

SCREENING FOR OPIOID USE DISORDER TOOLKIT

created by Doctors for America

This toolkit is for all healthcare professionals to use when initiating patients on opioid medications or when caring for patients already using prescription opioids. Several screening tools can be used to help practice safe opioid prescribing and identify patients who may be misusing opioids.

Important Definitions

1) Aberrant drug-related behaviors (ADRBs):

Definition: drug-seeking behaviors or misuse that can be associated with addiction

Patients should be screened for ADRB prior to initiating prescription opioids

2) Opioid Use Disorder:

Definition: use of opioids that causes clinically significant distress or impairment

Diagnosed using DSM-5 Diagnostic Criteria

Screening Tools For Clinicians

Opioid Risk Tool (ORT)

When to use: initiating a new opioid prescription to estimate risk of opioid-related aberrant behaviors.

Link: [Opioid Risk Tool \(ORT\) for Narcotic Abuse](#)

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Screening Tools For Clinicians

The Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP- R)

When to use: Helps determine how much monitoring a patient on long-term opioid therapy might require **prior to prescription initiation**

Drug Abuse Screening Tool (DAST) - 10

When to use: Assesses illicit drug use in the past year and degree of problems related to use

Link: [Drug Abuse Screening Test-10 \(DAST-10\)](#)

Current Opioid Misuse Measure (COMM)

When to use: Identifies potential medication misuse in patients who are on long-term opioid therapy.

Link: [Current Opioid Misuse Measure \(COMM\)](#)

Pain Medication Questionnaire

When to use: can help clinicians assess for ADRB in patients who are already receiving opioid analgesic therapy

Available through a third party company

Screening Text to Import into your EMR smart phrases

We encourage you to create smart phrases to implement these tools into your daily practice.

Opioid Use Disorder Diagnosis

DSM-5 Diagnosis (Requires 2) Include OUD Diagnosis DSM- 5 checklist

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school or home
6. Continued opioid use, despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use, despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance,* as defined by either of the following:
 - a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of an opioid.
11. Withdrawal,* as manifested by either of the following:
 - a. The characteristic opioid withdrawal syndrome.
 - b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

Classified as Mild 2-3, Moderate 4-5, Severe 6+

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Screening Text to Import into your EMR smart phrases

Opioid Risk Tool (ORT)

The ORT may help identify patients at high risk for misuse, and who might benefit more from other modalities of pain control besides narcotics (primarily applicable to patients with chronic pain).

1. Sex (Male/ Female)
2. Age 16-45 (Yes/No)
3. History for preadolescent sexual abuse (Yes/No)
4. History of depression (Yes/No)
5. History of ADD, OCD, bipolar disorder, or schizophrenia (Yes/No)
6. Personal history of alcohol abuse (Yes/No)
7. Personal history of illegal drug abuse (Yes/No)
8. Family history of prescription drug abuse (Yes/No)

A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse

DAST-10

The DAST-10 score is calculated by the addition of the selected points. Please ask your patient the following questions about their potential involvement with drugs (excluding alcohol and tobacco) during the past 12 months. +1 point for each positive response, except question 3.

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to? (If the patient never uses drugs, answer “Yes.”) (+1 for negative response)
4. Have you had “blackouts” or “flashbacks” as a result of drug use?
5. Do you ever feel bad or guilty because of your use of drugs? (If the patient never uses drugs, choose “No.”)

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Screening Text to Import into your EMR smart phrases

6. Do your spouse or parents ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

DAST-10 Score	Degree of Problems Related to Drug Abuse
0	None
1-2	Low
3-5	Moderate
6-8	Substantial
9-10	Severe

Current Opioid Misuse Measure

The Current Opioid Misuse Measure (COMM) is a brief patient self-assessment to monitor chronic pain patients on opioid therapy. The measure is calculated by the addition of the selected points. Points are on a scale of 0 to +4, with never = 0, seldom = +1, sometimes = +2, often = +3, and very often = +4.

1. How often have you had trouble with thinking clearly or had memory problems?
2. How often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work, or appointments)
3. How often have you had to go to someone other than your prescribing physician to get sufficient pain relief from your medications? (i.e., another doctor, the Emergency Room)
4. How often have you taken your medications differently from how they are prescribed?

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Screening Text to Import into your EMR smart phrases

5. How often have you seriously thought about hurting yourself?
6. How much of your time was spent thinking about opioid medications? (i.e., having enough, taking them, dosing schedule, etc.)
7. How often have you been in an argument?
8. How often have you had trouble controlling your anger? (e.g., road rage, screaming, etc.)
9. How often have you needed to take pain medications belonging to someone else?
10. How often have you been worried about how you're handling your medications?
11. How often have others been worried about how you're handling your medications?
12. How often have you had to make an emergency phone call or show up at the clinic without an appointment?
13. How often have you gotten angry with people?
14. How often have you had to take more of your medication than prescribed?
15. How often have you borrowed pain medication from someone else?
16. How often have you used your pain medicine for symptoms other than for pain? (e.g., to help you sleep, improve your mood, or relieve stress)
17. In the past 30 days, how often have you visited the Emergency Room?

Sum of Questions	COMM indication
> or = 9	Positive (+)
<9	Negative (-)

SOAPP- R

The SOAPP-R is calculated by the addition of the selected points. Please ask your patient the following questions prior to initiation of long-term opioid therapy to assess for potential future misuse. Points are on a scale of 0 to +4, with never = 0, seldom = +1, sometimes = +2, often = +3, and very often = +4.

*continued...***Screening Text to Import into your EMR smart phrases**

1. How often do you have mood swings?
2. How often have you felt a need for higher doses of medication to treat your pain?
3. How often have you felt impatient with your doctors?
4. How often have you felt that things are just too overwhelming that you can't handle them?
5. How often is there tension in the home?
6. How often have you counted pain pills to see how many are remaining?
7. How often have you been concerned that people will judge you for taking pain medication?
8. How often do you feel bored?
9. How often have you taken more pain medication than you were supposed to?
10. How often have you worried about being left alone?
11. How often have you felt a craving for medication?
12. How often have others expressed concern over your use of medication?
13. How often have any of your close friends had a problem with alcohol or drugs?
14. How often have others told you that you had a bad temper?
15. How often have you felt consumed by the need to get pain medication?
16. How often have you run out of pain medication early?
17. How often have others kept you from getting what you deserve?
18. How often, in your lifetime, have you had legal problems or been arrested?
19. How often have you attended an AA or NA meeting?
20. How often have you been in an argument that was so out of control that someone got hurt?
21. How often have you been sexually abused?
22. How often have others suggested that you have a drug or alcohol problem?
23. How often have you had to borrow pain medications from your family or friends?
24. How often have you been treated for an alcohol or drug problem?

Sum of Questions	SOAPP-R Indication
> or = 18	Positive (+)
< 18	Negative (-)