Misuse of Opioid Medication

bout 100 million Americans have chronic pain and some may be treated with opioid medications. Opioid medications include codeine, morphine, oxycodone, and fentanyl, among others. These medications can help some people and harm others. In the United States, opioid medications are the second most common drug abused after marijuana. **Opioid medication misuse** is defined as use of an opioid medication different than the way in which it was prescribed (for example, in higher doses) or for reasons other than why it was prescribed (for example, to get high). An article published in the March 6, 2013, issue of *JAMA* discussed opioid misuse.

RISK FACTORS FOR OPIOID MEDICATION MISUSE

- Younger age (<45 years)
- · Personal history of substance abuse, mental illness, or legal problems
- Family history of substance abuse

WHAT YOU SHOULD KNOW ABOUT USING OPIOIDS

Not all chronic pain gets better with use of opioids. Opioids can cause side effects, addiction, overdose, and death. Before prescribing opioids, your doctor will need to teach you about how opioid medications can help you and how they can harm you. This may include having you sign an agreement form.

Using opioids safely includes

- Not chewing or crushing the medication
- Not increasing the dose on your own
- Not sharing the medication with others
- · Keeping the medication safe from others
- Throwing out extra opioid medications by mixing them with used coffee grounds or cat litter

The risk of harm from opioids is highest

- When the opioid medication is started
- When the dose is increased
- With a high dose (for example, more than 100 mg of morphine)
- When also taking sleep or anxiety medications or using alcohol

MONITORING FOR BENEFIT AND HARM

When you first begin taking an opioid medication, your doctor should see you often. To know if the opioids are helping you, your doctor will ask you if your pain and function are getting better. Your doctor will also look for evidence that the opioids are not helping, are being misused, or are harming you by causing side effects that are unsafe or that stop you from performing your normal daily activities. To check for opioid medication misuse, your doctor may use urine drug tests, pill counts, and official websites that show your prescription history. Urine drug tests are helpful to make sure the opioid is being taken and to see if there is any other drug abuse. Pill counts are helpful to see if you are taking the medication as prescribed. Official websites are helpful to show whether other doctors are prescribing medications to you. If your doctor may decide that the opioid medication is too dangerous for you and will need to be stopped. If your body is physically dependent on the opioid, your doctor may decrease the opioid dose slowly so that you do not get sick from withdrawal.

Daniel P. Alford, MD, MPH, Writer Edward H. Livingston, MD, Editor The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 312/464-0776.



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FOR MORE INFORMATION

- US Food and Drug Administration www.fda.gov
- Substance Abuse and Mental Health Services Administration www.samhsa.gov
- US Drug Enforcement Administration www.deadiversion.usdoj.gov

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page index on *JAMA*'s website at www.jama.com. Many are available in English and Spanish. A Patient Page on acute pain treatment was published in the January 2, 2008, issue and one on opioid abuse was published in the September 15, 2004, issue.

Sources: US Food and Drug Administration, Substance Abuse and Mental Health Services Administration, US Drug Enforcement Administration

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