Opioid Use Disorders and Their Treatment

Mark Edlund, MD, PhD
RTI International

Photo courtesy of The Herb Museum, Vancouver, BC
Acknowledgements

Funded by

- NIDA R01 DA022560-01
- NIDA R01 DA034627
- NIDA R01 DA030300
- HHSD2002013M53964B /200-2016-F-92304
- Research Career Development Award

No conflicts of interest
“Among the remedies which it has pleased Almighty God
to give to man to relieve his sufferings, none is so
universal and so efficacious as opium.”

Sydenham, 1682
Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010

Drug Overdose Death Rate, 2008, and Opioid Pain Reliever Sales Rate, 2010

Commonly Used Opioids

- Prescription opioids, such as oxycodone, hydrocodone, morphine, dilaudad, fentanyl, methadone, buprenorphine
- Heroin
- Illicit fentanyl

Most initial use is with prescription opioids\(^1\)

---

Opioid Use Disorder Criteria

- Formerly divided into abuse and dependence

- Combined into “Opioid Use Disorders” in DSM 5

- 1.9 million people with an opioid use disorder related to prescription opioids

- 586,000 people with an opioid use disorder related to heroin use

---


DSM 5 Criteria—requires at least 2 out of 11

1. Taken in larger amounts or for longer periods of time than intended

2. Persistent desire or unsuccessful efforts to cut down or control use

3. Great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.

4. Craving

5. Recurrent opioid use resulting in a failure to fulfill major role obligations

6. Continued opioid use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids

7. Important activities are given up or reduced because of opioid use

8. Recurrent opioid use in situations where it is hazardous

9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely caused or exacerbated by opioids

10. Tolerance

11. Withdrawal

One problem with diagnosing opioid use disorders (OUDs) among individuals using chronic opioid therapy for chronic non-cancer pain is that almost all of these individuals will have tolerance and withdrawal.
Non-medical Prescription Opioid Use

Use of prescription opioids not prescribed for the individual or taken only for the experience or feeling it caused\(^4\)

- 2.5 million people in the United States\(^5\)

- Many people move from non-medical prescription opioid use to opioid use disorder\(^6\)

---

4. Substance Abuse and Mental Health Services Administration
Negative Sequelae

- Crime
- Mortality from overdose
- Hepatitis C, HIV
- Others
Treatment

- 12-step groups

- Cognitive behavioral therapy (enhance motivation, work towards behavioral change, reward treatment with adherence, teach ways to minimize relapse)

- Medication-assisted treatment
  - Methadone—opioid agonist
  - Buprenorphine—opioid partial agonist
  - Naltrexone—opioid antagonist

Thanks!

Please email any questions to medlund@rti.org