Cases in Opioid Prescribing

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- Disclosures
  - I have no financial or other disclosures

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- Objectives
  - Review three common scenarios regarding opioid clinicians see in practice
  - Discuss legal obligations under current Michigan law regarding opioid prescribing
  - Discuss best practices for prescribing opioids
  - Briefly review elements of Screening, Brief Intervention and Referral for Treatment (SBIRT)

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- Case one
  - A 17 year old male comes to your office two days after being treated in the ED for a grade three right ankle sprain. His exam reveals ecchymosis and exquisite tenderness. He states he can't sleep due to pain and ice with elevation doesn't give him relief. X-rays showed no fracture. The ED physician refused to prescribe any pain medications as he, "Didn't want to endanger his medical license." His parents want him to have a short course of pain medications and you decide that a short course of hydrocodone/acetaminophen is indicated.

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- What duration of treatment is advised?

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- CDC guidelines call for no more three days duration of treatment for acute pain.
- PA 251 of 2017 Limits a prescription for acute pain to seven days duration.

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- What are your legal obligations under Michigan Public Acts 246 and 251 of 2017?

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- PA 246 of 2017 dictates what prescribers must do when prescribing an opioid to a minor.
  - You must discuss the risk of addiction and overdose (death) associated with narcotics
  - You must discuss the risk of addiction in a person with comorbid mental health or substance abuse
  - Discuss the dangers of concomitant benzos or alcohol with opioids.

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- PA 246 continued
  - Discuss any counseling information section of the label of the prescription
  - Use the Start Talking Consent Form or an equivalent and obtain signed consent from a parent or guardian
  - Limit the prescription to three days if no parent or guardian to sign
  - Scan the signed form into your EHR

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- PA 251 of 2017 limits any opioid prescription for acute pain to seven days duration.

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- What are best practices for opioid prescribing?

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- Informed consent
  - You could become addicted and die from an overdose
- MAPS
  - Mandated if prescription is for more than three days, but should be done on everyone
- Get a signed pain agreement that details all your practices and patient responsibilities
  - Consequences for violation
  - Refills

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- Drug screen
- Do a clinically appropriate complete H&P
- Perform an opioid risk assessment
  - Opioid Risk Tool (ORT)
    - We'll spend time on the ORT this afternoon
- Always arrange interval reassessment
  - "The difference between prescribing and pushing is the office visit."

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- Case Two
  - A 47 year old man comes to your office with his records from a local colleague who has recently retired. He has a long, well-documented history of severe rheumatoid arthritis with multiple surgeries and significant disability. He has been, according to the records, taking 1-2 oxycodone/acetaminophen 5/325 per day for the last ten years. His record shows annual urine drug screens that are appropriate and there is a signed pain agreement from last year. He is requesting to continue on his current regimen but is afraid no one will prescribe narcotics any more. He can function with regard to ADLs when he takes the pain medication but cannot sleep at night due to pain when he does not.

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- What are you going to do? What are your options?

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- What are your legal obligations under Public Acts 248 and 249?

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- PA 248 mandates a MAPS query for any controlled substance prescription in a quantity that exceeds a three day supply
- PA 249 mandates all prescribers to register with MAPS

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- If roughly 80% of chronic narcotic prescriptions are ill-advised or unnecessary, what should we do with the 20% with legitimate needs for chronic narcotics?
  - Will all these rules scare you out of serving your patients in need?

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- Case Three
  - A 38 year old woman comes to your office today for evaluation of her chronic headaches. She has been taking lorazepam for anxiety for years. She has no desire to stop treatment but want pain medications. She’s taken her friends oxycodone/acetaminophen several times with good relief and wants you to prescribe this for her. Her physical exam is normal including a complete neurological exam. You feel you need to screen for substance use disorder before considering any prescribing.

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- What tools are available for screening for substance use disorder?

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- There are a variety of validated screening tools that primary care clinicians can use
  - We'll review a simple method to increase screening in your practices.

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Brief health screen

We ask all our adult patients about substance use and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Patient name: ________________

Date of birth: ________________

Alcohol: One drink =

12 oz. beer

5 oz. wine

1.5 oz. liquor (one shot)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	○	○
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	○	○

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?	○	○

Mood:	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	○	○
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	○	○

(For the medical professional)

Interpreting the Brief screen:

Alcohol: Patients who answer "1 or more" should receive a full alcohol screen (such as the AUDIT).*

Drugs: Patients who answer "1 or more" should receive a full drug screen (such as the DAST).*

Mood: Patients who answer "Yes" to either question should receive a full screen for depression (such as the PHQ-9).

