

Table 3-4: Aberrant Drug-Related Behaviors\*

<b>Behaviors more suggestive of addiction</b>	Selling prescription drugs
	Prescription forgery
	Stealing drugs from others
	Injecting oral formulations
	Obtaining prescription drugs from nonmedical sources
	Concurrent abuse of alcohol or illicit drugs
<b>Behaviors more suggestive of addiction</b> <i>continued</i>	Repeated dose escalations or similar noncompliance despite multiple warnings Repeated visits to other clinicians or emergency rooms without informing prescriber
	Drug-related deterioration in function at work, in family or socially
	Repeated resistance to changes in therapy despite adverse drug effects
<b>Behaviors less suggestive of addiction</b>	Aggressive complaints about the need for more drugs
	Drug-hoarding during periods of reduced symptoms
	Requesting specific drugs
	Openly acquiring similar drugs from other medical sources
	Occasional unsanctioned dose escalation or other noncompliance
	Unapproved use of the drug to treat another symptom
	Reporting psychic effects not intended by the clinician
	Resistance to a change in therapy associated with tolerable adverse effects
	Intense expressions of anxiety about recurrent symptoms

\*Based on clinical experience, these behaviors can be divided into those that are relatively more or less likely to be related to addiction. Source: Passik SD, Portenoy RK. Substance abuse issues in palliative care. In Berger A, ed. *Principles and Practices of Supportive Oncology*. Philadelphia: Lippincott-Raven Publishers, 1998. Reproduced with permission. Copyright 1998.