Background

Prescription drug abuse is Oklahoma's fastest growing drug problem. Of the nearly 3,200 unintentional poisoning deaths in Oklahoma from 2007-2011, 81% involved at least one prescription drug.[1] In 2010, Oklahoma had the fourth highest unintentional poisoning death rate in the nation (17.9 deaths per 100,000 population).[2] Prescription painkillers (opioids) are now the most common class of drug involved in overdose deaths in Oklahoma (involved in 87% of prescription drug-related deaths, with 417 opioid-involved overdose deaths in 2011).1 In a 2010 National Survey on Drug Use and Health report, Oklahoma led the nation in non-medical use of painkillers, with more than 8% of the population age 12 and older abusing/misusing painkillers.[3] Oklahoma is also one of the leading states in prescription painkiller sales per capita.[4]

These guidelines were primarily adapted from the Utah Clinical Guidelines on Prescribing Opioids.[5] The Opioid Prescribing Guidelines for Oklahoma Workgroup also studied other state and national recommendations in an effort to prepare guidelines most relevant to the practice of medicine in Oklahoma. The Workgroup created these guidelines in an effort to help reduce the misuse of prescription opioid analgesics while preserving patient access to needed medical treatment.

Guidelines for Acute Pain

1. Opioids should only be used for treatment of acute pain when the severity of the pain warrants that choice and after determining that other non-opioid pain medications or therapies will not provide adequate pain relief.[6]

Most acute pain is better treated with non-opioid medications [e.g., acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs)] or physical modalities such as therapeutic exercises or stretching. Opioid medications have less desirable adverse effect profiles in acute pain patients. Care should be taken to assure that opioid treatment does not interfere with early implementation of functional restoration programs such as exercise and physical therapy. Non-medical use of opioids is more common among younger people, and these risks should be considered when prescribing to an adolescent.

2. Providers should query the Oklahoma Prescription Monitoring Program (PMP) for patients presenting with acute pain, prior to prescribing an opioid medication. In circumstances where a patient's pain is resulting from an objectively diagnosed disease process or injury, a provider may prudently opt not to review the Oklahoma PMP.

The Oklahoma PMP is a real-time database of scheduled prescriptions written to persons who filled a prescription in Oklahoma. The Oklahoma PMP can be accessed at: http://www.ok.gov/obndd/Prescription_Monitoring_Program/.

Patients with a history of or current substance abuse are at increased risk of misusing opioids when prescribed.[7,8] Medical providers should ask the patient about a history of substance abuse prior to prescribing an opioid medication for the treatment of acute pain. A non-opioid regimen is preferred for patients presenting with a history of substance abuse who have acute pain. Although this should not exclude a patient from being prescribed opioids for acute pain, it should prompt a discussion with the patient about the potential for addiction. When a patient with a history of opioid addiction presents with acute pain due to an objectively diagnosed clinical or traumatic condition requiring the use of opioids for pain control, very close follow-up is indicated.

3. When opioids are prescribed for treatment of acute pain, the number of doses dispensed should be no more than the number of doses needed based on the usual duration of pain severe enough to require opioids for that condition.

Prescribing more medications than necessary can lead to non-medical use, abuse, and diversion of unused