Prescription Opioid Use and Misuse in Montana

by Michelle Grocke, PhD, Assistant Professor, MSU Extension Specialist; Barb Allen, MS, Program Director, MSU Extension; Wendy Stevens, Program Manager, MSU Extension; Kristen Vardanega, Intern, MSU Extension; Alison Brennan, PhD, Assistant Professor, MSU Extension Specialist; Kim Paul, PhD, Tribal Liaison, MSU Extension

Did you know that 52% of rural Montanans over the age of 45 know someone who has misused prescription opioids to the extent that it affected their life? To help decrease the rate at which the prescription opioid crisis is affecting Montanans, learn about the facts, signs of misuse and overdose, and some ways to protect yourself, family and friends.

What is an Opioid?

An opioid is a medication (typically, a pill or patch) prescribed for pain relief. Because opioids are used for pain relief, people sometimes call them “painkillers.” Opioids are often prescribed after surgery or injury. In recent years, they have been prescribed for longer-lasting chronic pain, despite risks and a lack of evidence supporting this practice. It is common to see the terms “opioids” or “opiates.” Opiates are derived naturally from the flowering opium poppy plant. Opioids (which include opiates) refer to any substance (synthetic or non-synthetic) that binds to the opioid receptors in the brain. Examples of prescription opioids include:

- **Natural opioids:** Pain medications like Morphine and Codeine
- **Semi-synthetic opioids:** Pain medications like Oxycodone, Hydrocodone, Hydromorphine, and Oxymorphone
- **Synthetic opioids:** Fentanyl, Tramadol, Methadone (an opioid used to treat pain, but it can also be provided through opioid treatment programs to treat opioid use disorder)

Opioid Use and Misuse

Proper opioid use is defined as taking prescription opioids in the amount and for the duration specified by a medical professional. Opioids are prescribed based on a complex assessment of patient height and weight, medical condition, and individual tolerance.

Opioid misuse occurs when opioids are taken in a manner or dose other than prescribed. Misuse can include taking too much medicine, taking someone else’s medicine (even for a legitimate medical complaint), taking it in a different way than you are supposed to, or taking the medicine to feel euphoria (i.e. to get high). Opioid misuse affects people of all ages, genders, ethnicities and income levels.

Opioid Misuse Resources

- Call 211, Montana’s 24-hour helpline, health and human services information and referral. Visit www.montana211.org for more information.
- Call 1-800-273-8255 (TALK), Montana’s Suicide Prevention Lifeline
- Text HOME to 741741 from anywhere in the U.S. to talk with a trained Crisis Counselor.
- Prescription opioid misuse treatment facilities exist throughout Montana. For more information on the nearest facility, or where to drop off unused prescription opioids, please visit: http://health.msuextension.org/opioid_misuse.html
- When in doubt, refer to a local healthcare provider or local mental health professional.
- Medical professionals in Montana know more about accurately prescribing opioid medications and managing pain than at the beginning of this epidemic. Treatment standards now suggest [or include] consultation with experts to help patients manage complex health issues.

1 Taking someone else’s prescription medications is not only a form of misuse, it is illegal.
**Signs of Opioid Misuse**

If you notice someone exhibiting any of the following behaviors, it could be a sign they are misusing prescription opioids, and that they could use further resources (see back page of this guide for more information):

- Regularly taking an opioid in a way not intended by the doctor who prescribed it, including taking more than the prescribed dose or taking the drug for the way it makes the person feel
- Taking opioids “just in case,” even when not in pain
- Experiencing changes in sleep patterns
- Borrowing medication from other people or “losing” medications so that more prescriptions must be written
- Seeking the same prescription from multiple doctors, in order to have a “backup” supply
- Making poor decisions, which includes putting themselves and others in danger

Other side effects that may be a sign of opioid misuse include: dry mouth, drowsiness, nausea, constipation, abdominal cramping, depressed respiration, skin rashes, weight gain, menstrual problems, depression, headaches, bad dreams, loss of libido, sexual dysfunction, and mood swings.

Anyone who takes prescription opioids can potentially become addicted to them thereby developing opioid use disorder (OUD). In general, the longer you take a prescription opioid, the risk of becoming addicted increases. Taking too many prescription opioids can also lead to an overdose, which is often fatal.

