Opioid Use/Abuse and People with Disabilities

Individuals with disabilities are prescribed medications more frequently and take such substances in larger quantities as a result of mobility impairment, pain, and complications with mental health. Requiring these prescriptions for daily function often complicates differentiating between necessary use and excess use/abuse. Studies vary in reporting prevalence of opioid abuse among individuals with disabilities. However, the United States Department of Health and Human Services Office on Disability reports that over 4.7 million individuals in the United States have both a disability and substance abuse disorder. Opioids are among the most commonly abused substances.
One of the most frequent reasons people go to the doctor is for pain relief. About 20% of people will get a medication called an opioid (also known as an opiate or a narcotic). These pain relievers are made from opium, which comes from the poppy plant.

The two natural products of opium are morphine and codeine but there are also man-made versions of opioids, such as:

- Fentanyl (Duragesic)
- Heroin, a street drug
- Hydrocodone with acetaminophen (Lorcet, Lortab, Vicodin)
- Hydrocodone (Hysingla ER, Zohydro ER)
- Hydromorphone (Dilaudid)
- Methadone
- Oxycodone (OxyContin)
- Oxycodone with acetaminophen (Percocet)

Every day, more than 115 people in the United States die due to overdosing on opioids. The misuse of and addiction to opioids affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention (CDC) estimates that the total economic burden of prescription opioid misuse alone in the United States is $78.5 billion a year, which includes the costs of healthcare, lost productivity, addiction treatment, court-ordered addiction treatment, and criminal justice involvement.

The rate of substance abuse among the physically disabled is not known. Some studies have found that they are more likely to abuse intoxicants compared to the non-disabled population while others have found that they actually abuse drugs less.

Some have estimated that up to 50 percent of people with spinal cord injuries can have problems with substance abuse. This can happen because the barriers to employment, reduction in mobility, and social isolation can increase the risk of substance abuse.

Other stats and information to note on opioid use and abuse:

- The risk for addiction is 50% genetic and 50% environmental. Higher rates of unemployment, social isolation, poverty, mental illness, chronic health issues and pain, access to prescription medications, caregiver enablement, and barriers to education among individuals with disabilities contribute to increased risk of addition.

- Individuals with traumatic brain injury and spinal cord injury may experience more unintentional deaths from prescriptions. This is not necessarily indicative of higher rates of opioid use disorder.
In United States healthcare systems, reimbursement for pain management methods outside of opioids is restricted. Thus, prescriptions such as opioids are often utilized over multimodal treatment methods.

Individuals with mobility impairments experience increased difficulties in accessing addiction treatment and therapies.

Providers often do not express the risks of addiction and overdose in opioid prescriptions to older opioid consumers.

Sources: WebMD, Addiction.com, Centers for Disease Control and Prevention, Sunrise House, National Rehabilitation Center.

Websites

Addiction.com: Living with Disability Increases Risk of Substance Abuse
An estimated 50 million Americans live with some type of disability, including those born with a mental or physical impairment. Whether a disability stems from an accident or a medical condition, it often has serious and negative impacts on a person’s well-being. Some people use drugs and alcohol to numb their disability’s physical and emotional pain, while others use substances to avoid boredom. In fact, individuals with disabilities have a substance abuse rate two-four times that of the non-disabled population, according to the Department of Health and Human Services.

www.addictionsandrecovery.org/opioid-opiate-recovery.htm
Addictions and Recovery: Opioids—Addiction, Withdrawal and Recovery

https://againstopioidabuse.org
Allied Against Opioid Abuse
Email: info@againstopioidabuse.org
A national education and awareness initiative to help prevent abuse and misuse of prescription opioids.

http://heller.brandeis.edu/ibh/research/inroads/publications-issue-briefs.html
Brandeis University: briefs on opioid use
-The Intersection between Traumatic Brain Injury and Opioid Use Disorder
-Opioid Use Disorder and People with Disabilities—Fact Sheet—Medication Treatment
-Peer Support for People with Substance Use Disorder

www.drugrehab.com
Drug Rehab.com
Provides information on addiction for teens, military personnel, and seniors.
Everyday Health: How to Prevent Opioid Dependence

Hospital for Special Surgery: Patient Guide to Opioid Tapering

Mayo Clinic: How Opioid Addiction Occurs
Even short-term opioid use can lead addiction and overdose. Short-term pain relief can lead to life-threatening problems.

MedlinePlus.gov: Opioid Abuse and Addiction

Model Systems Knowledge Translation Center: Opioids and Your Health
Part of their SCI Factsheets series.

National Institutes of Health: National Institute on Drug Abuse: Opioids

National Institutes of Health: National Institute on Drug Abuse: Easy to Read Drug Facts--Treatment and Recovery

Substance Abuse and Mental Health Services Administration (SAMHSA) is a government agency leading public health efforts to reduce the impact of substance abuse and mental illness on America's communities. Its National Helpline, 1-800-662-HELP (4357) provides referrals to local treatment facilities, support groups, and community-based organizations for individuals and families facing mental and/or substance use disorders. It’s confidential, free, and available 24-hour-a-day, 365-day-a-year in English and Spanish. Callers can order free publications and other information. If you have no insurance or are underinsured, SAMHSA will refer you to state-funded treatment programs and/or facilities that accept Medicare or Medicaid or charge on a sliding fee scale. If you have health insurance, you are encouraged to contact your insurer for a list of participating healthcare providers and facilities. See http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742 for information on an Opioid Overdose Prevention Toolkit.

Sunrise House: Addiction Demographics/Physically Disabled
Sunrise House: Evaluating an Individual’s Treatment Needs--Substance Abuse Among the Physically Disabled

Substance abuse can be found among all groups of people. However, regarding people with disabilities, there may be special circumstances in abuse of a drug related to their disability, especially if chronic pain is involved. These circumstances require special consideration from anyone looking to treat one of these individuals for a substance use disorder.

https://www.hhs.gov/opioids/
https://www.hhs.gov/opioids/prevention/index.html
US Dept of Health and Human Services: Help, Resources and Information--National Opioid Crisis

https://www.webmd.com/mental-health/addiction/painkillers-and-addiction-narcotic-abuse#1
WebMD: Painkillers and Opioid Use Disorder

https://www.whatsupwithopioids.org/
What’s Up with Opioids

Articles


Blogs

Christopher & Dana Reeve Foundation: Individuals with Disabilities and the Opioid Epidemic by Brittany Branard 3/15/19

Christopher & Dana Reeve Foundation: Opioids Part 2 Treatment and Withdrawal by Brittany Branard 3/19/19
The Christopher & Dana Reeve Foundation also has a fact sheet on general substance abuse.

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