On the Meaning of "Drug Seeking"

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Abstract:

The term "drug seeking" is frequently used but poorly defined. By soliciting nurses' comments and suggestions, a survey was developed to identify behaviors that may cause nurses to refer to a patient as drug seeking, to identify what nurses think the term "drug seeking" means, to explore how nurses regard the use of the term "drug seeking" in health care, and to identify differences between general nurses, emergency nurses, and pain management nurses with regard to these items. Behaviors that would cause the majority of all three nurse groups to refer to a patient as drug seeking were as follows: going to different emergency departments to get opioids, telling inconsistent stories about pain or medical history, or asking for a refill because the prescription was lost or stolen. When the term "drug seeking" is used, all three groups of nurses agreed that it was very likely to mean the patient was addicted to opioids, the patient was abusing pain medicine, or the patient was manipulative. One-half or more for each nurse group said they used the term "drug seeking" in talking about patients, but less than 10% said they used it in charting. After completing the survey, approximately one half or more of nurses in each group were less inclined to use the term. The use of stigmatizing terms in clinical practice is addressed with suggestions for alternative approaches to patient behavior related to requesting opioids for pain relief.

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The authors have observed that the term "drug seeking" is often and perhaps increasingly used in the conversations and literature of health care providers in reference to the behaviors of some patients with pain who request opioids for pain relief. However, the term is infrequently and inconsistently defined and may interfere with the delivery of respectful and professional care to the patient. A position statement on "Pain Management in Patients with Addictive Disease," issued by The American Society for Pain Management Nurses (ASPMN, 2002), recommends that the term "drug seeking" not be used because it creates prejudice, bias, and barriers to care. In this descriptive, exploratory study a survey was designed and administered to nurses to obtain a better understanding of what nurses mean by the term and to help identify whether it contributes useful information about the patient.

REVIEW OF LITERATURE

The term "drug seeking" has been used for at least 25 years, possibly much longer, not only in the United States but also in Canada, New Zealand, and Australia (Goldman, 1989; Powell, 1989; Sarfato & Gray, 1985). Although the term is most often used in the United States in reference to obtaining opioids, it has also been used in relation to other medications such as benzodiazepines and amphetamines (Sarfato & Gray, 1985).

The obvious meaning of the term "drug seeking" in relationship to opioids is patient behavior designed to obtain analgesics for pain relief. This alone is not unacceptable or unusual. That raises the question, When does this behavior become inappropriate, causing the patient to be labeled a drug seeker?

The term "drug seeking" is rarely defined, leaving the reader to infer the meaning by the context in which it is used. A recent article on definitions related to the medical use of opioids did not even include the term "drug seeking" (Savage, Joranson, Covington, Schnoll, Heit, & Gibson, 2003).

Goldman (1999) defined drug seeking as "individuals who knowingly break the law by seeking and obtaining controlled drugs in order to sell them on the street" (p. 99). He identified three categories of drug seekers: (1) those who have chemical dependency, (2) those who seek drugs to sell on the street, and (3) those who are hired by drug dealers to obtain prescriptions they can sell.

Another example of an attempt to define drug seeking is, "Drug-seeking may be seen with either active addiction or pseudoaddiction, or as part of deviant behavior such a drug diversion. A way to distinguish between these conditions is by giving the patient appropriate pain medication. . . ." (Weaver & Schnoll, 2002, p. 6). Pseudoaddiction is defined as behaviors that appear to indicate addiction but actually reflect undertreated pain (Weissman & Haddox, 1989). The authors also stated that some types of drug-seeking behavior may be more predictive of opioid abuse than of pseudoaddiction.

One recent article discusses patients with pain who are also addicted to opioids, referred to as user/abusers, and suggests that both pain control and abuse disorders are responsible for drug-seeking behavior (Mitra & Sinatra, 2004). These same authors identify what they call a subset of drug seekers who have undertreated pain, or pseudoaddiction. The authors state that in these patients drug-seeking behaviors may resemble addiction but actually reflect the patients' efforts to seek adequate pain relief.

The term "drug seeking" is also defined by Compton (1999) as "a set of behaviors in which an individual makes a directed and concerted effort to obtain a medication. . . behaviors may include 'clock watching,' frequent requests for early refills, or hoarding analgesics" (p. 429). The point is made that these behaviors are not necessarily evidence of addiction and may be pseudoaddiction.

In the Core Curriculum for Pain Management Nurses, Cox (2003), quotes from Compton (1999), above, stating the same definition and related behaviors. Cox, as did Compton, emphasizes that these do not necessarily mean addiction and possibly are behaviors that indicate pseudoaddiction. Thus, according to Compton and some of the above authors, drug-seeking behavior could be for legitimate or illegitimate purposes.

Clearly, there is no agreement on the definition of drug seeking. In general, it seems that drug seeking is considered any one of a number of seemingly inappropriate attempts to obtain opioids. Without a clear definition of drug seeking, it is difficult to say what behaviors constitute drug seeking.

PURPOSE

A survey was developed to explore and describe from the nurse's perspective the meaning of the term "drug seeking," specifically:

1. to identify behaviors that may cause nurses to refer to a patient as drug seeking,
2. to identify what nurses think the term "drug seeking" means,
3. to explore how nurses regard the use of the term "drug seeking" in health care, and
4. to identify differences between general nurses, emergency nurses, and pain management nurses with regard to the above.

The latter purpose was included to explore the possibility that the meaning of drug seeking and its usage may differ between nurses in different clinical areas, or compared with those with more education and clinical experiences in pain management.

METHODS

Survey Questionnaire

The two-page self-administered survey (Appendix 1) consists of 7 demographic items, 10 scaled items listing behaviors that might cause the nurse to refer to a patient as drug seeking (Section A), 10 scaled items listing possible conclusions or meanings that nurses might ascribe to patients who are referred to as drug

seeking (Section B), and 5 categoric items further exploring respondents' interpretation of the use of the term "drug seeking" (Section C). The scaled items related to behaviors and meanings in Sections A and B were rated by respondents on a 5-point scale from 0 to 4: 0 = "not likely," 1 = "rarely likely," 2 = "somewhat likely," 3 = "very likely," or 4 = "extremely likely." Sections A and B contained one final open-ended item asking for other behaviors or meanings related to drug seeking. Section C contained five questions related to use of the term "drug seeking." There was also room for additional comments at the end of the survey.