More resources: www.sbirtoregon.org

* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. "Primary Care Validation of a Single-Question Alcohol Screening Test." J Gen Intern Med 24(7):783–8. 2009

* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. "A Single-Question Screening Test for Drug Use in Primary Care." Arch Intern Med 170 (13): 1155-1160. 2010

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Alcohol screening questionnaire (AUDIT)

Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: ____________________

Date of birth: ____________________

One drink equals:

12 oz. beer

5 oz. wine

1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

	I	II	III	IV
M:	0-4	5-14	15-19	20+
W:	0-3	4-12	13-19	20+

Scoring and interpreting the AUDIT:

Each answer receives a point ranging from 0 to 4. Points are added for a total score that correlates with a zone of use that can be circled on the bottom left corner of the page.

Score*	Suggested zone	Indicated action
0-3: Women 0-4: Men	**I – Low risk** (low risk of health problems related to alcohol use)	Brief education
4-12: Women 5-14: Men	**II - Risky** (increased risk of health problems related to alcohol use)	Brief intervention
13-19: Women 15-19: Men	**III - Harmful** (increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder)	Brief intervention or referral to specialized treatment
20+: Men 20+: Women	**IV - Severe** (increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder)	Referral to specialized treatment

Brief education: An opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use.

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention.

The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).

Patients with numerous or serious negative consequences from their drinking, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up. The recommended behavior change in this case is to either cut back to low-risk drinking levels or abstain from use.

Referral to specialized treatment: A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to alcohol and drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral. Referrals to treatment are delivered to the patient using the brief intervention model.

More resources: www.sbirtoregon.org

Cases in Opioid Prescribing

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: ______________________

Date of birth: ______________________

- ☐ methamphetamines (speed, crystal)
- ☐ cannabis (marijuana, pot)
- ☐ inhalants (paint thinner, aerosol, glue)
- ☐ tranquilizers (valium)
- ☐ cocaine
- ☐ narcotics (heroin, oxycodone, methadone, etc.)
- ☐ hallucinogens (LSD, mushrooms)
- ☐ other ______________________

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

Question		
1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I	II	III	IV
0	1-2	3-5	6+

(For the health professional)

Scoring and interpreting the DAST:

"Yes" responses receive one point each and are added for a total score. The score correlates with a zone of use that can be circled on the bottom right corner of the page.

Score	Zone of use	Indicated action
0	**I – Healthy** (no risk of related health problems)	None
1 - 2, plus the following criteria: No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment.	**II – Risky** (risk of health problems related to drug use)	Offer advice on the benefits of abstaining from drug use. Monitor and reassess at next visit. Provide educational materials.
1 - 2 (without meeting criteria)		Brief intervention
3 - 5	**III – Harmful** (risk of health problems related to drug use and a possible mild or moderate substance use disorder)	Brief intervention or Referral to specialized treatment
6+	**IV – Severe** (risk of health problems related to drug use and a possible moderate or severe substance use disorder)	Referral to specialized treatment

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from illicit drug use.

Patients with numerous or serious negative consequences from their substance use, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up.

Referral to specialized treatment: A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: www.sbirtoregon.org

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ASSIST screening tool

Patient name: ______________________

Date of birth: ______________________

The ASSIST is designed to be administered by a health professional as part of a verbal interview with an adult patient. Alternatively, it can be self-administered electronically, applying automatic skip patterns based on patient answers.

The ASSIST can be modified based on which substances are screened for and what language is used to describe these substances. This version screens for non-medical drug use only, and uses language that defines misuse of three types of prescription drugs.

Sample introductory text: "Thank you for taking part in this brief interview about recreational drug use. I'm going to ask some questions about your experience using these substances in your life and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills."

Question 1

In your life, which of the following substances have you ever used?	No	Yes
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
b. Cocaine (coke, crack, etc.)	0	3
c. Prescription stimulants just for the feeling, more than prescribed, or that were not prescribed for you. (Ritalin, Adderall, diet pills, etc.)	0	3
d. Methamphetamine (meth, crystal, speed, ecstasy, molly, etc.)	0	3
e. Inhalants (nitrous, glue, paint thinner, poppers, whippets, etc.)	0	3
f. Sedatives just for the feeling, more than prescribed, or that were not prescribed for you. (sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.)	0	3
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3
h. Street opioids (heroin, opium, etc.)	0	3
i. Prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you. (Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, Buprenorphine, etc.)	0	3
j. Any other drugs to get high. Specify:	0	3

Patients who answer "no" to all questions, or who do not provide any answers, are done. Patients who answer "yes" to any question should proceed to Question 2.

Question 2

In the past three months, how often have you used the substances you mentioned *[FIRST DRUG, SECOND DRUG, ETC]*?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	2	3	4	6
[SECOND DRUG]	0	2	3	4	6
[THIRD DRUG]	0	2	3	4	6
[Etc.]	0	2	3	4	6

Patients who answer "never" for all drugs on question 2, or who do not provide any answers, should skip to Question 6. All other patients proceed to Question 3.

