

Ethical Dilemmas in Responding to Opiate Use

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Objectives

At the conclusion of the training, participants will be able to:

- Identify at least 3 factors which have contributed to an increase in opiate use in the United States
- List at least 4 principles of harm reduction in approaching active drug users
- Name 3 commonly used opiate-substitution drugs used in Medication-Assisted Therapy (MAT)
- Discuss at least 4 strategies when implementing an overdose prevention strategy

Key Questions: How Did We Get Here?

- Big Pharma
- Physician-practice
- Brain Chemistry
- Lack of Innovative Treatment approaches

Relevant Background: Opiate Use in the U.S.

- Increased use by physicians in late 1990s; reassurance by manufacturers that synthetic opiates were not addictive
- Most rapid increase is use of Oxycodone (OxyContin) and Hydrocodone (Vicodin)
- 'Second Wave' of the epidemic beginning in 2010; rapid increase in heroin use, often among former prescription opiate users

Relevant Background: Opiate Use in the U.S.

- From 1999 to 2017, more than 700,000 people have died from a drug overdose. Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid.
- Accidental drug overdose is currently the leading cause of death in the United States for those under 50.

Relevant Background: Opiate Use in the U.S.

- Drug overdose deaths now exceed those attributable to firearms, car accidents, homicides, or HIV/AIDS.
- On average, 130 Americans die every day from an opioid overdose.

In Alabama

- In 2014, AL ranked 18th in the nation for deaths due to drug injury (per 100,000 population).
- Drug-induced death rates in Alabama increased from 5.7 % in 2007 to 13.4% in 2013.
- Nearly 5% of the AL adult population (175,000 people) used prescription opiates for non-medical need in 2017.
- Some 30,000 Alabamans are estimated to be addicted to opiate analgesics or heroin.

- AL Department of Mental Health

In Alabama

- Per 2016 CDC Annual Surveillance Report, Alabama still has the highest prescribing rate of opiates in the nation. There are 121 prescriptions written for every 100 people in the state.
- Counties above the national average for overdose rates:
 - Baldwin, Blount, Cleburne, Cullman, Dekalb, Escambia, Etowah, Franklin, Jefferson, Marshall, Morgan, St. Clair, Shelby, Walker

Changing Prescribing Practice

- Prescribing Guidelines (primary care/ED use)
- FDA Warning on certain drugs
- Attempting more abuse-deterrent formulations (e.g. Oxycodone)
- Consumer education
 - Opiates for short-term relief
 - Long-term potential for negative effects
 - Impact of ibuprofen and acetaminophen
- Prescription Drug Monitoring Program

AL PDMP GOALS

1. To provide a source of information for practitioners and pharmacists regarding the controlled substance use of a patient
2. To reduce prescription drug abuse by providers and patients
3. To reduce time and effort to explore leads and assess the merits of possible drug diversion cases
4. To educate physicians, pharmacists, policymakers, law enforcement, and the public regarding the diversion, abuse, and misuse of controlled substances

Key question: *Abstinence vs substitution*

Medication Assisted Therapies (MAT)

- “A common misconception associated with MAT is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. And research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person’s intelligence, mental capability, physical functioning, or employability.”

-SAMHSA.gov

Key question: *Abstinence vs substitution***Medication Assisted Therapies (MAT) OPTIONS**

- Methadone (only dispensed in SAMHSA-approved MAT facilities; single option of MAT for pregnant woman)
- Buprenorphine/Suboxone (no requirement of structured clinical setting; daily or alternate day dosing)
- Naltrexone/Vivitrol (oral/daily or long-acting injectable)

**MAT Resources in AL:
Nicole Walden****Key question: *Abstinence vs substitution***

“To give people the best chance of long-term recovery from opioid use disorder, treatment providers are offering new options. These include the use of specific addiction medications. The ultimate goal of using these medications is to help a patient work toward a stable recovery based on the Twelve Steps and abstinence from opioids. This means that the goal is to eventually have the person taper off of the addiction medication.”

- Hazelden/Betty Ford Foundation

Second Wave: Heroin Use

- Some success at reducing access to synthetic opioid analgesics (“far more expensive/harder to obtain”)
- Subset of prescription opioid users have switched to heroin (Rx drugs to heroin, cocaine to heroin, polydrug use to heroin)
- Mexican heroin production in 2005-8 metric tons/2009-50 metric tons)

Second Wave: Heroin Use

- With heroin use, increase in drug injection and consequences of injecting; older age, lower educational attainment, rural settings, and co-occurring physical/psychological distress are risk factors for injection.

**Risks for PWID:
Infectious Disease**

- 10% of 2017 HIV cases related to injection drug use
- No significant increase in HIV rates among PWID – YET!
 - Scott Co. IN [2014-5]
 - Huntington, WV [2019]

Harm Reduction Approaches

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

- Harm Reduction Coalition (www.harmreduction.org)

Harm Reduction Principles

- Accepts, for better and or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others .

Harm Reduction Principles

- Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Harm Reduction Principles

- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.

Harm Reduction Principles

- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

Key question: Syringe Access

- U.S. Department of Health and Human Services has amended guidelines so Federal resources may be used in support of syringe services programs (SSPs)
- AL drug paraphernalia law:
 - (1) It shall be unlawful for any person to use, deliver, or sell, possess with intent to deliver or sell, or manufacture with intent to deliver or sell, or to possess with intent to use, drug paraphernalia to manufacture a controlled substance in violation of the controlled substances laws of this state

Key question: Syringe Access

- (2) Any person who violates this subsection is guilty of a Class C felony. If a person is in violation of this subsection and is in possession of a firearm at the time of the offense, the person shall be guilty of a Class B felony.
- In practice, small CBOs/substance use facilities may assist with 'underground' access to clean needles; pharmacists have always supported safer needle use when possible.

Key Question: Overdose Reversal

- Nalaxone—Opioid Antagonist—binds to opioid receptors and can reverse and block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications.
 - Injectible--Envizio
 - Nasal--Narcan

Summary

- The use of opiates is continuing and this looks to be a public health problem for the foreseeable future. Access to sterile syringes and overdose reversal tools is critical.
- Aggressive prevention efforts must include community, individual, and family-level interventions as well as legal and policy decisions to address the unmet needs.

Summary

- Persons who use drugs and their families need access to evidence-based treatments for SUD and support.
- Criminal justice penalties show little efficacy at ending problematic substance use; best practice calls for cross-disciplinary collaborations.
- Challenging ethical issues will continue to confront social workers in this arena.

THANKS

- AL Wise Woman program
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- You!