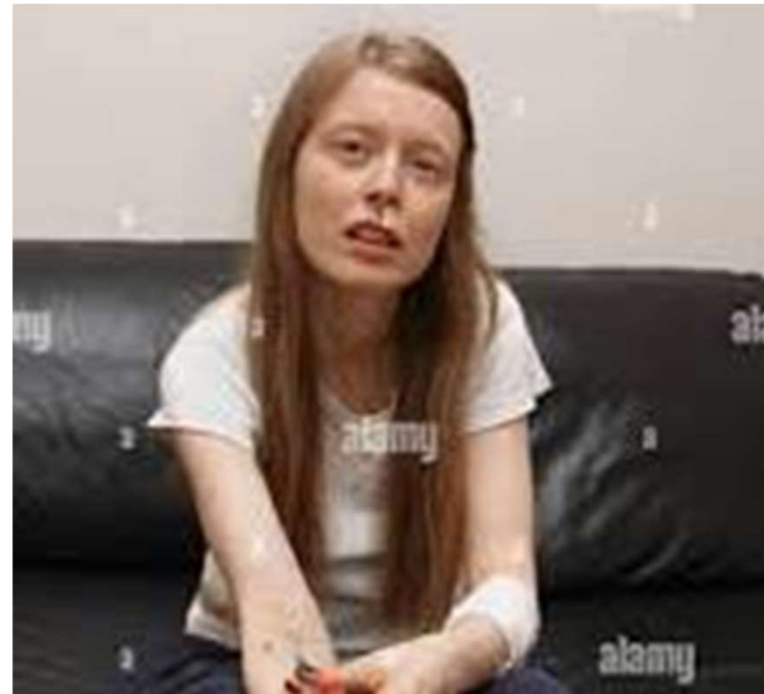
Case Study: Rose

- Onset: 8 to 9 years old smoking marijuana.
- Age range of friends: 8 to 14 years
- Hangouts: park, fast food restaurants, friend’s house (parents working)
- Age 12: introduced to heroin and cocaine by peers
- Age 12: School performance good until starting heroin
- Parents became concerned about her withdrawn behavior; restricted her free time and with whom she associated



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Case Study: Rose

- Age 12 years: Rose ran away from home
- “Lived on the streets” with some help from her friends initially; abandoned by friends
- Parents filed a missing persons report
- Solicited adult men to earn money
- Age 15 years: Brought home by police after arrest for soliciting
- While on the “streets”: abused, genital infections, UTIs, cellulitis (injection sites), chronic cough, wasted appearance, nutritional deprivation, depression

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Case Study: Rose

- Admitted to a locked treatment center: arrogant, denial, uncooperative, belligerent
- 45 days of inpatient; individual CBT, group therapy, peer counseling, NA/AA meetings
- Transitioned to home: psychiatrist monthly (meds), therapist weekly, NA daily (found a sponsor)
- Began her GED

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How we help as providers: Opioid Treatment

- Medications for opioid use disorder (“MOUD” – previously known as, “MAT”)
  - Buprenorphine -contained in brands like Suboxone, Subutex, Zubsolv, Bunavail, Brixadi (LAI), Sublocade (LAI)
    - Have to be in withdrawal to start it
    - Can be started in a prescriber’s outpatient office
    - Can be provided via prescription

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How we help as providers: Opioid Treatment

- Medications for opioid use disorder (“MOUD” – previously known as, “MAT”)
  - Methadone
    - Must be given in an FDA licensed methadone maintenance clinic
    - Patient must come daily for doses until, “take-homes,” are earned
    - Must be slowly tapered to achieve effective dose that controls cravings and does not over-sedate

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How we help as providers: opioid treatment

- Medications for opioid use disorder (“MOUD” – previously known as, “MAT”)
  - Naltrexone/Vivitrol (LAI)
    - NOT an opioid, not addictive
    - Opioids must be out of the system before starting
    - Decreases the effect of opioids, harder to get, “high”

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Benzodiazepines

What are Benzodiazepines ("benzos")?

- Drug Class: Depressants
- Examples:
  - Alprazolam (Xanax)
  - Diazepam (Valium)
  - Clonazepam (Klonopin)
    - Do not confuse with Clonidine
  - Chlordiazepoxide (Librium)
  - Tamazepam (Restoril)

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What do benzos do to the body and the brain?

