

# The Role of the PA in Preventing Opioid Abuse

Overdose deaths related to prescription opioids have quadrupled since 1999, according to the Centers for Disease Control and Prevention (CDC), making it a top priority in health care. PAs can play an important role in reducing these deaths, as well as addiction problems, by screening patients and prescribing opioids only after other options have been explored. In addition, taking these steps protects PAs from possible legal action stemming from inappropriate prescription of opioids.

## Scope of the problem

Statistics illustrate the depth and breadth of prescription opioid abuse:

- At least half of all opioid overdose deaths involve a prescription opioid.
- In 2014, almost 2 million people in the United States abused or were dependent on prescription opioids.
- Every day, more than 1,000 people are treated in emergency departments for misusing prescription opioids.

The most common drugs associated with prescription opioid overdose deaths are methadone, oxycodone, and hydrocodone. According to the CDC, prescription opioid overdose rates between 1999 and 2014 were highest among people age 25 to 54.

## Role of the PA

A 2016 study by Baker and colleagues notes that there is significant variability in the amount of opioids prescribed, and the most commonly dispensed opioid was hydrocodone (78 percent), followed by oxycodone (15.4 percent). Interestingly, a 2015 study in the American Journal of Preventive Medicine reported a decrease in the rate of prescribing opioids (-5.7 percent), perhaps indicating that more PAs are becoming aware of the addiction issue.

## Screening patients

PAs are well positioned to detect patients with substance misuse.

One simple screening tool is the NIDA (National Institute on Drug Abuse Quick Screen, available at [www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen](http://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen)). If a substance use disorder is suspected, the PA should remain nonjudgmental while referring patients for further evaluation and treatment so they receive the care they need.

One model for follow-up of possible substance is Screening, Brief Intervention, and Referral to Treatment (SBIRT), from the Substance Abuse and Mental Health Services Administration. SBIRT is a method for ensuring that people with substance use disorders and those at risk for developing these disorders receive the help they need. In addition to screening for substance misuse, PAs should take several steps to ensure they are properly prescribing opioids.

## Assess the patient carefully

Pain medication should be matched to the individual patient's needs. This begins with a detailed history, including a list of currently prescribed and past medications. Ask about a history of substance use or substance use disorders in the patient and the patient's family. If opioids are being considered, assess the patient's psychiatric status. A physical exam should also be completed, keeping in mind signs and symptoms of possible substance abuse such as advanced periodontitis, traumatic lesions, and poor oral hygiene. If patients are already being managed for chronic pain, the PA should consult with the appropriate provider.

## Apply evidence-based pain management

To provide optimal patient care, as well as to protect themselves from legal action, PAs should practice evidence-based pain management. That includes considering non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen as first-line pain medication. NSAIDs have been shown to be at least as effective (if not more so) than opioids for managing pain, particularly in combination with acetaminophen. For example, in a 2013 review by Moore and Hersh, the authors wrote that the combination "may be a more effective analgesic, with fewer untoward effects, than are many of the currently available opioid-containing formulations." Before patients begin taking NSAIDs, verify that they are not taking other anticoagulants, including aspirin, and check for hepatic or renal impairment.

One resource for managing pain is the algorithm available from the Institute for Clinical Systems Improvement, which can be accessed online at [www.icsi.org/\\_asset/dyp5wm/opioids.pdf](http://www.icsi.org/_asset/dyp5wm/opioids.pdf). PAs should complete continuing education courses in pain management and document they did so, which can provide evidence of their knowledge in event of a legal case.

## Prescribe opioids only when necessary

PAs who choose an opioid for a patient should prescribe it thoughtfully, including using the lowest dose needed to relieve the patient's pain (see Pain medications cautions). It is important to keep in mind that some conditions, such as obstructive sleep apnea, put patients at increased risk for adverse events caused by opioids.

To reduce risk of patient harm and possible litigation, PAs should not prescribe opioids to patients they do not know. In addition, be aware of red flags such as patients who claim their opioids were stolen or who say they are from out of town and need an emergency refill.

PAs also should ensure they are registered in the prescription drug monitoring program (PDMP) in the states where they practice. These programs collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and prescribers. Reports can be generated by patient, and in some states, automatic reports can alert prescribers when there may be an issue with a patient, such as multiple opioid prescriptions.

PDMPs help detect "doctor shopping" by patients and have other benefits as well. A 2015 study in PLoS ONE found that implementation of a mandatory PDMP significantly reduced the amount of opioids prescribed at an urgent care center.

