What Are Opiates and Why Are We Talking About Them?

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Washington State Prevention
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History of Opium

- Native to many regions
 - Middle East in areas bordering
 Mediterranean
 - Laos, Thailand, Afghanistan
 - Mexico & Colombia
- Use dates back 6000 years to Sumerians
- Egyptians used it medically 3500 years ago
- Common use among Islamic peoples for medical & recreational purposes

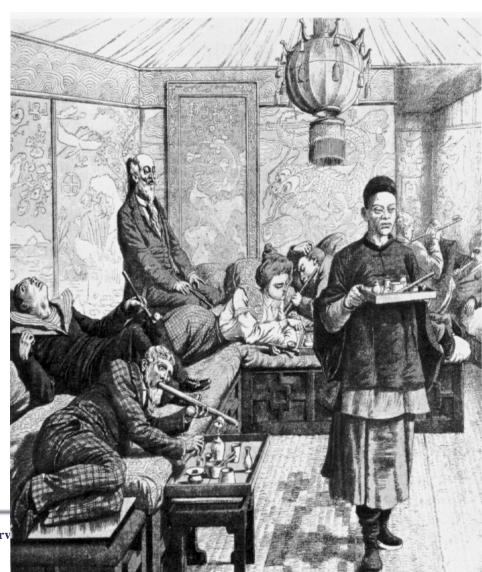




History of Opium

- Arab traders took to India & China
- Western Europe learned about it from Arabs during crusades
- 1680 Laudanum Opium tincture (alcohol)
- Next 200 years, primary consumption of opium is as drink
- 18th century development of opium smoking in China
- China first laws against Opium
 Suse in 1729

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Opium & the West

Western societies

- Opium use as common as aspirin
- Cheaper than liquor
- No negative public opinion
- No real problem with law enforcement
- Used to soothe infants & children
 - Teething, colic, or to keep them quiet
- Females used it more than males
 - Greater # addicted





Opium and the West

Collision of cultures

- Chinese laborers for the construction of the transcontinental railroad
- 1875 San Francisco outlawed opium dens & opium smoking
 - Laws targeted not all opium (laudanum legal)
 - Federal laws prohibiting opium smoking followed in 1909



Morphine & the West





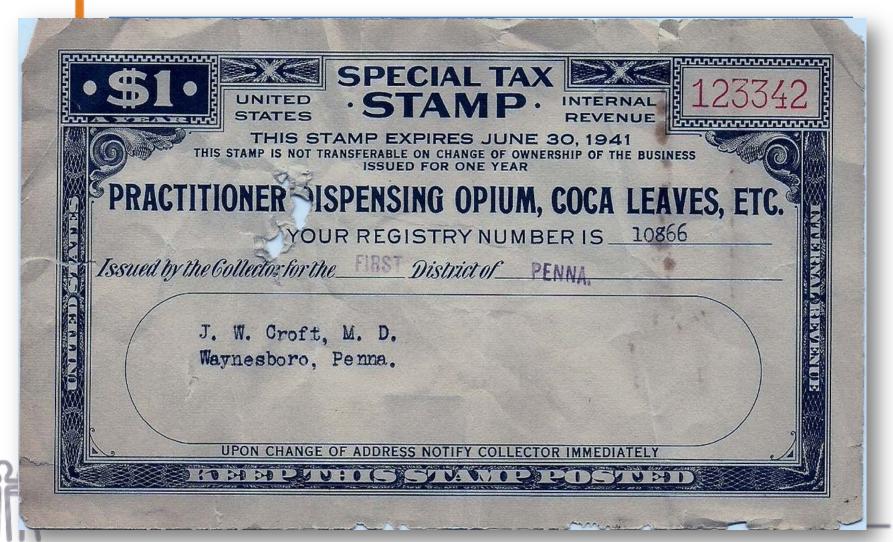
 Used during Civil War for injuries (dependency known as "soldier's disease")

Heroin: From Bad to Worse





Opiates in US Early 1900s



Opiates Use in 1960s





Opiates Use in 1980 - Today

- Heroin Schedule I
- Morphine, hydrocodone Schedule II
- Fentanyl "China White"
 - Surgical anesthetic & prescription painkiller
 - 10 to 10,000 X stronger than heroin
 - Growing illegal market = growing deaths
- Vast majority of therapeutic opiates are synthetic
- Huge illegal market and trade with large dependence problem in U.S. and abroad