The survey items were developed using a variety of nursing resources. The authors began by collecting comments made by nurses attending pain programs during discussions of patients who the nurses said were drug seeking. Pilot surveys were then developed and sent to 11 nurses representing pain management, emergency nursing, and addictions to obtain their comments and additions. Efforts were made to shorten the survey, but feedback from various nurses indicated that all of the final items should be included in this exploratory study. The survey was then piloted at three different pain management programs and discussed with participants, after which the final survey was developed.

An exploratory factor analysis using principal axis factoring and varimax rotation revealed three constructs underlying the 20 scaled items (Section A and Section B) used in the survey. Items rating the likelihood of 10 specific patient behaviors indicative of drug-seeking behavior (Section A) formed Factor 1 (Behaviors), with an internal consistency of coefficient alpha = 0.90. Five items from the meaning of drug-seeking rating scale formed Factor 2 (Addiction scale), with an internal consistency of coefficient alpha = 0.83. Items included the following: patient is manipulative, patient is abusing pain medication, patient is lying about pain, patient is exaggerating pain, and patient is addicted to opioids. The remaining five items from the interpretation of drug-seeking rating scale formed Factor 3 (Uncontrolled Pain), with an internal consistency of coefficient alpha = 0.84. Items included upset, undertreated for pain, pain unbearable, tolerant to opioids, and demanding. The three factors accounted for 53% of the variance in the 20 items.

The data analysis is based on survey responses from 369 registered nurses as described in the sample. Survey data were entered into an ASCII file, audited for accuracy, and analyzed using SPSS 11.5 for Windows (SPSS Inc., Chicago, IL). Descriptive statistics were computed for each survey item. The 20 scaled items (requiring 0–4 ratings from 0 = not likely to 4 = extremely likely) on which respondents rated drug-seeking behaviors and the meaning of the term "drug seeking" were factor analyzed to examine construct validity. Differences in demographic characteristics between the three groups of nurses were also tested using contingency table analysis or one-way analysis of variance. After the rating scales were collapsed into three ordinal levels (not very likely, 0–1; somewhat likely, 2; and very likely 3–4), associations between geographic regions and drug-seeking behaviors/meanings were tested among general registered nurses by using contingency table analysis and the chi-square statistic. Associations among nurse groups (general, emergency nurses, and pain management nurses) and their perceptions of drug-seeking behaviors and the meaning of drug seeking were examined using contingency table analysis and the chi-square statistic. Associations between dichotomous items about the connotation of the term "drug seeking" and readiness to apply the term to patients with nurse group were also examined.

Population and Sample

Data were collected from pretest surveys of a convenience sample of nurses attending lectures on pain management in the United States over a 5-month period from November 2002 to March 2003. A total sample of approximately 760 nurses completed the survey. The total sample was divided into three groups:

1. General nursing (N = 295). To obtain a group of registered nurses in various clinical areas other than pain management or emergency nursing, registered nurses who checked "pain clinic/service" or "emergency department" as one of their clinical areas were removed from this sample. From the remaining sample, 295 nurses were randomly selected to represent four geographic areas: Western (N = 72), Midwestern (N = 75), Southern (N = 75), and Eastern (N = 73).
2. Emergency nurses (N = 35). From the total sample of 760 nurses, all nurses who checked emergency department (N = 35) as their clinical area were included in this group.
3. Pain management nurses (N = 39). From the total sample of 760 nurses, 39 completed the survey at the annual meeting of the ASPMN in 2003 and checked "pain clinic/service" as their clinical area. Those who did not attend the ASPMN meeting but selected "pain clinical/service" as their clinical area were not included in the sample. This was done to help ensure that the pain management group represented nurses who were likely to have had previous education on pain management.

TABLE 1.
Demographics

	General Nurses		Emergency Nurses		Pain Management Nurses	
	n = 295	%	n = 35	%	n = 39	%
Highest Education						
■ AD	83	28.9	12	35.3	2	5.3
■ Diploma	45	15.7	2	5.9	5	13.2
■ Bachelors	121	42.2	18	52.9	12	31.6
■ Masters	37	12.9	2	5.9	19	50
■ Doctorate	1	.3	0	0	0	0
Practice Setting			*		**	
■ Hospital	244	82.4				
■ Home/community	20	6.8				
■ Office	7	2.4				
■ Nursing home	5	1.7				
■ Other	20	6.8				
Clinical Area			***		****	
■ Medical	73	19.4				
■ Postop/surgery	90	23.9				
■ Oncology	30	8				
■ Orthopedic	22	5.8				
■ Pediatrics	18	4.8				
■ ICU/CCU	40	10.6				
■ Hospice/palliative care	17	4.5				
■ OB/GYN	27	7.2				
■ Other	59	15.6				
Gender						
■ Male	15	5.1	3	8.8	1	2.6
■ Female	279	94.9	31	91.2	37	97.4
		Mean		Mean		Mean
Years experience as a health professional		18.5		16.6		23.3
Age		44		42.3		46.7

ICU, Intensive care unit; *CCU,* Cardiac care unit.
*The practice setting for all emergency nurses was the emergency department.
**The practice setting for all pain management nurses was hospital or clinic.
***The clinical area for all emergency nurses was emergency nursing.
****The clinical area for all pain management nurses was pain management.

The three groups comprise a total sample of 369 nurses.

Procedure

Surveys were distributed to nurses attending programs on pain management. In all instances, except at the ASPMN meeting, nurses completed the surveys and returned them before the pain management program they were attending.

RESULTS

Demographics

Characteristics of the respondents are summarized in Table 1. Education levels for the general nurses group and the emergency nurses group were similar but differed from the pain management nurses group. In the general nurses group, 42.2% held a bachelors degree and 12.9% held a masters degree. In the emergency nurses group, 52.9% held a bachelors degree and 5.9% held a masters degree. In the pain management nurses group, 50% held a masters degree and 31.6% held a bachelors degree.

