Opioid Risk Stratification and Adherence Monitoring

**Low Risk**
- no history of alcohol abuse or drug abuse, no family history of alcohol or drug abuse
- no history of a major psychiatric disorder
- older age
- no smoking
- stable social support.

**Moderate Risk**
- remote history of alcohol or drug abuse;
- a history of addiction with a sustained period of recovery and a strong system to help sustain recovery;
- a questionable family history of alcohol or drug abuse;
- a past or current history of major psychiatric disorder that has been effectively managed
- younger age
- smoking
- history of physical or sexual abuse
- lack of social support
- involvement with others engaging in drug abuse.

**High Risk**
- a recent history, or multiple episodes, of alcohol or drug abuse
- history of addiction with limited or no system to sustain recovery
- strong family history of alcohol or drug abuse
- past or current history of major psychiatric disorder

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**Adherence Monitoring and Mitigation**

**Low Risk**
- At least annual adherence monitoring
- Monitoring usually should include:
  - detailed interviewing about drug-related behavior
  - questioning of family member and record review from other treating physicians,
  - check of prescription monitoring program
  - urine drug screen

**Moderate Risk**
- At least semi-annual adherence monitoring (more frequent at higher levels of assessed risk);
- Monitoring usually should include:
  - detailed interviewing about drug-related behavior
  - questioning of family member and record review from other treating physicians,
  - check of prescription monitoring program
  - urine drug screen

**High Risk**
- At least every 2-3 months adherence monitoring and more frequent visits
- Monitoring usually should include:
  - detailed interviewing about drug-related behavior
  - questioning of family member and record review from other treating physicians,
  - check of prescription monitoring program
  - urine drug screen
  - pill counts

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**Respond to Aberrant Behaviors**

- re-consideration of treatment to determine whether non-opioid therapies can be better employed
- Refills limited or not permitted
- Small frequent prescriptions
- No concurrent use of more than one opioid (e.g., no prescription of a second short-acting drug for breakthrough pain in those prescribed a long-acting drug for daily use)
- Mandated consultation with addiction specialists/psychiatrist

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