

About Opioid Dependence

Opioid Dependence: A Chronic, Relapsing Disease

Although opioid dependence, also known as prescription painkiller or heroin addiction, is often stigmatized as bad behavior, poor judgement and weak morals on the part of the patient, it is actually a chronic, relapsing disease that affects the brain. It is caused, in part, by pervasive changes in the brain's chemistry – particularly to the cognitive and drug-rewarding circuitry – that can result from regular use of opioids, such as oxycodone, morphine and heroin. These changes can interfere with normal brain functioning, altering the brain into thinking the opioid is necessary for survival, and resulting in drug-seeking behavior and dependency. These changes may also persist long after drug use has ceased.

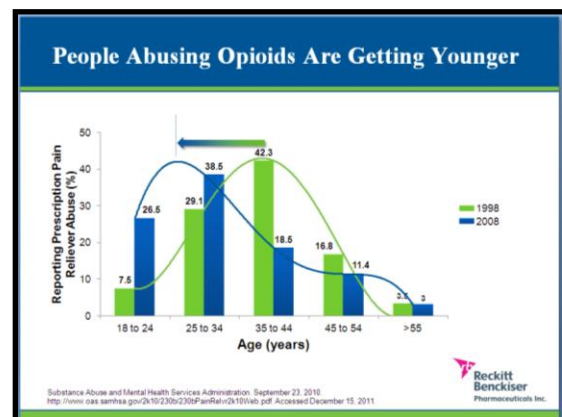
Opioid Dependence: A National Epidemic

Opioid dependence can happen to anyone – affecting men and women of all ages, races, ethnic groups and educational levels – and opioid prescription painkiller use, abuse and dependence in particular are more common than many people realize. The disease has reached epidemic proportions in the United States and represents a rapidly growing medical problem turned public health threat.

According to the U.S. Centers for Disease Control and Prevention (CDC), the toll from rising instances of prescription opioid drug abuse is now greater than that of illegal drugs.

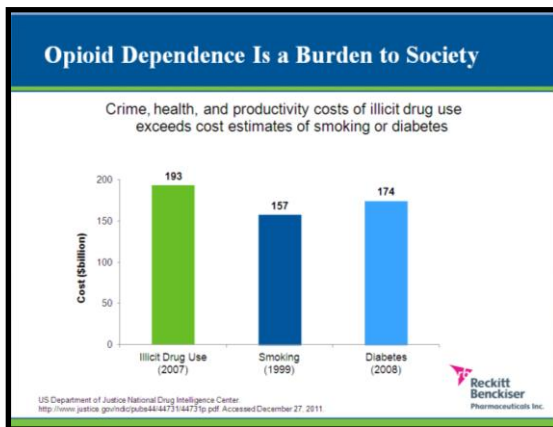
- Approximately two million Americans abused or were dependent on opioid prescription painkillers in 2010, while approximately 400,000 people abused or were dependent on heroin in the same year.
- In 2010, 1 in 20 people age 12 or older in the United States (12 million Americans) reported using prescription painkillers for nonmedical reasons in the past year.
- Enough prescription painkillers were prescribed the same year to medicate every adult in the United States around-the-clock for an entire month.
- Nearly half a million emergency department visits in 2009 were due to people misusing or abusing prescription painkillers.

Meanwhile, people abusing opioids are getting younger. From 1998 to 2008, the number of individuals age 18 to 24 who reported prescription pain reliever abuse jumped from 7.5 to 26.5 percent. During the same time period the number of individuals age 25 to 34 who reported abuse rose from 29.1 to 38.5 percent, while the percentage dropped significantly – from 42.3 to 18.5 percent – among 35- to 44-year-olds.



The CDC reports that, on average, more than 40 people die each day from prescription painkiller overdoses. That's 15,000 a year, a number that exceeds the annual death toll caused by heroin and cocaine use combined.

Opioid Dependence: A Costly Societal Burden



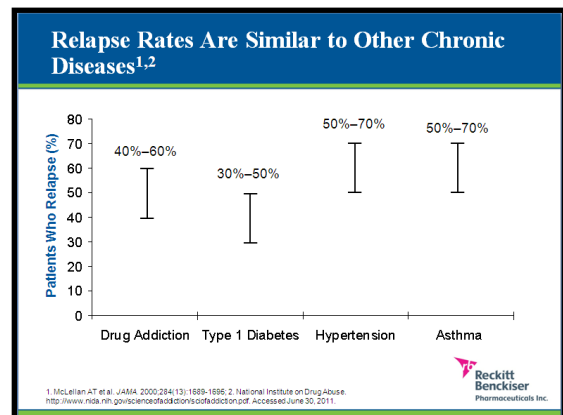
The cost of opioid use to individual users and to society as a whole is high. Studies indicate that opioid dependence results in significant costs to society through unemployment, homelessness, family disruption, loss of economic productivity, social instability and criminal activities. The financial burden of illicit opioid abuse, including workplace, health care and criminal justice costs to society, exceeds that of smoking or diabetes. Nonmedical use of prescription painkillers costs health insurers up to \$72.5 billion annually in direct

health care costs. Additionally, according to the U.S. Department of Justice National Drug Intelligence Center, the estimated economic cost of illicit drug use to society – related to crime, health and lost productivity – was \$193 billion in 2007 – \$36 billion more than the estimated burden from smoking and \$19 billion more than that of diabetes the same year.