The general nurses group of respondents practiced in many settings, with the most common practice setting being the hospital (82.4%). This group practiced in a variety of clinical areas and some practiced in more than one, but the most common was medical-surgical (43.3%). The pain management nurses most often practiced in hospital settings, and the emergency nursing group practice area was the emergency department.

TABLE 2.
Section A: How Likely Is it That the Following Behaviors May Cause You to Refer to a Patient as Drug Seeking?

Questions:	Responses*	General Nurses		Emergency Nurses		Pain Management Nurses	
		n = 295	%	n = 35	%	n = 39	%
QA1: Reports allergy to everything but certain opioid	0–1.9	101	34.5	6	17.1	16	42.1
	2.0–2.9	96	32.8	12	34.3	15	39.5
	3.0–4.0	96	32.8	17	48.6	7	18.4
QA2: States the name and dose of the opioid	0–1.9	87	29.9	7	20	18	46.2
	2.0–2.9	89	30.6	12	34.3	13	33.3
	3.0–4.0	115	39.5	16	45.7	8	20.5
QA3: Goes to different EDs to get opioids	0–1.9	11	3.8	0	0	6	15.8
	2.0–2.9	35	12	5	14.3	7	18.4
	3.0–4.0	246	84.2	30	85.7	25	65.8
QA4: Prefers needle to the pill	0–1.9	70	24	7	20	12	32.4
	2.0–2.9	84	28.8	13	37.1	14	37.8
	3.0–4.0	138	47.3	15	42.9	11	29.7
QA5: Clock-watcher	0–1.9	94	32	14	40	30	76.9
	2.0–2.9	86	29.3	10	28.6	8	20.5
	3.0–4.0	114	38.8	11	31.4	1	2.6
QA6: Frequently comes to ED to get opioids	0–1.9	76	26.1	4	11.4	23	59
	2.0–2.9	91	31.3	9	25.7	10	25.6
	3.0–4.0	124	42.6	22	62.9	6	15.4
QA7: Enjoys his/her opioid	0–1.9	100	34	10	28.6	23	60.5
	2.0–2.9	80	27.2	5	14.3	9	23.7
	3.0–4.0	114	38.8	20	57.1	6	15.8
QA8: Tells nurse where to give drug and how fast	0–1.9	51	17.4	7	20	10	25.6
	2.0–2.9	65	22.2	8	22.9	14	35.9
	3.0–4.0	177	60.4	20	57.1	15	38.5
QA9: Tells inconsistent stories about pain or hx	0–1.9	46	15.7	3	8.6	8	20.5
	2.0–2.9	83	28.3	6	17.1	7	17.9
	3.0–4.0	164	56	26	74.3	24	61.5
QA10: Asks for refill because Rx lost/stolen	0–1.9	31	11.3	2	5.7	5	12.8
	2.0–2.9	84	30.5	9	25.7	12	30.8
	3.0–4.0	160	58.2	24	68.6	22	56.4

ED, Emergency department.
*0–1.9 = not likely/rarely likely; 2.0–2.9 = somewhat likely; 3.0–4.0 = very likely/extremely likely.

The mean years of experience was 18.5 years for the general nurses, 16.6 years for the emergency nurses, and 23.3 years for the pain management nurses. The mean age was 44 years for the general nurses, 42.3 years for the emergency nurses, and 46.7 years for the pain management nurses. All groups were predominately composed of female nurses.

Responses to Survey Items

Table 2, Section A, and Table 4, Section B, report the number and percentage of the three groups of nurses' responses to each item in three categories: (1) 0 to 1.9 or "not likely"/"rarely likely," (2) 2 to 2.9, or "somewhat likely," and (3) 3.0 to 4.0, "very likely"/"extremely likely." For the sake of brevity these categories will be referred to as not likely, somewhat likely, and very likely, respectively.

Behaviors that cause nurses to refer to a patient as drug seeking. Table 2, Section A, presents nurses' responses to the question, "How likely is it that the following behaviors may cause you to refer to a patient as drug seeking?" For many of the items the nurses' responses were rather evenly divided into thirds among not likely, somewhat likely, and very likely, indicating evenly distributed disagreement as to whether the behavior indicates drug seeking.

Those items in the general nurses group in which the majority, 51% or more, agreed that the patient behavior was very likely to cause the nurse to refer to the patient as drug seeking were as follows: goes to

TABLE 3.
Section A, 11: Responses to Question: What Other Behaviors Do You Consider Drug Seeking?

"Asking for pain med then returning to sleep."
"Dramatic response to pain when someone in room but appears comfortable when not seen."
"States he's level 10 pain, but does not appear to be in pain (or '5′ on appearance)."
"Patient seen in waiting room—laughing, talking, moving around freely—when called to triage becomes weepy, difficulty moving, moaning."
"Requests a stronger pain medicine than should be required for type of procedure patient had."
"Patient asks for analgesic then wants to leave unit right away to go smoke!"
"Gets IV med, then leaves unit to smoke or walk around."
"A patient says my pain med is due every 4 hours I'm going to need it at 6:00, 10:00, and then says it didn't come on time."
"Will take breakthrough meds just 2 hours after receiving main drug ordered, exaggerates pain symptoms."
"Wants to be awoken to get the pain medication when it is time."
"Says nothing works/needs stronger Rx."
"Patient is so drowsy from narcotic just given that patient forgets it was given and asks for another dose."
"Demanding the medication or become upset or angry when different or lower dose of medication is used first."
"Demanding, rude behaviors. Forgets he had it within 30 minutes to 1 hour."
"Wants all his meds given all at the same time (anti-anxiety and pain meds., etc)."

different emergency departments to get opioids (84.2%), tells the nurse where to give the drug and how fast (60.4%), tells inconsistent stories about pain or medical history (56%), and asks for a refill because the prescription was lost or stolen (58.2%). There were no items that 51% or more of the general nurses agree were unlikely to cause them to refer to the patient as drug seeking. In the general nurses group the patient behaviors in which there is fairly even distribution from not likely to extremely likely were as follows: reporting an allergy to everything but a certain opioid, stating the name and dose of the opioid, preferring the needle to the pill, "clock-watching," frequently coming to the emergency department, and enjoying his/her opioid. Thus, the majority of the general nurses agree that all the behaviors are at least somewhat likely to cause them to refer to the patient as drug seeking.

