



November 20-21, 2008

Tufts Health Care Institute

Program on Opioid Risk Management

Conference on Co-Ingestion of Alcohol with Prescription Opioids

Evidence of Co-occurring Alcohol and Prescription Opioid Abuse in Clinical Populations: Implications for Screening

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Screening Tools for Aberrant Medication-Related Behavior

- Self-administered risk assessments for pain patients
 - Opioid Risk Tool (ORT)
 - Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)
 - Pain Medication Questionnaire (PMQ)
 - Screening Instrument for Substance Abuse Potential (SISAP)
 - CAGE-AID—CAGE questions modified to include drug problems
 - Screening Tool for Addiction Risk (STAR)

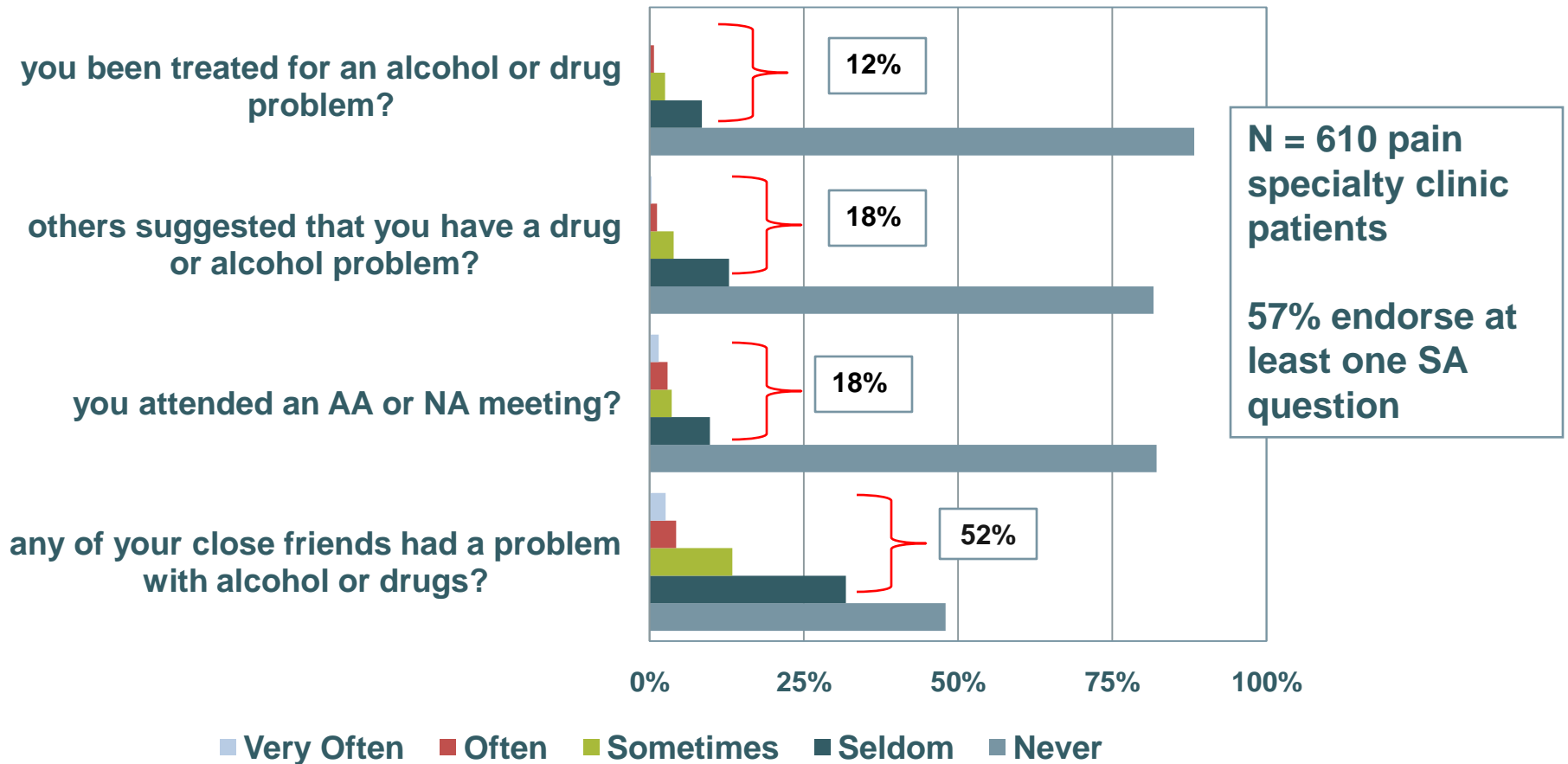
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Screeners	Positives	Negatives
ORT	<ul style="list-style-type: none"> Developed for pain patients Evaluation of reliability/validity (N = 185) Brief 10 items Differentiates alcohol/drug risk Acceptable sensitivity and specificity Prospective (i.e., predictive) testing (12 mo) Predicts beyond self-report 	<ul style="list-style-type: none"> No cross validation Requires knowledge of patient
SOAPP-R	<ul style="list-style-type: none"> Developed for pain patients Evaluation of reliability/validity (N = 283) Brief 24 items Acceptable sensitivity and specificity Prospective (i.e., predictive) testing (5 -6 mo) Predicts beyond self-report Cross validation (N = 302) 	<ul style="list-style-type: none"> Longer than other scales
PMQ	<ul style="list-style-type: none"> Developed for pain patients Evaluation of reliability/concurrent & construct validity (N = 184) Prospective (i.e., predictive) testing for outcomes 6 months following discharge (more likely to complete and benefit from Tx) (N = 271) 	<ul style="list-style-type: none"> Longer than other scales Not predictive screener Predictive validity not tested on aberrant behavior No cross validation of predictive validity

