Tips for HIV clinicians working with Prescription Opioid Users

Prescription opioids (a.k.a., Vic, Perc, Oxy, Roxy, Ocean, Hydros, Dones), when used appropriately and as prescribed, are extremely effective in the treatment of acute and chronic pain. In addition to relieving pain, prescription opioids can also be used for cough relief and diarrhea\(^1\). Many studies have shown that when properly managed, short-term medical use of prescription opioids is safe and rarely causes addiction.\(^1\) The misuse of prescription opioids, however, is associated with behaviors that may negatively impact a client’s HIV treatment plan. Below are some tips – and evidence supporting them – for HIV clinicians working with current and recovering prescription opioid users.

Opiate vs. Opioid – is there a difference?\(^2\)

The short answer is yes! The term “opiate” refers only to drugs or medications that are derived directly from the opium poppy. Examples include: heroin, morphine, and codeine. The term “opioid” is a broader term referring to opiates and other synthetically-derived drugs or medications that operate on the opioid receptor system and produce effects similar to morphine. Examples include: methadone and buprenorphine.

Keep in mind that the prescription opioid epidemic is unique in some ways\(^2\).

Prescription opioids are not inherently bad. When used appropriately for the treatment of pain, they are safe and vitally needed. The threat of prescription opioids comes from misuse, abuse, and diversion. It is important to keep in mind that just because prescription opioids are legal and are prescribed by a physician, they are not necessarily safer than illicit opioids such as heroin, and other illicit substances, such as crack and powder cocaine and ecstasy\(^2\).

Maintain calm and create an accepting environment\(^3\).

Prescription opioid users can experience confusion and delirium, and symptoms of opioid withdrawal include dysphoric mood, muscle aches, and insomnia\(^3\). A calm voice, reassurance of safety, low sensory stimulation (e.g., a quiet, dimly lit office), and a non-aggressive body posture and non-judgmental language can help an active – or abstaining – prescription opioid user from reacting negatively to the clinical setting.

Consider gender differences in risk of prescription opioid misuse among chronic pain patients\(^4\).

In a research study that included 610 non-cancer patients with chronic pain who took prescription opioid painkillers, men and women had similar rates of opioid abuse, but the motivations and reasons for misuse differed by gender. Jamison and colleagues found that drug misuse by women was motivated more by emotional issues and psychological distress. Women who misused prescription opioids were more likely to admit to being sexually or physically abused or had a history of psychiatric or psychological problems. On the other hand, among men, the misuse of prescription opioids stemmed from problematic social and behavioral problems that led to substance abuse\(^4\).

Become Familiar with the Term Pseudoaddiction\(^5\).

Pseudoaddiction is a phenomenon that is commonly misconstrued as a form of drug-seeking behavior with the primary aim of abuse. It involves patient behaviors that may occur when pain is inadequately treated or under-treated (e.g., increased focus on obtaining medications, use of illicit drugs, or deception) and can be mistaken for true addiction. With pseudoaddiction, drug-seeking behavior stops when pain is adequately relieved\(^5\). Research studies have shown that physical dependence on opioids is oftentimes a natural part of long-term use of prescription opioids for the treatment of chronic pain, and can be effectively managed with proper identification, monitoring, and treatment\(^6-8\).

Know your community support resources\(^9\).

Prescription opioid use transcends racial/ethnic and geographic boundaries and impacts a very diverse array of populations. Though referral resources vary from location to location, Narcotics Anonymous, 12-step programs, substance abuse treatment programs, and relapse prevention groups are often available for specific groups (MSM, women, HIV+ individuals, etc.), and may even be opioid specific. Both medical and behavioral treatment interventions have been shown to be effective in treating prescription opioid dependence\(^6-8\). You should become familiar with local treatment programs that have experience in treating prescription opioid users.

Keep a list of your local referral resources and update it regularly. Write down referral information you can share with your patient!

Need a local substance abuse treatment referral? Phone: 1-800-662-HELP (SAMHSA National Helpline); Website: http://findtreatment.samhsa.gov

Need a local 12-Step meeting? Narcotics Anonymous: http://www.na.org (click on "Find a Meeting," then "NA Meeting Search" or "Local NA Helplines")
What are some possible signs that your patients might be using opioids inappropriately?

- Drug hoarding during periods of reduced pain symptoms
- Using a prescription opioid to achieve euphoric effects
- Unwillingness to try non-opioid treatments
- Deterioration of functioning at work, with family, or socially because of medication effects
- Sedation, declining activity, sleep disturbances, or irritability unexplained by pain or other co-occurring conditions

What should you do if you suspect that a patient may be using opioids non-medically?

- Immediately address the non-medical use of opioids
- Increase monitoring
- Include treatment for substance dependence in patient’s pain management treatment plan

What are some strategies for talking with your patients about potential substance use problems?

- Be nonjudgmental – patients may be more forthcoming with information about their non-medical use of opioids
- Ask questions about warning signs (e.g., “Have you ever taken your Vicodin for other reasons than pain management?”)
- Listen to what your patients say about how and why they take their medications
- Use existing screening instruments, such as the Opioid Risk Tool, the Pain Medication Questionnaire, the Screener and Opioid Assessment for Patients with Pain, and the Screening Tool for Addictions Risk14-17.


The Substance Abuse and Mental Health Services Administration-Center for Substance Abuse Treatment (SAMHSA-CSAT) developed a Substance Abuse in Brief Fact Sheet (2006) to “assist healthcare providers in understanding that opioid medications can effectively manage pain, distinguishing between physical and psychological dependence, and reducing their patients’ risk of psychological dependence on opioids during pain management.”

The information above is excerpted from the fact sheet, which is available for download at: http://www.kap.samhsa.gov/products/brochures/pdfs/saib_0401.pdf

**REFERENCES**


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