Distinguishing Between Opioid Misuse and Opioid Use Disorder

Partnering for Better Chronic Pain Management and Safer Opioid Use: A Knowledge Hub for People With Disability and Their Providers

Introduction | Healthcare providers can find it confounding to decide whether behaviors associated with opioid use are concerning and merit tapering and discontinuing opioids, or whether the behaviors only require close monitoring. To provide safe, appropriate, and humane care, ask probing questions, perform routine monitoring using validated tools, and look for patterns of behavior over time.

This resource provides information on:

- How to assess behaviors that could be indicative of opioid use disorder
- How to discuss concerns related to opioid use behaviors during the medical visit
- Diagnostic criteria for opioid use disorder

Self-Assessment Screening Tool for Misuse of Prescribed Opioids

Consistently and objectively identifying people who do not use prescription opioids appropriately can be difficult. Consider having all people who take opioids long term complete a self-assessment tool. The Current Opioid Misuse Measure (COMM)™ is a brief self-assessment to monitor the use of prescribed opioids in people with chronic pain.[1] In research with people with disability, the American Institutes for Research found that an 11-item version of this tool was valid and reliable.[2]

A General Approach to Assessment of Concerning Opioid Use Behaviors

Obtain a detailed history and examine available clinical data (e.g., urine toxicology, state prescription drug monitoring program database [PDMP]) to gain more information when you are concerned about opioid use behaviors. Remember that violations to pain agreements are not a personal affront. Remaining calm, professional, objective, and neutral are key to achieving the best clinical outcomes. The table below lists factors and assessment tools to consider when evaluating the person's history, pain control, and functional status.

Factors to Consider When Concerned About Opioid Use

Topic	Assess the Following
Risk factors for addiction	■ Risk factors may include: • Personal or family history of substance use disorder • History of trauma • Mental and behavioral health conditions such as depression, obsessive-compulsive disorder, bipolar disorder, schizophrenia, and attention-deficit/hyperactivity disorder • 45 years or younger ■ The Opioid Risk Tool[3] is a resource for assessing the risk factors for opioid use disorder. • Scoring: ORT categorizes patients as low (score 0–3), medium (score 4–7), or high (score 8 or more) risk for opioid abuse.
Changes in pain level	■ The Brief Pain Inventory (Short Form) is a self-assessment tool for assessing pain severity and impact of pain on function.
Improvement in Functional goals	■ The Health Assessment Questionnaire assesses functional status in people with rheumatic conditions.
Symptoms that may lead to increased opioid use	■ People sometimes take opioids to manage symptoms related to pain. Symptoms may include difficulty sleeping, increased stress, depression, and anxiety.

How to Evaluate Specific Problematic Behaviors

Failure to follow a pain agreement may result from active opioid use disorder but could also occur due to an oversight, a misunderstanding, or poorly controlled pain. The table below includes examples of potentially problematic behaviors. Probing questions will help determine whether the behavior warrants additional monitoring or if a serious opioid use problem is present.

Examples of Potentially Problematic Behaviors and Probing Questions

Behavior	Sample probing questions
Prescription was lost	■ Is this the first time or a pattern?
Filled prescription at a different pharmacy	■ Is there a legitimate reason for filling the prescription at a different pharmacy?
Filled a prescription from another provider	■ Did the person voluntarily share this information, or was it discovered by checking the PDMP? ■ Does the person's explanation make sense? ■ Is this a pattern?
Requests early refills	■ Is the person's pain undertreated? ■ Does the person need another non-opioid medication? ■ Are there signs of memory problem where the person forgets the timing of their last opioid dose and takes pills too frequently? ■ Is the person securely storing their opioids to prevent theft and diversion? ■ What do you know about the risk of diversion in this household?
Urine is negative for opioids	■ Is the person successfully self-regulating their use? ■ Did the person run out of pills? Is diversion a concern? • See Clinical Drug Testing in Primary Care[4] for the length of time various opioids can be detected in the urine.
Misses appointments	■ Does the person have other duties (e.g., caregiving, work) or problems finding accessible transportation that make it difficult to keep appointments? ■ Is missing appointments a new behavior? ■ Is the person not meeting other obligations? • See the opioid use disorder Diagnostic Criteria box on page 5.
Makes urgent calls or unscheduled visits	■ Is this person requesting an opioid prescription? ■ Does the person present with signs and symptoms of withdrawal? ■ Does the person appear overly sedated or impaired? ■ Does the person have an unrelated medical condition that needs additional treatment?

Investigating Other Observations and Concerns

This table identifies action steps for how to investigate problem behaviors that suggest the possibility of an opioid use problem.

