Table of Contents

Control-click on entries below to navigate directly to specific sections of the Toolkit

Introduction to the Chronic Pain Initiative Toolkits ................................................................. 3

Section I. Flowcharts of the CPI Process ............................................................................. 5
  Care Manager Flowchart A ..................................................................................................... 6
  Care Manager Flowchart B ..................................................................................................... 7

Section II. Identifying Patients ......................................................................................... 8
  Narcotics Utilization Report/Explanation ............................................................................. 9
  DMA Lock-in Program .......................................................................................................... 11
  Lock-in Referral Form ......................................................................................................... 14
  Chronic Pain Screening Questions ..................................................................................... 15
  High-Risk Patient Criteria .................................................................................................. 16
  Sample MD Narcotic Report Letter ..................................................................................... 17

Section III: Education ........................................................................................................ 18
  Symptoms of an Opioid Overdose ..................................................................................... 19
  How to Prevent an Opioid Overdose .................................................................................. 20
  How to Make an Overdose Plan ......................................................................................... 22
  How to Handle Medication Refills ..................................................................................... 23
  Consequences of ED Use for Chronic Pain ........................................................................ 24
  How to Properly Dispose of Medications ......................................................................... 25
  Chronic Pain Intervention Model ....................................................................................... 26

Section IV: Referral ........................................................................................................... 29
  MD Referral Form .............................................................................................................. 30
  SBIRT Annual Screening Questionnaires (English & Spanish) ......................................... 31
  SBIRT Audit Forms (English & Spanish) .......................................................................... 33
  SBIRT DAST-10 Forms (English & Spanish) .................................................................... 35
  Template for Scoring the SBIRT-Audit Form/ DAST-10 ................................................... 39
  The CRAFFT Screening Interview .................................................................................... 40
  Calculating DIRE Score .................................................................................................... 41
  Controlled Substance Reporting System .......................................................................... 42
  Opioid Agreement ............................................................................................................. 52
  Pain Resources on the Web ............................................................................................... 53
  Sample Job Description for CPI Coordinator .................................................................. 54
Introduction to the Chronic Pain Initiative Toolkits

Community Care of North Carolina (CCNC), in conjunction with non-profit organization Project Lazarus, is responding to some of the highest drug overdose death rates in the country through its Chronic Pain Initiative (CPI). In the past decade, there are increasing indicators that the misuse and abuse of prescription opioid analgesics by patients contributes to this epidemic. CCNC and Project Lazarus have prepared three CPI toolkits to assist medical care providers throughout North Carolina in the management of patients with chronic pain. These include the CPI Toolkit for Care Managers (this document); the CPI Toolkit for Providers; and the CPI Toolkit for Emergency Departments. While CCNC is initially targeting the Chronic Pain Initiative to providers of medical care of Medicaid patients, the recommended tools and strategies are applicable to all patients. Medical care providers and administrators are encouraged to adopt these practices and policies for all patients, regardless of payment source.

While doctors and nurses play a major role in treating chronic pain and preventing overdose deaths, the responsibility for action goes beyond the clinic. CCNC is working with Project Lazarus to engage the entire community in preventing overdoses. The five-component public health model is centered around community coalitions (Step 1), made up of health officials, law enforcement, civic groups, schools, public service organizations and others, developing interventions that are tailored to each community. The model uses data from state health surveillance systems to get a clearer understanding of the nature of the overdose problem (Step 2). Doctors and nurses have a role to play in Prevention (Step 3) by appropriately treating and referring chronic pain patients. Also included in Prevention are a dozen other activities to reduce the supply of diverted opioids, while improving access to pain treatment for those in pain. Rescue Medication (Step 4) has been endorsed by the NC Medical Board, and involves providing the antidote to opioid-induced respiratory depression (naloxone) to pain patients at risk of an overdose. Evaluation (Step 5) is necessary to fine-tune the different components of overdose prevention and pain management efforts to meet changing circumstances.

