Clinical Responses to the Opioid Crisis: A Resource Guide

APA CROSS-DIVISIONAL TASK FORCE ON CLINICAL RESPONSES TO THE OPIOID CRISIS
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INTRODUCTION

Prescription opioid use and misuse increased dramatically over the past two decades. Use of heroin has also been on the rise, in part due to its greater strength and lower cost. Recently, the increased availability of highly potent synthetic opioids such as fentanyl (50-100 times more potent than morphine) and carfentanil (10,000 times more potent than morphine) has significantly increased the risk for fatal and nonfatal overdose. Because of the devastating impact of opioid misuse on families, communities, and the health-care system, the U.S. federal government declared the opioid crisis a national emergency in 2017.

Addressing this epidemic will require efforts at all levels of the health-care system, ranging from careful opioid prescribing practices to adequate emergency response and improved access to effective detection, referral, and treatment for individuals with opioid use disorder.

Psychologists can play an important role in addressing this epidemic. Psychologists, like primary care physicians, have the potential to be on the front lines of opioid misuse detection, in part through educating and assisting families and loved ones, as well as intervening directly with those misusing opioids. Educating families about early intervention, rescue interventions, and strategies to engage those with opioid use disorder in treatment is a crucial component of addressing the opioid epidemic. Also, psychologists can play a key role in substance use disorder treatment, including behavioral interventions for adherence to front-line medication therapies as well as the provision of evidence-based psychosocial interventions and the treatment of co-occurring conditions, such as anxiety, depression, and chronic pain.

In this guide, we provide resources to help psychologists respond to the opioid crisis. The scope and nature of opioid misuse have rapidly evolved throughout this crisis and continue to evolve. For example, overdose increases have occurred in three waves since the late 1990s, characterized by increases in deaths attributable to prescription opioids, followed by a steep increase in heroin deaths, and most recently by a tremendous spike in synthetic opioid overdose deaths. Although we aim to provide the most current information on the opioid epidemic in this guide, we encourage readers to follow local and national trends closely, as the epidemic will likely continue to evolve and will be subject to regional variation.

*A note on use of terms. There is debate about the optimal terms for accurately describing the use of opioids for purposes other than those guided by a prescribing health professional for a legitimate medical indication. The removal of stigmatizing language such as abuse and addiction is strongly recommended. Here we use the term misuse to succinctly capture the broad range of behaviors that characterize the opioid epidemic, including using opioids at a dose or frequency greater than prescribed, the use of opioids without a prescription, and the use of prescription or illicit opioids for a purpose other than its medical use (e.g., to feel euphoria).
APA CROSS-DIVISIONAL (DIVISION 12, DIVISION 28, DIVISION 50) TASK FORCE ON CLINICAL RESPONSES TO THE OPIOID CRISIS

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