Opiates

Natural alkaloids

morphine

heroin

codeine

oxycodone

hydrocodone

buprenorphine naloxone

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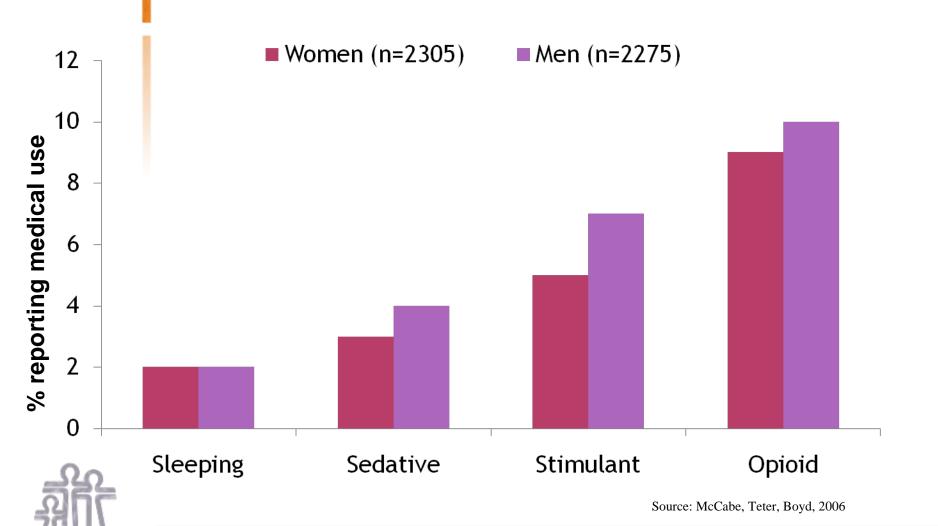
thebaine

Non-medical Use

- Studies indicate that the nonmedical use of prescription medications is increasing in the U.S. among adolescents and young adults.
- The nonmedical use of prescription medications is associated with higher rates of tobacco, alcohol and other drug use
 - 5% of 12 to 17 year olds reported nonmedical use of scheduled pain medications*;
 - 12% of 18 to 25 year olds reported nonmedical use of scheduled pain medications*.

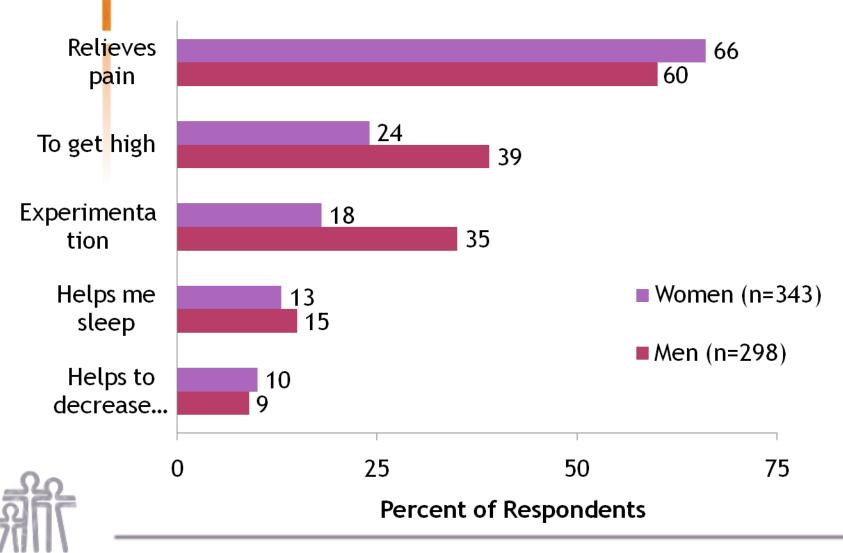


Past Year Nonmedical Use



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Gender Differences in Motives for nonmedical Use of Prescription Opioids

