New NIDAMED Tools and Resources for Addressing Prescription Drug Abuse

[Residency educators may use the following slides for their own teaching purposes.]

CDC's Primary Care and Public Health Initiative
October 24, 2012
Gaps in Medical Education on Pain

- **Pain curricula in medical schools**
  - US medical schools have a median of 9 hours of pain education, compared to 19.5 hours in Canadian schools (Canadian vet schools have 87 hours).

NIDA Drug Use Screening Tool

- **NIDA Quick Screen**
  - Smith et al., 2010
  - National Institute on Alcohol Abuse and Alcoholism single question screener

- **NIDA-Modified Alcohol, Smoking, Substance Involvement Screening Test (NM ASSIST)**
  - Adapted from WHO ASSIST

- **Electronic version is self-scoring, accessible from mobile devices, provides next steps**

NIDA Quick Screen

NIDA Drug Screening Tool

Clinician's Screening Tool for Drug Use in General Medical Settings

In the past year, how often have you used the following?

**Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)**
- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

**Tobacco Products**
- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

**Prescription Drugs for Non-Medical Reasons**
- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

**Illegal Drugs**
- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

Quick Results

Patient is at-risk for prescription drugs.

For more information on risk level, please click "Next" to continue with the full NMASSIST.

Give us your feedback
**NIDA Modified ASSIST**

### NIDA Drug Screening Tool

**Clinician's Screening Tool for Drug Use in General Medical Settings**

**In your LIFETIME, which of the following substances have you ever used?**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cannabis</strong> <em>(marijuana, pot, hemp, hash, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cocaine</strong> <em>(coke, coke, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription stimulants</strong> <em>(Ritalin, Concerta, Dexedrine, Adderall, speed pills, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Methamphetamine</strong> <em>(speed, crystal, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inhalants</strong> <em>(nitrous oxide, glue, gas, paint thinner, etc.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sedatives or sleeping pills</strong> <em>(Valium, Serzone, Alprazolam, Xanax, Librium, Halcion, GHB, etc.)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Prescription opioids

**In the past three months, how often did you have a strong desire or urge to use this substance?**

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

**During the past three months, how often has your use of this substance led to health, social, legal or financial problems?**

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

**During the past 3 months, how often have you failed to do what was normally expected of you because of your use of this substance?**

- Never
- Once or Twice
- Monthly
- Weekly
- Daily or Almost Daily

**Has a friend or relative or anyone else ever expressed concern about your use of this substance?**

- No, never
- Yes, but not in the past 3 months
- Yes, in the past 3 months

**Have you ever tried and failed to control, cut down, or stop using this substance?**

- No, never
NIDA Drug Use Screening Tool

Clinician's Screening Tool for Drug Use in General Medical Settings

Results

Patient is at-risk for prescription drugs.

Prescription opioids
- fentanyl, oxycodone (OxyContin, Percocet), hydrocodone (Vicodin)
- methadone, buprenorphine, etc.

Score: 4.26
- Provide feedback on the screening results
- Advise, Assess, and Assist
- Consider referral based on clinical judgement
- Offer continuing support

HIV and Hepatitis:
Recommend HIV/Hepatitis B & C testing

Start Over ➤
NIDA Centers of Excellence for Physician Information

- Established in 2007 to help fill gaps in current medical education curricula related to both illicit and nonmedical prescription drug use.
- Four curriculum resources are focused on prescription drug abuse and designed for resident physicians:
  - Web module
  - Case study
  - Lecture (slides & notes)
  - Objective Structured Clinical Exam
NIDA CMEs on Prescription Drug Abuse

- Medscape’s Test-and-Teach
  - Case-based learning
  - Didactic instruction
  - Communication modeling with video vignettes
  - Educational impact challenge
  - References and resources
  - CME test
Module 1: Safe Prescribing for Pain

Safe Prescribing for Pain  CME/CE
Gayathri Dowling, PhD; Richard A. Denisco, MD
CME/CE Released: 09/17/2012; Valid for credit through 09/17/2013

This activity is intended for primary care clinicians, neurologists, anesthesiologists, pain specialists, obstetrician/gynecologists, orthopedists, nurse practitioners, nurses and other healthcare practitioners who manage patients with chronic pain.

The goal of this activity is to describe the prevalence of prescription opioid abuse in the United States and the skills and tools clinicians can use to screen for and prevent abuse in patients with pain.

Upon completion of this activity, participants will be able to:
1. Communicate effectively with patients regarding opioid use and abuse
2. Use appropriate opportunities to screen for drug use, including nonmedical use of prescription drugs
3. Evaluate patient risk for opioid pain medication abuse through screening and monitoring
4. Recognize the extent and potential for abuse of prescription opioids
5. Employ prescribing practices that support safe use of prescription opioids

Faculty and Disclosures
As an organization accredited by the ACCME, Medscape, LLC, requires everyone who is in a position to control the content of an education activity to disclose all relevant financial relationships.
The following test-and-teach case is an educational activity modeled on the interactive grand rounds approach. The questions within the activity are designed to test your current knowledge. After each question, you will see whether you answered correctly and can then read evidence-based information that supports the most appropriate answer choice. Please note that these questions are designed to challenge you; you will not be penalized for answering the questions incorrectly. At the end of the case, there will be a short posttest assessment based on material covered in the activity.