The emergency nurses gave responses very similar to the general nurses. The majority, 51% or more, agreed, often more strongly, with the general nurses as to which behaviors cause them to refer to a patient as drug seeking: goes to different emergency departments to get opioids (85.7%), tells the nurse where to give the drug and how fast (57.1%), tells inconsistent stories about pain or medical history (74.3%), and asks for a refill because the prescription was lost or stolen (68.6%). Two additional items that the emergency nurses identified as very likely to cause them to refer to a patient as drug seeking were (1) frequently comes to the same emergency department for opioids (62.9%) and (2) enjoys his/her opioid (57.1%). Otherwise, the most notable difference was that although a majority may not agree that other behaviors were very likely drug seeking, a higher percentage (40%–49%) were inclined to endorse the remainder of the behaviors as very likely to indicate drug seeking. In other words, the emergency nurses more often responded in the in the 40% to 49% level of very likely on items about which the general nurses were more evenly divided into thirds. There were no items that 51% or more of the emergency nurses agreed were unlikely to cause them to refer to the patient as drug seeking. Thus, like the general nurses, the majority of emergency nurses agreed that all the behaviors were at least somewhat likely to cause them to refer to the patient as drug seeking.

Similar to the other two groups of nurses, the majority (51% or more) of the pain management nurses agreed that the following would very likely cause them to refer to a patient as drug seeking: goes to different emergency departments to get opioids (65.8%%), tells inconsistent stories about pain or medical history (61.5%), and asks for a refill because the prescription was lost or stolen (64.5%). The responses of the pain management nurses were notably different from the other two groups in two ways. First, a majority identified three behaviors as not likely to cause them to refer to a patient as drug seeking: "clock watching" (76.9%), frequently comes to the emergency department for opioids (59%), and enjoys his/her opioid (60.5%). Neither of the other groups identified any behavior that was not likely to cause the majority of them to call the patient a drug seeker. Second, the pain management nurses disagreed somewhat with the other two groups that they would refer to a patient as drug seeking if the patient told the nurse where to give the drug and how fast. For this item,

TABLE 4.
Responses to Section B of Survey: When You Refer to a Patient as Drug Seeking, How Likely Is it That You Mean the Following? Or, If You Do Not Use the Term "Drug Seeking," What Does it Mean to You When Others Use It?

	Responses*	General Nurses		Emergency Nurses		Pain Management Nurses	
		n = 295	%	n = 35	%	n = 39	%
QB1: Patient is addicted to opioids	0–1.9	48	16.8	3	8.8	7	18.4
	2.0–2.9	72	25.2	9	26.5	9	23.7
	3.0–4.0	166	58	22	64.7	22	57.9
QB2: Patient finds the pain unbearable	0–1.9	143	49.1	16	47.1	24	61.5
	2.0–2.9	63	21.6	13	38.2	10	25.6
	3.0–4.0	85	29.2	5	14.7	5	12.8
QB3: Patient is lying about pain	0–1.9	90	31.3	6	17.6	15	38.5
	2.0–2.9	89	30.9	12	35.3	9	23.1
	3.0–4.0	109	37.8	16	47.1	15	38.5
QB4: Patient has undertreated pain	0–1.9	136	46.9	15	44.1	19	48.7
	2.0–2.9	78	26.9	12	35.3	11	28.2
	3.0–4.0	76	26.2	7	20.6	9	23.1
QB5: Patient is exaggerating pain	0–1.9	78	27	9	27.3	14	35.9
	2.0–2.9	102	35.3	9	27.3	10	25.6
	3.0–4.0	109	37.7	15	45.5	15	38.5
QB6: Patient is demanding	0–1.9	99	34.1	10	29.4	16	41
	2.0–2.9	81	27.9	8	23.5	10	25.6
	3.0–4.0	110	37.9	16	47.1	13	33.3
QB7: Patient is upset	0–1.9	131	45.3	17	50	18	47.4
	2.0–2.9	75	26	8	23.5	11	28.9
	3.0–4.0	83	28.7	9	26.5	9	23.7
QB8: Patient is abusing pain medication	0–1.9	45	15.6	4	11.8	3	7.7
	2.0–2.9	65	22.6	6	17.6	9	23.1
	3.0–4.0	178	61.8	24	70.6	27	69.2
QB9: Patient is manipulative	0–1.9	50	17.3	4	12.5	7	17.9
	2.0–2.9	70	24.2	6	18.8	11	28.2
	3.0–4.0	169	58.5	22	68.8	21	53.8
QB10: Patient is tolerant to analgesia of opioid	0–1.9	87	30.7	9	27.3	19	48.7
	2.0–2.9	71	25.1	10	30.3	11	28.2
	3.0–4.0	125	44.2	14	42.4	9	23.1

*0–1.9 = not likely/rarely likely; 2.0–2.9 = somewhat likely; 3.0–4.0 = very likely/extremely likely.

instead of the majority of pain management nurses saying that they would refer to the patient as drug seeking, these nurses' responses were more evenly divided between not likely, somewhat likely, and very likely.

At the end of Section A of the survey, respondents were asked what other behaviors they considered drug seeking. Table 3 lists some examples that include observations of patients changing their behaviors to obtain pain relief and leaving the unit for a cigarette after pain medication was received. Some comments depict patients trying to apply sound pain management principles, such as taking analgesics around the clock for persistent pain.

When general nurses were compared with emergency nurses and pain management nurses, general nurses and emergency nurses were more likely than pain management nurses to select the "very/extremely likely" response regarding going to different emergency departments to get opioids (χ^2 [4] = 14.82, p = .005), being a clock-watcher (χ^2 [4] = 32.82, $p <$ .001), and frequently coming to the same emergency department to get opioids for pain (χ^2 [4] = 27.94, $p <$ .001).

