



Which Came First...Pain or Substance Use Disorder?

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Disclosure

- Abigail Brooks, PharmD, BCPS
 - Nothing to disclose
- Courtney Kominek, PharmD, BCPS, CPE
 - Nothing to disclose
- The views and opinions expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of any agency of the United States government, including the Department of Veterans Affairs, as well as employers, employee affiliates and/or pharmaceutical companies mentioned or specific drugs discussed.

Learning Objectives

- Identify risk factors for addiction
- Compare screening and assessment tools for addiction and aberrant drug-related behaviors
- Discuss treatment principles and options for patients with chronic pain and SUD
- Identify risk mitigation strategies to employ while treating patients with chronic pain and SUD
- Describe a treatment plan for a patient with a SUD

Abbreviations

- 4 A's: analgesia, activity, adverse effects, aberrant behavior
- AUD: alcohol use disorder
- COT: chronic opioid therapy
- CPS: clinical pharmacy specialist
- FH: family history
- IR: immediate release
- LFTs: liver function tests
- MAT: medication-assisted treatment
- MH: mental health
- OEND: overdose education and naloxone distribution
- OUD: opioid use disorder
- PDMP: prescription drug monitoring program
- SUD: substance use disorder
- UDM: urine drug monitoring

Introduction

- 7.7 million Americans have co-occurring SUD and MH disorder
- In 2017, 18 million misused prescription medications at least once in the last year
- In 2017, 2 millions American misused prescription pain relievers for the first time
- Barriers to treatment
 - Cost
 - Finding treatment
 - Didn't need treatment
 - Involuntary commitment
 - Negative opinion of others
 - Lack of benefit of treatment
 - Confidentiality

Introduction

Chronic pain patients with addictive disorders

32%

≥ 20 years old with pain > 3 months

56%

Civilian, non-institutionalized U.S. residents over 12 with nonmedical use of pain relievers

5%

People 12 and older who initiated illegal drug use with pain relievers

19%

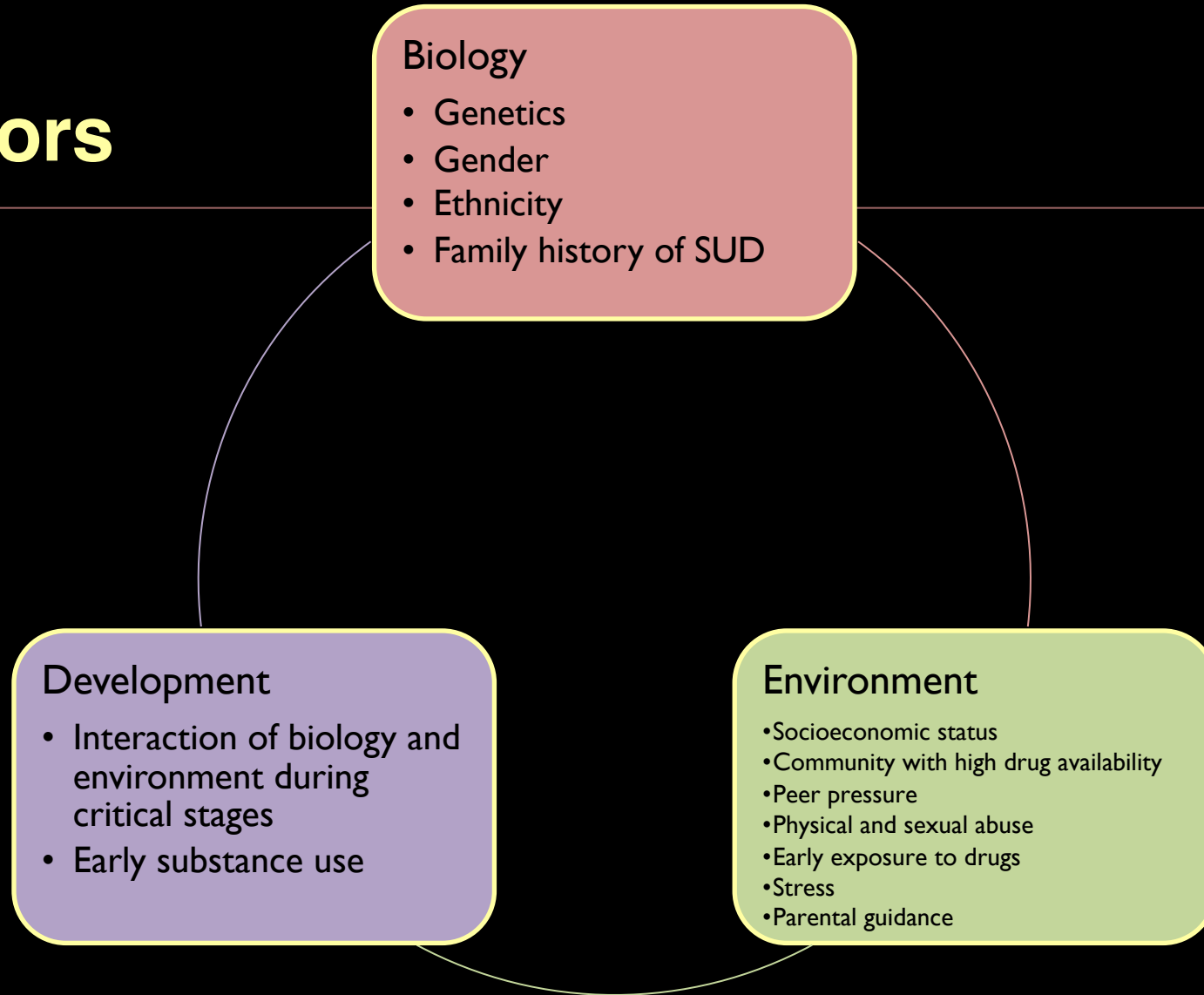
People with opioid addiction who report pain

