



THE HOPE HOUSE

GUIDE

Understanding **OPIOID ADDICTION**

A GUIDE FOR HR PROFESSIONALS



OPIOID ABUSE—A CATASTROPHIC PUBLIC HEALTH CRISIS

Originally introduced in the 1990s, opioids offered the promise of freedom from chronic pain. Even better, prescribing medical professionals were assured by pharmaceutical companies that patients wouldn't become addicted to prescription opioid pain relievers. Several decades and many, many unfortunate deaths later, the dark side of this so-called "miracle drug" continues to be revealed.

Between 1997 and 2017, the Opioid Epidemic claimed the lives of nearly 400,000 U.S. citizens—more than the Revolutionary, Vietnam, Korean and Iraq Wars combined. Each day, close to 130 people die from opioid overdose in the U.S., and it was declared an epidemic by the Centers for Disease Control (CDC) in 2011. Since 2019, nearly 50,000 people in the U.S. have died from opioid-involved overdoses of prescription pain relievers, Heroin and synthetic opioids such as Fentanyl, according to the National Institute on Drug Abuse.

Often prescribed for chronic pain, opiates contain the active ingredients derived from opium, found in poppy plants. Commonly known opiates include Codeine, Darvocet, Darron, Demerol, Dilaudid, Fentanyl, Heroin, Hydrocodone, Lean, Lortab, Methadone, Morphine, Oxycodone, OxyContin, Percocet, Prescription Opioids, Suboxone, Synthetic Opioids, Tramadol and Vicodin.

Today, the opioid crisis continues to create major impacts on public health and social and economic welfare. The CDC estimates the total "economic burden" of prescription opioid misuse in the U.S. at close to \$78.5 billion a year, including the costs of healthcare, addiction treatment, criminal justice involvement and lost productivity.

The devastating consequences of its misuse include overdoses and the rising incidence of neonatal abstinence syndrome due to opioid use and misuse during pregnancy. Injection drug use has also contributed to the spread of infectious diseases such as HIV and hepatitis C.

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OPIOIDS IN THE WORKPLACE

The devastating impact of opioid addiction is also reverberating throughout U.S. workplaces with Human Resources (HR) professionals seeing an increase in drug-related issues in the workplace. Use of the highly addictive substances often lead to widespread misuse, and those suffering the neurological disease of opioid addiction can often feel there's no escape.

The likelihood of developing an opioid use disorder (OUD) depends on many factors including the length of time a person is prescribed to take opioids for acute pain and how long the person continues to take them, whether prescribed or misused. OUD is defined as the presence of two or more symptoms in the past 12 months. A disorder is considered severe if an individual exhibits six or more symptoms. 8-12% develop an opioid use disorder.

CREATING ALLIANCES

As the opioid crisis continues to spin out of control, the need to stem its tide has never been more pronounced. Results compiled from surveys conducted by The Hope House, an executive rehabilitation center located in Scottsdale, Ariz., of more than 800 professionals across industries found the majority of employees do not feel safe asking an HR professional for help with an opioid/drug addiction. When asked if training would be helpful to support employees through addiction, **94.8% of HR professionals stated they would benefit from more training.**

The joint effort of education toward better understanding of the opioid epidemic and improved access to treatment and recovery services are important steps to help employees who are facing opioid addiction. In cases where a company has a documented opioid, drug and mental health policy combined with an EAP program or partnership with a rehabilitation provider, HR is 5-15% more likely to approach an employee who might be suffering from alcohol, drug or mental illness.



Those experiencing a dual diagnosis, or co-occurring disorder, face additional challenges where the symptoms of addiction and mental disorder interact, making it difficult to ascertain the root of the issue—leading to a vicious cycle of abuse for the individual.

Medline Plus, a division of the U.S. Department of Health and Human Services National Institutes of Health, defines dual diagnosis as having both a mental disorder and an alcohol or drug problem. The dual condition can occur together frequently and interactions of the two conditions can worsen one or both issue(s).

UNDERSTANDING OPIOID ADDICTION

Opioids are a class of drugs designed to block sensations of pain and to create feelings of euphoria. The drugs activate a series of receptors on nerve cells, known as opioid receptors. Often used for pain relief, opioids are synthetically manufactured substances that mimic the natural effects of opium, a dried latex obtained from the seed capsules of the opium poppy *Papaver somniferum*.

An opioid may be partially synthetic, containing opium, or fully synthetic. Illegal opioids are cut, or mixed, with other drugs, making them more than just opioid. Examples include Heroin, a fine white powder in its purest form, and Opium. When diluted or cut with other substances, heroin turns brown or black. Prescribed opioids are obtained through a doctor. Both opioids and opiates activate receptors in the brain. These substances depress the central nervous system and possess a high potential for addiction.

INFLUENCES OF OPIOID ADDICTION

Opioid receptors are tiny spots on the end of nerve cells that remain dormant until activated by specific chemicals. The experience of pain triggers electric pulses that communicate pain to the brain. When activated, the opioid receptors block the message of pain—creating temporary relief. Activation of the “feel good” receptors trigger the release of endorphins, leading to feelings of relaxation and calm.

Activation of these receptors boost feelings of pleasure and offer a decreased ability to perceive pain. These feelings can also be induced holistically through endorphins and other naturally produced chemicals in the body such as exercise, meditation and user techniques such as biofeedback. In contrast, an opioid permanently changes brain chemistry—enhancing the likelihood of dependency.

COMPONENTS OF OPIOID ADDICTION

Addiction occurs when the individual feels the drug is no longer as effective as it was when initially taken. Evidence of increased tolerance to the painkiller is a sign the substance has built up within the body.