Emergency nurses were significantly more likely to select the very likely response regarding enjoys his/her opioid than were general nurses or pain management nurses (χ^2 [4] = 17.58, p = .001). Overall, emergency nurses were more likely to label patient behavior as drug seeking than were pain management nurses (χ^2 [4] = 19.98, p = .001).

Meaning of drug seeking. Table 4, Section B, contains nurses' answers to the question, "When you refer to a patient as drug seeking, how likely is it that you mean the following? Or, if you do not use the term "drug seeking," what does it mean to you when others use it?" As in Part A above, for many of the items the responses were almost equally divided into thirds, that is, fairly evenly distributed between not likely, somewhat likely, and very likely to reflect the meaning of drug seeking.

The only three items that the majority, 51% or more, of the general nurses agree drug seeking means are that the patient is addicted to opioids (58%), the patient is abusing the pain medication (61.8%), and the patient is manipulative (58.5%). There were no items that 51% or more of the general nurses agreed were unlikely to be covered in the meaning of drug seeking. Those meanings that almost a majority (40%–50%) thought drug seeking was unlikely to mean were as follows: the patient finds pain unbearable, the patient has undertreated pain, and the patient is upset. Responses of the general nurses that were fairly evenly distributed between not likely, somewhat likely, and very likely to reflect the meaning of drug seeking were as follows: the patient is lying about the pain, the patient is exaggerating the pain, the patient is demanding, and the patient is tolerant to the analgesia of the opioid.

Items that 51% or more of the emergency nurses agreed as meaning drug seeking were the same as those of the general nurse group, but the agreement was stronger. A majority of the emergency nurses believed that the following reflected the meaning of drug seeking: the patient is addicted to opioids (64.7%), the patient is abusing pain medicine (70.6%), and the patient is manipulative (68.8%). There were no items that 51% or more of the emergency nurses agreed were unlikely to be covered in the meaning of drug seeking. However, there were two items that close to a majority came to believe that drug seeking was not likely to mean: the patient finds the pain unbearable (47.1%) and the patient is upset (50%). Responses of the emergency nurses were similar to those of the general nurses with regard to the items in which there is fairly even distribution among not likely, somewhat likely, and very likely.

As in the other two groups, the pain management nurses thought it very likely that drug seeking meant the patient is addicted to opioids (57.9%), the patient is abusing pain medicine (69.2%), and the patient is manipulative (53.8%).

The pain management nurses group was similar to the two previous groups in the items for which there was fairly even distribution among not likely, somewhat likely, and very likely to be meant by drug seeking.

Only one item was different. The pain management nurses more strongly (61.5%) agreed that drug seeking is not likely to mean that the pain is unbearable. In neither of the other two groups did the majority think it unlikely that drug seeking meant that the patient finds the pain unbearable. When general nurses were compared with emergency nurses and pain management nurses, general nurses were more likely than the other two groups to select the very likely response regarding the patient finding the pain unbearable (χ^2 [4] = 10.15, p = .038). There was no overall significant association between groups and the tendency to attribute the meaning of the term "drug seeking" as addiction or as having poorly controlled pain.

At the end of Section B, respondents were asked an open-ended question, What else might you mean by the term "drug seeking"? Their responses are in Table 5. These included suspecting that drug seeking might mean uncontrolled pain, wanting to get "high," and emotional problems. Many comments were very similar to the items already listed in the survey.

Use of the term "drug seeking." Table 6, Section C, contains answers to questions about use of the term "drug seeking." In the general nurses group, 82.8%

TABLE 5.
Responses to Question C. 11: What Else Might You Mean by the Term "Drug Seeking"?

"Using or trying to obtain drugs on a long-term, chronic base inconsistent with diagnosis or pathology."
"Unable to determine any physical cause for pain and history of drug abuse."
"Combination of behaviors and observations."
"Wanting medication only, no other treatment."
"Needs medication."
"Pain not controlled."
"Poor pain management."
"Medication isn't used appropriately/needs adjuvants."
"Wants to get high."
"Patient likes the 'high' from the opiate and nothing else."
"Patient is seeking the drug for the 'high" not for analgesic properties."
"Still requesting pain medication with signs of over dosage: slurred speech, unsteady."
"Emotional psychologic problems/depression."
"Needy, unable to cope."
"Comfort seeking."
"Requires pain medications continuous and never receives relief at all."
"Patient who may not have pain but wants medications."

TABLE 6.
Responses to Section C of Survey: Use of Term "Drug Seeking"

Questions	Responses	General Nurses		Emergency Nurses		Pain Management Nurses	
		n = 295	%	n = 35	%	n = 39	%
C1. Do you think the term "drug seeking" should be used in health care?	Yes	128	46.4	19	55.9	13	36.1
	No	148	53.6	15	44.1	23	63.9
C2. When you hear a patient referred to as drug seeking, which of these meanings does it have?	Positive	2	0.7	0	0	0	0
	Neutral	48	16.6	6	17.6	6	15.4
	Negative	240	82.8	28	82.4	33	84.6
C3. Do you ever use the term "drug seeking" in talking about patients?	Yes	142	50	23	67.6	19	48.7
	No	142	50	11	32.4	20	51.3
C4. Do you ever use the term "drug seeking" in charting?	Yes	19	6.8	3	8.8	3	7.9
	No	262	93.2	31	91.2	35	92.1
C5. How did completing this survey make you feel about using the term "drug seeking"?	Less inclined	169	59.5	15	48.4	22	61.1
	Comfortable	104	38	16	51.6	14	38.9
	More inclined	7	2.6	0	0	0	0

thought the term had a negative meaning. Although 53.6% thought the term should not be used in health care, 50% used the term in talking about patients, but 93.2% did not use the term in charting. After completing the survey, 59.5% said they were less inclined to use the term "drug seeking."

In the emergency nurses group, 82.4% thought the term had a negative meaning, but 55.9% thought the term should be used in health care, and 67.6% used the term in talking about patients. However, 91.2% did not use the term in charting. After completing the survey, 48.4% were less inclined to use the term and the remainder, 51.6%, were comfortable in the way they were using the term.

In the pain management nurses group, 84.6% thought the term had a negative meaning, and 63.9% thought the term should not be used in health care. In this group, 51.3% did not use the term in talking about patients and 92.1% did not use it in charting. After completing the survey, 61.1% were less inclined to use the term.

