

Preventing prescription opiate abuse
and dependence

Detecting prescription opiate abuse
and dependence

Managing prescription opiate abuse
and dependence

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Preventing Opiate abuse and
dependence

- Establish risk of abuse/dependence
 - Drug history
 - Have you ever had problems with drugs or alcohol?
 - Consider UDS, chart review, family history, and info from prior treaters, family
- Cautiously prescribe, even in acute pain
- Do not use chronic opiates to treat conditions unlikely to respond
 - All functional syndromes
- Inform the patient about opiate abuse

Detecting opiate abuse/dependence

Narcotics contracts for all chronic opiate patients

Urine drug screens for all chronic opiate patients

Careful prescription tracking for all chronic opiate patients

Watch for 'red flags'

- Early refills, lost Rxes, signs of withdrawal or intoxication at appointments or on phone calls
- Be aware that you still may not be able to detect opiate abuse

24 year old male with HIV,
Hemophilia

- Painful hemarthrosis
- Vicodin
- Oxycodone
- Oxycontin
- Oxycodone and Oxycontin

Develops anxiety, depression

Paxil, Ativan

Anxiety, depression, SI, frequent no-shows

"get me off this stuff"

24 year old male with HIV,
Hemophilia

Options discussed and patient chose outpatient buprenorphine
detox

Switched to buprenorphine maintenance

Doing well X 2 years

37 year-old female with
chronic back pain

- Rxed Oxycontin 20 BID, increased to 80 TID after 10 months
- UDS positive for morphine and cocaine metabolites
- Refill denied
- Pt makes urgent same day appointment
- Pt argues extensively with her physician, threatens legal
action, leaves the clinic, and is never seen again

Managing opiate abuse/dependence

Do not prescribe opiates for opiate addiction

Only exceptions:

- Buprenorphine (office based treatment, requires extra training)
- Methadone (if prescribed for addiction, must be through a methadone clinic)
- "3 day rule" (inpatient Rx of opiates for 3 days during medical treatment while patient plans for maintenance therapy)

Avoid polypharmacy efforts to manage symptoms of opiate dependence (particularly with benzodiazepines)

Managing opiate abuse/dependence

Present a diagnosis

"I am concerned that you may be addicted to opiates"

"I would like to prescribe you more Vicodin but I fear that you would take too much, or combine it with other drugs. This could be fatal. I want to treat your pain, but not if it kills you"

Managing opiate abuse/dependence

Offer concern, optimism, hope

"you are very unhappy right now, but with the right treatment you can feel much better than you do now . . . Back to your old self . . . well"

Recommend effective treatment

- Self help including AA and NA
- Referral to professional counseling, inpatient, or outpatient services

Be comfortable with a negative patient reaction (at least at first)