Individuals exhibiting signs of addiction may be more likely to prioritize obtaining and taking the drug over other activities in life. The inability to get the prescription may also result in visiting multiple doctors to obtain a new prescription, known as “doctor shopping.” Ironically though, the gateway for opioids not received through a prescription is often through a friend or relative. 10% of opioid users end up becoming addicted.

RISK FACTORS FOR OPIOID ADDICTION



Family
History



Mental Health Issues
(Dual Diagnosis)



Biological
Gender



Tolerance | Alteration in the brain is one of the first signs of addiction. Changes cause the brain to function normally in the presence of drugs and abnormally when drugs are absent. Permanent changes in the brain's chemistry trigger the need for higher doses to achieve the same result.

Withdrawal | A sure sign of substance addiction. Without the presence of the drug, an individual might exhibit symptoms such as agitation, anxiety, insomnia, nausea and vomiting.

Dependency | A level of psychological dependence created by repeated exposure of escalated doses in those exhibiting a tolerance.

OPIOID USE DISORDER (OUD) DIAGNOSTIC CRITERIA

1. Continued use despite worsening physical or psychological health
2. Continued use leading to social consequences
3. Decreased social or recreational activities
4. Difficulty fulfilling personal duties at work
5. Excessive time taking opioids, or recovering from taking them
6. Taking more than intended
7. Unable to decrease the amount used or stop taking them
8. A buildup of tolerance
9. Using despite being in a dangerous setting
10. Experiencing withdrawal symptoms



A CATALYST FOR GETTING HELP

An overdose is often one of the primary catalysts in seeking treatment. An evaluation to diagnosis opioid addiction could include a urine analysis or an evaluation through a prescription drug monitoring program (PDMP).

Treatment can include, but is not limited to, individualized care, evidence-based therapies, medication-assisted treatment, and/or alumni support.

1. **Meet with a medical professional** | This could be a general practitioner, mental health professional, or an addiction treatment specialist.
2. **Complete a self-evaluation** | Individuals collaborating with a medical professional will likely be asked to answer a self-evaluation to determine amounts of opioid needed to achieve a desired effect, withdrawal systems and an assessment of opioid-induced problems.
3. **Undergo medical examinations** | These assessments may include psychological and physical evaluations to diagnose specific symptoms and check for the potential of co-occurring mental health disorders (dual diagnosis).

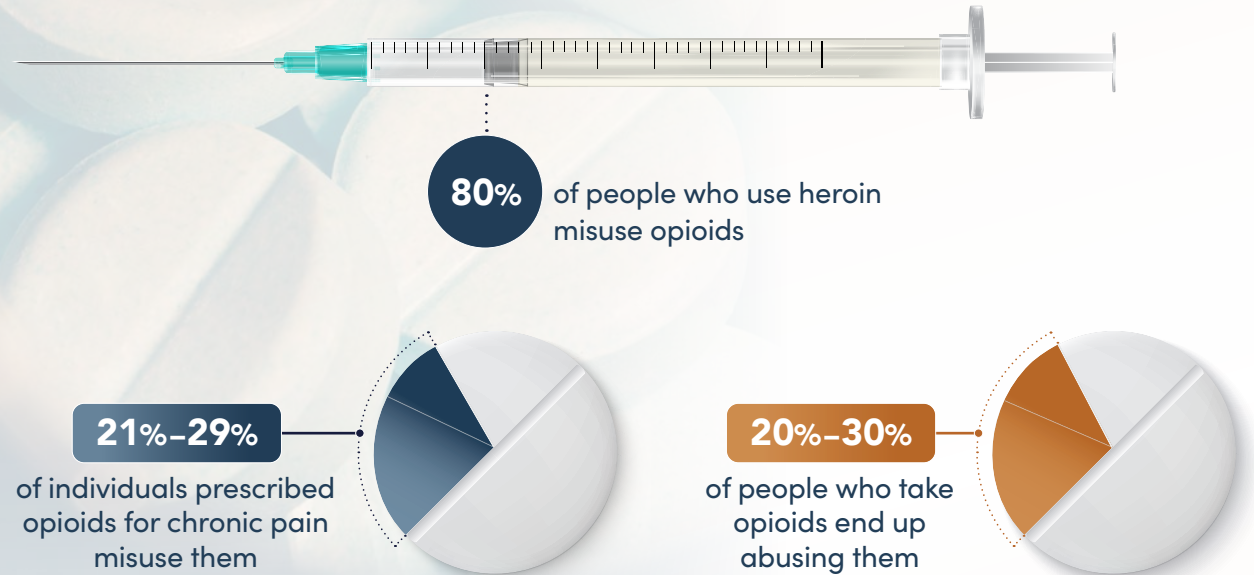


OVERDOSE Symptoms

- Unconsciousness
- Confusion
- Constricted pupils
- Nausea/vomiting
- Shallow or restricted breathing
- Cool or clammy skin
- Frequent vomiting
- Extreme sleepiness or inability to wake up
- Intermittent loss of consciousness



STATISTICS About Opioid Use and Abuse



DEFINITIONS

Antagonists [an-tag-o-nists] | These are considered to be less addictive than Agonists, but the potential for abuse is still present. Examples of Antagonists include Naltrexone and Naloxone. Antagonists may be used to help with the detoxification process.

Agonists [ag-o-nists] | The drugs mimic the effects of naturally occurring endorphins in the brain and produce an opiate effect through interaction with specific receptor sites in the brain. Examples of Agonists include Morphine, Hydrocodone, Oxycodone, Heroin and Fentanyl. Agonists are often used in medical settings and have the potential of a high rate of addiction and abuse.

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