DISCUSSION

Limitations of Study

The sizes of the groups were not equal; the general nurses group was much larger (295) than the emergency nurses group (35) and the pain management nurses group (39). Comparing the responses of groups unequal in size can be regarded only as suggestive of similarities and differences between them. Further study using groups of equal size is indicated.

Content of the Survey

Only a few of the behaviors on our survey were mentioned in the publications that were written primarily by physicians, suggesting that nurses have a different perspective on the term "drug seeking." In the medical literature, Weaver and Schnoll (2002) provide a list of what they consider drug-seeking behaviors, of which only one is included in our survey, multiple episodes of lost prescriptions. In one article the physicians list behaviors that are understood by implication to be drug seeking and may or may not indicate abuse (Mitra & Sinatra, 2004). From this list those behaviors that are included in our survey are multiple lost/stolen/spilled prescriptions and patient obtains opioids from multiple sources such as emergency departments.

In a more current publication by a physician, drug-seeking behaviors are listed as such but include only one that is in our survey, frequent lost prescriptions (Kanner, 2003a). The behaviors were referred to as "red flags" that drug diversion or illicit use may be occurring. Pseudoaddiction was not mentioned as a possibility.

Other behaviors referred to as "aberrant drug-related behaviors that raise concern about the potential for addiction" were developed by Portenoy (1994), a physician. They are often mentioned in current literature but not usually labeled drug seeking. Aberrant drug-related behaviors comprise the above behaviors and one other on our survey, requesting specific drugs. This behavior is listed as one that is less suggestive of addictive disease.

These findings suggest that nurses and physicians may view drug-seeking behaviors from different perspectives. Whatever nurses mean by the term "drug seeking" may be dissimilar from what physicians mean. This is worth further study.

Behaviors Associated with Drug Seeking

The items that would cause the majority of all three groups to refer to a patient as drug seeking were as follows: going to different emergency departments to get opioids (65.8%–85.7%), telling inconsistent stories about pain or medical history (56%–74.3%), and asking for a refill because the prescription was lost or stolen (56.4%–68.6%). On every item emergency nurses were more likely to label behavior as drug seeking than were pain management nurses, and on all but two items (prefers the needle to the pill and clock watching) the emergency nurses were more likely than general nurses to label the patient as drug seeking. All of the items were endorsed by all groups as being at least somewhat likely to cause them to refer to the patient as drug seeking. This suggests that the behaviors listed on the survey are more likely to cause emergency nurses to refer to patients as drug seeking than general nurses or pain management nurses. It is also evident that a variety of patient behaviors cause disagreement among nurses as to whether they indicate drug seeking or not.

Following is a discussion of possible circumstances other than addiction or abuse that might underlie each of the three most frequent behaviors that caused nurses to label a patient as drug seeking. Going to different emergency departments to obtain opioids for pain relief obviously may mean the patient has a chronic pain condition and that the primary physician has not treated it adequately, the previous emergency department failed to provide effective pain relief, or insurance may not pay for office visits. Our troubled health insurance industries result in many patients without insurance having only the emergency department as a source of care.

One study that helps explain some of the frequent use of the emergency departments for pain relief found that more than one third of patients presenting to the emergency department with pain did not have their pain resolved (Johnston, Gagnon, Pepler, & Bourgault, 2005). At follow-up 1 week later, approximately one third of patients still could not return to normal activities. Another study found that 73% of patients who frequently used emergency departments actually had a usual source of health care and that 30% had attempted to seek care elsewhere before their visit to the emergency department (Lucus & Sanford, 2003).

Patients who tell inconsistent stories about pain or medical history may have a number of problems such as cognitive impairment, psychiatric illness, medication side effects, or simple difficulty in recalling or communicating details that occurred recently or some time ago. In their review of the literature, Smith and Safer (1993) found that chronic pain that varies in intensity over weeks and months may be especially difficult to remember accurately. Further, Kanner (2003b) acknowledges that history taking is sometimes difficult because the patient cannot recall or be specific about the time course of a pain syndrome. Or, a patient may have trouble describing the exact distribution of back and leg pain. Trying to communicate in English as a second language also heightens the possibility of patients telling inconsistent stories. In fact, pain has a language of its own, such as various qualities, intensities, and locations with which patients may not be familiar. Without the help of a clinician skilled at history taking, some patients with communication difficulties may tell inconsistent stories about pain to the same or different interviewers.

Other factors may complicate the ability to obtain an accurate and consistent history from patients about their pain. It has been known for some time that present pain intensity affects chronic pain patients' recall of their pain and medication use for 1 day to several weeks previously (Smith & Safer, 1993). Prior pain is recalled as less severe when present pain is at relatively low intensity and as more severe when present pain is at a relatively high intensity. Medication use is recalled as less frequent when the patient's present level of pain is low. Therefore, it should not be too surprising that some patients fail to give consistent pain histories.

Asking for a refill because the prescription has been lost or stolen may be a result of many factors. For example, patients with cognitive impairment may misplace items. Other patients may be unaware of the street value of their prescriptions and fail to protect their supplies, leading to theft by relatives or visitors to their home. Some patients with breakthrough medications may carry those with them when they leave their residence. These patients need to be cautioned to carefully secure their prescriptions and never carry all of their medications with them when they are going

out. It is also possible that patients reporting lost or stolen prescriptions simply ran out of medication because the prescription was insufficient. In their study of patients with chronic pain, Kirsh, Whitcomb, Donaghy, and Passik (2002) found that undertreated pain in patients with cancer resulted in those patients escalating their doses of prescription opioids.

Meanings Associated with Drug Seeking

When the term "drug seeking" is used, all three groups agreed that it was very likely to mean the patient was addicted to opioids (57.9%–64.7%), the patient was abusing pain medicine (61.8%–70.6%), and the patient was manipulative (53.8%–68.8%). Another important finding was that for each item there were responses in each of the categories of not likely, somewhat likely, and very likely. Clearly the term "drug seeking" evokes very different meanings among nurses.