29-60%

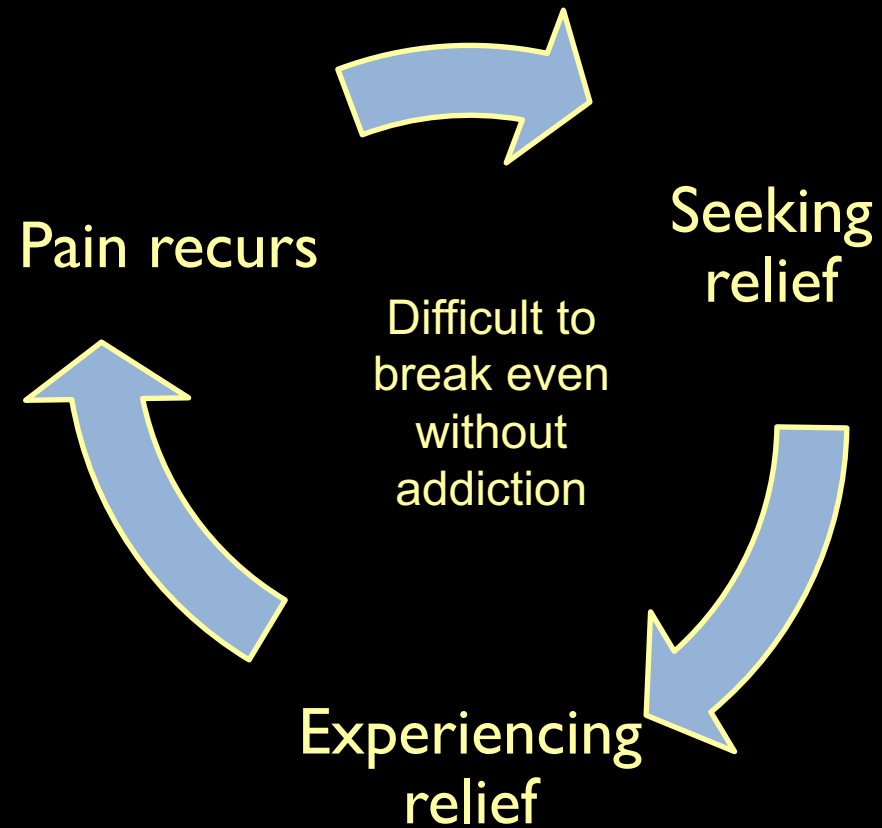
DSM-5 Criteria for SUD

- A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
 - Hazardous use
 - Social/interpersonal problems related to use
 - Neglected major roles
 - Legal problems
 - Withdrawal
 - Tolerance
 - Used larger amounts/longer
 - Repeat attempts to quit or control use
 - Much time spent using
 - Physical/psychological problems related to use
 - Activities given up
 - Craving