This public health model has been proven to produce results in North Carolina, with dramatic and sustained decreases in prescription opioid overdose, and concurrent increase in access to appropriate opioid pain treatment.
The goals of the Chronic Pain Initiative are to reduce opioid-related overdoses, optimize treatment of chronic pain and manage substance abuse issues associated with opioid misuse. Many people who have problems with opioid use also have legitimate needs for adequate pain control. Education around safe prescribing and appropriate use of opioids in our health care system and communities will enhance pain control and prevent unnecessary injury and death for our citizens in North Carolina.

**About Community Care**

CCNC is a community-based, public-private partnership that takes a population management approach to improving health care and containing costs for North Carolina’s most vulnerable populations. Through its 14 local network partners, CCNC creates “medical homes” for Medicaid beneficiaries, individuals eligible for both Medicare and Medicaid, privately-insured employees and uninsured people in all 100 counties.

**About Project Lazarus**

Project Lazarus was established in 2006 in response to extremely high rates of unintentional drug poisoning deaths (“overdoses”) in Wilkes County. Project Lazarus empowers communities to prevent drug overdoses and meet the needs of those living with chronic pain by harnessing public health data and connecting community groups to state and national resources.
Section I. Flowcharts of the CPI Process
Care Manager Flowchart B

Chronic Pain Flow Chart

Identify Chronic Pain Patients by one or more of the following:
1. Run Narcotic Report in Informatics Center by PCP.
2. Pt identified with diagnosis of chronic pain.
3. Pt in pain clinic
4. Pt identified on Potentially Preventable/TREO list - 19 or more narcotic fills

→ Send Narcotic Report to PCP quarterly

↓ Complete Behavioral Health Screen/Annual Questionnaire

↓ Complete Chronic Pain Screening Questions with Pt.

If pt is being treated with medication.

↓ Educate pt

If pt is not being treated, provide pain management education and refer pt to PCP for follow up. Send MD notification form, with pain assessment and screening. Send blank pain contract if appropriate.

↓ Notify MD of pain assessment and screening results. Send blank pain contract if appropriate.

↓ Is alcohol or drug use identified?

Yes

↓ Complete appropriate screening(s)
   - AUDIT-Alcohol
   - DAST-Drug
   - CRAFFT (13-18 yrs old)
   If positive, complete brief intervention.

↓ Refer to PCP/Behavioral Health for follow-up and/or treatment

No

↓ Stop

1. Do you know where to go for help with your pain?
2. Not using ED for chronic pain
3. Normal Side Effects of meds they are on
4. How do you manage refills
5. No sharing
6. S/Sx of overdose
7. Are you interested in learning more about nasal naloxone if available in your area.
Section II. Identifying Patients
Narcotics Utilization Report/Explanation

The Narcotics Utilization and CPI Priority Flag Report by Practice allows users to generate a parameterized data set around the use of narcotics, benzodiazepines, and sedative/hypnotics. This report initially returns all enrollees within your practice who have at least one opioid prescription fill in the previous 365 days. Those who meet criteria for the CCNC Chronic Pain Initiative (CPI) Priority Indicator as defined below, will have that flag noted in the “CPI Priority” column. The user may choose to reset the parameters regarding ED visits, opioid prescriptions in the past year, or CPI priority as defined below to return a specific defined sample for the practice.

Inclusion criteria may be set for the practice, number of narcotic prescriptions in the most recent 12 months, the number of pharmacies visited, and the number of emergency department visits in the most recent 12 months. Data is reported by practice and includes patient specific information (name, DOB, MID, county, DMA narcotic lock-in status, distinct category number and aggregate number of opioids/ benzodiazepines/ sedative-hypnotics prescribed in the last 12 months, number of pharmacies visited, number of practices visited, and number of emergency department visits in the last year.

Users may find helpful to sort on higher frequency of narcotic use and ED use together to identify at risk cases. The use of a lower fill rate would give a more inclusive potential at-risk population. By setting the number of pharmacies visited at 0, the report gives a broader representation of patients included (similar to setting the narcotics fill lower) versus setting the level higher. For patients listed, there is a link to the portal medication history report for additional information. The report may be found in the CCNC IC Portal Reports Center at:

North Carolina Community Care Networks Informatics Center Report Site
Home > Go To Practice Standard Reports > YOUR COUNTY > YOUR PRACTICE > Narcotic Utilization and CPI Priority Flag

Report definitions are outlined below:

