



Addiction Messenger

SERIES 33 - March 2009 Volume 12, Issue 3

Ideas for Treatment Improvement

Prescription Medication Abuse Part 3 - Screening, Assessment & Treatment

Factors Fueling the Rx Abuse Epidemic

- Since the 1990's, there has been an increase in the legitimate commercial production and disbursement of pharmaceutical drugs
- There has also been an increase in marketing to physicians and the public about pain medications.
- Physicians have become more willing to prescribe new medications, particularly for pain management.
- Prescriptions written for controlled drugs increased more than 150 percent from 1992 to 2002 – almost 12 times the rate of increase in the population and almost three times the rate of increase in prescriptions written for all other drugs.

Connect to Fight Rx Abuse website

The Connect to Fight Rx Abuse website describes several screening and assessment tools that may be valuable in evaluating clients who are engaged in pain management when they enter treatment or who may be misusing prescription opioid medications. Some tools assess abuse potential in clients who are using opiates for pain, who are being evaluated for pain therapy. Here are brief reviews of some of those tools.

Screening for Misuse in Pain Therapy Populations

Pain Medication Questionnaire (PMQ) - a 26-item self-report questionnaire designed to assess the risk of opioid misuse in chronic pain patients. Each question is answered using a 5-point scale ranging from "disagree" to "agree,". The PMQ is most useful in evaluating clients who are engaged in pain management or are applying for such care. It is useful in gauging the progress of clients already taking opioids for pain.

Chabal 5-Point Prescription Opiate Abuse Checklist - a physician-administered checklist that includes behaviors consistent with prescription opiate abuse rather than relying on answers to specific questions. The checklist relies on easily observable behaviors in a clinic setting and accurately identifies chronic pain patients who are misusing their medication. It is valuable in gauging adherence to instructions once patients are already participating in opioid therapy.

Prescription Drug Use Questionnaire (PDUQ) - a 42-item yes-no measure designed for use by clinicians in an interview format with chronic pain clients suspected of being addicted to their pain medication. It requires approximately 20 minutes to administer. The PDUQ is useful and accurate in retrospectively evaluating nonadherence to medication instructions.

Current Opioid Misuse Measure (COMM) - a new 17-item self-report measure designed

"Abuse of prescription drugs to get high has become increasingly prevalent among teens and young adults. Past year abuse of prescription pain killers now ranks second—only behind marijuana—as the Nation's most prevalent illegal drug problem."

~ ONDCP Office of National Drug Abuse Policy ~

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**Conflict
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to identify behaviors related to misuse in clients engaged in long-term opioid therapy. The COMM is a simple, practical method for an ongoing assessment of adherence or presence of opioid misuse. Questions focus on signs and symptoms of drug misuse, emotional issues, lying, "doctor shopping", and medication misuse/noncompliance (e.g., using another person's pain medication or taking more than the prescribed dose).

Screening for Misuse Outside Pain Management Populations

Drug Abuse Problem Assessment for Primary Care (DAPA-PC) - a self-administered, Internet-based screening tool that was developed and evaluated in NIDA-funded research. Clients answer a brief risk and trauma assessment called the Health and Safety Screen. The resulting score determines whether the client will undergo a second screen, the Drug and Alcohol Problem Screen, which focuses on drug and alcohol problems. Information indicating whether the individual has health risks from alcohol or drug use is posted immediately on the computer screen. Motivational messages and advice are provided, including health links to explore. The clinician can access a summary of results but a trained professional is not needed to administer the questions or score the results. Since the screening is done in private, it may elicit more honest answers to questions than in an interview setting. This tool has potential utility for agencies with electronic records.

Two-Item Conjoint Screen (TICS) - a 2-item self-report questionnaire designed to detect current substance abuse. Questions are answered on a 4-point scale that allows clients to minimize their responses while still answering in a positive direction. Each question asks about alcohol and drug abuse simultaneously. Clients who only use alcohol may be hesitant to give positive responses for fear that they may be considered drug users as well.

Drug Abuse Screening Test (DAST) - a 28-item yes-or-no self-report questionnaire designed as a clinical screening tool for substance abuse. Several abbreviated versions of DAST are also available, including DAST-20, DAST-10, and DAST-A the latter is designed for adolescents. The DAST is susceptible to deception, deviant substance abusers who intentionally give false responses may not be identified.

Substance Abuse Subtle Screening Inventory (SASSI) - designed to identify patients with a high probability of having a substance use disorder (SUD). Because some substance abusers may not be able or willing to acknowledge relevant symptoms, SASSI was designed to include both face-valid items, which ask about lifetime frequency of specific behaviors related to substance use, as well as subtle true-or-false items that have no apparent relationship with substance abuse. SASSI-3 is a version developed for the early identification of SUDs.

CAGE-AID - an adapted version of the 4-item CAGE screening test which asks clients about their experiences with cutting down, annoying others, experiencing guilty feelings, and having a need for eye-opener drinks. The CAGE-AID adds the phrase "or drug use" to each of the 4 items. Its brevity and familiarity make it a reasonable initial screen, after which a more detailed assessment is essential.

Chemical Use, Abuse, and Dependence Scale (CUAD) - a brief, semistructured interview designed to assess problems with all types of drugs. It does not require a trained interviewer and can be completed in less time than that needed for the Addiction Severity Index (ASI). A total severity score as well as a score for each substance used can be calculated. The CUAD is valuable for assessing SUDs in a hospital-based substance abuse treatment program and in the severely mentally ill population.

