

Workers' Comp

# Ask The Pharmacist: Opioid Dependence vs Addiction

November 6, 2023 3 MIN READ Author profile image

## Cameron Hannum, Pharm.D.

Sr. Clinical Account Pharmacist

### What is the difference between opioid addiction and dependence?

**Opioid Addiction** 

Opioid addiction is a well-known potential outcome of opioid therapy. The <u>literature shows</u> that up to 50% of people using opioids for chronic pain may become addicted. According to the American Society of Addiction Medicine (ASAM), <u>addiction is defined</u> as "a treatable medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences."

The Official Disability Guidelines(ODG) offer the following examples of behaviors that may indicate opioid addiction or abuse:

- 1. Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state
- 2. Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress," (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication
- 3. Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opioid issues.
- 4. Adverse behavior: (a) Selling prescription drugs, (b) Forging or modifying prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations, chewing long acting agents or using prescribed opioids for other conditions), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical

sources, (g) obtaining opioids from multiple physicians.

The incidence of addiction may be reduced by ensuring that only the correct types of patients receive chronic opioid therapy. The utilization of behavioral assessments, pain contracts, and urine drug screens can help identify individuals with addictive potential. In addition, proper opioid therapy follow-up of the outcomes/improvements (function, pain levels, side effects) should be properly documented to ensure that the medications are being used appropriately.

#### **Opioid Dependence**

<u>Drug dependence</u> means that a person needs a drug to function normally. Abruptly stopping the drug leads to withdrawal symptoms that are specific to the drug class. In addition to abrupt discontinuation of a drug, the following events may also lead to withdrawal in a dependent person: a rapid dose reduction, a decreasing blood level of the drug, and/or administration of an antagonist (an antagonist blocks the action of another drug). Studies show that all chronic users of opioids will become dependent—the only factor is time.

This information is meant to serve as a general overview, and any specific questions or concerns should be more fully reviewed with your health care professional such as the prescribing doctor or dispensing pharmacist.

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