- CPI Priority = "YES" if person has had >12 narcotic Rx fills AND >= 10 ED visits in the last 12 months and no cancer diagnosis in recent claims history
- of Opioid fills in past year: The total number of prescriptions fills for a opioid-containing product (GC3 = “H3A”) in the previous 365 days (does not include Ultram/tramadol)
- # of Benzo fills in past year: The total number of prescriptions fills for a benzodiazepine-containing product (GC3 = “H2F”) in the previous 365 days
- # of Hypnotic fills in past year: The total number of prescriptions fills for a hypnotic-containing product (GC3 = “H2E”) in the previous 365 days
- Patients with > 3 fills for all 3 classes: Patients are "YES" if they have had > 3 fills for Opioids AND Benzodiazepines AND Sedative Hypnotics in the previous 365 days
- # of Total Prescriptions fills (Opioids, Benzos, Hypnotics): The total number of fills for drugs in all three classes (Opioids + Benzos + Hypnotics)
- # of Distinct Meds (Opioids, Benzos, Hypnotics): The number of unique drug products (drug, strength or form) that are opioids (H3A) or benzo (H2F) or hypnotics (H2E) filled in the previous 365 days.
- # of Pharmacies: The total number of unique pharmacies with ANY prescription fill used by the patient in the previous 365 days
- # of Practices visited: Count of different provider numbers billing for outpatient CPT codes (excludes inpatient & emergency E&M codes)
- # Ed Visits in Past year: The total number of ED visits by the patient in the prior year
- Narcotic Lockin = "YES" if person appears in narcotic lock-in table
DMA Lock-in Program

Update on Narcotic and Benzodiazepine Management Lock-In Program -- 10.27.2011

N.C. Medicaid has implemented a recipient management lock-in program to control recipient overutilization of Medicaid benefits. Recipients identified for the lock-in program are restricted to a single prescriber and pharmacy in order to obtain opioid analgesics, benzodiazepines, and certain anxiolytics covered through the Medicaid Outpatient Pharmacy Program.

Who does this apply to?

History of filling more than 6 six new prescriptions of refills in two consecutive months for either opioids or benzodiazepines, receive prescriptions for opioids and benzodiazepines from more than three providers in two consecutive months, or are referred by a provider who feels the patient should be enrolled in the program.

Recipients who meet the criteria are notified by letter from DMA. In this letter, recipients are asked to choose a prescriber and a pharmacy (all three will then receive a confirmation letter). If no patient choice is made, DMA uses algorithmic guidelines to determine an assigned provider and/or pharmacy. The recipient must obtain all prescriptions for these medications from their lock-in prescriber and lock-in pharmacy in order for the claim to be paid.

The lock-in program went live on October 11, 2010, with a plan for 200 additional patients to be enrolled monthly.

Important Facts Regarding the Lock-In Program:

- **Prescriber’s NPI is required on the pharmacy claim;** submitting the prescriber’s DEA results in claim being denied.

- Claims submitted by a prescriber or filled at a pharmacy other than the one listed on the lock-in file will be denied; patient cash payment may be utilized to bypass the lock-in system.

- Recipients may not change their lock-in prescriber or pharmacy without authorization from DMA. **For situations in which 2 providers are being utilized (e.g. psychiatrist prescribes benzodiazepine and pain management provider prescribes narcotic), DMA may be requested to allow for up to 2 providers for a single patient. The patient may make this request of DMA or the pharmacist may**
If the pharmacist makes the request of DMA, a brief claims review may be useful to substantiate the request. Patients may make one call to change their lock-in status per lock-in period, then subsequent contacts for provider changes must be in writing. At this time, a provider or their designee (office staff, network pharmacist) may contact/call DMA to request to change a patient’s provider lock-in status. DMA will validate the authenticity of the caller and make the provider change.

- Lock-in period is for one year. After one year, the patient is removed from the program if they no longer meet criteria. Recipients who continue to meet the criteria will be locked in for an additional year.

- Medicaid Provider Referrals: Patients may be referred to DMA for consideration for the lock-in program. If the referee does not meet lock-in criteria, there must be clinical grounds/basis for the lock-in referral.