CASE PRESENTATION

Joelle is a 25-year-old woman who sustained a third-degree ankle sprain in a motor vehicle accident. She was transported to a local hospital emergency department (ED) where she was treated, her ankle was placed in a boot, and she was given crutches. The treating clinician assessed the patient prior to prescribing pain medication.

Which of the following would be the least important factor to consider before prescribing pain medication for this patient?

- Her personal or family history of drug abuse
- Any history of mood disorder, especially unipolar depression
- Cigarette smoking history
- Any history of concussion or mild traumatic brain injury

Save and Proceed
Which of the following would be the least important factor to consider before prescribing pain medication for this patient?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Your Colleagues Responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Her personal or family history of drug abuse</td>
<td>29%</td>
</tr>
<tr>
<td>Any history of mood disorder, especially unipolar depression</td>
<td>0%</td>
</tr>
<tr>
<td>Cigarette smoking history</td>
<td>14%</td>
</tr>
<tr>
<td>Any history of concussion or mild traumatic brain injury</td>
<td>Correct Answer: 57%</td>
</tr>
</tbody>
</table>

A personal or family history of drug abuse, a history of mood disorders, and a history of current or prior cigarette smoking are all risk factors for prescription opioid abuse. There is no evidence of a causal relationship between traumatic brain injury and onset of opioid abuse.

**RISK FOR ABUSE**

Prescription opioid analgesics are the primary treatment option for patients in pain. In fact, over the past 2 decades, prescriptions for these medications has skyrocketed, increasing 4-fold since the early 1990s. Yet many health professionals are concerned about how to effectively treat pain while minimizing the risk of diversion and abuse. Among the challenges facing clinicians are (1) identifying those patients for whom prescription opioid analgesics might be the most effective treatment option; (2) identifying patients who might require close monitoring with prescription opioids because they possess risk factors for potential abuse; and (3) identifying the subset of patients who might be abusing prescribed opioid analgesics, including those prescribed by their clinician, otherwise illegally obtained, or both.
Module 1: Safe Prescribing for Pain

- Appropriate uses of pain medication
- Risk/benefit framework
- Screening tools
- Epidemiology of prescription drug abuse
- Expectations of opioid treatment
- Universal precautions approach
- Treatment agreements
- Signs of possible abuse vs. under-treatment of pain
- Discontinuing treatment/proper disposal
Module 2: Managing Pain Patients Who Abuse Prescription Drugs

Managing Pain Patients Who Abuse Prescription Drugs
Gayathri J. Dowling, PhD; Richard A. Denisco, MD
CME/CE Released: 09/12/2012; Valid for credit through 09/12/2013

This activity is intended for primary care providers, neurologists, anesthesiologists, pain specialists, obstetrician/gynecologists, orthopedists, nurse practitioners, nurses and other healthcare practitioners who manage patients with chronic pain.

The goal of this activity is to describe the symptoms and prevalence of opioid addiction and dependence in patients with chronic pain, and the steps clinicians can take to screen for, prevent, and treat such these conditions.

Upon completion of this activity, participants will be able to:

1. Develop strategies to assess and monitor patients taking opioids for abuse and potential diversion of medication
2. Propose communication strategies to engage patients in dialog focused on treatment of prescription drug abuse or addiction
3. Formulate treatment management and possible referral plans to prevent and address opioid addiction in patients with a diagnosis of chronic pain

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**Case Presentation**

Edward, a 52-year-old warehouse employee, injured his back at home getting ready for a move out of state. It is now 2 months later and he is in your office as a new patient. He describes the pain at 7/10, aching in the center of the back without radiation, and no numbness or weakness and no bowel or bladder dysfunction. The pain is worse with bending, cough, or straining with bowel movements.

You have no chart, but the patient describes an initial treatment plan by a prior provider consisting of ibuprofen, lizanidine, ice, heat, stretching, and later physical therapy. He was seen by a physiatrist after a magnetic resonance imaging (MRI) showed multilevel disc disease without encroachment. An epidural steroid injection under fluoroscopy did not help to alleviate his pain. Edward is now unemployed and spends much of his day in bed due to continued disabling pain, even though he's on hydrocodone/acetaminophen 10/325 mg 6 pills a day. He currently appears sleepy with diminished affect and is asking for something stronger than the hydrocodone.

The physical exam shows tight muscles in the low back with diffuse tenderness and triggering of the pain down the right leg. His range of motion is restricted by pain, with a negative neurologic exam including a normal straight leg raise. Provocative testing of the sacroiliac joint and piriformis muscle are negative.
Module 2: Managing Pain Patients Who Abuse Prescription Drugs

- Screening for drug use
- Epidemiology of prescription drug abuse
- Risk factors
- Risk/benefit framework
- 4 A's of opioid treatment
- Universal precautions approach
- Treatment agreements
- Continuous monitoring, including urine drug screens
- Signs of possible abuse
- Opioid abuse screening tools
- 5 A's of intervention
- Available treatments for opioid abuse
- **NIDAMED Resources**
  [http://www.drugabuse.gov/nidamed-medical-health-professionals](http://www.drugabuse.gov/nidamed-medical-health-professionals)

- **NIDA Drug Use Screening Tool**
  [http://www.drugabuse.gov/nmassist](http://www.drugabuse.gov/nmassist)