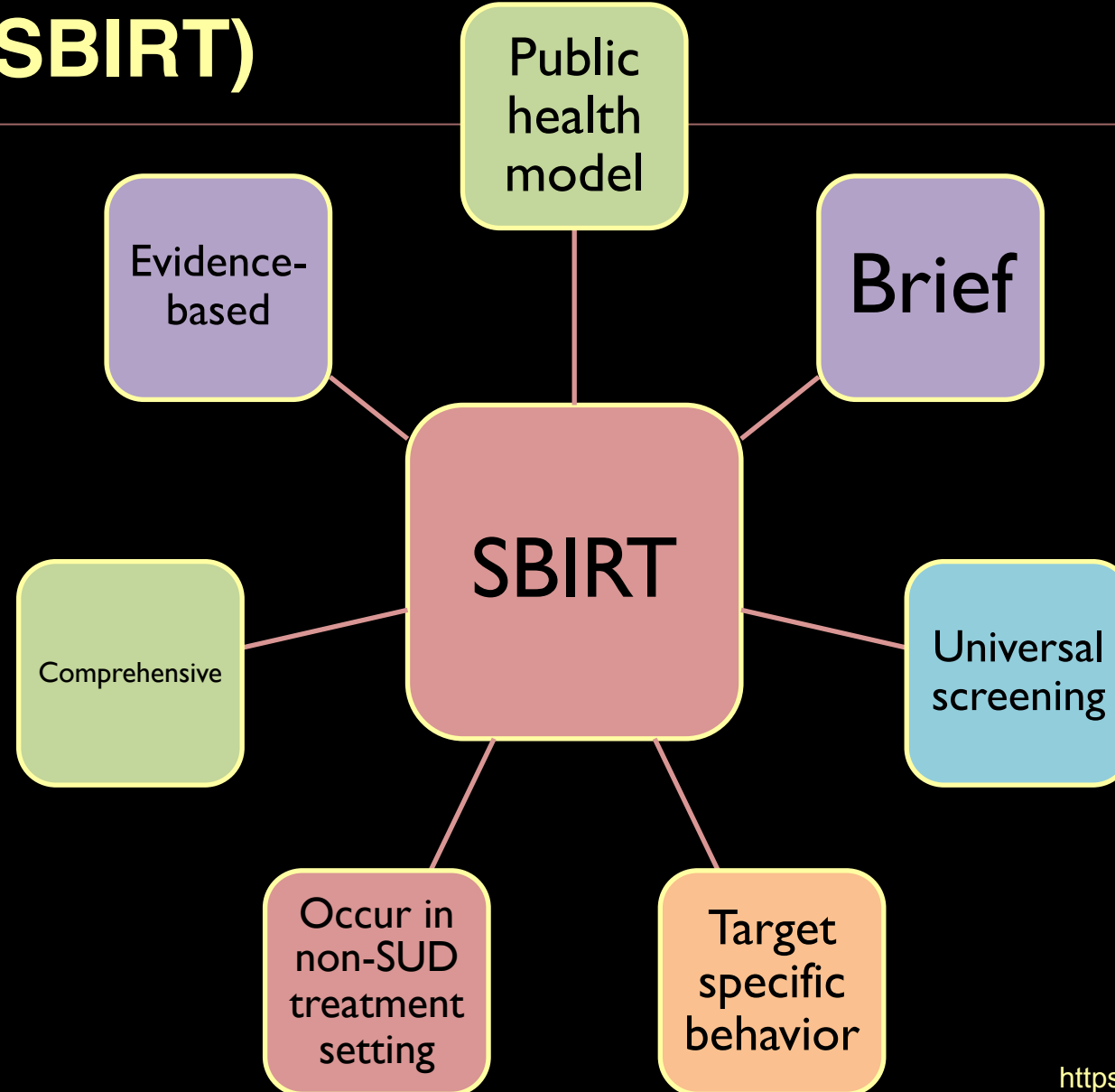
Risk Factors



Pain – Addiction Cycle



Screening, Brief Intervention, and Referral to Treatment (SBIRT)