**Emergency Measures**

- In response to an emergent situation, N.C. Medicaid will reimburse an enrolled pharmacy for a four-day supply of a prescription dispensed to a recipient locked into a different pharmacy and prescriber. A “3” in the level of service field should be utilized to indicate that the transaction is an emergency fill.

- The recipient will be responsible for the appropriate copayment; paid quantities for more than a four day supply are subject to recoupment.

- Only one emergency occurrence will be reimbursed per lock-in period.

- Records of dispensing of emergency supply meds are subject to review by DMA Program Integrity.

**Other Issues**

- The definition of medications included in the lock-in calculation includes “certain anxiolytics.” This category includes the benzodiazepine anxiolytics and meprobamate/Miltown which has a GC3 of H2F. As meprobamate is not a benzodiazepine, but is an anxiolytic, this language was crafted to cover this issue. The anxiolytics buspirone and hydroxyzine are not lock-in medications.

- Medicare Part D beneficiaries are affected by this program for the number of benzodiazepine prescriptions and the number of prescribers for benzodiazepines.
• When a patient is discharged from their lock-in provider and is having trouble identifying another provider, DMA will handle the situation on a case by case basis. DMA is NOT taking recipients out of the program—although that is often the patient request. The patient is reminded to get the list from the local DSS and call for a provider. DMA has also made contact with the network pharmacists asking for their help by forwarding the recipient’s phone number and information. Additionally, the recipient can use their emergency override.

Additional Assistance:
• For additional information, you may contact:
  o Krista Kness, RPh, North Carolina DMA at Krista.kness@dhhs.nc.gov or phone 919-855-4303
  o Jerry McKee, Pharm.D., M.S., BCPP at jmckee@n3cn.org or phone 919-745-2387

• Or refer to the North Carolina DMA website at: http://www.ncdhhs.gov/dma/pharmacy
Lock-in Referral Form

NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE
PHARMACY LOCK-IN REFERRAL FORM

This form is used for referring North Carolina Medicaid recipients with possible medication overutilization to the Recipient Management Lock-in Program to evaluate the need for possible lock-in to one prescriber and one pharmacy. Please fax this form along with any supporting documentation to 919-715-1255. For questions regarding the use of this form, call 919-855-4300. Please note this completed form contains Protected Health Information (PHI) and should be handled in accordance with HIPAA regulations.

<table>
<thead>
<tr>
<th>Referral Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Source:</td>
</tr>
<tr>
<td>[ ] Medicaid Provider</td>
</tr>
<tr>
<td>[ ] CCNC Network Employee</td>
</tr>
</tbody>
</table>

| Referral Name: ___________________ |
| Referral Phone: ___________________ |
| Date of Referral: ___________________ |
| Please include contact information for appeals support. |

<table>
<thead>
<tr>
<th>Recipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient Name: ___________________</td>
</tr>
<tr>
<td>Recipient Medicaid ID: ___________________</td>
</tr>
<tr>
<td>Recipient DOB: ___________________</td>
</tr>
</tbody>
</table>
Chronic Pain Screening Questions

Key questions for screening pain:

1. Have you had pain for more than 3 months?
2. Does your pain limit your activities?
3. Is there a specific diagnosis for your pain?
4. Who is treating your pain?
5. Are you treated in a pain clinic?
6. Do you have a Pain Contract? ___ Yes _____ No _____ Don’t Know
7. Are you using medicine to manage your pain? Review meds
8. Are you taking your pain meds as prescribed? Ever take extra? If extra, complete DAST.
9. Are there other treatments for pain being used? Injections, Patches, TENS, etc.
10. In your opinion, is your pain controlled? How well on scale of 1(not controlled) - 10 (well controlled)?
11. Do you use alcohol? If yes, complete AUDIT.
12. Do you use street drugs? If yes, complete DAST.
13. Have you ever been treated for overdose?
High-Risk Patient Criteria

Fourteen factors to consider:

1. Recent emergency medical care involving opioid poisoning/ intoxication/ overdose
2. Suspected history of heroin or nonmedical opioid use (e.g., DAST-10)
3. High dose opioid prescription (e.g., ,>100 mg morphine equivalence/day)
4. Any methadone prescription to opioid naive patient
5. Recent release from incarceration/prison/jail
6. Recent discharge from opioid detox or abstinence-based program
7. In methadone or buprenorphine maintenance for addiction or pain
8. Request from patient or family member
9. May have difficulty accessing emergency medical services (rural home, etc.)

