Learner Prep Objectives

• The purpose of this prep material is to prepare you for the Opioid Safe-Prescribing Training Immersion (OSTI) Curriculum.
• These slides provide an introduction to some of the key tools that you should be familiar with before participating in the OSTI.
  • Note that additional information and resources are in the notes section of these slides and on the OSTI website.
• By the end of this prep, you should be familiar with the following tools and concepts:
  • Universal Pain Assessment Tool (visual pain scale)
  • Single Question Substance Abuse Screening Tool
  • PHQ2
  • Safe opioid storage and disposal
  • Prescription Monitoring Program (PMP)
Case 1 Learner Tasks

• Assess current pain level, the impact of that pain, and the effectiveness of the current pain management plan.
• Estimate level of risk in using opioids for pain management, including screening for substance use and mental health disorders in patient and his family.
• Counsel patient on the risks and benefits of opioid analgesics, and obtain verbal informed consent for their use.
• Prescribe opioids and non-opiate treatment in the appropriate strength and quantity for managing this condition, with clear instructions about dosing and safety precautions.
• Make a follow up plan to support this patient through his recovery from this injury.
Pain Scale

- Patients with or at risk for substance use disorders, may have real pain that requires treatment
- Evaluation with a standardized tool can help convey a patient’s experience of pain – such tools are subjective
- Pain derives from severity of pathology, emotional state and personal experience/ability to cope with pain
- Additional questions should be asked to assess the impact of the pain and the effectiveness of the current pain management plan
Single Question Substance Abuse Screening Tool

- “How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?” (+ answer: > 0)

- Sensitivity approximately 100%, specificity approximately 74%

Smith PC J Gen Intern Med 2010; 24(7):783-8
Smith PC Arch Int Med 2010;170(13):11155-1160
The Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

- A validated depression screening tool to assess the frequency of depressed mood and anhedonia over the past 2 weeks.
  - Is a screen for depression in a “first step” approach
  - Does NOT establish a final diagnosis or monitor depression severity
- If PHQ-2 is positive (score of 3 or more), administer the PHQ-9 to assess criteria for a depressive disorder
  - A PHQ-2 score of 3 has an 82.9% sensitivity and 90.0% specificity for major depressive disorder
Initiating opioid treatment (informed consent)

- Discuss the risks and benefits of treatment with controlled substances, as well as other options
- Can involve a ‘controlled substance medication agreement’ but generally these are reserved for chronic pain treatment
- Helps facilitate patient-provider conversation and set expectations
Safe opioid storage and disposal

- 70% of people who abuse prescription drugs get them from family or friends.\(^1\)
- 54.4% of respondents asked about their source for nonmedical use of prescription opioid pain relievers reported that they were given the opioid by their friend or relative for free
  - 4.9% reported that their source of opioid pain reliever was “stolen from a friend or relative” \(^2\)
- Improper storage, use, and disposal of prescribed opioids can lead to diversion or accidental poisoning. \(^3\)
- MMS provides a nice summary
Safe opioid storage

• All opioids should be stored in their original packaging inside a locked cabinet, lockbox, or location where others cannot easily access them.

• It is important for the patient to track how much medicine they take and how much is/should be left.
Safe opioid disposal—
Medicine Take-Back Initiatives

• Most communities have medicine take-back programs.
• These are often housed in the local police department or waste management company.
• These locations will take unused prescription drugs for safe disposal, no questions asked.
  • If the pills are not in bottles, the medication should be placed in a sealed plastic bag with the name of the medication if known.
• The U.S. Department of Justice and Drug Enforcement Administration (DEA) Office of Diversion Control also sponsors a semi-annual National Take-Back Initiative.
Safe opioid disposal

- Clear guidance for how patients should dispose of unused and expired medications should always be given.\(^1\)
- Patches in particular require specific instruction
  - To dispose of a pain patch, fold it in half so that the sticky sides stick together, then flush it immediately.
- The FDA recommends always flushing used and leftover pain patches down the toilet
  - Even used patches still have enough medicine in them to be dangerous or deadly to pets, children, and others with a low tolerance for opioids.
- Unless the directions on the packaging say otherwise, do not flush medicine down the drain or toilet.
Alternatives to Take-Back Programs

If no take back program is available:

1. Take the medication out of the original containers.
2. Mix medicines with an undesirable substance such as coffee grounds or cat litter.
3. Put the mixture into a disposable container such as a margarine tub or Ziploc bag.
4. Conceal any personal information by covering it with permanent marker or tape.
5. Seal the container and place it in the trash.
Prescription Monitoring Program (PMP)

- A **statewide** electronic database which collects designated data on substances dispensed in the state.
  - Each state houses its own (in Massachusetts it is called MassPAT) though most allow access to records from other states
- Collect data on the prescription and dispensation of potentially diverted drugs including opioids
- May also be accessed by law enforcement for investigative purposes.
Sample PMP

- Differ by state, but generally includes:
  - Name
  - DOB
  - Summary of prescriptions (# prescriptions, providers and pharmacies)
  - Details of individual prescriptions

Prescription Monitoring Program Report

Patient Name: OSTI CASE 1
DOB:

# Prescriptions previous 12 months: 1
# Prescribers previous 12 months: 1
# Pharmacies previous 12 months: 1

<table>
<thead>
<tr>
<th>Medication Generic (Brand)</th>
<th>Strength</th>
<th>Form</th>
<th>Fill Date</th>
<th>Qty/Day Supply</th>
<th>Prescriber</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodone/acetaminophen (Percocet)</td>
<td>5/325 mg</td>
<td>tablet</td>
<td>3 days ago</td>
<td>30/6</td>
<td>Jane Surgeon</td>
<td>UMASS Memorial Medical Center 55 Lake Ave North Worcester MA</td>
</tr>
</tbody>
</table>
Key Concepts for case 101

• Studies show Black and Latino patients are less likely to receive prescriptions for opiate medications for certain conditions. For Black patients in particular this includes back and abdominal pain but not kidney stone, toothache or long bone fracture.

• Comprehensive pain assessment includes cardinal 7, past and current treatments and impact on functioning and quality of life

• Patients of color, particularly men may not be comfortable expressing frustration or anger with the healthcare system due to historic maltreatment

• Systems-based practice for prescribing opiates includes informed consent, patient-provider agreements, counseling regarding risks/benefits/side effects, and safe storage and disposal of unused medications
Key Concepts for OSTI

- Opioid use disorder is and should be treated as a chronic illness.
- The opiate epidemic has impacted communities of color for years. The current national focus suggests bias in the healthcare system, policy-makers and media.
- Safe-prescribing does not mean NO prescribing, even for patients in recovery.
- The prescription monitoring program (PMP or MassPAT) provides accurate, up-to-date prescribing information and must be accessed before prescribing.
- Co-prescribing naloxone should be considered for any patient on chronic opiates.
- Best practices include risk assessment (including for diversion), informed consent, monitoring, safe storage and disposal counseling.