

**Those who use prescription drugs inappropriately may have underlying issues that need to be addressed.** Clinicians should screen, identify, monitor and work with patients at risk to prevent potential harms caused by misuse or abuse of prescription drugs. Management of chronic pain and other conditions treated with medications that have the potential to be abused requires balancing the need for appropriate treatment with prevention of abuse. This information is intended to assist clinicians in preventing and monitoring for prescription drug misuse and abuse.

## Definitions:

Adapted from Katz NP, Adams EH, Chilcoat H, Colucci RD, Comer SD, Goliber P, et al. (2007). Challenges in the Development of Prescription Opioid Abuse-deterrent Formulations. Clin J Pain. 23(8):648-660.

- Prescription drug **misuse** is "use of a medication (for a medical purpose) other than as directed or as indicated."
- Prescription drug **abuse** is "the intentional self-administration of a medication for a non-medical purpose."

## Why address prescription drug abuse?

- Prescription drug abuse is the nation's fastest growing drug problem.
- Poisoning is the leading cause of injury death for adults 35-54 yrs., mainly from prescription drugs (CDC).
- Prescription drugs are no safer than illicit drugs, and often easier to obtain.
- 1/3 of people age 12+ who used drugs for the first time in 2009 used a prescription drug non-medically (National Survey on Drug Use and Health).
- 70% of people who abused prescription pain relievers got them from friends and family, 5% from drug dealers or internet.
- Prescription drugs are the second most abused category of illicit drugs after marijuana.
- In 2009, almost 3 times as many Coloradans died from abusing prescription drugs (445) as from drunk driving crashes (158).

## Screening questions

Many patients will answer truthfully if practices emphasize and ensure the information is handled confidentially.

1. **In the past year, have you used or experimented with an illegal drug or a prescription drug for non-medical reasons?** Yes = (+) screen
2. **Have you taken any prescription drugs not prescribed to you or for a purpose for which they were not prescribed?** Yes = (+) screen

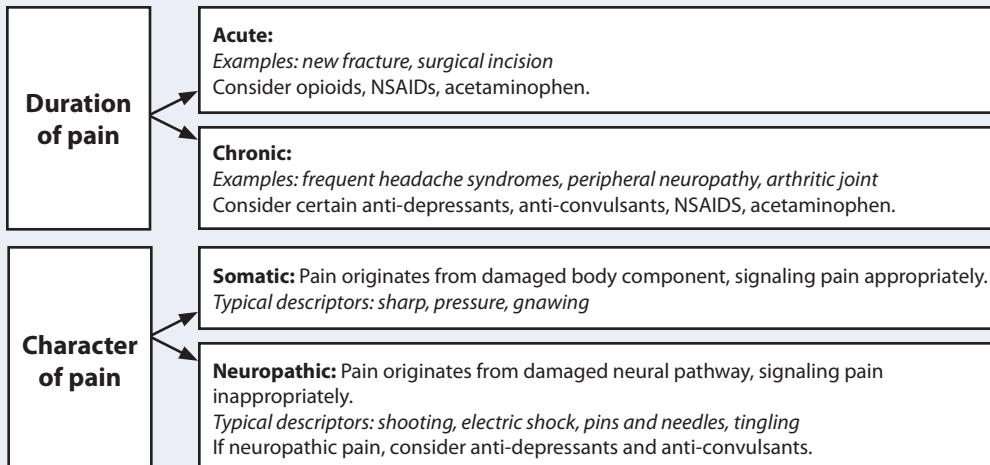
## Behavioral health considerations

- Screen for depression using PHQ-2/PHQ-9\*, especially in patients presenting with chronic pain.
- Does patient have history of abuse of tobacco/alcohol/other drugs or current abuse of a substance?
- Does patient have substance abuse/dependence risk factors such as untreated mental health issues, past trauma, family history of dependence, etc.?
- Is patient self-medicating for another issue?

Chronic pain, depression and substance misuse commonly co-occur. Careful screening will help clinicians provide the most appropriate care.



## Pain management as prevention of abuse: Opioids are not the only drug for pain



### Consider referring to a Pain Management Specialist when:

- Clinical presentation does not fit the response.
- The quantity of drugs a patient consumes is rapidly increasing.
- Pain is not improving despite current dose or increased dose.

### Alternate modalities to manage pain:

- Meditation
- Physical Therapy
- Yoga
- Massage
- Reiki
- Biofeedback
- Relaxation
- Tai Chi
- Antidepressant
- Anticonvulsant

\*See Depression in Adults: Diagnosis and Treatment Guideline at: [www.healthteamworks.org/guidelines/depression.html](http://www.healthteamworks.org/guidelines/depression.html).