SBIRT

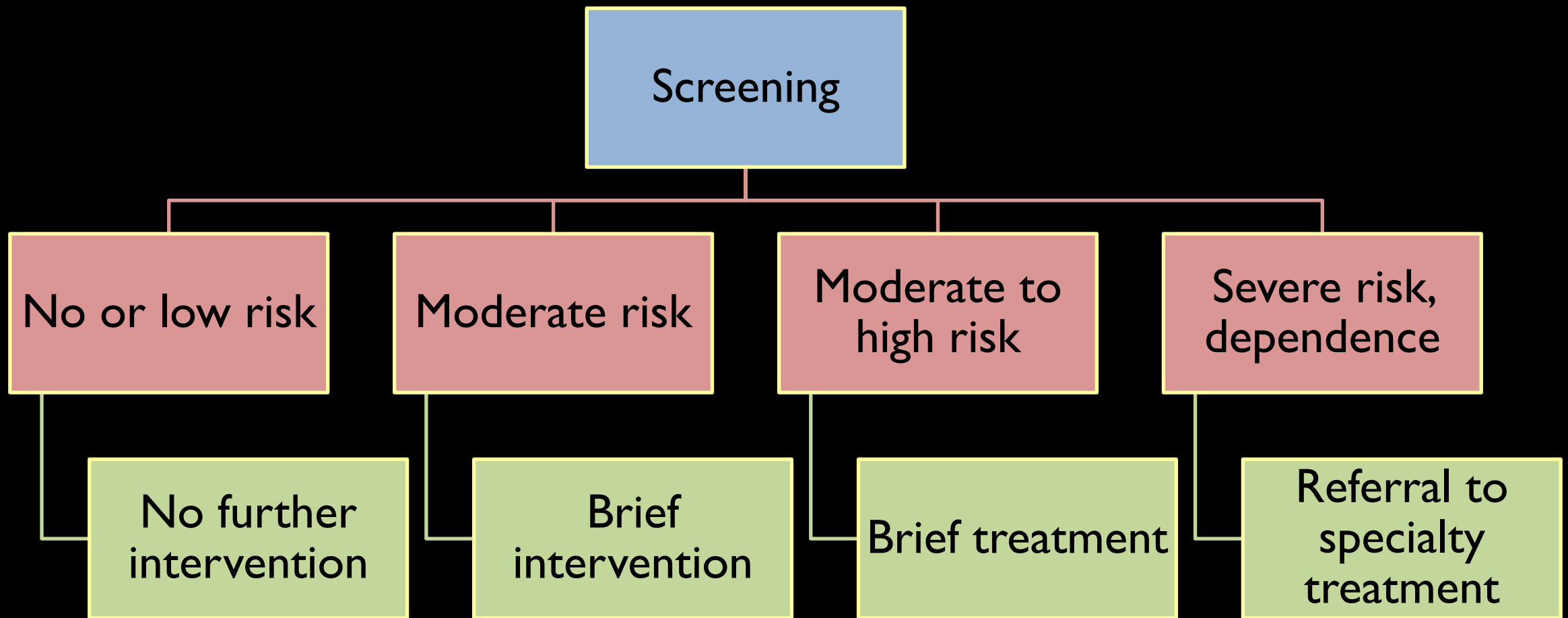
Screening

- Find patients with possible misuse
- Determines if a problem exists or if need further assessment
- Use validated instrument
- Identify people across spectrum of use
- Helps facilitate discussions with patients
- Level of risk determines further care

Brief Intervention

- Appropriate for moderate risk
- Single or multiple sessions
- Educate patients about substance use
- Motivate patients to make behavior changes
- Goal to reduce risk behavior

SBIRT



SBIRT

Brief Treatment

- May be too lengthy for primary care setting
- Limited number of structured clinical sessions using evidence-based strategy
- Engage patient
- Address cognitions and behaviors and implement change
- Also deal with problems associated with the SUD

Referral to treatment

- Engage patient in treatment
- Use motivational interviewing
- Find specialty treatment for patient

FRAMES Model

Feedback of risk

Responsibility of patient

Advice to change

Menu of alternatives

Empathetic

Self-efficacy

<https://www.integration.samhsa.gov/sbirt/TAP33.pdf>

<http://lib.adai.washington.edu/dbtw-wpd/exec/dbtwpub.dll?BU=http%3A//lib.adai.washington.edu>

