OPIOID USE DISORDERS: PREVENTION, DETECTION, AND RECOVERY | Section 5

OVERVIEW

Nearly 70% of drug overdose deaths in 2018 involved opioids, with two-thirds of overdose deaths involving a synthetic opioid (excluding methadone).[1] In addition to the risk of overdose, patients prescribed opioids for chronic pain are at an increased risk for developing an opioid use disorder (OUD).[2] Safer opioid prescribing by physicians and other clinicians is effective at reducing the risk of OUD.[3]

In order to reduce the risk of a patient having an OUD, overdose, and/or death, safer opioid prescribing practices begin with:

- Becoming familiar with opioid prescribing evidence-based guidelines, as well as national, regional, and organizational policies
- Reviewing recommendations (see Sections 1-4 of this toolkit) when selecting treatment options and considering opioid treatment for chronic, noncancer pain
- Evaluating all patients using chronic opioids for problematic medication behavior or signs of an OUD
- Re-evaluating opioid prescriptions after non-fatal overdoses
- Identifying a patient's existing or former substance use disorder via clinical interview, collateral interview, medical records, and screenings prior to prescribing opioids for pain management
- Using effective patient-centered, non-stigmatizing, and non-judgmental communications; patients that exhibit drug-seeking behaviors for poorly controlled severe pain can present very similar to an active OUD

Signs of OUD

Observing patients who are taking opioids as part of their pain management plan is different from screening all patients for signs of OUD. The AAFP's clinical preventive service recommendation, Opioid Use Disorder: Screening, has information and considerations for screening asymptomatic individuals.

Whether monitoring patients currently taking opioids or selectively screening asymptomatic patients, the AAFP recommends that "clinicians must consider potential harms such as stigmatization and medicolegal consequences of labeling. Clinicians must be careful not to participate in punitive screening programs, be aware of applicable state and federal laws, and implement strategies to reduce stigmatization of their patients."[4]

A simplified, but practical way to assess for signs of an OUD is the 4Cs framework:[5]

- Impaired **C**ontrol over drug use
- **C**ompulsive use
- Continued use despite harms (**C**onsequences)
- **C**raving

Diagnostic Criteria of OUD

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) "describes opioid use disorder as a problematic pattern of opioid use leading to problems or distress, with at least two of the following occurring within a 12-month period: taking larger amounts or taking drugs over a longer period than intended."[6] However, other criteria exist for helping to diagnose an OUD. The list on the next page is the DSM-5 scoring system for diagnosing an OUD.[6]

Check all that apply	DSM-5 Diagnostic Criteria for Opioid Use Disorders[6]
☐	Opioids are often taken in larger amounts or over a longer period than was intended.
☐	There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
☐	A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
☐	Craving, or a strong desire or urge to use opioids.
☐	Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school or home.
☐	Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
☐	Important social, occupational or recreational activities are given up or reduced because of opioid use.
☐	Recurrent opioid use in situations in which it is physically hazardous.
☐	Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the opioid.
☐	Tolerance, as defined by either of the following: (a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of an opioid
☐	Withdrawal, as manifested by either of the following: (a) the characteristic opioid withdrawal syndrome (b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms

Total number of boxes checked: _____

Severity: Mild = 2-3 symptoms; Moderate = 4-5 symptoms; Severe = 6 or more symptoms

Other Screening Tools

Many other evidence-based screening tools and assessment resources for OUD and other substances can be found in the National Institute on Drug Abuse's Screening and Assessment Tools Chart.

Treating Patients with an OUD or in Recovery

It is not unusual to encounter patients with chronic pain who have an active OUD or are in recovery for an OUD. Managing patients who experience chronic pain and with substance use disorders is challenging. The Substance Abuse and Mental Health Services Administration's Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders is a helpful resource to help improve the prevention and treatment of substance use and mental disorders.

References

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2. Webster LR. Risk factors for opioid-use disorder and overdose. *Anesth Analg.* 2017;125(5):1741-1748.
3. Hahn KL. Strategies to prevent opioid misuse, abuse, and diversion that may also reduce the associated costs. *Am Health Drug Benefits.* 2011;4(2):107-114.
4. American Academy of Family Physicians. Opioid use disorder (OUD) screening. Accessed January 11, 2021. www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/oud.html
5. Jovey RD. Opioids, pain and addiction – practical strategies. *Br J Pain.* 2012;6(1):36-42.
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