When a patient is referred to as drug seeking, less than one third of the nurses in each group thought it was very likely that the patient found the pain unbearable, the patient had undertreated pain, or the patient was upset. The pain management nurses rather strongly (61.5%) agreed that drug seeking does not mean that the pain is unbearable. Undertreatment of pain is well recognized, but very few nurses in each group thought it was very likely (20.6%–26.2%) that a patient who is referred to as drug seeking has undertreated pain. Despite higher levels of education, their attendance at the ASPMN meeting, and current experience in pain management, only 23.1% of the pain management nurses thought drug seeking was very likely to mean undertreated pain, and only 12.8% thought it was very likely that the patient found the pain unbearable.

Compared with the general nurses group and the emergency nurses group, the pain management nurses group's responses are not very different. One might expect they would give different or stronger responses to survey items. However, this was not the case.

Because there is widespread undertreatment of pain, behaviors that raise concern about drug seeking seem to be best approached initially as potential undertreatment of pain, or pseudoaddiction. Every behavioral item on the survey could be caused by unrelieved pain. A clinician in the field of addiction and pain believes that many patients coming to a physician's office requesting pain medication are accused of drug seeking, when in reality, most of these patients may be undertreated for their pain (Heit, 2001). This may actually result in manipulative behavior.

As pointed out by Fisher (2004)), undertreatment of pain can easily cause the patient to be less than honest with the physician. When patients do not get relief for the pain they report, it is a common observation (Table 3) that some patients will change their behavior, trying to learn what behaviors are likely or not likely to help them get pain relief, causing them to become manipulative. If the patient's report of pain is not accepted and pain relief is not forthcoming, it would be logical for that patient to try to determine what behaviors or information would increase the likelihood of getting pain relief. Patients' actions are actually valid attempts to improve the likelihood of getting pain relief, unless, of course, they are caught doing it. One study showed that patients who reported identical levels of severe pain were more likely to receive high doses of morphine if they were grimacing than if they were smiling (McCaffery, Ferrell & Pasero, 2002).

When the clinician does not respond with attempts to relieve the patient's pain, the clinician should stop to consider, What would the patient have to say or do to make me relieve the pain? Very likely some patients will figure out the answers and begin to act like and say things that would cause the clinician to provide pain relief.

In dealing with the behaviors that may cause nurses to refer to a patient as drug seeking and conclude that this means addictive disease, nurses should examine the behavior for other possible meanings using this strategy: This behavior may mean that the patient has addictive disease, but what else could it mean? Nurses must also recognize that they may not be educated and experienced enough in the science of addiction to make the diagnosis of addictive disease. This diagnosis can only be made over time by a qualified clinician. Furthermore, the use of certain lists of behaviors to establish the presence of addictive disease has not been validated. One clear limitation is that these behaviors are merely a series of anecdotal observations, not necessarily a pattern of behavior (Fisher, 2004).

Portenoy emphasizes that his list of aberrant behaviors is not equated with addiction and requires a differential diagnosis because they may also indicate unrelieved pain or mild encephalopathy with confusion about drug intake (Portenoy, 1996). To rule out pseudoaddiction, improved pain control such as escalation of the opioid dose, is recommended by both Portenoy (1994) and Passik and Kirsh (2004). They also emphasize the need for differential diagnosis of drug-taking behavior as either addiction or not, but note that clinicians need not be correct in their final conclusion as to the presence or absence of addictive disease. In either case the care of the patient can be individualized without necessarily terminating the pre-

scription of opioids. The authors give specific suggestions for doing this.

Others also point out that aberrant drug behaviors are not equated with addiction and their predictive ability is unknown (Kirsh et al., 2004; Michna et al., 2004). On the basis of research data, it seems that only a minority of patients taking opioids for pain engage in these behaviors. More research is needed on the prevalence of licit versus illicit intent behind these behaviors, but some authors (e.g., Ballantyne & Mao, 2003) make unsubstantiated statements that most often the behaviors reflect addiction or noncompliance.

In an effort to improve the usefulness of lists of aberrant or drug seeking behaviors, Fisher (2004) focuses on the issue of undertreatment and suggests dividing the behaviors into two groups that pose different possibilities for the meaning of the behaviors: (1) drug-related behaviors *primarily* suggestive of undertreated pain such as requesting specific drugs, and (2) drug-related behaviors *possibly* suggesting undertreated pain, such as recurrent prescription losses.

Use of the Term "Drug Seeking"

The majority (82.4%–84.6%) of nurses in all groups agreed that drug seeking has a negative meaning. Looking at behaviors from the perspective of concern or possible undertreated pain instead of viewing them as potential indicators of addictive disease, as suggested above, may help them question their attitudes.

The groups were fairly evenly divided as to whether the term should be used in health care, with the pain management nurses less likely (63.9%) to think the term should be used. The groups were also fairly evenly divided as to whether they used the term in talking about patients, with the emergency nurses more likely (67.6%) to use the term in conversation. A majority of all groups (91.2%–93.2%) denied using the term in charting.

During the piloting period of the survey, the authors began to suspect that completing the survey was influencing the nurses' behavior. Later during the lecture on pain there were fewer concerns expressed about drug seeking. Thus a question was added to the survey to explore how completion of the survey affected the nurses' use of the term "drug seeking." In response, a majority of the general nurses group (59.5%) and pain management nurses group (61.1%) were less inclined to use the term "drug seeking." The emergency nurses group was fairly evenly divided between being less inclined to use the term and being comfortable with their current use of the term. On the basis of the findings addressed above, perhaps this short survey, which takes approximately 10 minutes to complete, would be an efficient way to begin to help nurses examine their attitudes about patients they have been referring to as drug seeking and begin to address the stigma associated with those terms.

Addressing Stigma in Clinical Practice

To get a perspective on the concept of stigma, it is useful to know that describing a patient as difficult is considered a stigmatizing act (McDonald, 2003). The term "drug seeking" is often applied to patients who are considered difficult. McDonald describes characteristics of patients referred to as difficult. One characteristic is a blemish of character, such as chemical dependency, which is one of the meanings nurses ascribed to the term "drug seeking." According to McDonald, one other characteristic of the difficult patient is the nurses' sense of being challenged as to who is in control in the nurse–patient encounter. Many of the items that nurses endorsed on the survey indicate an issue of control, such as the patient telling the nurse how to give the medication.