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Screening Tools

Alcohol Screening

Tool	Comments
National Institute on Alcohol Abuse and Alcoholism (NIAAA) Screener	<p>Single-item</p> <p>Helpful to identify those that need further assessment to those not at risk</p> <p>How many times in the past year have you had five or more drinks in a day (four drinks for women and all adults older than age 65)?</p> <p>Positive screen = ≥ 1 times → assess for AUD</p>
Alcohol Use Disorders Identification Test (AUDIT)	<p>10-items</p> <p>Scores range for each question 0-4</p> <p>Total score</p> <ul style="list-style-type: none"> ≥ 8 score associated with harmful or hazardous drinking ≥ 13 in women likely to indicate alcohol dependence ≥ 15 in men likely to indicate alcohol dependence
AUDIT-C	<p>3-items</p> <p>Scored on 0-12 scale</p> <ul style="list-style-type: none"> ≥ 4 in men considered positive ≥ 3 in women considered positive <p>Questions</p> <ul style="list-style-type: none"> How often do you have a drink containing alcohol? How many standard drinks containing alcohol do you have on a typical day? How often do you have 6 or more drinks on one occasion?

https://www.integration.samhsa.gov/images/res/tool_auditc.phphttps://store.samhsa.gov/system/files/tip63_fulldoc_052919_508.pdf

https://www.integration.samhsa.gov/images/res/tool_auditc.pdf

https://auditscreen.org/~auditscreen/cmsb/uploads/audit-english-version-new_001.pdf

https://www.integration.samhsa.gov/images/res/tool_auditc.pdf

Tobacco Screening Tools

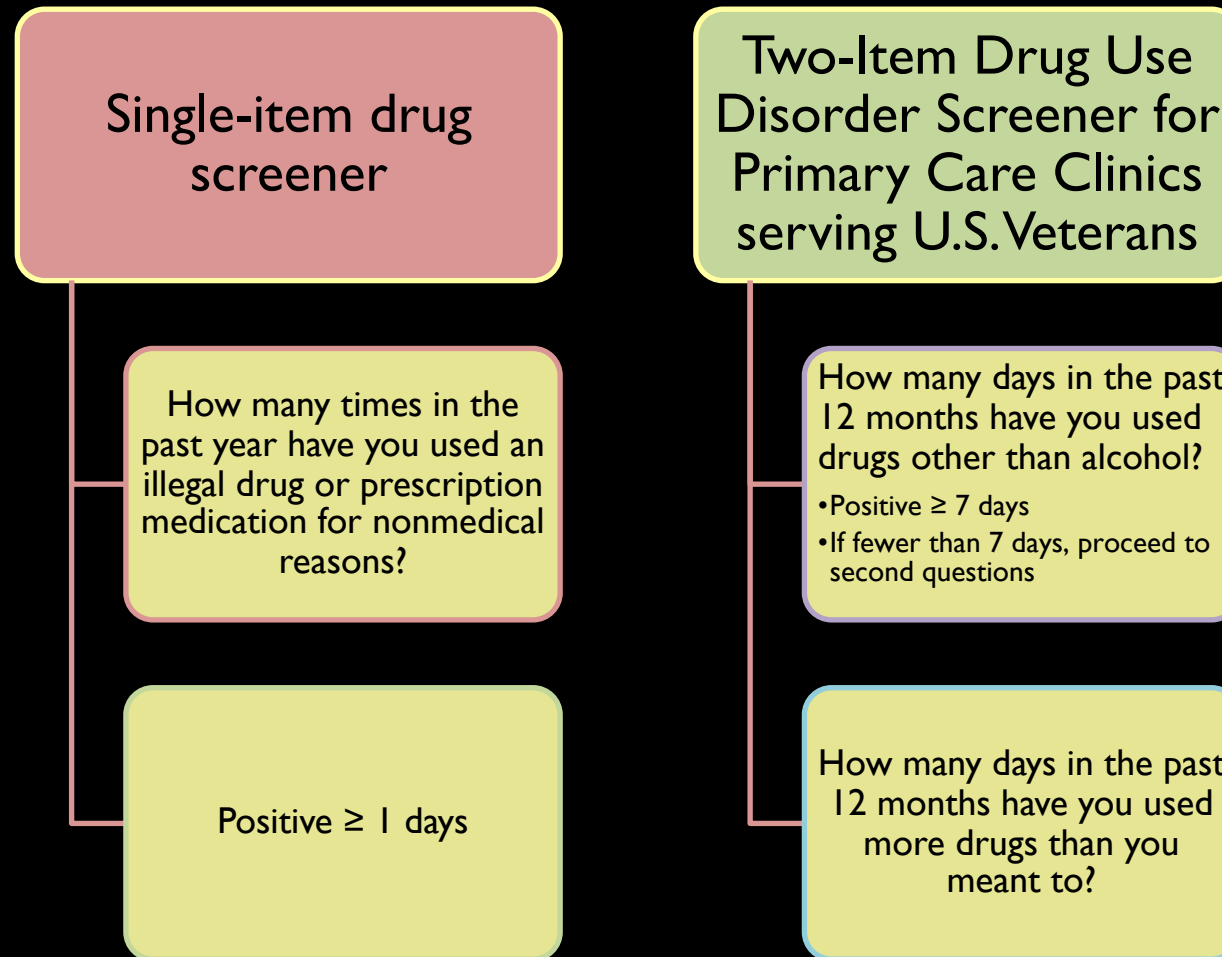
Faegerstrom Test for Nicotine Dependence