## Sedative hypnotics abuse

- Benzodiazepines have a synergistic effect with opioids and alcohol.
  - » Benzodiazepines with opioids or alcohol put patient at increased risk for CNS depression or respiratory depression.
- Often used with alcohol to increase the synergistic effect.
- Only approved for short-term use in insomnia.
- Contraindicated to use these drugs with COPD or sleep apnea.

## Alcohol risk

- Alcohol + opioids or benzodiazepines have a synergistic effect.
- Consider a patient's alcohol use when prescribing opioids. Reinforce the importance of not using simultaneously (especially with benzodiazepines).
- There is no known safe amount of alcohol while taking sedatives or opioids.

## Stimulant abuse

- Abused primarily for recreation and academic enhancements.
  - Before prescribing, consider gathering references from parents and teachers to discourage drug-seeking. Look at past records and be willing to say "no."
  - Talk with children about not revealing their prescription use to their friends.
  - Give an appropriate diagnosis, amount of medicine, and instructions for medications.
- Note:** some practices (i.e. student health centers) require testing-based diagnosis of ADD/ADHD before prescribing.

## Steps to reduce risks

### For Your Practice

- **Screen:** Screener and Opioid Assessment for Patients with Pain, Opioid Risk Tool, Pain Medication Questionnaire (see below for links).
- **Check:** **Colorado Prescription Drug Monitoring Program (PDMP)** at [www.coloradopdmp.org](http://www.coloradopdmp.org) to ensure patient is not receiving similar medications from other sources, for evidence of prescriptions you did not write, or stolen prescription pads on your profile.
- **Watch for potential signs of misuse:** multiple use on PDMP, calling after hours, ER/urgent care visits, manipulative/demanding, lost/stolen prescriptions.
- **Monitor use:** when patient calls in for refills, do a phone screen to review side effects, interactions and to monitor the use of the drug.
- **Use contracts:** consider having patient sign a Pain Medication Contract. See example at [www.healthteamworks.org](http://www.healthteamworks.org).
- **Safeguard Rx access:** Keep pads in your pocket or locked up and do not share passwords with others. Use scripts that can't be photocopied.

### For Your Patients

- **Address patient concerns:** (i.e., pain).
- **Trust your clinical judgment:** don't completely rely on pain scale.
- **Avoid opioid drugs:** educate yourself about responsible opioid prescribing and alternative therapies for pain.
- **Warn patients:** many medications have the potential for creating dependence and other harmful side effects such as constipation, central apnea, hormonal imbalance, dependence, and withdrawal.
- **Screen:** for sleep apnea, pregnancy and breast feeding which can place patient/child at an increased risk for death if combined with opioid use.
- **Plan:** for a step-down process.

## Safeguarding of medications: tips for patients and caregivers

- Sharing your prescriptions with others is against the law.
- Don't openly discuss your medications with others.
- Keep medications in a safe, locked place (not in medicine/kitchen cabinets).
- Treat prescription drugs as you would cash or credit cards.
- Many medications have a high street value and are often stolen from homes or vehicles.
- Some over-the-counter medications (i.e., pseudoephedrine, dextromethorphan) have the potential for abuse and should be secured.

## Proper medication disposal

Approximately 20% of all prescription medications are unused. Proper disposal is key to decreasing abuse.

### Controlled

- Controlled medications can only be given to a uniformed law enforcement officer for safe disposal.
- According to the FDA, some controlled substances should be flushed. For a list: [www.fda.gov](http://www.fda.gov).
- Be aware of community pharmaceutical take back programs sponsored by law enforcement.

### Non-Controlled

- Be aware of community pharmaceutical take back programs.
- Take unused, unneeded prescription drugs out of original containers, mix with an undesirable substance (e.g., used coffee grounds or kitty litter), put in nondescript containers or sealed bags and throw them in the trash.
- Colorado Medication Disposal Pilot Project: [www.cdph.state.co.us/hm/medtakeback/index.htm](http://www.cdph.state.co.us/hm/medtakeback/index.htm)



## Resources for prescribers

- Food and Drug Administration: [www.fda.gov](http://www.fda.gov)
- Opioid Risk Tool (ORT): [www.opioidrisk.com/node/884](http://www.opioidrisk.com/node/884)
- Screener & Opioid Assessment for Patients with Pain (SOAPP): [www.painedu.org/soap.asp](http://www.painedu.org/soap.asp)
- Pain Medication Questionnaire: [www.opioidrisk.com/node/943](http://www.opioidrisk.com/node/943)
- Colorado PDMP: [www.coloradopdmp.org](http://www.coloradopdmp.org)

### Books

- *Avoiding Opioid Abuse While Managing Pain* by Lynn R. Webster, MD, and Beth Dove
- *Responsible Opioid Prescribing* by Scott M. Fishman, MD

### Referral to Treatment

- Division of Behavioral Health: <http://linkingcare.org>
- See HealthTeamWorks SBIRT Guideline Referral to Treatment section