Screeners	Positives	Negatives
CAGE-AID	Brief 4 items	Not developed for pain patients Tested on pain patients? Sensitivity and specificity variable Low discrimination (1 answer = problem)
STAR	Developed for Pain Patients Brief 14 items	Limited validity test Low N (48 patients) No prospective (i.e., predictive) testing No cross validation Longer than other scales
SISAP	Evaluation of reliability/validity Brief 5 items Differentiates alcohol/drug risk Acceptable sensitivity and specificity	Not developed for pain patients Not tested on pain patients No prospective (i.e., predictive) testing Predicts? No cross validation

Responses of pain patients to key SOAPP-R questions

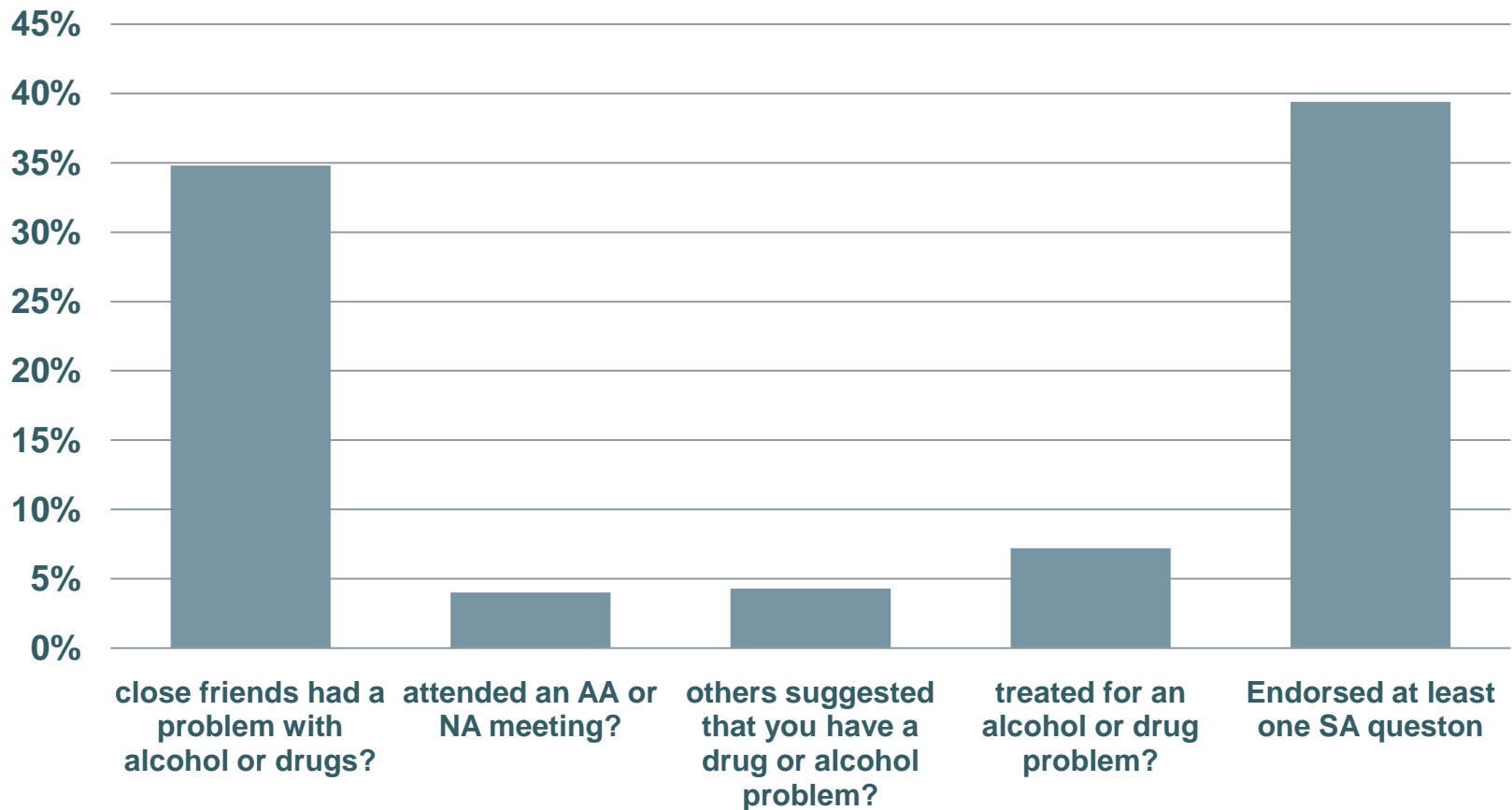
How often have . . .