- 6-items
- Maximum score is 10
- Higher score the stronger the level of dependence

Heaviness of Smoking Index

- 2-items
- How soon after waking do you smoke your first cigarette?
- How many cigarettes a day do you smoke?

Substance Screening Tools



Screening Tools

CAGE-AID

- Includes alcohol and other drugs
- ≥ 1 positive responses = positive screen
- Questions
 - Have you ever felt that you ought to cut down on your drinking or drug use?
 - Have people annoyed you by criticizing your drinking or drug use?
 - Have you ever felt bad or guilty about your drinking or drug use?
 - Have you had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

<https://www.integration.samhsa.gov/images/res/CAGEAID.pdf>

Screening Tools

Tobacco, Alcohol, Prescription Medications, and Other Substances Use (TAPS)

- Tested in primary care settings
- Based on NIDA Quick Screen and modified WHO ASSIST-lite
- **Combines screening and assessment**
- Self-administer or clinician-administered
- Heroin and prescription drugs and other common substances
- Part 1 (last 12 months)
 - 4 items
 - Question 2 for males, question 3 for females
 - Severity: mild 2-3; moderate 4-5; severe 6+
- Part 2 (last 3 months)
 - 9 items, yes or no with additional questions depending on answers
 - Questions target specific substances

https://store.samhsa.gov/system/files/tip63_fulldoc_052919_508.pdf

<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

<https://www.drugabuse.gov/taps/#/>

Screening → Assessment

Positive screen
for opioid
misuse

Disclose opioid
misuse

Signs/symptoms
of opioid
misuse

Assessment

Assessment Tools

- Drug Abuse Screening Test-10 (DAST-10)
 - 10-items, yes/no regarding last 12 months. Yes=1 except for question #3 where No=1
 - 3-5 considered moderate and requires further investigation
 - Requires permission to use
- Alcohol, Smoking, Substance Involvement Screen Test (ASSIST)
 - Long
 - Complex scoring
- **NIDA-modified (NM-) ASSIST**
 - Drugs and alcohol
 - 8 questions with multiple items per question
 - Calculate scores of each section (minus question 1 and 8) to get substance involved score to determine risk
 - Clinician administered
 - Electronic version

https://store.samhsa.gov/system/files/tip63_fulldoc_052919_508.pdf

<https://www.drugabuse.gov/nmassist/>

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<https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>

Does NOT Offer Pharmacotherapy

- Medical assessment and treatment
- Determining diagnosis
- Patient safety
 - Overdose education and naloxone prescription
 - Syringe exchange programs
- Use of motivational brief interventions
- Referral for treatment
- In-person follow-up

Offers Pharmacotherapy

- Comprehensive Assessment

- History

- Medical history
 - Mental health history
 - Substance use history
 - Substance use disorder treatment history
 - Social history

- Targeted physical exam and review of symptoms

- Lab tests (e.g. urine drug monitoring, LFTs, infectious diseases etc)

- Check of PDMP

- Goals

- Determine diagnosis and severity of SUD

- Identify treatment options for SUD

- Identify other medical, mental health, and social needs for treatment

Not Ready to Engage in Treatment

- Be nonjudgmental
- Use each visit as an opportunity to engage and move further along path towards treatment
- Use motivational interviewing and brief interventions
- Educate patients
 - Safe injection practice
 - Opioid overdose
 - Naloxone

Address Comorbidities

- Psychiatric – many validated tools available
 - Anxiety
 - Depression
 - Somatization
 - Suicide