The diversion of prescribed opioids is common. One study looked at completed patient surveys, and found that 45% of respondents reported some form of drug diversion at least once. Stolen medication was the most prevalent method of drug diversion, with 30% of respondents reporting at least one incident of stolen medication.[11] In another survey study, among persons 12 years and older who abused opioid pain medications (2009-2010), 71.2% came from friends or relatives; 55% were given to the abuser, 11.4% were purchased, and 4.8% were stolen.[12,13]

Guidelines for Chronic Pain

1. Alternatives to opioid treatment should be tried, or previous attempts documented, before initiating opioid treatment.[6,9,13,14,15]

Opioid medications are usually not the most appropriate first line of treatment for patients with chronic pain. Other measures, such as non-opioid pain medications, non-steroidal anti-inflammatory drugs (NSAIDs), antidepressants, antiepileptic drugs, and non-pharmacologic therapies (e.g., therapeutic exercise, physical therapy), should be tried first and the outcomes of those therapies documented. Opioid therapy should be considered only when other potentially safer and more effective therapies prove inadequate. This approach is consistent with the World Health Organization's (WHO) *Pain Relief Ladder*.[16]

1.1 Clinicians should refer to disease-specific guidelines for recommendations for treatment of chronic pain related to specific diseases or conditions.

Tools to accompany *Recommendation 1:*

- Non-opioid Pain Management Tool
  http://health.utah.gov/prescription/tools.html (see *Informational Tools* on website)

2. A comprehensive evaluation should be performed before initiating opioid treatment for chronic pain. For chronic pain patients transferring their care to new health care providers, new opioid prescriptions should generally not be written until the previous provider's records have been reviewed or the previous health care provider has been notified of the transfer of care.[13,14,15,17]

There are many reasons to prescribe cautiously when initiating opioid therapy; therefore a comprehensive initial evaluation is necessary to identify patients at high risk for adverse outcomes. The major goal should be to provide the greatest functional benefit while minimizing the potential for harm to patients. The potential for serious harm, including death, exists due either to overdose or to dangerous behaviors that may occur while taking opioids. The patient may be directly harmed, but others may also be harmed through diversion or by acts performed by a person taking opioids.

Initiating opioid treatment often results in short-term relief, which may not be sustainable. Safe long-term use of opioid medications requires the commitment of adequate resources. Patients need to be monitored regularly to evaluate outcomes and identify aberrant behavior or adverse side effects.

The goal of the comprehensive evaluation is to determine the nature of the patient's pain, and to evaluate how the pain is affecting the patient's function and quality of life. The provider should attempt to identify other conditions or circumstances that could adversely affect the treatment plan or the approach to managing the patient's treatment plan. The provider should also re-assess and re-evaluate prior approaches to the patient's pain management to provide a basis for establishing an effective ongoing plan of care.

The evaluation should specifically assess:

A. The character and potential cause(s) of pain, as well as prior treatments.

- The duration of the pain should be considered.
- The character of the pain should be considered. Since certain types of pain, such as neuropathic pain,