



**MARCH**

**ASAM**

# Opioid Addiction Awareness Month

*Did you know...*

**50%+**

**OF INDIVIDUALS WHO ABUSE  
SUBSTANCES MAY BE HIV POSITIVE,  
IN SOME AREAS**

**7.2%**

**OF TB CASES OCCUR  
IN NON-INJECTION  
DRUG USERS**

**increased  
risk**

**OF SEXUALLY TRANSMITTED  
INFECTIONS AMONG INDIVIDUALS  
WHO ABUSE DRUGS**

## FACTS ABOUT OPIOID ADDICTION:

- **People with opioid addiction at increased risk of HIV.**
- **Individuals who abuse substances are at increased risk of TB.**
- **Drug use linked to high-risk sexual behavior, leading to increased risk of syphilis, gonorrhea, etc.**
- **Opioid addiction linked to nutritional deficiencies, anemia, liver problems.**
- **Chronic hepatitis (esp. B and C) common among individuals with opioid addiction.**



# Why Test?



## HIV Testing

Infectious diseases are more common among individuals who are addicted to opioids, individuals who are addicted to other drugs, and individuals who inject drugs. For example, in some areas, more than 50 percent of injection drug users may be HIV positive. There are wide variations in the epidemiology of HIV infection, however, and in other areas, the prevalence of HIV infection among injection drug users may be less than 10 percent. Because of the potential impact of HIV on the lives of affected patients and the availability of effective treatments, it is important to screen for HIV infection among patients who present for buprenorphine treatment.

## TB Testing

Tuberculosis is also a major problem among substance abusers. In 2001, 2.3 percent of tuberculosis cases in the United States occurred in injection drug users, 7.2 percent in non-injection drug users, and 15.2 percent in individuals with excessive alcohol use in the past 12 months.

## STI Testing

Individuals who abuse drugs and alcohol are also at increased risk of engaging in high-risk sexual behavior (e.g., exposure to multiple partners, inconsistent use of safe sexual practices) and of contracting syphilis, gonorrhea, and other STDs.

## Hepatitis and Liver Function Testing

Among individuals who are opioid-addicted, other common medical conditions are related to the use of other drugs and to the life disruptions that often accompany addiction. These conditions include nutritional deficiencies and anemia caused by poor eating habits; chronic obstructive pulmonary disease secondary to cigarette smoking; impaired hepatic function or moderately elevated liver enzymes from various forms of chronic hepatitis (particularly hepatitis B and C) and alcohol consumption; and cirrhosis, neuropathies, or cardiomyopathy secondary to alcohol dependence.

### References

CDC 2002; <http://www.cdc.gov/nchstp/tb/surv/surv2001/default.htm>. See tables 28, 29, and 30

# Laboratory Evaluations



Laboratory testing is an important part of the assessment and evaluation of patients who have an addiction. Laboratory tests cannot make a diagnosis of addiction, but a variety of laboratory evaluations are useful in the comprehensive assessment of patients who have an addiction.

## Recommended Baseline Laboratory Evaluation of Patients Who Are Addicted to Opioids

- **Serum electrolytes (CMP 410010 + Magnesium 411145)**
- **CBC with differential and platelet count 420002**
- **Liver function tests 410015**
  - **GGT 4111220**
  - **PT or INR 422004**
- **Lipid profile 410025**
- **Urinalysis 471001**
- **Pregnancy test (for women of childbearing age) 441110**
- **Toxicology tests for drugs of abuse**
- **Hepatitis B and C screens 423045**

### **If the Hepatitis Screen is positive**

- **Hepatitis C Positive**
  - **Assay for HCV antibody 423005**
  - **Qualitative and quantitative nucleic acid tests (NAT) to detect and quantify the presence of virus (HCV RNA) 424085**
- **Hepatitis B Positive**
  - **HBsAg 423030 and anti-HBs 432010**

## The following additional laboratory evaluations should be considered and offered as indicated:

- **Blood alcohol level 411800 (using a breath testing instrument or a blood sample)**
- **Infectious disease evaluation:**
  - **HIV antibody testing 423035**
  - **Hepatitis B virus (HBV) and hepatitis C virus (HCV) screens 423045**
  - **Serology test for syphilis—Venereal Disease Research Laboratories (VDRL) 423041**
  - **Purified protein derivative (PPD) test for tuberculosis, preferably with control skin tests 424350**
  - **Sexually Transmitted Diseases (STI) RPR w/Reflex to Titer and TPPA Confirmation 423041, Chlamydia and Gonorrhea Panel (TMA) 424075, HSV Types 1 and 2 (NAAT) 424080, Trichomonas vaginalis 424440, HIV Ag/Ab 423035, HPV 472515**

## Benefits of using the QuantiFERON Gold Test 424350 over a TB skin test (TBT or PPD) include:

- **Greater specificity.**
- **One patient visit requirement (instead of 2-4)**
- **Results unaffected by BCG vaccine.**
- **Results unaffected by booster phenomenon (greater sensitivity on subsequent TB tests, which lead to false positives)**

## DSM-IV-TR OPIOID USE DISORDERS (ICD-10 CODES)

CODE	RISK LEVEL
F11.10	Opioid Abuse
F11.20	Opioid Dependence
F11.222 OR F11.922	Opioid Intoxication
F19.939	Opioid Withdrawal
F19.921	Opioid Intoxication Delirium
F19.950	Opioid-Induced Psychotic Disorder, With Delusions
F19.951	Opioid-Induced Psychotic Disorder, With Hallucinations
F19.94	Opioid-Induced Mood Disorder
F11.181	Opioid-Induced Sexual Dysfunction
F11.188	Opioid-Induced Sleep Disorder
F19.99	Opioid-Related Disorder NOS

Source:

International Classification of Diseases, 9th Rev., Clinical Modification: ICD-9-CM. Volumes 1 and 2. Salt Lake City, UT: Ingenix, Medicode, 2003. 810 pages.