Observations and Concerns	Action Steps
Substance Use	
Taking more opioids than prescribed	■ Order a urine toxicology screen to see if the person may be taking opioids other than those prescribed to supplement prescribed opioids, and confirm that the prescribed opioid is present as expected. *Note: Urine toxicology values are not indicative of drug dosage because toxicology values vary by renal clearance and hydration status.*
Disproportionate anxiety about running out of medication	■ Observe for the following behaviors during the visit, in the context of other cues: • Nonverbal cues suggesting anxiety when requesting prescriptions, such as fidgeting or trouble concentrating on the conversation • Repeatedly requesting an opioid prescription during the visit ■ Asking for an early fill date "just in case of emergency" or for convenience.
Experiencing overdose	■ Ask, "Since our last visit . . . • Have you been to the emergency room or an urgent care facility recently?" – If so, why?" ■ Ensure the person has a prescription for Narcan® and provide education about use.
Use of other substance(s) in a way that causes harm or is risky	■ Consider ordering a urine toxicology and an alcohol screen or a blood alcohol test.
Psychosocial	
Problems with relationships or social problems	■ Consider asking, • "How well have you been getting along with the people you are close to?" • "How are things going at work?" • "Have you had any recent problems with driving or any legal problems?" ■ If the person has a disability, ask about social isolation. Distinguish social isolation from reduced mobility or cognitive difficulties from social isolation due to inappropriate opioid use.
Family/Caregiver concerns	■ Ask the person, "Have your friends or family expressed any concerns about your opioid use?"

Opioid Use Disorder Diagnostic Criteria

Opioid use disorder is diagnosed based on 11 criteria published in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.*[5] The severity of opioid use disorder is determined by the number of diagnostic criteria met by an individual.

Opioid Use Disorder Diagnostic Criteria[6]

Severity scale: Mild: 2–3 symptoms, Moderate: 4–5 symptoms, Severe: 6 or more symptoms

1. Opioids are taken in larger amounts or over a longer period of time than was intended.
2. There is a persistent desire or an unsuccessful effort to cut down on or control opioid use.
3. A great deal of time is spent on activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. The person has a craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use results in failure to fulfill major role obligations at work, school, or home.
6. Opioid use continues despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. There is recurrent opioid use in situations in which it is physically hazardous.
9. Opioid use continues despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused by exacerbated use.

Withdrawal symptoms and tolerance to opioids occur with long-term, regular use of opioids. While individuals taking opioids as prescribed under the care of a medical professional may exhibit both withdrawal and tolerance, if the person has no other symptoms, then they are not considered to have opioid use disorder.

10. The person has developed a tolerance for opioids, as defined by either of the following:
    a. A need for markedly increased amounts of opioids to achieve intoxication or the desired effect, or
    b. A markedly diminished effect with continued use of the same amount of an opioid.
11. Withdrawal is manifested by either of the following:
    a. The characteristics of opioid withdrawal syndrome.
    b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

Resources

Urine Drug Testing

This fact sheet from the Centers for Disease Control and Prevention explains how to talk with patients about urine drug tests and the differences between immunoassay drug testing conducted at a laboratory or at the point of care, and the laboratory-based gas or liquid chromatography/mass spectrometry of urine drug tests.

Opioid Prescribing Guidelines

This comprehensive guide from Oregon Pain Guidance Group covers all aspects of patient care related to opioids. Page 60 lists metabolism data for various types of opioids.

Managing Difficult Conversations About Opioids

This *Knowledge Hub* guide explains how to prepare for and have conversations about opioid misuse or opioid use disorder in a supportive way while following safe pain control practices. The guide links to video vignettes of skilled providers modeling how to manage difficult conversations with people about their opioid use.

For more information visit: Partnering for Better Chronic Pain Management and Safer Opioid Use: A Knowledge Hub for People With Disability and Their Providers | KnowledgeHub.air.org

Endnotes

1 Butler, S. F., Budman, S. H., Fernandez, K. C., Houle, B., Benoit, C., Katz, N., & Jamison, R. N. (2007). Development and validation of the Current Opioid Misuse Measure. *Pain, 130*(1–2), 144–156. Retrieved from https://doi.org/10.1016/j.pain.2007.01.014

2 American Institutes for Research. (2020). *Introducing resources for people with disabilities and providers to safely manage chronic pain with opioids.* Retrieved from https://www.air.org/sites/default/files/NIDLRR-Issue-Brief3-opioids-people-with-disabilities-508-Nov-2020tm.pdf

3 Cheatle, M. D., Compton, P. A., Dhingra, L., Wasser, T. E., & O'Brien, C. P. (2019). Development of the revised opioid risk tool to predict opioid use disorder in patients with chronic non-malignant pain. *Journal of Pain, 20*(7), 842–851. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6768552/

4 Substance Abuse and Mental Health Services Administration. (2012). *Clinical drug testing in primary care.* Technical Assistance Publication (TAP) 32. HHE publication No. (SMA) 12-4668. Page 59, Exhibit 5-3. Rockville, MD: Substance Abuse and Mental Health Services Administration.

5 Hasin, D. A., O'Brien, C., Auriacombe, M., Borges, G., Bucholz, A., Compton, W. M., . . . Grant, B. F. (2014). DSM-5 criteria for substance use disorders: Recommendations and rationale. *American Journal of Psychiatry, 170*(8), 834–851. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3767415/

6 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5).* Arlington (VA): American Psychiatric Association. Retrieved from https://www.psychiatry.org/psychiatrists/practice/dsm

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