- Reduce anxiety
- Relax the mood
- Initiate sleep: may cause vivid, disturbing dreams
- Suppress seizures

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Benzo intoxication

- Slowed breathing
- Decrease reflexes/coordination
- May cause amnesia
- May cause paradoxical effects:
  - irritability, hostility
- May lead to coma/death with overdose
  - Apnea: stop breathing

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Signs and symptoms of benzo withdrawal

- Tremor, sweating
- Nausea
- Sleep disturbance
- Irritability, anxiety
- Heart palpitations
- Muscle pain/stiffness
- Seizures
- Psychosis

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Treating benzo withdrawal

- May need medical management - seizures are a risk
- Switch from short-acting to longer-acting benzo for the taper
- A more gradual taper over a period of weeks is better tolerated and reduces risk of seizures

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Relapse and recovery

- Relapse is common (40-60%), but not inevitable
- Myth: you have to hit rock bottom before you get better
- According to the National Institute on Drug Abuse (NIDA), relapse rates for addiction are similar to those for common chronic diseases, e.g., diabetes, hypertension, asthma
- Relapsing after a period of abstinence from opioids and benzos increases risk of overdose and death: same amount used with reduced tolerance
- Relapses vs lapses: severity and length of time to return to recovery
- Recovery DOES happen!

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Potential relapse warning signs

- Recovery becomes unimportant (changed priorities)
- Acting more impulsively
- Rationalizing with yourself: e.g., “Nothing bad will happen to me if I…” or, “As long as I don’t use at home, then…”
- Moodiness, irritability
- Restlessness
- Life dissatisfaction, general discontent
- Isolation and withdrawal from sources of support

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Potential relapse (Thought Experiment)

- Your good friend’s adolescent is a recovering 17 y.o. female. She had been using Valium b/c she was “stressed out” by school. She has been through a one-month inpatient treatment program. Outpatient care includes weakly therapist visits, monthly psychiatrist visits and daily NA meetings. Your friend confides that recently her daughter has been withdrawn, moody, and uncooperative. She has been skipping NA meetings. Your friend does not know what to do.

Is this just rebellious adolescent behavior?

What questions would you ask?

What would you advise your friend to do?

How much concern to you have for this adolescent’s safety?

There are no wrong answers.

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How we help as providers: Non-medication Treatment for Addiction

- Therapies
  - Relapse prevention
    - Recognizing triggers
    - Planning for relapses
  - Motivational Enhancement Therapy
    - Uses motivational interviewing techniques
    - Client- centered
    - Evokes and strengthens patient’s own motivation
    - Encourages commitment to change

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How we help as providers: Non-medication Treatment for Addiction

- Therapies
  - MATRIX model
    - Therapist is teacher/coach
    - Realistic
    - Promoting patient’s self-worth, dignity

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How we help as providers: Non-medication Treatment for Addiction

- Therapies
  - Cognitive Behavioral
    - Automatic thoughts
    - Detrimental schemas
  - Family Therapy
    - Alone or with patient present

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How we help our patients help themselves

- Self-help resources
  - 12-Step Based (AA, NA, Al-Anon)
  - SMART Recovery (**S**elf-**M**anagement **A**nd **R**ecovery **T**raining)
    - Change self-defeating thinking, etc.
    - Self-empowerment, self-reliance
  - Rational Recovery
    - Learning to recognize and defeat the “Addictive Voice,” etc.
    - Goal is that addiction is “over”, rather than addict in “recovery”

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Impact of untreated addiction

1. To the health of an individual
   - Short-term effects, e.g., overdose/death, psychotic episodes, premature birth, STDs
   - Long-term effects, e.g., liver disease, cancer, heart disease

2. To the health of society
   - Decreased workdays, poverty, homelessness, crime, violence, family stress

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Summary

- Opioids are naturally occurring and synthetic products that are used for controlling pain
- Benzodiazepines are antidepressants
- Both drugs affect the brain causing an altered state of either euphoria, sedation or both
- Both drugs have side effects the most lethal of which is stopping breathing

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Summary

- Both Opioids and Benzodiazepines are highly addicting
- The excessive use of either drug results in altered, detrimental behaviors, has a negative social impact, and can lead to death
- Drug addiction to Opioids and Benzodiazepines is treatable

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Summary

- Treatment with medication is effective, but requires behavioral health and community support
- Recovery is not always a straightline process; lapses and relapses frequently occur
- The overall success rate is approximately 60 %

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Summary -What can you do to help?

- ✓ Potentially identify a member or an individual in a member’s family who exhibits suspect behaviors
- ✓ Seek addition guidance from Behavioral Health
- ✓ Make appropriate referrals
- ✓ Involve the PCP of the affected individual
- ✓ Be supportive
- ✓ Consider APS (danger to family) or CPS (danger to a child) if indicated

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Thank-you!

Q&A