

Prescription Drug Misuse

Community Principles of Pain Management, 2010

Prescription drug abuse is an emerging problem in our country, and one that is showing an increasing trend. This problem is particularly alarming in the adolescent population^{1,2}.

- According to the 2009 Partnership Attitude Tracking Study, over half of teens agree prescription drugs are easier to get than illegal drugs.
- Most teens surveyed believe that the prescription drugs are being taken from the family medicine cabinet.
- 1 in 7 teens in grades 9-12 have reported taking a prescription pain reliever for non-medicinal purposes in the past year.

"Prescription drug abuse has reached an all time high and we, as physicians, can play an important role in providing treatment" states Richard F. Daines, Commissioner, New York State Department of Health. Every month the NYS Department of Health identifies thousands of patients who obtain controlled substance prescriptions from multiple prescribers within the same month. Emergency room visits due to abuse of prescription drugs are higher than the number of visits due to abuse of marijuana and heroin combined. For every person addicted to heroin, there are two persons addicted to prescription narcotics³.

When treating a patient with chronic pain, there must be a balance of controlling the individual's pain with minimizing the risks of treatment. Risk assessment should be conducted prior to initiating opioid therapy. Patients should be assessed for known risk factors for opioid abuse, including smoking, psychiatric disorders, and personal or family history of substance abuse. These risk factors do not exclude an individual from receiving proper pain treatment, but would suggest that this patient may require strict or frequent monitoring. Some aberrant drug taking behaviors are more obvious (such as doctor shopping, prescription forgery, inappropriate route of administration), while others are less suggestive (such as requesting specific drugs, multiple occasions of non-adherence with therapy, resistance to a change in therapy)⁴.

Numerous screening tests are available to assist with risk assessment^{5,6}. The Opioid Risk Tool (OPL) is a simple 5 question survey that can predict an individual's risk. Other helpful tools include prescription monitoring programs (available in most states, including New York State), random urine drug screening, pill counts and patient education.

Terms associated with drug therapy are often used interchangeably; however, they have drastic differences in definition. Below is some of the terminology associated with opioid therapy^{7,8}.

- **Abuse** — although the frequency of consumption of the drug may vary, some adverse consequences of that use are experienced by the user.
- **Physical dependence** — A state of adaptation that is manifested by a drug class-specific withdrawal syndrome that can be produced by abrupt cessation or rapid dose reduction of a drug, or by administration of an antagonist.
- **Psychological dependence** — A subjective sense of a need for a specific psychoactive substance, either for its positive effects or to avoid negative effects associated with its abstinence.
- **Tolerance** — increasing amounts of drug are required to produce an equivalent level of efficacy.
- **Addiction** — A primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. Addiction is characterized by behaviors that include impaired control over drug use, compulsive use, continued use despite harm, and craving.
- **Pseudoaddiction** — A situation in which a legitimate chronic pain condition is undertreated with pain medication (either intentionally or unintentionally). The individual will display

aberrant behaviors; however, the behaviors will disappear when the pain is adequately controlled.

If you have identified an individual who has a problem with opioid drug abuse and you are not qualified to treat the patient, assistance is available. Qualified physicians are able to dispense or prescribe medications for the treatment of opioid addiction in treatment settings other than the traditional Opioid Treatment Program (i.e. methadone clinic). Visit <http://www.buprenorphine.samhsa.gov/> for more information.

References:

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5. <http://www.painedu.org/soap.asp> - Screener and Opioid Assessment for Patients in Pain (SOAPP)
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7. American Society of Addiction Medicine: ASAM Addiction Terminology. In: Graham, AW, Shultz, TK (Eds), Principles of Addiction Medicine, 3rd Ed, American Society of Addiction Medicine, Inc, Chevy Chase, MD 2003. p.1601
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