**Signs of an Opioid Overdose**

If someone is experiencing any one of the following signs of an overdose, call 911 immediately:

- The person’s face is extremely pale and/or feels clammy
- Their body goes limp
- Their fingernails or lips have a purple or blue color
- They start vomiting or making gurgling noises
- They cannot be awakened or are unable to speak
- Their breathing or heartbeat slows or stops

It is also important to note that taking benzodiazepines (central nervous system depressants such as anxiety-relieving medicines, seizure medications, and sleep aids) and/or alcohol alongside opioids greatly increases the risk for overdose and death.

**Prevention Efforts:**

**We Are All In This Together**

How do we prevent future prescription opioid misuse cases from happening? At an individual level, safely using, storing, and disposing of prescription opioids greatly reduces the risk of misuse or potential overdose.

---

2 The National Institute on Drug Abuse uses these terms interchangeably.
Safe Use:
Like any medication, take opioids only as prescribed, never take more than instructed, and never take somebody else’s medicine. Never give or sell medication to someone else. Combining prescription opioids with alcohol or other drugs greatly increases the risk for death. Taking opioids for something other than pain such as anxiety, sleep, or to feel euphoria can create a harmful dependence or risk of OUD.

Safe Storage:
When not stored properly, opioids can fall into the wrong hands, leading to unintentional poisoning. Hide and lock away opioids where family, friends, or guests cannot find them. It is advised to keep medications in their original packaging, so it is clear who the medications are for and how they are to be used.

Safe Disposal:
As soon as you no longer need medication, dispose of it right away. Do not keep opioids “just in case.” The best place for unused medications is in a prescription drug drop-box. To find a nearby drop-box in Montana, visit https://dphhs.mt.gov/amdd/substanceabuse/dropboxlocations.

Also available are single-use drug deactivation pouches, which contain a substance that when combined with prescription opioids neutralizes the medication, rendering it safe to dispose of in household trash. Contact your local Extension office for more information about Deterra disposal bags.

Why Can’t I Just Flush My Medications?
Flushing opioids is only recommended when no other disposal options are available. Some medications, like fentanyl patches, may be especially harmful with just one dose if they are consumed by someone other than the intended recipient. Remember that the type of plumbing (i.e. septic systems) plays a role in flushability of medicines. Check the FDA flush list to see if a medication can be flushed: https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-flush-potentially-dangerous-medicine#FlushList

What Can You Do Now?
Reducing the impact of the opioid epidemic in your community starts with knowledge and education. You have already taken an important step by reading this guide. Read more about the facts, risks, and signs of prescription opioid misuse, ask questions at your next doctor’s appointment, and advocate for safe use for yourself, family members, and people in your community. Keep prevention in mind. Safely store medications, go through old medications, and participate in drug-disposal efforts.

Useful Prescription Opioid Terms
- Chronic pain: Ongoing pain that usually lasts longer than six months.
- Dependence: Occurs when the body adapts to the presence of a drug, causing withdrawal symptoms when drug use in reduced or discontinued.
- Doctor shopping: The illegal practice of visiting multiple physicians to procure multiple prescriptions.
- Prescription drug drop-box: A box, often found at pharmacies and law enforcement offices, that allows for safe, anonymous disposal of prescription drugs.
- Drug deactivation pouches: Single-use pouches that contain a substance that neutralizes medication, rendering it safe to dispose of in household trash.
- Opioid misuse: Taking prescription opioids in a manner or dose other than prescribed, which includes: taking too much medicine, taking someone else’s medicine (even for a legitimate medical complaint), taking it in a different way than you are supposed to, or taking the medicine to feel euphoria (i.e. to get high)
• **Overdose**: An excessive and dangerous dose of a drug that can result in severe injury or death.

• **Prescription drug registry**: Databases that aim to protect patients by determining if other controlled substance prescriptions have been filled and can identify drug-seeking individuals who may need help with addiction.

• **Prescription opioids**: A class of drug prescribed by doctors that bind to receptors in the brain and relieve pain. Common types include natural opioids like morphine and codeine, semi-synthetic opioids such as oxycodone (OxyContin) and hydrocodone (Vicodin), and synthetic opioids like fentanyl and methadone.

• **Proper opioid use**: Taking prescription opioids in the amount and for the duration specified by a medical professional.

• **Public health emergency**: In the case of the opioid epidemic, this is a distinction made by the Department of Health and Human Services that defines an event as an urgent need for health services to respond to an event or outbreak.

**References**


**Acknowledgements**

We would like to thank the following individuals for reviewing an earlier draft of this guide:

- Dr. Ed Dunbar, Montana State University
- Joclynn Ware, Montana Department of Public Health and Human Services
- Lorelyn Mayr, Montana State University Extension