Any opioid prescription AND...

10. Respiratory diagnoses: smoking/COPD/emphysema/asthma/sleep apnea/other
11. Renal dysfunction or hepatic disease
12. Known or suspected current alcohol use (e.g., AUDIT)
13. Concurrent benzodiazepine prescription or nonmedical use
14. Concurrent anti-depressant prescription
Sample MD Narcotic Report Letter

January 1, 20xx:

Dear Network Provider,

Please find attached the most recent narcotic report for your high-use patients. The report specifies the number of Opioids, Benzodiazepines, and Hypnotics the patient has had in the last 12 months. These prescriptions may not have been written by you, but this data presents a special opportunity to discuss potential risks of accidental overdose with patients and to offer access to the CCNC Chronic Pain Initiative if available in your area.

You can also access comprehensive patient information, including visit history, pharmacy claims history and care team contact information on CCNC’s Provider Portal. Additionally, the NC Controlled Substances Reporting System was established to assist clinicians in identifying and referring for treatment patients misusing controlled substances. Please visit http://www.ncdhhs.gov/mhddsas/controlledsubstance/ to learn more.

Please contact NAME, TITLE, at EMAIL or PHONE with any questions about this report, Provider Portal or for more information about the Chronic Pain Initiative in your county.

Sincerely,

/s/

Name
Title
Community Care of North Carolina
Section III: Education
Symptoms of an Opioid Overdose

1. Awake, but cannot speak
2. Slow heart rate and pulse
3. Slow breathing or not breathing
4. Blue lips and/or fingernails
5. Gurgling, snoring or raspy breathing.
6. Choking sounds
7. Passing out
8. Throwing up
9. Pale face
10. Limp body

How to Respond to an Overdose

1. Rub sternum
2. Check breathing, call 911
3. Clear mouth
4. Perform rescue breathing
5. Begin placing person in recovery position.
How to Prevent an Opioid Overdose

MEDICAL CARE PROVIDERS: Providers can help reduce the likelihood of an opioid overdose by identifying patients who are at increased risk of opioid-induced respiratory depression prior to initiating or renewing a prescription for an opioid(s) to treat pain or substance abuse. This can be done through patient history review, brief interventions or referral for specialized pain management or substance abuse treatment (e.g., SBIRT and the CSRS). Prior to prescribing an opioid, determine if a patient has any of the following risk factors. Then establish a treatment plan to minimize the risk of opioid-induced respiratory depression by balancing the risks and the benefits of prescribing opioid-based interventions vs. only recommending alternative methods that are not supported by narcotic analgesics to treat chronic pain or substance abuse.

RISK FACTORS for opioid-induced respiratory depression

1. Recent emergency medical care for opioid poisoning/intoxication/overdose
2. Suspected history of heroin or nonmedical opioid use (e.g., DAST-10)
3. High dose opioid prescription (e.g., >100 mg. morphine equivalence/day)
4. Any methadone prescription to opioid naïve patient
5. Recent release from incarceration/prison/jail
6. Recent discharge from opioid detox or abstinence-based program
7. In methadone or buprenorphine detox/maintenance for addiction or pain
8. Request from patient or family member
9. May have difficulty accessing EMS (distance, remoteness, etc.)

Any opioid prescription AND …

10. Respiratory diagnoses: Smoking/COPD/emphysema/asthma/sleep apnea/other.
11. Renal dysfunction or hepatic disease.
12. Known or suspected concurrent alcohol use (e.g., AUDIT).
13. Concurrent benzodiazepine prescription or nonmedical use (e.g., CSRS).
14. Concurrent SSRI or TCA anti-depressant prescription (e.g., CSRS).

In August 2008, the N.C. Medical Board determined that “the goals of Project Lazarus are consistent with the Board’s statutory mission to protect the people of North Carolina. The Board therefore encourages its licensees to abide by the protocols employed by Project Lazarus and to cooperate with the program’s efforts to make naloxone available to persons at risk of suffering drug overdose.”