Opioid Risk Management Screeners

- Three screeners well-tested in pain patient populations
 - ORT
 - SOAPP-R
 - PMQ (not necessarily a pre-screener)
- Purpose of these screeners is to identify individuals
 - At risk for aberrant medication-related behaviors
 - Assess indicators of drug and alcohol problems
- “Positive” scores reflect a combination of item responses
 - Specific responses to key questions on substance use can miss those at high risk for substance use issues
 - Patients with negative SOAPP-R score may be at risk for problematic drinking or drug use

Chronic pain patients with **negative** SOAPP-R endorse responses that may reflect substance use issues



■ Endorsed more than "Never"

Alcohol-Specific Screening

- CAGE
 - 4 questions self-report or interview
 - Sensitivity and specificity variable
 - Low discrimination (1 answer = problem)
- Alcohol Use Disorders Identification Test (AUDIT)
 - 10 question self-report or interview
 - Developed by NIAAA & WHO
 - Extensive validation efforts in patient populations
 - Identifies hazardous and harmful alcohol use

How do patients answer AUDIT questions?

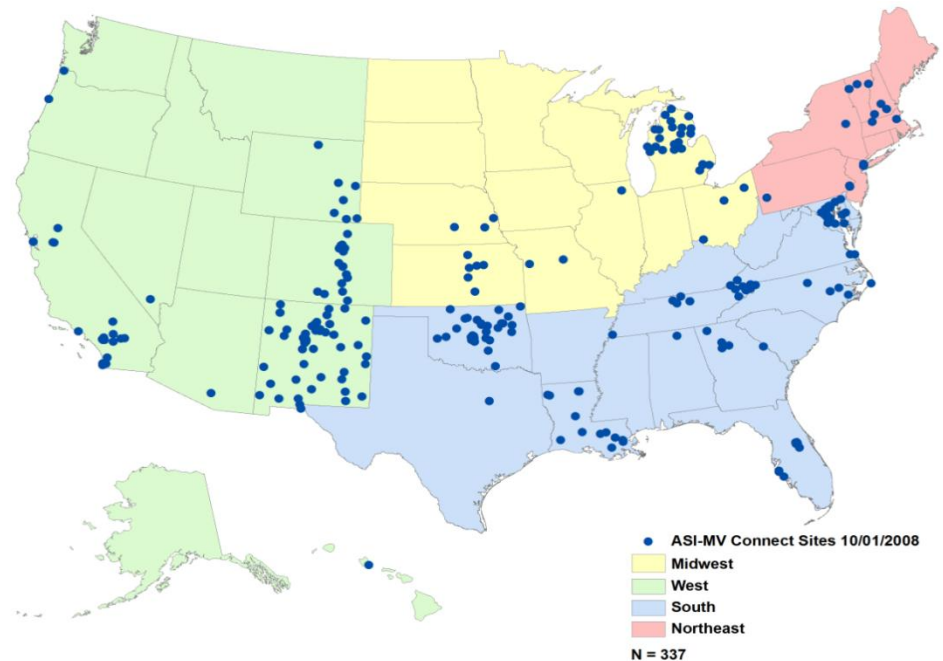
- N =1,544 primary care patients
- 8.2% of primary care patients exceeded cutoff for hazardous or harmful drinking
- **HOWEVER . . .Percent of patients with **negative** AUDIT Score:**
- Who drink “3 or 4” or more drinks at a time: 10.6%
- Who drink 6 or more drinks (less than monthly or more often): 13.0%
- Who drink 6 or more drinks at least monthly: 2.6%

