



Effective Health Care

Taking Prescribed Narcotics while Under Treatment for Substance Abuse

Results of Topic Selection Process & Next Steps

The nominator, a Certified Alcohol and Drug Counselor, is interested in using a new systematic review to inform clinical practice pertaining to the risks for taking prescribed narcotics for patients that are in treatment for substance abuse with co-occurring disorders.

We identified 2 recent guidelines (one based on a systematic review), an additional systematic review, and one recent review of reviews covering the scope of the key question, therefore, a new review would be duplicative of an existing product. No further activity on this topic will be undertaken by the Effective Health Care (EHC) Program.

Topic Brief

Topic Name: Taking Prescribed Narcotics while Under Treatment for Substance Abuse

Topic #: 0664

Nomination Date: 02/18/2016

Topic Brief Date: 10/3/2017

Authors:

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Summary of Key Findings:

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review on this topic would be duplicative of an existing product. We found 2 guidelines, one based on a systematic review (American Academy of Pain Medicine 2013 and American Society of Interventional Pain Physicians 2017), a systematic review (Morasco 2011) and a review of reviews (Voon 2017) all affirming that patients with current or a history of substance abuse disorders are at high risk for opioid misuse or abuse if treated with opioids for pain. Although these sources agree that current or past substance is a contraindication to prescription of opioids, they also note that opioids may be prescribed for carefully selected patients as part of a rigorous monitoring program.

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Introduction

From 1999 to 2010 opioid prescriptions quadrupled in the US, with the majority of the increase for chronic noncancer pain (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6626a4.htm>). A significant proportion of patients who are prescribed opioids go on to develop a substance use disorder, making opioid prescription one of the drivers of the epidemic. Although the rate of opioid prescribing has decreased since 2010, overdoses from prescription and illegal opioids now kill more people every year than either guns or car crashes (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>). Although patients with a history of or a current substance use disorder are known to be at increased risk for opioid addiction, some data suggests that they are more likely to be prescribed opioids than patients without such history. (Morasco 2011)

Topic nomination 0664 was received on February 18, 2016. It was nominated by a Certified Alcohol and Drug Counselor. The questions for this nomination are:

Key Question 1. What are the risks for taking prescribed narcotics for patients that are in treatment for substance abuse?

To define the inclusion criteria for the key questions we specify the population, interventions, comparators, and outcomes of interest. See Table 1.

Table 1. Key Questions and PICOTs

Key Questions	What are the risks for taking prescribed narcotics for patients that are in treatment for substance abuse?
Population	Adults with current or history of substance use disorders
Interventions	Prescription of opioids
Comparators	Other active treatment
Outcomes	Pain control, misuse behaviors, addiction rates, overdoses, mortality
Timing	All

Methods

To assess topic nomination 0664, for priority for a systematic review or other AHRQ EHC report, we used a modified process based on established criteria. Our assessment is hierarchical in nature, with the findings of our assessment determining the need for further evaluation. Details related to our assessment are provided in Appendix A.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance (see Appendix A).

Desirability of New Review/Duplication

We searched for high-quality, completed or in-process evidence reviews pertaining to the key questions of the nomination. Table 2 includes the citations for the reviews that were determined to address the key questions. Appendix B includes the list of the sources searched and potentially relevant titles identified by our research librarian.

Compilation of Findings

We constructed a table outlining the selection criteria as they pertain to this nomination (see Appendix A).

Results

Appropriateness and Importance

This is an appropriate and important topic. From 1999 to 2010 opioid prescription quadrupled in the US, with the majority of the increase for chronic noncancer pain (<https://www.cdc.gov/mmwr/volumes/66/wr/mm6626a4.htm>). A significant proportion of patients who are prescribed opioids go on to develop a substance use disorder, making opioid prescription one of the drivers of the epidemic. Although the rate of opioid prescribing has decreased since 2010, overdoses from prescription and illegal opioids now kill more people every year than either guns or car crashes (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>). Although patients with a history of or a current substance use disorder are known to be at increased risk for opioid addiction, some data suggests that they are more likely to be prescribed opioids than patients without such history. (Morasco 2011)