Our findings indicate that a high level of confusion and stigma are likely to be present in the care of a patient who is labeled drug seeking. The term "drug seeking" is very often used, is ill-defined, is stigmatizing, and conveys no well-established criteria for concluding that the patient does or does not have addictive disease. The term should not be used in discussing patients or be written in patients' medical records. Instead of stigmatizing a patient with the label drug seeking, the behavior should be described and discussed with the patient in a respectful manner to determine meanings and causes of the behavior, seeking to work with the patient for solutions. In the field of pain and addiction considerable stigmatism and undertreatment already exist. The term "drug seeking" seems to be similar to other groups of behaviors such as aberrant drug use, which also carries stigmatism and is frequently used to diagnosis a patient as having an addictive disease when that was not the intent (Portenoy, 1994). We propose at the very least that clinicians either carefully define the term "drug seeking" or eliminate it from their vocabulary in the professional environment. We recognize that sometimes patients who display behaviors commonly called drug seeking may have addictive disease or may be diverters. Regardless, all patients should be treated with respect.

Instead of using terms such as "aberrant drug-taking behavior" or "drug-seeking behavior," it has been suggested that such behaviors be referred to as "concern-raising behaviors" to not prejudge or stigmatize patients (Elander, Lusher, Bevan, Telfer, & Burton, 2004). Using the word concern simply alerts the clinician that something is not going as usual and needs to be examined. Further, it conveys a caring and positive

attitude toward the patient. No stigma is attached and no diagnosis such as addictive disease is suggested.

After designating behaviors as concern raising, following Portenoy's (1994; 1996) advice from more than a decade ago, behaviors should be carefully examined by discussion with the patient and accompanied by careful observation over time of the total of that patient's behaviors. The first step to be taken with such behaviors is to rule out pseudoaddiction by thoroughly examining the pain management plan and escalating opioids and other pain-relief methods to determine whether the behaviors are driven by undertreatment of pain.

Quite simply, a differential diagnosis should be done when questionable behaviors occur during the course of pain management. Portenoy (1996) emphasizes that "the diagnosis of an addiction disorder should be made only if the criteria for this diagnosis are met and there is no credible alternative diagnosis" (p. 258).

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Appendix 1. Survey on the Meaning of Drug Seeking

Professional discipline:
___Nursing
___Pharmacy
___Medicine
___Physical Therapy
___Social Work
___Other
Specify_____

Highest education:
___Student
___LPN
___AD
___Diploma
___Bachelors
___Masters
___Doctorate
___Nurse Practitioner
___ Other_____

Practice setting:
___Hospital
___Home/ Community
___Office
___ Nursing home
___Other
Specify_____

Clinical area:
___Medical ___ ED
___Postop/Surg.___ Hospice
___Oncology Palliative
___Orthopedic Care
___Pediatrics ___ OB/GYN
___ ICU/CCU ___ Other_____
___ Pain Clinic/Service
Specify_____

Gender: ___Female ___Male Years experience as health professional: _____ Age: ____

Purpose: We are asking you to help us find out what patient behaviors and characteristics may be associated with the term drug seeking.

Instructions:

A. How likely is it that the following behaviors may cause you to refer to a patient as drug seeking?

0 = not likely 1 = rarely likely 2 = somewhat likely 3 = very likely 4 = extremely likely

	Circle one:				
1. Reports allergy to everything but a certain opioid (narcotic) analgesic.	0	1	2	3	4
2. States the name and dose of the opioid that best relieves the pain, e.g., patient says morphine 10 mg IV works best.	0	1	2	3	4
3. Goes to different emergency departments (EDs)/different physicians to get opioids.	0	1	2	3	4
4. Prefers "needle" (IM or IV route) to the pill (oral route).	0	1	2	3	4
5. "Clock-watcher," e.g., the patient knows his analgesic is ordered q4h, and he regularly requests it as soon as 4 hours have passed.	0	1	2	3	4
6. Frequently comes to the same ED to get opioids to relieve pain.	0	1	2	3	4
7. Enjoys his/her opioid, e.g., happy, active, or talkative after opioid.	0	1	2	3	4
8. Tells nurse where to give drug or how fast, e.g., "Give it fast and close to the port."	0	1	2	3	4
9. Tells inconsistent stories about pain or medical history.	0	1	2	3	4
10. Asks for a refill because the prescription was lost or stolen.	0	1	2	3	4

11. What other behaviors do you consider drug seeking? _____

B. When you refer to a patient as drug seeking, how likely is it that you mean the following?
Or, if you do not use the term drug seeking, what does it mean to you when others use it?

0 = not likely 1 = rarely likely 2 = somewhat likely 3 = very likely 4 = extremely likely

	Circle one:
1. Patient is addicted to opioids.	0 1 2 3 4
2. Patient finds the pain unbearable.	0 1 2 3 4
3. Patient is lying about pain.	0 1 2 3 4
4. Patient has undertreated pain.	0 1 2 3 4
5. Patient is exaggerating pain.	0 1 2 3 4
6. Patient is demanding.	0 1 2 3 4
7. Patient is upset.	0 1 2 3 4
8. Patient is abusing pain medication.	0 1 2 3 4
9. Patient is manipulative.	0 1 2 3 4
10. Patient is tolerant to the analgesia of the opioid.	0 1 2 3 4

11. What else might you mean by the term drug seeking? _____

C. Please answer the following questions.

1. Do you think the term drug seeking should be used in health care? ___ yes ___ no
2. When you hear a patient referred to as drug seeking, does this have a
   Positive meaning? ___ Neutral meaning? ___ Negative meaning? ___
3. Do you ever use the term drug seeking in talking about patients? ___ yes ___ no
4. Do you every use the term drug seeking in charting? ___ yes ___ no
5. How did completing this survey make you feel about using the term drug seeking? Check one.
   Less inclined to use it.___ Comfortable with the way I use it.___ More inclined to use it. ___

Comments are welcomed.