Understanding the Risk of Opioid Addiction

Chronic pain is often undertreated. One reason why is that healthcare professionals and patients are concerned about addiction. However, it has been shown that the risk of opioid addiction is lower than commonly perceived for patients treated on a short-term basis or who do not have a history of addiction.

**WHAT IS ADDICTION?**

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.

Addiction is not the same as:

- Physical dependence: a condition that occurs when a drug that causes withdrawal syndrome is abruptly withdrawn or rapidly reduced, or when an antagonist is administered
- Tolerance: a state that occurs when the effects of a drug diminish over time with each exposure

Patients can develop physical dependence or tolerance without being addicted to a drug.

**HOW CAN YOU IDENTIFY ADDICTION?**

Some aberrant drug-related behaviors are more likely to be signs of addiction than others. All aberrant drug-related behaviors (e.g., abuse and diversion) should be carefully monitored.

**ABERRANT DRUG-RELATED BEHAVIORS**

**Behaviors more likely to suggest addiction**

- Concurrent abuse of alcohol or illicit drugs
- Deterioration in the ability to function at work, in the family, or socially that appears to be drug-related
- Injecting oral medications
- Repeated dose increases or other forms of nonadherence, despite warnings
- Obtaining prescription drugs from nonmedical sources
- Tampering with prescriptions
- Repeated resistance to changes in therapy despite evidence of drug-related adverse effects
- Repeatedly seeking prescriptions from other healthcare professionals or emergency departments without informing the prescriber
- Selling prescription drugs
- Stealing or borrowing drugs from others

**Behaviors less likely to suggest addiction**

- Aggressive complaining about needing more drugs
- Drug hoarding when symptoms are reduced
- Openly acquiring similar drugs from other medical sources
- Requesting a specific drug
- Reporting psychological effects unintended by the healthcare professional
- Resisting a change in therapy associated with tolerable side effects, accompanied by anxiety about the return of severe symptoms
- Off-label use of the drug to treat another symptom
- Unauthorized dose increases or other forms of nonadherence on 1 or 2 occasions

Adapted from Passik SD.
MANAGING THE POTENTIAL RISK OF ADDICTION

All patients treated with opioid analgesics should be monitored for signs of addiction.

**OBTAIN PATIENT INFORMATION TO ASSESS RISK**

- Before starting chronic opioid therapy, consider using the Screener and Opioid Assessment for Patients with Pain (SOAPP®) tool. For patients receiving opioid therapy, consider using the Current Opioid Misuse Measure (COMM)® tool.
- Use informed consent forms or medical agreements to explain the potential risks of opioid therapy and outline patient responsibilities, goals, and expectations.

**EXPLAIN HOW TO USE OPIOID ANALGESICS**

- Patients should take opioids exactly as prescribed by their healthcare professionals. Provide product medication guides to your patients.
- Opioid analgesics should be stored in a safe and secure place out of the reach of children.
- Patients should talk with healthcare professionals about stopping therapy slowly to reduce withdrawal symptoms.

**MONITOR PATIENTS FOR SIGNS OF ADDICTION**

- Periodically evaluate patients to determine adherence to prescribed therapies.
- Opioid agreements and urine drug screens are tools available to monitor for aberrant drug-related behavior.

References: