

2020

PRESS RELEASE

For More Information:

ELLEN G. DUYSSEN

**Central States Center for Agricultural Safety and
Health**

University of Nebraska Medical Center

College of Public Health, Room 3035

984388 Nebraska Medical Center

Omaha, NE 68198-4388

402.552.3394

FOR IMMEDIATE RELEASE

*By UNMC, Central States Center for Agricultural
Safety and Health, Omaha, NE*

OPIOID ADDICTION: THERE IS HELP

***Opioid dependency can happen to anyone and
help is available.***

In rural areas like Nebraska, where manual labor dominates the work scene on farming operations, the rate of physical injury is often higher. That means the need for pain relief can frequently occur and resources to help manage long term pain may not be readily available to those who need it. All these factors contribute to the risk for becoming opioid dependent.

It's not likely that someone using an opioid prescription will succumb to addiction overnight. However, the longer a person takes an opioid prescription, the higher the risk that they will become dependent on the drug and develop Opioid Use Disorder.

Tina Chasek, Ph.D., LIMHP, LADC Director at Behavioral Health Education Center of Nebraska (BHECN), says there are specific criteria that need

to be met to confirm that someone has become addicted to an opioid.

“One indication of addiction is that the user has to take larger and larger quantities of the medication in order to get the same effect,” Chasek says. “An indication that someone isn’t getting the same relief from an opioid prescription is that they run out of medication before it’s time to refill the prescription. Another indication is that the person desires to stop taking the opioid but isn’t able to stop.”

The consequences of opioid addiction can be loss of interest in life, inability to hold a job and a single focus on acquiring more and more of the drug. Craving the drug, resorting to illegal activity (theft, assault, etc.), spending the majority of each day to obtain the drug and finally turning to another illegal drug, such as heroin, can all occur when a person develops opioid addiction.

“When you use an opioid long term, your body will develop a tolerance for the drug and you won’t get relief from your pain with the same quantity of the drug,” Chasek says. “And actually, the more of an opioid that you take, the less pain relief it provides. It can even make your pain more intense.”

One reason an opioid addict can’t stop taking the drug is the extreme withdrawal symptoms experienced when they stop. As withdrawal advances, the person generally becomes so ill they seek relief by taking the opioid again.

“In a recovery program, the addict receives drugs to assist them as they go through withdrawal,” Chasek says. “It may seem counterintuitive, but the easier their withdrawal process, the more likely it is that an individual will stay off opioids.”

According to American Addiction Centers (drugabuse.com), in 2014, seven Appalachian states accounted for more than 20% of nationwide

opioid-related deaths. The State of West Virginia, where the population is 1.85 million, had the highest opioid overdose rate in America. Researchers point to poverty and a lack of resources as a major driver of this area's opioid crisis.

“Jobs in the Appalachian area typically involve hard physical labor, which contributes to a higher rate of work injuries,” Chasek says. “When opioids first became available, doctors were unaware of the risk for addiction. As a result, there were huge pockets in the Appalachians where people developed Opioid Use Disorder.”

As doctors became aware of the dangers of opioids and began to back off on prescriptions, illegal drug rings geared up to supply opioids through pill mill cells disguised as medical facilities. When the Federal Government began closing down that avenue, Mexican drug dealers moved in to supply illegal drugs to meet the demand for opioids.

“That's not to say that urban residents are immune from Opioid Use Disorder,” Chasek says. “Higher rates of physical injury on the job have been a springboard in the high rate of rural opioid abuse. Urban areas have different risk factors for opioid use disorder.”

For those requiring opioids for pain relief, it's critical to be aware of how long the pain medication is prescribed. Prescriptions lasting for more than seven days greatly increase the risk of developing addiction. When long term pain management is necessary, Chasek recommends consulting a pain specialist who may have knowledge of alternative pain relief methods.

Part of Nebraska's effort to respond to rural opioid abuse within the state includes Project ECHO (Extension for Community Healthcare Outcomes), an opportunity for providers across the state to access the knowledge of specialists, clinical advice,

and recommendations from substance use and pain management specialists in a virtual learning network.

ECHO employs videoconferencing technology to connect addiction and pain management specialists with health providers across the state to discuss unidentified cases related to substance use disorders. Each call consists of a brief instructional presentation followed by a clinical case discussion from a provider and treatment recommendations from the team. The calls are free and are held the third Thursday of each month. Registration is required for each call and opens the prior Monday. Additional information and registration details are available at <https://www.unmc.edu/bhecn/education/project-echo.html>.

If family or friends suspect someone may be suffering from Opioid Use Disorder, they may consider approaching the individual to determine whether or not they desire support in resolving their dependence.

“Be nonjudgmental, supportive and encouraging when you approach someone,” Chasek says. “If they aren’t willing to seek help, you may consider contacting the health provider supplying the prescription to let them know of your concerns. Part of this disorder is denial and defensiveness.”

Addicts may genuinely fear losing the opioid because it has been their only source for relief. Physicians have access to information systems that can help them determine if a patient is receiving medication from multiple health care providers. Counselors and physicians are trained to overcome denial barriers in order to obtain the help an opioid addict requires.

“Anyone who has a family history of addiction should be cautious, as some people have a greater tendency to develop Opioid Abuse Disorder or

other types of addiction,” Chasek says. “We don’t all respond to medication in the same way. If you’re aware of addiction issues in your family, be honest with yourself and your doctor and make them aware of it.”

Common opioid drug names include hydrocodone (Hysingla, Zohydro ER, Lorcet, Lortab, Norco, Vicodin), Hydromorphone (Dilaudid, Exalgo), meperidine (Demerol), methadone (Dolophine, methadose) oxycodone (OxyContin, Oxaydo), codeine, Percocet, Roxicet, etc.

“Anyone can become dependent on opioids,” Chasek adds. “Being aware of your risks and taking steps to protect your health can help

A wealth of information about opioid addiction in America’s farm communities is available at this link, including links to the latest news and events related to opioid use in rural America.

<https://www.fb.org/issues/other/rural-opioid-epidemic/>

Pharmacy Toolkit is an online resource to help health care providers talk to patients and caregivers about opioid use and opioid use disorder.

<https://againstopioidabuse.org/pharmacytoolkit/>

This site provides information about how opioids work, why people become addicted and how to avoid addiction issues.

<https://www.asahq.org/whensecondscount/pain-management/opioid-treatment/opioid-abuse/>

This 21-page PDF includes information about Nebraska’s legislative response to the opioid epidemic, prescription drug monitoring, reversing overdoses and calling for help, response from Nebraska’s State agencies, state strategies and resources for those who need assistance with opioid addiction.

https://nebraskalegislature.gov/pdf/reports/research/opioid_epidemic_2018.pdf

Funding for this educational article comes from the Central States Center for Agricultural Safety and

Health and the University of Nebraska Medical Center.