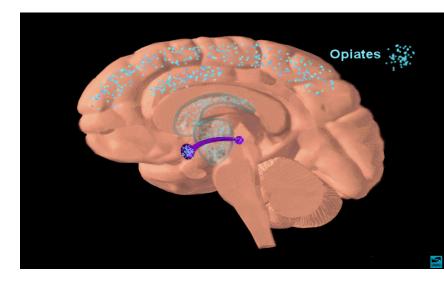


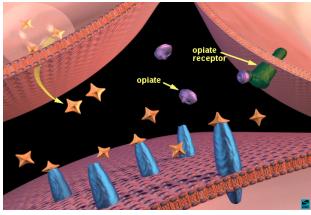
Washington State Department of Social & Health Services – Division of Behavioral Health and Recovery

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Mechanism of Action

- Act via the endogenous opiate system
 - 1960s discovery of the opiate antagonist naloxone
- 1973 discovery of "opiate receptors" in brain
- Led to discovery of several "endogenous opiates" in 1975
 - Endorphin
 - Enkephalin
 - Dynorphin

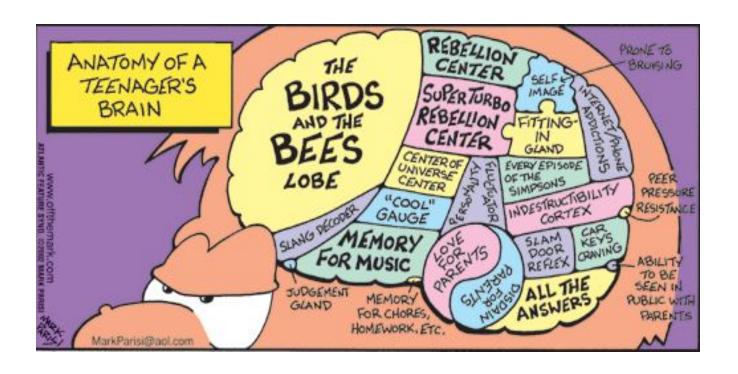






Adolescent Brain

The teenage brain is not just an adult brain with fewer miles on it.1





What is the worst opiate?

All classical opioid drugs of abuse have a preference for μ sites (e.g., morphine, heroin, methadone, fentanyl etc.)



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Why does this all matter?

- Can I get addicted to opiates?
- Yes
 - People who abuse opioids are at greater risk than people who take them as prescribed
 - People who are prescribed opioids by their doctor for a period of several weeks or more may develop a physical dependence.



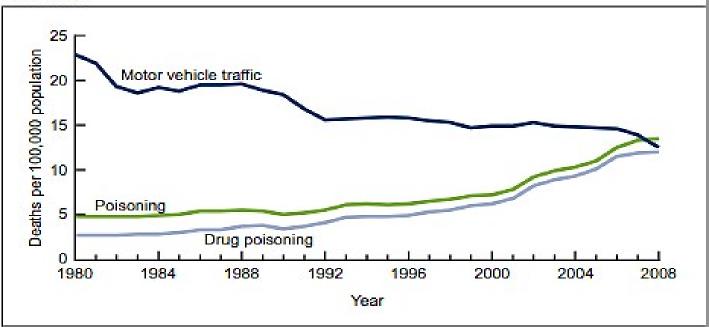
Addiction Vs Dependence

- Dependence is not the same as addiction.
- Dependence means that the body gets used to the presence of the drug.
- Addiction is when a person seeks out and uses the drug over and over even though they know it is damaging their health and their life.



Why does this all matter?

Figure 1. Motor vehicle traffic, poisoning, and drug poisoning death rates: United States, 1980–2008



NOTE: In 1999, the *International Classification of Diseases, Tenth Revision (ICD-10)* replaced the previous revision of the ICD (ICD-9). This resulted in approximately 5% fewer deaths being classified as motor-vehicle traffic-related deaths and 2% more deaths being classified as poisoning-related deaths. Therefore, death rates for 1998 and earlier are not directly comparable with those computed after 1998. Access data table for Figure 1 at http://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf///1. SOURCE: CDC/NCHS, National Vital Statistics System.



What Should I Do if Someone I Know Needs Help?

It can be really upsetting and scary to have friends who are struggling with drug abuse and addiction.

Here are some tips for helping them:

- Start by being a good friend
- Educate yourself about drugs and alcohol and the problems they can cause. Then, you can give your friend the facts and refer your friend to resources to help him or her learn more. A good place to start is on the NIDA for Teens Web site.
- Next, encourage your friend to talk to an adult who he or she can trust—maybe a teacher, coach, or a parent of another friend.



Resources



http://teens.drugabuse.gov/



