The Challenge: Worrisome Signs and Opioid Tapering

The Anonymous Call: Your Patient is Selling His Opioids

SCOPE of Pain Colleague to Colleague Audio Short #12

Welcome back to the *SCOPE of Pain* Audio Shorts Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine *SCOPE of Pain* Program.

You get an anonymous phone call stating that your patient, who you have been treating with chronic opioids for chronic pain for the past six months, is selling his opioids. How will you respond to this concerning, anonymous call regarding potential opioid diversion by your patient?

Unfortunately, because this is an anonymous call, you do not know how valid this report is. That being said, it should not be ignored. There are different reasons why a call like this may occur. This may be from someone who is legitimately concerned about the patient and concerned about the community's access to illicit prescription opioids. But it could also be from someone who is trying to get your patient in trouble by making false accusations.

Because you cannot be certain what the motivation or secondary gain is of the person making the accusation, I would suggest considering the call a worrisome sign that may indicate prescription opioid misuse.

One response that I would recommend is to increase the patient's level of monitoring that is frequency of face-to-face visits, urine drug tests and pill counts. A few days to a week after the call, you may have your team call the patient in for a random pill count and urine drug test.

Diversion would be highly suspected if the patient refuses to come in or comes in and has a urine drug test negative for the prescribe opioid, and/or a pill count that is less than would be expected.

You may not want to disclose to the patient that you received the call, again, because you do not know how valid the report is, and there could be retaliation by your patient to the person he or she suspects made the report.

Your observations over time will help you determine if the concerns for diversion are well founded. If so, you can give the patient specific feedback as to why you're concerned about diversion, such as, "You did not leave a urine when requested," or "Your urine was negative for the medication that I'm prescribing," or "You did not bring your pills in for a pill count," or "Your pill counts have been less than expected."

Assessing and responding to aberrant medication-taking behaviors, including concerns for diversion, are discussed in more detail in the *SCOPE of Pain* program. You're not alone in facing these challenging issues. Thanks for listening.

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