Screening Data Suggest

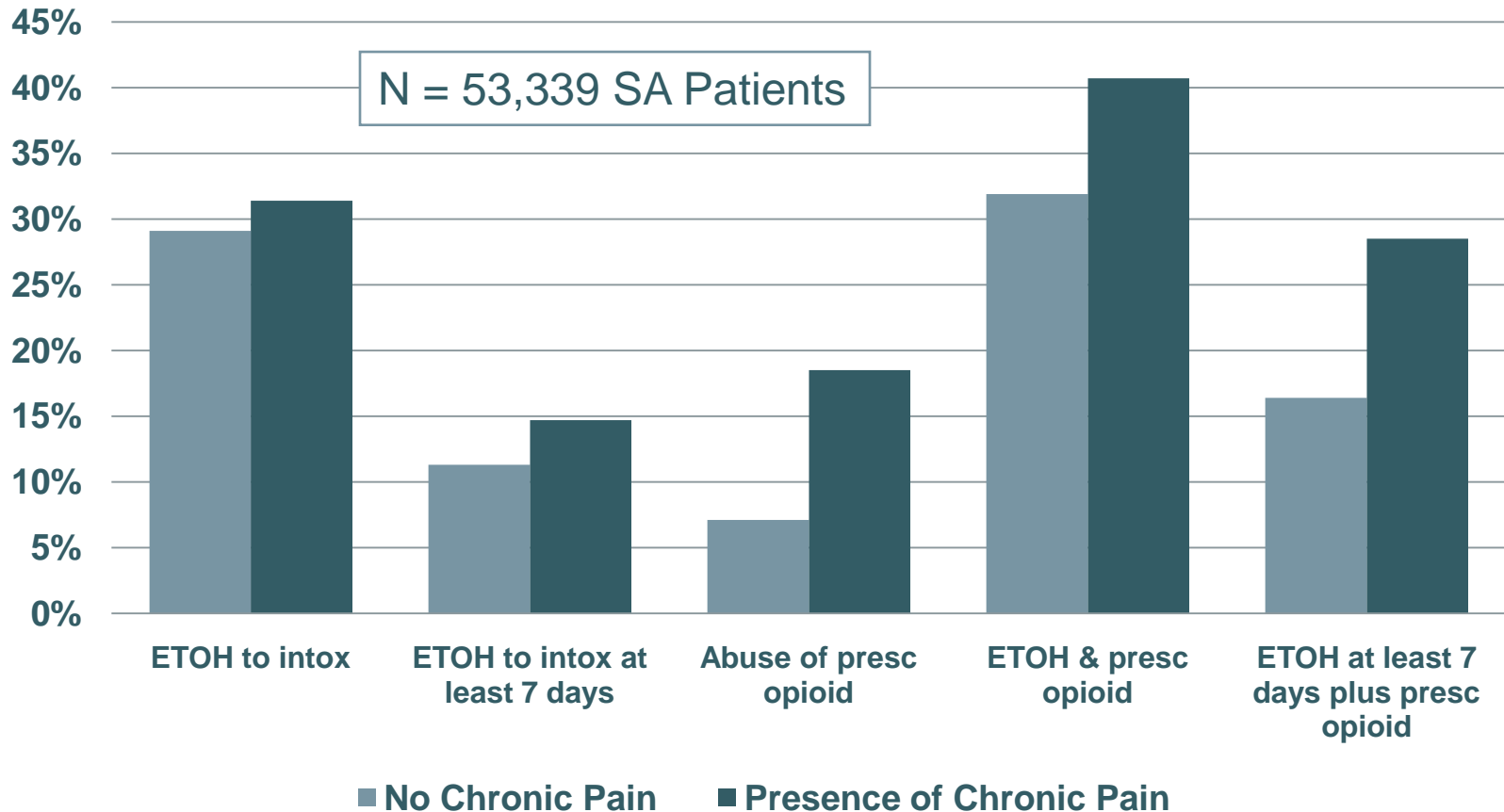
- Screening chronic pain patients in specialty settings yields a large percentage (more than half) of patients have specific responses that may put them at risk for alcohol and/or drug misuse/abuse
- Chronic pain patients whose total SOAPP-R score is negative, still endorse items that may reflect misuse of substances
- Screening of primary care patients yields relatively high percentages of people who may drink excessively, at least occasionally
- If chronic pain patients tend to abuse substances at a higher rate than general population, risk of intentional and unintentional co-ingestion may be high

Characterize intentional abuse of alcohol and prescription opioids in SA treatment

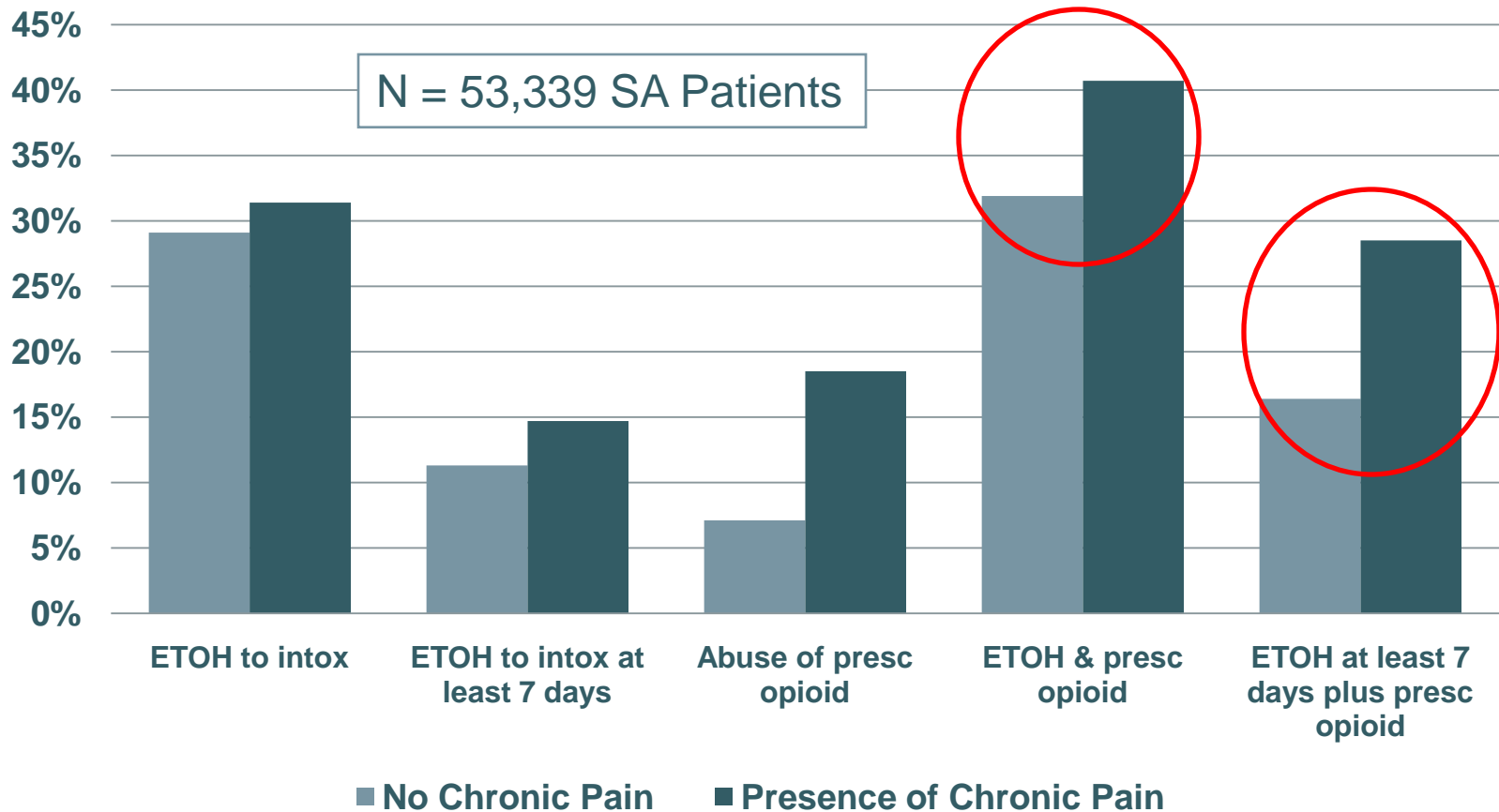
- ASI-MV® Connect data
 - Assesses individuals entering Tx for substance use disorders
 - Nationwide network of 330 treatment sites
 - Collects information on alcohol/drugs abused past 30 days as well as other information (demographics, chronic pain, etc.)



