



Safe Prescribing of Opioids for Pain and Reduction of Opioid Misuse E-blast Series

E-blast 2: Identifying Aberrant Opioid Use Behaviors and Opioid Misuse

E-blast 1 addressed the problem of opioid misuse and the role of medical professionals in preventing misuse among patients suffering from acute and chronic pain. This e-blast highlights clinical practices that can assist medical professionals in identifying aberrant opioid use behaviors and determining whether a patient is misusing opioids.

Recognize Risks and Warning Signs of Aberrant Opioid Use Behaviors and Opioid Misuse

Medical professionals are in a key position to identify and assist patients who misuse prescription opioids and reduce their risk of addiction and overdose. To do so, they need to understand the risks and warning signs of aberrant opioid use behaviors and misuse. For example, factors associated with risk of opioid overdose or addiction include those that are medication related (e.g., use of opioids for more than 3 months, consumption of large amounts of alcohol) and patient related (e.g., history of overdose, adolescence, depression).

Some patterns of behavior may arise that can indicate a risk of problematic opioid use behavior but may not indicate addiction, including (American Psychiatric Association, 2013):

- Complaints about a need for more medication
- Drug hoarding when symptoms abate
- Requests for specific pain medications
- Openly acquiring similar medications from other providers
- Occasional unsanctioned dose escalation
- Unapproved use of the drug to treat other symptoms
- Nonadherence to other recommendations for pain therapy

Patterns that present red flags for misuse and are likely to indicate addiction include (Isaacson, Hopper, Alford, & Parran, 2005; National Association of Chain Drug Stores, 2015; Passik, 2009):

- Healthcare use patterns (e.g., missed appointments)
- Concurrent misuse of illicit drugs or alcohol
- Pattern of calling for refills after hours
- Frequent visits to the emergency room
- Use of multiple physicians and pharmacies
- Strong preference for specific drug (“allergic to everything but...”)

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Red Flags

- Repeatedly needing early refills
- Dramatic increase in use of all prescription opioids
- Significant increase in problems associated with use
- Multiple episodes of “lost” or “stolen” prescriptions
- Fears/complaints (“That dose doesn’t work anymore. I had to use a few of my mom’s.” “I can’t sleep/can’t get through the day without it.” “I need it for my nerves.”)
- Deterioration in function at work or socially
- Illegal activities (e.g., selling or buying from nonmedical sources)
- Refusal to comply with random drug screens

Screen and Intervene With Patients

Medical professionals can engage with and quickly screen patients, conduct brief intervention during healthcare visits, and refer patients to treatment using **SBIRT** (Screening, Brief Intervention, and Referral to Treatment). SBIRT is an evidence-based process used successfully in primary care settings, emergency rooms, and even jails to engage patients and quickly screen for unhealthy substance use (Babor et al., 2007). Patients with positive screening results receive a brief intervention or a referral to treatment. SBIRT may be reimbursable under commercial insurance, Medicaid, and Medicare, decreasing the need for ancillary resources to incorporate the process (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015).

Screening. Examples of evidence-based tools to screen for opioid and other substance misuse and addiction include (National Institute on Drug Abuse [NIDA], 2015):

- Opioid Risk Tool
- Screener and Opioid Assessment for Patients with Pain (SOAPP), version 1.0
- SOAPP-Revised
- Brief Risk Interview
- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorder Identification Test (AUDIT)
- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)



Brief Interventions. Patients with positive screening results may benefit from a brief intervention. This type of intervention is a collaborative conversation between the medical professional and the patient that enhances the patient’s motivation to change his/her use of opioids or other substances and lower the risk for problems. The conversation includes advice and education about substance use and guides the patient to develop a plan for change. The brief intervention can range from a 5-minute chat to several follow-up conversations based on motivational interviewing concepts.

Referral to Treatment. Patients with high positive screening results may benefit from referral to treatment. Options include residential treatment programs, intensive outpatient treatment programs, standard outpatient treatment programs, opioid treatment programs (OTPs), and office-based buprenorphine treatment.



Useful Tools and Resources for Medical Professionals

SAMHSA, SBIRT: <https://www.samhsa.gov/sbirt>

NIDA, *Chart of Evidenced-Based Screening Tools for Adults and Adolescents*:
<https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools-adults>

Massachusetts SBIRT, *A Step-by-Step Guide for Screening and Intervening for Unhealth Alcohol and Other Drug Use*: <http://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>

Pacific Southwest Addiction Technology Transfer Center, *Screening, Brief Intervention, and Referral to Treatment Training—Trainer Guide*:
<http://www.attcnetwork.org/regcenters/productDocs/11/Trainer%20Guide%202012-01-20.pdf>

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