What You Need to Know About the OPIOID CRISIS

Protect yourself and your family from the growing opioid crisis by knowing what is happening nationwide, what signs of misuse or abuse to look for and how to find treatment.

OPIOIDS 101

Opioids, also called narcotics, are powerful pain-relieving medications. They work by binding to special opioid receptors in the brain. When used as prescribed, they can relieve pain, which is why they're often helpful to people who are recovering from surgery or who've recently been involved in a trauma (like a car accident). But these drugs also release endorphins, feel-good brain chemicals that can feel very pleasurable, which is why they have the potential to be addictive.

Some examples of opioid drugs are:

- Codeine
- Fentanyl
- Hydrocodone
- Methadone
- Morphine
- Heroin (illegal)

ALTERNATIVES FOR PAIN RELIEF

Because opioids have the potential to be misused, guidelines from the Centers for Disease Control and Prevention say that people with chronic, long-term pain should try other treatment options first. Those may include over-the-counter medications (acetaminophen or ibuprofen), therapeutic injections (such as steroids), topical relief, physical therapy, psychotherapy (such as cognitive behavioral therapy and mindfulness meditation), biofeedback, acupuncture and massage. Medical marijuana (cannabis) might also be an effective opioid alternative for some people with chronic pain.

USING OPIOIDS SAFELY

If you and your health care professional decide that an opioid medication is right for you, there are some steps you can take to reduce your chances of becoming addicted to it:

- Use the lowest dose possible for the shortest amount of time necessary to get pain relief.
- Follow your doctor’s directions; don’t take pills more often than directed.
- Tell your doctor if you notice any side effects (such as dizziness, nausea or constipation).
- Check in with your doctor periodically about your level of pain and functioning and consider slowly weaning off your medication if you’ve been improving.
- When you’re finished using an opioid, dispose of any extra pills properly so that others can’t access them. (Don’t leave leftovers in your medicine cabinet.) Ask your local police department and drugstore if they have a “take back” program. If not, the U.S. Food and Drug Administration recommends flushing unused opioids down the toilet.
DEPENDENCY VS. ADDICTION

If you’re a long-term opioid user, perhaps because of a chronic pain condition like severe arthritis or fibromyalgia, your body will become physically dependent upon the medication. That’s normal. It means your body has come to expect and rely on the drug. So if you try to stop abruptly you will experience withdrawal symptoms, like nausea, chills, and sweating. The best way to prevent that from happening is to work with your health care professional to slowly taper the dose until you’ve stopped using the drug completely.

Addiction is different, and it’s a disease. Although people who develop an opioid use disorder may be physically dependent on opioids, they also experience strong cravings and feel a compulsive need to keep using the drugs. Someone who is addicted will feel like they can’t control their desire to take opioids and will continue to seek them out despite any financial, physical or legal harm that may come to themselves and others in the process.

SIGNS OF TROUBLE

Anyone can develop opioid use disorder, but you face a greater risk if you have a personal or family history of substance abuse, suffer from depression or anxiety or use opioids with other medications, drugs or alcohol.

An estimated 21%-29% of people who are prescribed opioids for chronic pain end up misusing them, according to the National Institute on Drug Abuse. About 8%-12% end up developing opioid use disorder.

You might be developing an opioid use disorder if you:

• Feel high/euphoric when you take the drug.
• Make poor or dangerous decisions while using it or in an effort to obtain it.
• Feel depressed, anxious or unmotivated to participate in your typical activities.
• Use more of the drug than your health care professional prescribed or have turned to illegal means to secure opioids.
• Neglect job or personal responsibilities in favor of drug use.
• Can’t always remember what happened when you were taking opioids.

TREATMENT OPTIONS

Treatment for opioid use disorder is key, because this condition can be fatal: About 130 people in the U.S. die every day as a result of an opioid overdose. Opioid overdose deaths have been on the rise since 1999.

Treatment is not one-size-fits all, so you need to find a program that works for you. That said, the National Institute on Drug Abuse notes that most people benefit from a combination of medication (such as buprenorphine, methadone or naltrexone) and behavioral therapy.

If you or someone you love needs help for opioid use disorder, ask your health care professional about the resources that are available in your area. You can also use the following websites for help finding substance abuse programs near you:

hhs.gov/opioids/treatment/
findtreatment.samhsa.gov/
findahealthcenter.hrsa.gov/