



HELPING HANDS



Opioids

(excerpts from SAMSHA.Gov)

Opioids are a class of drugs chemically similar to alkaloids found in opium poppies. Historically they have been used as painkillers, but they also have great potential for misuse. Repeated use of opioids greatly increases the risk of developing an opioid-use disorder. The use of illegal opiate drugs such as heroin and the misuse of legally available pain relievers such as oxycodone and hydrocodone can have serious negative health effects. According to the CDC, 44 people die every day in the United States from overdose of prescription painkillers.



Prescription Opioids

A number of opioids are prescribed by doctors to relieve pain. These include hydrocodone, oxycodone, morphine, and codeine. While many people benefit from using these medications to manage pain, prescription drugs are frequently diverted for improper use. In the 2013 and 2014 National Survey on Drug Use and Health (NSDUH), 50.5% of people who misused prescription painkillers got them from a friend or relative for free, and 22.1% got them from a doctor. As people use opioids repeatedly, their tolerance increases and they may not be able to maintain the source for the drugs. This can cause them to turn to the black market for these drugs and even switch from prescription drugs to cheaper and riskier substitutes like heroin.

According to the National Survey on Drug Use and Health (NSDUH) – 2014:

- 4.3 million Americans engaged in non-medical use of prescription painkillers in the last month.
- Approximately 1.9 million Americans met criteria for prescription painkillers use disorder based on their use of prescription painkillers in the past year.
- 1.4 million people used prescription painkillers non-medically for the first time in the past year.
- The average age for prescription painkiller first-time use was 21.2 in the past year.

Heroin

Heroin is a powerful opiate drug. Heroin looks like a white or brownish powder, or like a black sticky substance known on the streets as “black tar heroin.” It is diluted with other drugs or with sugar, starch, powdered milk, or quinine before injecting, smoking, or snorting. Some of the physical symptoms of heroin are euphoria, drowsiness, respiratory depression, constricted pupils, nausea, and dry mouth.



A heroin overdose causes slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and can be fatal.

Many people who inject heroin report misuse of prescription opioids before starting to use heroin. In addition to increasing the risk of overdose, the intravenous use of heroin places individuals at higher risk of diseases like HIV and hepatitis C.

According to SAMHSA's 2014 NSDUH:

- 4.8 million people have used heroin at some point in their lives.
- Among people between the ages of 12 and 49, the average age of first use was 28.
- 212,000 people aged 12 or older used heroin for the first time within the past 12 months.
- Approximately 435,000 people were regular (past-month) users of heroin.

For more information about the treatment of opioid use disorders, visit the topics Behavioral Health Treatments and Services, Mental and Substance Use Disorders, and Prescription Drug Misuse and Abuse.

Treating Addiction to Prescription Opioids

(Excerpts from drugabuse.gov)



Several options are available for effectively treating prescription opioid addiction. These options are drawn from research on the treatment of heroin addiction and include medications (e.g., naltrexone, methadone, and buprenorphine) as well as behavioral counseling approaches.

Naltrexone is an antagonist medication that prevents opioids from activating their receptors. It is used to treat overdose and addiction, although its use for addiction has been limited due to poor adherence and tolerability by patients. Recently, an injectable, long-acting form of naltrexone (Vivitrol), originally approved for treating alcoholism, has also received FDA approval to treat opioid addiction (i.e., heroin or other opioids). Because its effects last for weeks, Vivitrol is ideal for patients who do not have ready access to healthcare or who struggle with taking their medications regularly. Methadone is a synthetic opioid agonist that eliminates withdrawal

symptoms and relieves drug cravings by acting on the same brain targets as other opioids like heroin, morphine, and opioid pain medications. It has been used successfully for more than 40 years to treat heroin addiction, but must be dispensed through opioid treatment programs.

Buprenorphine is a partial opioid agonist (i.e., it has agonist and antagonist properties), which can be prescribed by certified physicians in an office setting. Like methadone, it can reduce cravings and is well tolerated by patients. NIDA is supporting research needed to determine the effectiveness of these medications in treating addiction to opioid pain relievers.

For more information please see your EAP representative listed below.

IAM Peer Employee Assistance Program



The heart and soul of the District 141 Employee Assistance Program is the local lodge EAP peer coordinators. These dedicated men and women volunteer their personal time to assist other union members and their families who are experiencing personal difficulties. EAP coordinators do not make clinical diagnoses or clinical evaluations, however, they are trained to make a basic assessment of your situation and refer you to an appropriate resource for a more detailed evaluation. EAP coordinators will follow up to ensure you have been able to access services that addressed the difficulty you were experiencing.



IAM EAP Calendar

IAM District 141 Convention

October 10-13, 2016
Bally's Las Vegas

Employee Assistance Professionals Association Convention

October 31-November 4, 2016
Downtown Sheraton, Chicago

2017 Tentative EAP I-IV Classes

William W. Winpisinger Education
and Technology Center

Look for these classes in 2017:

EAP I

February 19-24

October 1-6

EAP II

April 9-14

EAP III

September 17-22

EAP IV

June 25-30