Desirability of New Review/Duplication

A new evidence review examining would be duplicative of an existing product. We found 2 guidelines, one of which is based on a systematic review (American Academy of Pain Medicine 2013 and American Society of Interventional Pain Physicians 2017), an additional review (Morasco 2011), and a review of reviews (Voon 2017) all affirming that patients with current or a history of substance abuse disorders are at high risk for opioid addiction if treated with opioids for pain. Although these sources agree that current or past substance is considered a contraindication to prescription of opioids, they also note that opioids may be prescribed for carefully selected patients as part of a rigorous monitoring program.

Given that there are both recent reviews and a strong clinical consensus, an additional review is unlikely to change clinical practice. This was confirmed by staff at CDC, ASPE, and the National Academy of Medicine who are currently managing national policy and research initiatives on improving management of pain and opioids, as well as the primary investigators for the ongoing EPC review on nonpharmacologic treatments for chronic pain. All agreed that while another systematic review might help call attention to the gap between evidence and practice, more primary research on how to manage these patients is what is needed at this time.

Table 2. Key questions with the identified corresponding evidence reviews and original research

Key Question	Duplication (Completed or In-Process Evidence Reviews)
KQ 1: What are the risks for taking prescribed narcotics for patients that are in treatment for substance abuse?	Total number of completed or in-progress systematic reviews – 1 review, 1 review of reviews

Summary of Findings

- Appropriateness and Importance: Yes
- Duplication: Duplicative
- Impact: N/A
- Feasibility: N/A
- Value: N/A

References

Morasco BJ, Gritzner S, Lewis L, et. Al. Systematic Review of Prevalence, Correlates, and Treatment Outcomes for Chronic Non-Cancer Pain in Patients with Comorbid Substance Use Disorder (2011)

Responsible, Safe, and Effective Prescription of Opioids for Chronic Non-Cancer Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines (2016) Guideline and systematic review <https://www.asipp.org/documents/2016OpioidGuidelines.pdf>

Voon P, Karamouzian M, and Kerr T. Chronic pain and opioid misuse: a review of reviews. Substance Abuse Treatment, Prevention, and Policy (2017) 12:36 DOI 10.1186/s13011-017-0120-7.

Appendices

Appendix A: Selection Criteria Summary

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Selection Criteria	Supporting Data
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes, this topic represents a health care drug and intervention available in the U.S.
1b. Is the nomination a request for a systematic review?	Yes, this topic is a request for a systematic review.
1c. Is the focus on effectiveness or comparative effectiveness?	The focus of this review is on effectiveness.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes, it is biologically plausible. Yes, it is consistent with what is known about the topic.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes, this topic represents a significant burden. Opioid addiction is a significant and growing cause of mortality.
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes, this topic affects health care decisions for a large, vulnerable population.
2c. Represents important uncertainty for decision makers	No. There is strong consensus in all recent guidelines that patients should be screened for past or current substance use disorders and that opioids should not be prescribed if the screen is positive, or should be prescribed only for carefully selected patients with a rigorous monitoring plan.
2d. Incorporates issues around both clinical benefits and potential clinical	No, because there is no clinical uncertainty.
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes, the opioid epidemic represents high costs to individuals and society.
3. Desirability of a New Evidence Review/Duplication	
3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)	We identified several recent guidelines based on systematic reviews that address the key question.
4. Impact of a New Evidence Review	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?	No, the standard of care is clear
4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?	Yes, there is practice variation but it is due to failure to follow existing recommendations, not clinical uncertainty about whether patients in treatment for SUD are at increased risk if prescribed opioids.

5. Primary Research	
5. Effectively utilizes existing research and knowledge by considering: - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies)	N/A
6. Value	
6a. The proposed topic exists within a clinical, consumer, or policy-making context that is amenable to evidence-based change	N/A
6b. Identified partner who will use the systematic review to influence practice (such as a guideline or recommendation)	N/A