

## TREATING INDIVIDUALS WITH PRESCRIPTION PAIN MEDICATION USE DISORDERS: MODELS FOR INTERVENTION

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### INTRODUCTION

There has been greater attention to the issues and concerns related to pain medications over the past few years, including the illegal prescription and trafficking of narcotics and the increase in the rates of misuse and abuse of these drugs (Smith, 2004). While narcotic medications are helpful in treating pain, the potential for abuse or dependence to such drugs does exist. The purpose of this update is to describe various activities—including screening, assessment, and intervention—that can be used by social workers to provide services to individuals who may demonstrate signs and symptoms of narcotic medication abuse or dependence.

### IMPLICATIONS FOR PRACTICE

There are a number of issues relevant to social work practice that influence the types of services that should be provided to individuals who are prescribed pain medications. While social workers have a history of providing services and support to individuals who demonstrate adherence to pain medications, the focus of this section is on the types of services for individuals who are showing signs of potential abuse or dependence of such drugs. The three service categories described in this section include screening, assessment, and intervention.

#### Screening

Social workers are often responsible for screening individuals in a variety of settings for numerous disorders and diseases. According to the *Social Work Dictionary*, 5th Edition, screening is the preliminary process to establish basic facts that may include or exclude individuals from an in-depth assessment (Barker, 2003). Screening is generally the process of determining the appropriateness of

treatment or services for an individual for such problems. While there is no standard length of time to spend on this activity, screening normally does not result in a formal diagnosis or formal recommendations for treatment or services. A partial list of screening tools that can be used by social workers to screen individuals for narcotic use disorders is provided in Figure 1.

### FIGURE 1 SCREENING TOOLS

Screening tools are used to determine if a full assessment is warranted; they usually do not take much time, and are not difficult to administer. These tools can be administered as an interview or in paper/pencil (brief questionnaire) format, and require scoring after completion. Examples of screening tools include:

- CAGE\* (from “cut, annoyed, guilty, eye”)—four question interview, <1 minute
- Two-item Conjoint Screening Tool (TICS\*)—two question interview, <1 minute
- Severity of Opiate Dependence Questionnaire (SODQ)—21 item self-administered tool, five minutes
- RAFFT (from “relax, alone, friends, family, trouble”)—five item self-administered tool, one minute
- Webster Assessment Tool (WAT)—five item self-administered tool, one minute

*\*These two screening tools were originally developed to screen for alcohol abuse/dependence, but have been adapted for other drug dependence.*

### Assessment

Thorough assessments of individuals who are prescribed pain medications will most likely have a broad focus, requiring social workers to have a basic understanding of the issues relevant to pain management and substance use disorders. Barker defines assessment as:

The process of determining the nature, cause, progression, and prognosis of a problem and the personalities and situations involved therein; the social work function of acquiring an understanding of a problem, what causes it, and what can be changed to minimize or resolve it (2003, pp 30).

An important component of an assessment is to develop a preliminary diagnosis. The use of questions that determine symptoms related to substance use disorders, as described in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*, can often be used during the assessment phase. Many assessment tools or processes exist that will provide a thorough understanding of the client and substance use disorders that can be used by social workers (see Figure 2 for examples).

### FIGURE 2 ASSESSMENT TOOLS

The assessment process is important in developing a thorough history, an appropriate diagnosis, and the preliminary treatment plan. Samples of tools that can be used in the assessment process include:

- Addiction Severity Index (ASI)—200 item interview/self-administered, 60 minutes
- Structured Clinical Interview for DSM-IV (SCID) (psychoactive substance use module only)—Multi-item interview, 30–60 minutes
- Substance Use Disorders Diagnostic Schedule (SUDDS-IV)—Multi-item interview, 30–45 minutes

An effective assessment will guide the determination of the appropriate level of care for treatment of individuals experiencing problems that may result from opioid abuse or dependence. The American Society of Addiction Medicine (ASAM) has created such a guideline—known as the ASAM patient placement criteria (2nd Ed.) (ASAM PPC-II)—that is often the accepted standard by funding entities to be used when determining the appropriate level of care for individuals with substance use disorders.

