

Opioid Abuse and Misuse

The terms “Opioid Abuse” and “Opioid Misuse” are commonly used interchangeably or differentiated from one another in manners that lack a common consensus. Research gathering information on these activities that are based on inconsistent and inaccurate definitions may lead to inaccurate data collection, inappropriate interpretation, and counterproductive approaches to their management.

The following (see below) are but a few examples of different ways in which these terms are applied by individuals or organizations who have a great deal of influence and impact on practicing clinicians, the public and political policy makers.

Unfortunately, it is commonly the case that the reader of a study, or an article in the newspaper about the study will not question how these terms are defined. The terms themselves have gained emotional weight in the context of fears regarding the growing incidence of unintentional opioid-related deaths.

Yet, it is impossible to comprehend a condition accurately when that condition is defined differently by everyone discussing it. Worse yet, the label of opioid abuse or misuse is rendered even more worthless when it is evaluated in a single dimension of a simple behavior. The context in which a behavior is engaged is as important, if not more so, than the behavior itself.

For example, the relevant behavior of an individual who takes a previously prescribed opioid but the prescription has now expired, who takes the opioid at the dose and for the purpose as previously prescribed is categorically different from the individual who takes an opioid which has never been prescribed, for purposes unrelated to usual indications for the opioid and at doses exceeding usual doses. In many cases these behaviors will be given the same label and often the same treatment intervention.

Clearly we have a problem. Until a consensus is met regarding the definition of terms, communication will be hazardous. The context in which such terms are applied must always be questioned. Failing to do so fails the patient and fails the medical community.

Opioid Abuse

In DSM-IV, 'psychoactive substance abuse' is defined as a 'maladaptive pattern of use indicated by ... continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use [or by] recurrent use in situations in which it is physically hazardous'.

Addiction Specialist speaking at Pain Management conference in 2013:

“Planned use to anticipated level of intoxication/disinhibition” with “Willful Misconduct”

Opioid Misuse

World Health Organization:

Use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications.

Addiction Specialist speaking at Pain Management conference in 2013:

“The unintentional misuse of a medication; usually either due to a misunderstanding of directions or because of a confused state.”

The National Survey on Drug Use and Health (NSDUH) defines misuse as:

“Use of prescription drugs that were not prescribed for the respondent or use of these drugs only for the experience or feeling they caused;

Clinical Journal of Pain. 2010 Nov–Dec; 26(9): 770–776.

“*Substance misuse*” is defined as the use of any drug in a manner other than how it is indicated or prescribed
“*Substance abuse*” is defined as the use of any substance when such use is unlawful, or when such use is

Opioid Abuse and Misuse

detrimental to the user or others

Narcotic risk management presentation American Academy of Pain Management 2014)

Misuse was defined as:

1. Testing abnormal on urine drug screens
2. The absence of prescribed medications on urine drug screens
3. The presence of recreational drugs (marijuana, cocaine, etc.) on urine drug screens
4. The presence of non-disclosed prescription narcotics on urine drug screens
5. Receiving multiple opioid prescriptions from other providers without disclosing them