

# Problematic Opioid & Benzodiazepine Use

There are many risks and benefits to prescribing opioids or benzodiazepines – all of which must be considered before prescribing.

One of the major risks is that some patients receiving these medications will engage in problematic, drug-related behaviours. This is known as substance abuse - where there is significant deviation from the prescribed regimen, increasing risk of harm to the patient. The abuse generally leads to health problems with negative social and interpersonal consequences.

The three basic ways to manage problematic prescription medication are: risk assessment, use assessment and use management.

**Risk assessment** includes a personal and family history of substance use, psychiatric illness and present social situation. A physical examination finds evidence of intoxication, withdrawal or physical signs such as track marks on hands, legs and neck. Laboratory tests including urine toxicology testing for common drugs of abuse can also be useful. Collateral and supporting documentation available through the CPSA triplicate prescription program, pharmacist, and previous physicians may also assist in the assessment process.

**Use assessment** is simply ongoing risk assessment. A few simple questions, including a modified CAGE questionnaire, assist in detecting problems at their early stage, when interventions can be simple and effective.

**Use Management:** The primary intervention method available to clinicians dealing with substance abuse is education i.e. the

dangers associated with inappropriate drug use and realistic goals of therapy. Patient contracts, limited dispensing intervals, frequent patient contact, routine “random” urine toxicology testing, enlistment of family or outside support, and formal counseling may all play a role in allowing the patient and physician to retain therapeutic control of the prescribed medication.

Patients with significant problematic behavior usually are easy to identify. The more difficult question is whether the behavior constitutes addiction. A small segment of patients prescribed an opioid or benzodiazepine, where there is a predisposition to the disease of addiction, develop a substance dependence disorder. The diagnostic criteria are clearly defined in the DSM- IV-R Criteria for Substance Dependence. See *Standards and Guidelines for Methadone Maintenance Treatment in Alberta* at [www.cpsa.ab.ca/colleg-programs/methadone\\_standards.asp](http://www.cpsa.ab.ca/colleg-programs/methadone_standards.asp).

The following behaviors may be suggestive of a substance dependence disorder, or addiction:

- Selling prescription drugs
- Prescription forgery
- Stealing or “borrowing” drugs from others
- Injecting oral formulations
- Obtaining drugs from multiple medical sources without informing or despite prohibition
- Concurrent abuse of alcohol or illicit drugs
- Multiple episodes of self-escalation of dose despite warnings not to do so
- Multiple episodes of prescription “loss”
- Multiple requests for “early release” of regularly scheduled dispensing

- Evidence of functional deterioration unexplained by the pain or other comorbidity
- Repeated resistance to changes in therapy despite clear evidence of adverse effects

Coordination of treatment with other care providers is recommended for patients who have been diagnosed with a substance dependence disorder. One approach is to consult with and refer to a multidisciplinary Methadone Maintenance Program where the problem is with opioid medications, or with a detoxification and addiction treatment program for both opioid and benzodiazepine dependence disorder. For the clinician with the necessary experience, willingness and time to treat addictions, carefully structured detoxification regimens may be attempted on an out-patient basis with the highly functioning, committed patient. Consultation with a clinician experienced in this area is strongly advised.

Interim measures include strictly limited dispensing of the medication to daily dispensing, if necessary, and prescribing the least amount of drug required to prevent significant withdrawal signs and symptoms. A formal patient agreement for treatment outlining parameters of care and responsibilities should be considered. For other tips on this topic please see the May 2006 issue of Messenger available on the CPSA website.

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