DELAWARE'S PRESCRIPTION OPIOID GUIDELINES FOR HEALTH CARE PROVIDERS

308 people in Delaware had drug-related deaths in 2016. Many of those deaths were related to prescription drugs.

Almost **2 million** Americans abused or were dependent on prescription opioids in 2014.

As many as **1 in 4** people who receive prescription opioids long-term for non-cancer pain in primary care settings struggle with addiction.

WHAT CAN PROVIDERS DO?

Long-term opioid use has uncertain benefits, but its risks are serious and widely known. In general, do not prescribe opioids as the first-line treatment for chronic pain (excluding active cancer, palliative, or end-of-life care). Identify and address coexisting mental health conditions. Use first-line medication options preferentially and disease-specific treatments when available.

To the extent possible, use non-opioid therapies such as:

- Rehabilitative services and physical therapy
- Cognitive behavior therapy and relaxation techniques
- Exercise and strength training
- Non-opioid medications: acetaminophen; non-steroidal anti-inflammatory drugs (NSAIDs); serotonin and norepinephrine reuptake inhibitors (SNRIs); tricyclic antidepressants (TCAs)

SUBSTANCE USE DISORDER EVALUATION TOOLS

Prescribers should evaluate patients for substance use disorder risk as part of any regular clinical visit but especially as part of prescribing opioids. A sample opioid risk assessment tool is below. For those serving pregnant or reproductive-age women, consider also screening for alcohol abuse by using the T-ACE questionnaire, which can be found at HelpIsHereDE.com and via Google.

If a patient appears to be at risk for substance abuse disorder, consider alternatives to opioids and/or monitor their use very closely. Visit HelpIsHereDE.com for a list of substance abuse treatment providers and tips on managing patients struggling with addiction.

Sample Opioid Risk Tool ▶

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse; a score of 4 to 7 indicates moderate risk for opioid abuse; and a score of 8 or higher indicates high risk for opioid abuse. **Mark each box that applies.**

	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16–45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
SCORING TOTALS		

Sources: Centers for Disease Control and Prevention (CDC); National Institute on Drug Abuse, Opioid Risk Tool Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

HELP is here.
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DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

DELAWARE PRESCRIBING RULES

The Uniform Controlled Substances Act regulations contain new requirements for prescribing opioids for acute episodes as well as for chronic, long-term pain management. Some components are at the discretion of the prescribing provider, while other requirements are situation-based.

Key elements around prescribing for an acute episode (acute injury or procedure) include:

- **A first-time prescription to an adult or minor patient for an acute episode cannot exceed a seven-day supply unless the below assessment and documentation are completed.**
- If professional judgement dictates more than a seven-day supply is necessary, either initially or through subsequent prescriptions:
  - » Document the condition triggering the prescription.
  - » Query the Prescription Drug Monitoring Program (PDMP) to obtain a prescription history. To access the PDMP, visit dpr.delaware.gov/boards/controlledsubstances/pmp/.
  - » Indicate that a non-opioid alternative was not appropriate.
  - » Obtain informed consent — must contain the components at the bottom of this page, specifically.
  - » Administer a fluid drug screen, at the discretion of the provider.
  - » Conduct a physical examination, which must include a documented discussion of elicit relevant history. Explain risks and benefits of opioid analgesics and possible alternatives, plus other treatments tried or considered, and whether opioid analgesics are contraindicated.
  - » Schedule periodic follow-up visits and evaluations to monitor progress toward goals in a treatment plan, and to determine whether there is an available alternative to continue opioid use, or if the patient should be referred for a pain management or substance abuse consultation.

Key elements around prescribing for chronic, long-term treatment with an opioid include:

- Those listed above (documentation of the condition, indication that a non-opioid alternative was considered but not appropriate, informed consent, and periodic follow-up with evaluations to monitor progress toward treatment goals).
- Query the PDMP:
  - » At least every six months, or more frequently if clinically indicated.
  - » Whenever the patient is also being prescribed a benzodiazepine.
  - » Whenever the patient is assessed to potentially be at risk for substance abuse or misuse.
  - » Whenever the patient demonstrates loss of prescriptions, requests for early refills, or similar behavior.
- Administer fluid drug screens at least every six months.
- Obtain a signed treatment agreement — must contain the components listed below, specifically.

Treatment agreements must include:

- » The patient's agreement to take medications at the dose and frequency prescribed, with a specific protocol for lost prescriptions and early refills.
- » Reasons that medication therapy may be reevaluated, tapered, or discontinued, including but not limited to violation of the treatment agreement or lack of effectiveness.
- » A requirement that all chronic pain management prescriptions are provided by a single prescriber or a limited agreed-upon group of practitioners.
- » The patient's agreement not to abuse alcohol or use other medically unauthorized substances or medications.
- » Acknowledgement that a violation of the agreement may result in action as deemed appropriate by the prescribing practitioner, such as a change in the treatment plan, a referral to a pain specialist, or referral to an addiction treatment program.
- » A requirement that fluid drug screens be performed at random intervals at the practitioner's discretion, but no less than every six months.

Informed consent must include at least:

- » The drug's potential for addiction, abuse, and misuse.
- » The risks of life-threatening respiratory depression associated with the drug.
- » Potential for fatal overdose as a result of accidental exposure, especially in children.
- » Neonatal opioid withdrawal symptoms.
- » Potential for fatal overdose when interacting with alcohol.
- » Other potentially fatal drug interactions, such as with benzodiazepines.

For sample treatment agreement language, informed consent, and links to additional resources, visit **HelpIsHereDE.com**. For information on safe disposal of prescription drugs, visit **DelawareHealthyHomes.org.** For more information about opioid abuse and overdose, visit **turnthetiderx.org** or **cdc.gov/drugoverdose.**