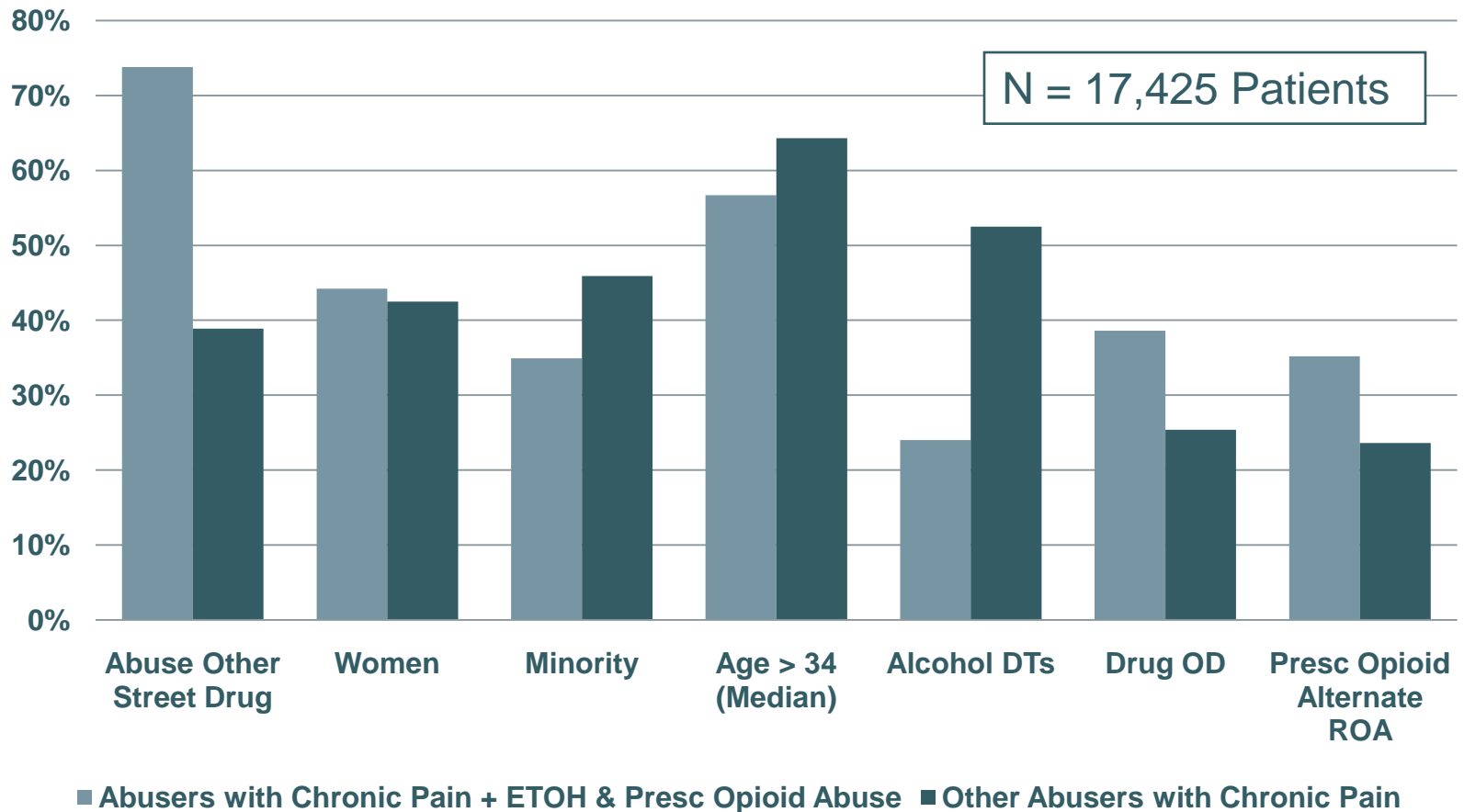
Compare Substance Use and Co-Occurrence of ETOH & Prescription Opioid Abuse: Chronic Pain Vs No Chronic Pain