### Intervention

For the purposes of this practice update, intervention is broadly defined as any form of service provided to serve individuals who may require treatment for an opioid use disorder. There are a variety of modalities and approaches available to individuals seeking treatment for problems associated with opioid use disorders. Determining the level of care that is appropriate for the individual should be guided by an assessment, and should adhere to ASAM PPC-II as discussed above.

Medication-assisted therapy or treatment (MAT) is an effective intervention for treating individuals with opiate use disorders, including addiction/dependence to heroin, oxycodone, and other narcotics. Methadone and other medications (e.g., LAAM) have been used successfully as treatments for addiction to heroin. Individuals receiving methadone treatments do so in clinics within the community; there is often a stigma associated with the clinic and the clients receiving services. Buprenorphine, a medication that was approved for the treatment of opioid use disorders, has been shown to be successful as an MAT for addiction/dependence to heroin, oxycodone, hydrocodone, and other narcotics. Individuals who are taking buprenorphine do not have to visit clinics for treatment, but can obtain a prescription from any physician who has the appropriate waiver (see *Buprenorphine: New Opioid Treatment Opportunities for Social Workers* [Smith 2003, December] for a full discussion). Individuals who are stabilized on these medications can engage more readily in other psychosocial services (e.g., counseling) that are essential for recovery (NIDA, 2000). Regardless of which medication is being used to treat an opiate use disorder, it is important for social workers to understand these drugs and their effects.

Another substance abuse treatment category is the abstinence-based/substance-free model, which emphasizes the need for abstinence from addictive substances. Most treatment programs fall within this category, and occur in a variety of settings at a multitude of intensities. Modalities that fall under this category include long-term residential, short-term residential, partial hospitalization, and outpatient treatment. Long-term residential treatment programs often have planned lengths of stay, may use the residential community as an active component of treatment, and are highly structured (NIDA, 2000). Short-term residential programs started as hospital-based inpatient treatment followed by outpatient therapy and 12 step meeting participation. Due to funding constraints the number of such programs has decreased over the past decade.

Partial hospitalization, also referred to as day treatment, programs is an outpatient modality that is usually located in a hospital, and individuals participate in treatment during day hours thus allowing individuals to spend nights and weekends at home. Outpatient treatment programs are located in a variety of settings (e.g., hospitals, clinics, community organizations) where treatment is provided in the evening hours, which allows individuals to work while in treatment.

There are a number of scientifically based treatment approaches available to social workers that can be used to enhance treatment, including, but not limited to: relapse prevention, supportive-expressive psychotherapy, cognitive-behavioral therapy, motivational enhancement therapy, and multisystemic therapy. These approaches target specific aspects of addiction and the consequences to the individual, family, and society, and should be used to enhance existing treatment. Social work training results in a set of skills that prepare the professional to provide such services to an array of client populations.

## CONCLUSION

Studies indicate that a large majority of social workers employed both in organizations and in private practice provide some form of substance abuse related activity to their clients, including referral, screening, and treating a secondary substance abuse diagnoses (Smith, 2003). The Bureau of Labor Statistics indicates that employment of social workers is expected to grow faster than the average for all occupations, and that substance abuse related jobs will grow rapidly through 2012 (BLS, 2004). Social workers are uniquely trained to provide an array of services to individuals who may require treatment for opioid abuse or dependence, demonstrating the capacity to work with individuals in a variety of settings and who have multiple problems. The combination of these and other factors demonstrates that the opportunities to provide services to individuals with narcotic use disorders will continue to increase for this profession.

## REFERENCES:

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- U.S. Bureau of Labor Statistics. (2004). *Occupational outlook handbook, 2004–05 edition* [Online]. Retrieved from <http://www.bls.gov/oco/print/ocos060.htm> on April 29, 2004.

## RESOURCES:

### NASW Alcohol, Tobacco, and Other Drugs (ATOD) Specialty Practice Section (SPS)

The ATOD SPS provides additional resources, announcements, and the capacity to post comments to other SPS members on issues relevant to substance abuse treatment and recovery. Online at <http://www.socialworkers.org/sections/atod/default.asp>

### National Clearinghouse of Alcohol and Drug Information (NCADI)

NCADI is a resource center that maintains the materials developed by the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, the National Institute for Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism. The vast majority of the materials (e.g., manuals, research monologues and reports, and training materials) are free to the public, and can be ordered (24 hours a day) online at <http://ncadi.samhsa.gov/> or by phone at 1-800-729-6686.