Question 3

During the past three months, how often have you had a strong desire or urge to use *[FIRST DRUG, SECOND DRUG, ETC]*?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	3	4	5	6
[SECOND DRUG]	0	3	4	5	6
[THIRD DRUG]	0	3	4	5	6
[Etc.]	0	3	4	5	6

Question 4

During the past three months, how often has your use of *[FIRST DRUG, SECOND DRUG, ETC]* led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	4	5	6	7
[SECOND DRUG]	0	4	5	6	7
[THIRD DRUG]	0	4	5	6	7
[Etc.]	0	4	5	6	7

Question 5

During the past three months, how often have you failed to do what was normally expected of you because of your use of *[FIRST DRUG, SECOND DRUG, ETC]*?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	5	6	7	8
[SECOND DRUG]	0	5	6	7	8
[THIRD DRUG]	0	5	6	7	8
[Etc.]	0	5	6	7	8

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Question 6

Has a friend or relative or anyone else ever expressed concern about your use of [FIRST DRUG, SECOND DRUG, ETC.]?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
[FIRST DRUG]	0	6	3
[SECOND DRUG]	0	6	3
[THIRD DRUG]	0	6	3
[Etc.]	0	6	3

Question 7

Have you ever tried and failed to control, cut down or stop using [FIRST DRUG, SECOND DRUG, ETC.]?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
[FIRST DRUG]	0	6	3
[SECOND DRUG]	0	6	3
[THIRD DRUG]	0	6	3
[Etc.]	0	6	3

Question 8

Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months

Patients who answer "Yes, in the past 3 months" for Question 8 should be asked the two extra drug injection questions below. All other patients are finished.

Extra drug injection questions

During the past three months, how often have you injected drugs?	Once per week or less	More than once per week
During the past three months, have you ever injected drugs three or more days in a row?	Yes	No

Score sheet and indicated responses

	Total score for questions #2–7 for each substance
Cannabis	
Cocaine	
Prescription stimulants	
Methamphetamine	
Inhalants	
Sedatives	
Hallucinogens	
Street opioids	
Prescription opioids	
Other drugs	

Score	Indicated response*
0 – 3 (0 – 4 for cannabis)	No intervention
4 – 26 (5 – 26 for cannabis)	Brief intervention
27+	Referral to specialized treatment
Note: Patients who have injected drugs (non-medical use) in the last three months, but no more than once per week or never more than three days in a row, should receive a brief intervention. All other patients who have injected drugs in the last three months should receive a referral to specialized treatment.	

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of their substance use and enhances their motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from recreational drug use.

Patients with numerous or serious negative consequences from their substance use (who likely have a substance use disorder) and cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up (sometimes called brief treatment).

Referral to treatment: A proactive process that facilitates access to specialized care for individuals who likely have a moderate or severe substance use disorder. These patients are referred to experts for more definitive, in-depth assessment and, if warranted, specialized treatment. The recommended behavior change is to abstain from use and accept treatment.

More resources: www.sbirtoregon.org

* Based on: Humeniuk RE, Henry-Edwards S, Ali RL, Poznyak V and Monteiro M (2010). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for Use in Primary Care. Geneva, World Health Organization.

Cases in Opioid Prescribing

Teen health screen

We ask all our teen patients about alcohol and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Patient name: ____________________

Date of birth: ____________________

S2BI:

In the **PAST YEAR**, how many times have you used:	Never	Once or twice	Monthly	Weekly
Tobacco:	☐	☐	☐	☐
Alcohol:	☐	☐	☐	☐
Marijuana:	☐	☐	☐	☐

If you answered "Never" to all questions above, you can skip to **CRAFFT question #1** and then turn the page. Otherwise, please continue answering all questions below.

	Never	Once or twice	Monthly	Weekly
Prescription drugs that were not prescribed for you: (such as pain medication or Adderall)	☐	☐	☐	☐
Illegal drugs: (such as cocaine or ecstasy)	☐	☐	☐	☐
Inhalants: (such as nitrous oxide)	☐	☐	☐	☐
Herbs or synthetic drugs: (such as salvia, "K2", or bath salts)	☐	☐	☐	☐

If you answered "Never" or "Once or twice" to all questions above, you can answer only **CRAFFT question #1** below and then turn the page. Otherwise, please continue answering all questions below.

CRAFFT questions

	No	Yes
1. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
4. Do you ever forget things you did while using alcohol or drugs?	☐	☐
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

PHQ-9 Modified for Teens:

How often have you been bothered by each of the following symptoms during the past **TWO WEEKS**?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things?	☐	☐	☐	☐
2. Feeling down, depressed, irritable, or hopeless?	☐	☐	☐	☐

If you answered "Not at all" to both questions above, you are finished answering questions. Otherwise, please continue answering all the questions below.