Compare Substance Use and Co-Occurrence of ETOH & Prescription Opioid Abuse: Chronic Pain Vs No Chronic Pain



Characteristics of Substance Abusers in Tx with Pain with Co-occurring ETOH & Prescription Opioid Abuse Past 30 Days



Characterize online discussion of intentional abuse of alcohol and prescription opioids

- Web Informed Services (WIS™)
 - Monitors online discussion of individuals who abuse substances, including prescription opioids
 - Allows eavesdropping on uncensored abuser-to-abuser discussions
- 7 websites monitored
- 2.6 million posts (11/1/08)



The screenshot shows the BLUELIGHT website interface. At the top, there is a navigation bar with links for Home, Register, Forums, Donate, Gallery, Journal, About, Today's Posts, and Search. Below the navigation bar, there is a header section with the BLUELIGHT logo and a slogan "IF SO CLICK HERE...". The main content area is divided into several sections:

- News:** A list of recent news articles with titles and dates. Examples include "Europe's approach to drugs is more enlightened ... it's tougher" (17 Jul), "We still await the scientific proof of harm reduction's success" (17 Jul), "Ending Moderate Drinking Tied To Depression" (11 Jul), "The Sheriff's Stash" (11 Jul), "UK: £80m To Stop Drugs In Prisons" (8 Jul), "The DEA Turns 35 This Week!" (3 Jul), and "Canada: New enforcement rules on drug-impaired dr..." (30 Jun).
- Forums:** A list of forum categories and sub-topics. Categories include Focus Forums, Drug Discussion, Community, Arts & Entertainment, and more. Sub-topics include Drug FAQs, Ecstasy Discussion, Cannabis Discussion, Steroid Discussion, Psychedelic Drugs, Other Drugs, Drugs in the Media, Basic Drug Discussion, Advanced Drug Discussion, The Dark Side, Trip Reports, Drug Culture, Healthy Living, Current Events and Politics, Sex, Love and Relationships, Philosophy and Spirituality, College & University, Legal Discussion, Second Opinion, The Lounge, Sports & Gaming, Science & Technology, Music & DJs, Non-Electronic Music Discussion, Words, and Film & Television.
- User Login:** A form for logging in with fields for User Name, Password, and a Remember Me checkbox.
- PDA Version:** A link to the PDA version of the site: pda.bluelight.ru.

Online Post Topic Categories

- Relative amount of discussion on co-ingestion
 - 12% of all posts deal with prescription opioids
 - 8% of prescription opioid posts discuss co-ingestion
- Online Post Topic Categories
 - Alcohol as a Potentiator
 - Warnings/Negative Consequences
 - Alcohol and Opiate Withdrawals
 - Tolerance
 - Alcohol and Opiates – General Opinions

Tentative conclusions based on patients with substance use disorders and contributors to online discussion groups

- Substance abusers with chronic pain are more likely to ingest alcohol and prescription opioids than abusers without pain
- Those who intentionally abuse alcohol and prescription opioids (not necessarily co-ingest) are a high risk group
 - More likely to be polydrug abusers
 - More likely to have undergone serious medical reactions to drug intake, although not alcohol
 - More likely to use an alternate route of administration when abusing prescription opioids (other than swallow whole)

Conclusions

- Screening tools are critical for overall risk management
- Screening tools help to guide and document clinical decisions
- Cutoff scores may miss individuals at risk for co-ingestion of alcohol and prescription opioids
- Individuals with chronic pain who intentionally co-ingest may also engage in other, very high risk behaviors (polydrug use, inject, etc).
- Screening tools represent the beginning of an assessment process that should include:
 - history and physical examination
 - clinical interview
 - discussions with family members
 - laboratory findings
 - review of medical records
- Patient education is key for addressing co-ingestion issues

Acknowledgments

- Simon H. Budman, Ph.D.
- Robert Jamison, Ph.D.
- Kevin Zacharoff, MD
- Emily Backman, MPH
- Jill Grimes-Serrano, Ph.D.