The use of urine drug screening for safer opioid prescribing in chronic non-cancer pain patients in rural Northern Ontario Northern Ontario School of Medicine Niharika Shahi¹ and Dr. Ryan Patchett-Marble² École de médecine du Nord de l'Ontario



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ABSTRACT

The prevalence of opioid abuse has reached an epidemic level. National guidelines recommend safer opioid prescribing practices, including consideration of monitoring patients with urine drug screening (UDS). There is little evidence supporting or refuting the use of UDS in the context of chronic non-cancer pain (CNCP) patients. The Marathon Family Health Team (MFHT) has implemented a randomized UDS program, aimed at making the prescribing of opioids safer. This research project evaluated the efficacy of randomized UDS to detect and manage opioid misuse amongst patients with CNCP. Of the 77 patients prescribed opioids for CNCP and stratified as low-risk, 71.4% completed at least one UDS during the 12-month study period. Of these, 80% completed at least one random (\leq 36 hours of notice), and 20% completed only scheduled UDS. Overall, 66.4% of the UDS results were expected, 29.7% unexpected, and 3.9% equivocal. The physicians at MFHT took action for 58.8% of the aberrant results. By the end of the study period, UDS led directly to concrete management steps in 15/77 patients (19.5%). Of the 77 patients, 4 were promoted to an addiction program, 2 were tapered or discontinued from opioids, and 9 were escalated to a higher-risk monitoring system directly as a result of UDS. The results of this study show that in the primary care setting, UDS can be effective for detecting and managing misuse amongst low-risk CNCP patients being prescribed opioids.

BACKGROUND

The rate at which CNCP patients are being prescribed opioids continues to increase.^{1–3} Addictions and prescription drug overdoses have become a global epidemic.⁴ According to a recent report from Harvard Medical School in the United States, opioid misuse and the number of opioid-related deaths is now comparable to deaths caused by smoking.⁵ The Public Health Agency of Canada reported that about 2,500 Canadians (865 from Ontario) died from opioid overdoses in 2016. This number is much higher as compared to the 728 opioid-related deaths in 2015 reported by Ontario Public Health data.⁶



Historically, higher rates of drug abuse have been seen in rural and remote communities of Northern Ontario as compared to the rest of the province.⁷ Several screening tools have been developed to detect opioid misuse and diversion. National guidelines for prescribing opioids for CNCP recommend considering UDS as one risk mitigation strategy.⁸ However, it is unknown to what extent UDS, in a primary care setting, can help detect and guide management of opioid misuse.



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http://www.deslibris.ca/ID/248516. ⁸Busse JW, Craigie S, Juurlink DN, Buckley DN, Wang L, Couban RJ, et al. Guideline for opioid therapy and chronic noncancer pain. Can Med Assoc J. 2017 May 8;189(18):E659–66.



chronic pain (>90 days duration), of which 97 are for non-cancer, non-palliative pain. • Of the CNCP patients, 77 patients were stratified into the lowrisk program, 7 into the high-risk program, 6 were excluded from UDS for other reasons by their family physician (poor mobility, or receiving medications under observation in chronic care, etc.), and 7 patients should have been enrolled in the low-risk stream but were missed

The project was approved by the Lakehead University Research Ethics Board, as per Tri Council Policy Statement, as it involves collecting data from human participants. No direct patient consent was required as the project involves collecting secondary data from patient chart reviews. Patient data collected from the MFHT EMR was stored in password protected electronic files. The data collected from patient chart reviews was analyzed using SPSS software.



	40	
Number of Patients	35	
	30	
	25	
	20	
2	15	
	10	
	5	
	0	

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• Of the 3,913 patients at MFHT, 103 are prescribed opioids for

RESEARCH OBJECTIVES

The general objective of this study is to:

• Analyze whether random UDS, done by primary care providers in rural communities, is effective in detecting and managing misuse amongst patients being prescribed opioids for CNCP. The specific objectives of this study are to:

1. Analyze the efficacy of the computer randomization program for UDS in a primary care setting.

2. Compare different methods of UDS.

3. Determine whether UDS results directly led to physician action in managing opioid misuse.

METHODOLOGY





3. Physician action



higher-risk monitoring system (9).

replicated by other primary care teams.

tighter monitoring and prescribing practices.

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