When crime reductions and productivity have been considered, the benefits of treating individuals with opioid dependence consistently outweigh the costs. According to a 2008 study comparing monetary estimates of treatment cost to societal gains, a treatment program for one individual including medication-assisted treatment and psychosocial support costing an estimated \$1,583 would result in a societal gain of \$11,487.

Treating Opioid Dependence as a Chronic Disease

Opioid dependence shares several characteristics with other, more controlled chronic diseases, such as asthma, diabetes and hypertension. All are well-studied, heritable, influenced by behavior and tend to worsen if left untreated. All have a predictable progression and available, effective treatments. All also require continued medical care, adherence to treatment and ongoing monitoring.



Similar to patients with these other conditions, patients living with opioid dependence may need long-term medical care. The chronic nature of the disease means relapsing is possible. According to the National Institute on Drug Abuse, nearly all opioid-dependent people believe

at first they can stop using opioids on their own, yet they face a disease that can cause relapse in rates that parallel those in populations of patients with asthma, diabetes and hypertension. For months or even years after an individual's active opioid misuse has stopped, the damage done to his or her brain can trigger cravings that lead to misuse. For this reason, addicted patients are most likely to benefit from long-term treatment that allows them to continue to manage their symptoms while avoiding relapse. However, many patients do not seek out treatment because the stigma associated with opioid dependence leaves them with low self-esteem, too embarrassed or afraid to ask for help or unsure if there are realistic treatment options available to them.

Opioid dependence treatment comes in many forms, including participation in 12-step programs, treatment at a methadone clinic, admission to an in-patient rehabilitation/substance abuse facility, counselling and medication-assisted treatment.

12-Step Programs

Most self-help, 12-step programs are modeled after Alcoholics Anonymous. These programs have helped many people by providing ongoing support; most are built on a treatment approach of abstinence. Twelve-step meetings focus on the idea that individuals who suffer from a similar problem understand and can help one another. By coming together to share experiences at regular meetings, people who are in recovery can help guide others.

Methadone Clinics

Methadone is provided in a clinic setting to treat people living with opioid dependence. Methadone blocks the euphoria or "high" associated with other opioids – diminishing the effects of withdrawal and giving patients an opportunity to change their behavior. This type of treatment may require patients to visit a clinic daily to receive their medication, and they may be monitored while taking it. As with all medication-assisted treatment, when it is determined that a patient is stabilized and has met the criteria for take-home doses, the visits may be less often.

In-Patient Rehabilitation

In-patient rehabilitation/substance abuse facilities have varying treatment approaches, often incorporating a variety of treatment options including counseling, medication-assisted treatment and/or abstinence. This treatment option may require the patient to leave his or her normal daily routine for several weeks or months to receive treatment and there are some studies that have shown that patients can relapse after leaving the safe, highly controlled environment of rehabilitation/substance abuse facilities.

Counseling

Working with a counselor or therapist may help patients learn to recognize and cope with situations, feelings or events that could "trigger" a relapse. Settings for counseling include:

- **Group therapy:** Many patients find group therapy particularly effective for treating opioid dependence because it provides a support network.
- **Individual therapy:** Private sessions with a counselor may work well for patients who are more comfortable in a private setting.
- **In-patient treatment programs:** In-patient programs can offer around-the-clock support and highly structured programs for patients who may require close medical monitoring.

Medication-Assisted Treatment

While many people believe traditional inpatient rehabilitation/substance abuse facilities and special clinics are the only available comprehensive treatment options for people living with opioid dependence, the disease can be managed effectively by securing a prescription medication in the privacy of a doctor's office, providing less disruption to patients' daily lives while helping them work to overcome their dependence, similar to treatment for other chronic diseases.

As a result of the Drug Abuse Treatment Act (DATA) 2000, patients can be discreetly prescribed a medication in the privacy of a doctor's office that is approved for at-home use, so patients can continue their daily activities while under a doctor's care in much the same way that other chronic diseases such as diabetes and asthma are managed. Having this option empowers individuals who may not have sought help previously to access treatment in their own communities – often from their own doctors.

Opioid dependence involves both behavioral and biological components, so combining medication-assisted treatment with counseling and psychosocial support can increase the likelihood of treatment success. While counseling can help patients learn how to cope with events or situations associated with past drug use and learn skills that can help them recognize triggers and prevent relapse, studies show that sustained medication-assisted treatment is associated with improvement on several psychosocial parameters. Treatment specialists can work with individual patients to develop tailored plans to address their medical, psychological, social, vocational and legal needs.

For more information about opioid dependence, visit www.ResetReality.com.