	Not at all	Several days	More than half the days	Nearly every day
3. Trouble falling asleep, staying asleep, or sleeping too much?	☐	☐	☐	☐
4. Feeling tired, or having little energy?	☐	☐	☐	☐
5. Poor appetite, weight loss, or overeating?	☐	☐	☐	☐
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	☐	☐	☐	☐
7. Trouble concentrating on things like school work, reading, or watching TV?	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	☐	☐	☐	☐
	0	1	2	3

In the **PAST YEAR**, have you felt depressed or sad most days, even if you felt okay sometimes?	☐ Yes	☐ No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?	☐ Yes	☐ No
Have you **EVER**, in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?	☐ Yes	☐ No

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Interpreting the S2BI*

Highest frequency of non-tobacco substance use	Risk category	Recommended action
Never	Abstinence	Positive reinforcement
Once or twice	No substance use disorder (SUD)	Brief advice
Monthly	Possible mild or moderate SUD	Brief intervention, employing principles of motivational interviewing
Weekly	Possible moderate or severe SUD	Referral for further assessment and possible specialized treatment, conveyed through a brief intervention

Interpreting the CRAFFT questions

Any "Yes" responses should be explored with the patient to reveal the extent of substance use–related problems and inform the brief intervention.

Interpreting the PHQ-9 Modified for Teens

Answers to questions #1-9 each receive 0-3 points (point values found at the bottom of each answer column). Points are added for a total score.

Score**	Depression severity	Proposed action
0 - 4	None - minimal	None.
5 - 9	Mild	Watchful waiting, repeat depression screening at follow-up.
10 - 14	Moderate	Create treatment plan, consider counseling and/or pharmacotherapy or another follow-up visit.
15 - 19	Moderately severe	Active treatment with pharmacotherapy and/or psychotherapy.
20 - 27	Severe	Immediate initiation of pharmacotherapy and if severe impairment or poor response to therapy, expedited referral to mental health specialist.
"Yes" answer on any suicide question		Immediate follow up

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BEHAVIORAL HEALTH RISKS SCREENING TOOL

For Pregnant Women

Patient/Client Name ______ DOB ______

Is patient pregnant? ☐ YES ☐ NO Gestational Age ______ Date ______

Provider Site ______ Screener Name ______

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

Question	Category	Answer	
1. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	☐ YES	☐ NO
2. Do any of your friends have a problem with alcohol or other drug use?	PEERS	☐ YES	☐ NO
3. Does your partner have a problem with alcohol or other drug use?	PARTNER	☐ YES	☐ NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST	☐ YES	☐ NO
5. Check YES if she agrees with any of these statements. – In the past month, have you drunk any alcohol or used other drugs? – How many days per month do you drink? ______ – How many drinks on any given day? ______ – How often did you have 4 or more drinks per day in the last month? ______	PRESENT	☐ YES	☐ NO
6. Have you smoked any cigarettes or used any tobacco products in the past three months?	TOBACCO	☐ YES	☐ NO
7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?	EMOTIONAL HEALTH	☐ YES	☐ NO
8. Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid?	VIOLENCE	☐ YES	☐ NO

PROVIDER USE ONLY

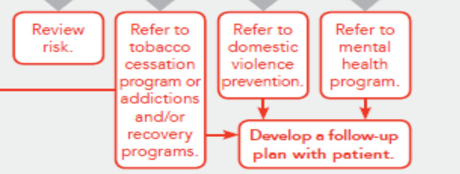
Brief Intervention/Brief Treatment	Y	N	NA
Did you **State** your medical concern?	☐	☐	☐
Did you **Advise** to abstain or reduce use?	☐	☐	☐
Did you **Check** patient's reaction?	☐	☐	☐
Did you **Refer** for further assessment?	☐	☐	☐
Did you **Provide** written information?	☐	☐	☐

Review risk.

Refer to tobacco cessation program or addictions and/or recovery programs.

Refer to domestic violence prevention.

Refer to mental health program.



Develop a follow-up plan with patient.

Cases in Opioid Prescribing

More Information

www.sbirtoregon.org

www.samhsa.gov

www.mafp.com/advocacy/policy-issues/opioid-prescribing-guidelines

www.aafp.org/patient-care/clinical-recommendations/all/opioid-prescribing.html

www.Michigan.gov/stopoverdoses (Start Talking Form in English, Spanish and Arabic, info on MAPS, info on MAT and other opioid related topics)

www.deadiversion.usdoj.gov (the law enforcement side of the issue)