Relax, Alone, Friends, Family, Trouble (RAFFT) - a 5-item yes-or-no questionnaire that takes about 1 minute to administer. It screens for alcohol and drug use disorders, but not the specific potential for abuse of pain medications.

Addiction Severity Index (ASI) - a semi-structured interview administered by a trained clinician or interviewer. The tool is designed to assess the severity of drug and alcohol abuse as well as employment and psychosocial problems. The goal is to identify treatment needs in each area. The ASI is viewed by many in addictions research as the gold standard for identifying the severity of drug and alcohol problems plus related health, employment and other life issues.

Screening Tools for Adolescent Populations

RAFFT and DAST for Adolescents - two measures described above. Both have versions adapted for screening adolescents for SUDs.

Problem-Oriented Screening Instrument for Teenagers (POSIT) - a 139-item yes-or-no self-report questionnaire that takes 20 to 30 minutes to complete. It is designed to screen for problems in adolescents aged 12 to 19 in 10 areas: substance use and abuse, physical health status, mental health status, family relations, peer relations, educational status, vocational status, social skills, leisure/recreation, and aggressive behavior/delinquency. There are 3 types of questions in POSIT: general-purpose items, age-related items, and red-flag items. If there is a positive score, a scale total score, or a redflag item, then a problem may exist and further assessment is recommended. There is an 11-item brief version of the full POSIT; the original POSIT may be too long for everyday use in most agencies.

Treatment for Rx Abuse

The May 2006 Issue of **Substance Abuse Treatment**

ADVISORY was devoted to the treatment of prescription medication abuse. The following paragraphs summarize the contents of that publication.

Physiological dependence may be the first symptom of a potential problem. While physiologically dependent, the user may also develop symptoms of abuse or psychological dependence. When the decision is made to stop medication therapy, a patient who is physiologically dependent should be expected to develop withdrawal symptoms unless care is taken to slowly taper the drug using a standard detoxification or withdrawal protocol. During the detoxification or withdrawal period, symptoms of abuse or psychological dependence may emerge.

Detoxification alone will not be sufficient for a person who meets DSM criteria for abuse or dependence. Evidence-based brief interventions such as motivational enhancement, cognitive-behavioral therapy, or 12-Step facilitation, along with referrals to an addiction medicine/psychiatry specialist for patients with more severe drug dependence will all be useful in providing effective care for clients with a SUD related to the use of prescription medications.

Those clients might also be considered for Buprenorphine or other medication to assist with stabilization, withdrawal or longer term maintenance, depending on the severity of the dependence.

The first steps toward effective treatment are screening and comprehensive assessment, including:

- Evaluation of how the person began using prescription medication;
- Medical history and evaluation to determine underlying medical issues; and
- Screening for and, when indicated, assessment of mental health issues.

Frequently, a problem that begins as prescription drug misuse is complicated by illicit use of that same drug or illicit use of another drug. Sometimes, a patient's use of an illicit drug may evolve into dependence on a drug that is subsequently prescribed for him or her.

Effective counseling and medication-assisted treatments apply to all patients identified with any substance use disorder. However, to ensure treatment effectiveness, clients with ongoing pain and those with underlying anxiety disorders, ADD, ADHD, and other mental disorders will need services beyond standard addiction counseling. *Not* providing these services ensures treatment failure.

In summary, programs or counselors treating individ-

uals with prescription medication-related problems must use their established approaches and resources, modified or expanded to address the specific issues.

Chronic pain may complicate substance abuse treatment by:

- Motivating drug-seeking behavior,
- Decreasing clients' quality of life, which may increase their attraction to any drug that produces euphoria,
 - Creating psychiatric problems, such as depression and anxiety.
- Having a history of trauma and symptoms of posttraumatic stress (PTSD), and
- Creating functional and social disability that can impede participation and success in treatment.

Clients with prescription medication issues need to be carefully screened and assessed. Treatment needs to be planned to deal with the variety of problems that contribute to the misuse of prescription medications. That treatment should be age appropriate, ranging from meeting the needs of adolescents through the needs of the elderly. No matter what a client's age, the use of prescription medications may unintentionally become a dependency that gives rise to other life problems that must be addressed for recovery-oriented services to be effective.

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Sources

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TEST Series 33

1. Prescription medicines are often perceived by the public as _____ (fill in the blank) than illegal drugs, even when misused.

2. Medications for ADD and ADHD like Ritalin and Adderall are used by teens to “help them study better” or for weight loss.

True or False

3. Parents who are concerned about possible abuse of prescription medications can do which of the following?

- a. Take an inventory of prescription and OTC medications in their home,
- b. Increase awareness of family Internet use,
- c. Coordinate with the parents of their children’s friends to make sure that access to pre-scription and OTC drugs is restricted,
- d. All of the above

4. The most commonly abused prescription medications are _____ such as _____ and _____ (fill in the blanks).

5. Combining depressants, like Valium or Xanax with OTC cold and allergy drugs or alcohol is a safe practice:

True or False

6. Women tend to abuse prescription medications for reasons related to:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

7. Chronic pain in clients may complicate substance abuse treatment in the following ways:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

8. Older adults are less likely to use prescription medications nontherapeutically. Problems with their drug use tend to fall into the “misuse” category and are often unintentional.

True or False

9. Screening instruments for adolescent populations include:

_____, _____, and _____ (fill in the blanks)

10. Treatment of clients with prescription medication abuse should include:

- a. Evaluation of how the client began using the medication,
- b. Medical history and screening/assessment of mental health issues,
- c. Letter from their physician,
- d. a and b.
- e. All of the above

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