The United States is experiencing an opioid epidemic, i.e., a widespread use and abuse of opioids. This epidemic led to over 28,000 deaths from overdose in 2014. Consequently, the decision to start opioid therapy can be a difficult one for healthcare providers, especially for patients with chronic pain (lasting >3 months).

To help address this dilemma, the Centers for Disease Control and Prevention (CDC) has published some recommendations. These include the use of state prescription drug monitoring programs (electronic databases) and urine drug testing. These key tools are discussed in this month’s Spotlight on Health. The tools help healthcare providers safely manage their patient’s pain and may help win the battle against the opioid epidemic.

Prescription Drug Monitoring Programs

To help healthcare providers protect patients from opioid overdose, nearly all states have implemented prescription drug monitoring programs. These programs compile electronic records of prescriptions for schedule II to IV drugs (15 states) or schedule II to V drugs (36 states). They allow healthcare providers to find out if a patient has already received a prescription for one of these drugs.

Use of these programs has decreased the number of prescriptions for schedule II opioids by 30%. As a result, fewer opioid drugs are available for misuse, abuse, and overdose.

Urine Drug Testing

Urine drug testing helps to protect the patient and the community. CDC guidelines recommend testing patients before they start opioid treatment and at least yearly during therapy. Drug testing helps the doctor assess whether a patient is using unreported drugs that may place him or her at risk of overdose. These drugs could include commonly prescribed opioids, heroin, or benzodiazepines. Testing may also show if the patient is taking the prescribed medication(s). If a test is negative for a prescribed drug, there is a risk of diversion (illegally giving drugs to others).

Unexpected test results may indicate misuse by the patient or individual variation in drug metabolism. Specifically, unexpected positive results can be caused by:

- Use of a nonprescribed drug
- Residual drug (marijuana may test positive up to 1 month after cessation of use)
- Cross-reaction with poppy seeds (positive morphine and codeine results)

Unexpected negative results can be caused by:

- Patient taking less than the prescribed dose
- Patient skipping doses
- Patient not taking medication at all
- Faster than normal drug metabolism
- Specimen diluted, treated with chemicals, or from another person

Opioid Use Disorder

Recent data has shown that >40% of patients receiving opioids for chronic pain may develop opioid use disorder. These patients use opioid drugs in larger amounts and/or over a longer period than was intended.

Full criteria for the disorder are provided by the American Psychiatric Association. Some symptoms include:

- Craving opioids
- Spending a lot of time obtaining and using opioids, and recovering from the effects
- Neglecting responsibilities at home, school, or work because of opioid use
- Continued use of opioids despite knowing it is causing harm

Options for treatment are provided by the Substance Abuse and Mental Health Services Administration (SAMSHA). Naloxone may be prescribed for patients at risk of opioid overdose.
Factors Contributing to the Opioid Epidemic2

- Prescribing high doses of opioids
- Overlapping opioid and benzodiazepine prescriptions
- Use of extended-release/long-acting opioids for acute pain

References