Currently, 49 states and the territory of Guam have an operational PDMP. PAs can learn more about this program at [www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq](http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq), where they can access information about PDMPs by state to learn facts such as what drugs are monitored and who is permitted to request patient information.

PAs also should adhere to Drug Enforcement Administration recommendations and regulations.

## Educate patients

PAs need to educate patients about the role of pain medication in their care before the procedure. This education should include pain medication options and the reasons why nonopioids are preferred. The choice of pain medication should be shared between PA and patient. However, PAs should not be pressured into writing a prescription they do not believe is appropriate.

Verbal and written instructions after the procedure need to contain name of drug, dosage, adverse effects, how long the drug should be taken, and how to store it. Results from a 2016 survey published in JAMA Internal Medicine found that more than half (61 percent) of those no longer taking opioid medication keep it for future use, so patients need to be told to dispose of unused drugs and how to do so. (Patients can search for places that collect controlled substance drugs at [www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1](http://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1)). The same survey found that about 20 percent shared the opioid with another person, so education material should mention not to do this. PA should also discuss the perils of driving or undertaking complex tasks while taking an opioid. Document in the patient's health record that this information was provided and the patient acknowledged receipt and understanding. An office visit also can provide the opportunity for PAs to address opioid abuse on a larger scale.

## Refer patients as indicated

Patients who need pain management beyond the acute phase should be referred to another provider with this expertise. Be sure to document the referral in the patient's health record. PAs also should consider referral for patients who seek opioids beyond when they are likely to be needed.

## Pain medications cautions

Below are some considerations for the use of pain medication in patients:

- Use non-steroidal anti-inflammatory drugs (NSAIDs) as the first option. Consider a selective NSAID to avoid increased risk of bleeding. Know that using acetaminophen in combination with NSAID may have a synergistic effect in pain relief. (Do not exceed 3,000 mg/day in adults.)
- Prescribe opioids with caution. Use the lowest dose needed for pain relief; limit the number of pills prescribed and include refills. Do not use long-acting or extended-release products and do not use in combination with centrally acting sedative medications such as benzodiazepines. Check for concurrent medications, such as antidepressants, that may increase the risk of adverse effects of opioids.
- Provide patient education.
- Document patient communications, education, and referrals in the health record.

## Protecting patients and PAs

PAs who prescribe opioids for treatment of pain are encouraged to be mindful of and have respect for their inherent abuse potential. Doing so protects patients from harm and PAs from potential liability.



## RESOURCES

Baker JA, Avorn J, Levin R, Bateman BT. Opioid prescribing after surgical extraction of teeth in Medicaid patients, 2000-2010. JAMA. 2016;315(15):1653-1654.

Centers for Disease Control and Prevention. Prescription opioid overdose data. 2016. [www.cdc.gov/drugoverdose/data/overdose.html](http://www.cdc.gov/drugoverdose/data/overdose.html).

Kennedy-Hendricks A, Gielen A, McDonald E, et al. Medication sharing, storage, and disposal practices for opioid medications among US adults. JAMA Int Med. June 13, 2016.

McCauley JL, Leite RS, Melvin CL, Fillingim RB, Brady KT. Opioid prescribing practices and risk mitigation strategy implementation: identification of potential targets for provider-level intervention. Substance Abuse. 2016;37(1):9-14.

Prescription Drug Monitoring Program Training and Technical Assistance Center. Prescription drug monitoring frequently asked questions (FAQ). [www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq](http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq).

Substance Abuse and Mental Health Services Administration. Screening, brief intervention, and referral to treatment (SBIRT). 2016. [www.samhsa.gov/sbirt](http://www.samhsa.gov/sbirt).

Thorson D, Biewen P, Bonte B, et al. Acute pain assessment and opioid prescribing protocol. Institute for Clinical Systems Improvement. 2014. [www.icsi.org/\\_asset/dyp5wm/opioids.pdf](http://www.icsi.org/_asset/dyp5wm/opioids.pdf).

Volkow ND, McLellan TA, Cotto JH. Characteristics of opioid prescriptions in 2009. JAMA. 2011;305(13):1299-1301.

This risk management information was provided by Healthcare Providers Service Organization (HPSO), the #1 provider of professional liability insurance for over 1 million healthcare professionals, and is now offering the same quality coverage, financial strength and level of service to Physician Assistants. The professional liability insurance policy is administered through HPSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of the publisher is prohibited. For questions, send an email to [service@hpso.com](mailto:service@hpso.com) or call 1-800-982-9491. [www.hpso.com](http://www.hpso.com).