PATIENTS, FAMILY AND PEERS: Patients and their families need to be reminded that all medications, especially prescription pain relievers, need to be taken only as directed. Opioids that are not taken as prescribed can cause death.
• If pain is not controlled, patients should call and make a return appointment with their medical care provider.

• All patients who use prescription pain medication need to make an overdose plan.

• Patients need to find a person they trust to be their overdose responder. They need to teach that person the signs and symptoms of an opioid overdose, what to do for an overdose, what not to do, and where they keep their naloxone, if they have it.

• In addition, there are four simple rules for all patients who are being treated with pain medication to follow:

  (1) TAKE CORRECTLY  
  (2) STORE SECURELY  
  (3) DISPOSE PROPERLY  
  (4) NEVER SHARE
How to Make an Overdose Plan

1. Start a conversation about needing a rescue peer
   - Mistakes can happen when using pain medication.
     - I need someone to help me stay safe and out of pain.
     - This person can be a family member or friend.
     - We call this person a rescue peer.
   - Too many pain pills or mixing with other drugs or alcohol can make me stop breathing.
   - I am now a member of CCNC. They have given me a naloxone rescue kit.
   - The kit has a DVD that describes what an overdose looks like and what to do.
   - The kit also has the medicine, Naloxone, you will use to start me breathing again.
   - The kit location is written on the Project Lazarus magnet that’s on the ‘fridge door.

2. Who is your rescue peer?  

3. What your peer needs to do.
   - Watch the Project Lazarus DVD.
     -- Learn signs and symptoms of an overdose and how to rescue.
   - Review naloxone rescue kit contents.
   - Know location of rescue kit.
   - Call Project Lazarus (336-667-8100) for questions about responding to an overdose.

4. If your prescription is not working, call your doctor.
   - Don’t self medicate.

5. What to do if you are taking pain pills not prescribed for you or not following your doctor’s advice.
   - Don’t mix your pills with other drugs or alcohol.
   - Call your peer and ask this person to check on you hourly.
   - Make sure someone can get to you if needed.

6. What your peer should NOT do in case of an overdose.
   - Put me in a bathtub for a cold shower. I could drown.
   - Give me stimulants, like coffee. They don’t work.
   - Put ice on my body to wake me up. It wastes time and doesn’t work.

IF A RESCUE IS NEEDED, BE SURE TO CALL 911.

Project Lazarus P.O. Box 261 Moravia Falls, NC 28654
Phone: 336-667-8100 – Fax: 866-400-9915 – www.projectlazarus.org

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Page 22
How to Handle Medication Refills

- Chronic Pain medications should be from one provider and one pharmacy.
- Patients requesting refills should contact prescribing physician - not the ED or other providers.
- Refills will be made during regular office hours and not on nights, weekends or holidays. A minimum of 24-hour notice is needed for pain med refills and so it is the patient’s responsibility to keep track of when they will be out of meds.
- Medications should be taken exactly as prescribed and not change the medication schedule or dosage without advance approval from provider.
- Chronic pain meds should not be refilled early.
- Stolen medications will not be refilled early and it is the patient’s responsibility to keep medication secure.
- Medications should not be shared or sold under any circumstances.
Consequences of ED Use for Chronic Pain

Painful conditions that are chronic are more difficult to treat than painful conditions that are acute (sudden or not long-lasting). Chronic conditions cause pain frequently or even daily. Often the reason for the chronic pain is not known and may require further testing.

As a patient with a chronic pain condition, it is important for you to seek the appropriate medical care to help alleviate your pain and improve your quality of life. Diagnostic testing and treatment is best done under the care of one medical provider, usually your personal physician and/or pain management clinic. They will schedule periodic visits to monitor your progress, order further diagnostic testing if needed and modify your treatment plan, which may include medications, physical therapy, diet and exercise if appropriate. The ED is not designed to provide this type of ongoing care.

Your condition can worsen when this type of ongoing quality medical care is not provided for a chronic painful condition. If treatment with a narcotic and/or sedative medication is needed but not monitored closely, you can become addicted or develop serious side effects including death.

The following link will take you to a 5-minute educational YouTube video about chronic pain.

http://www.youtube.com/watch?v=4b8oB757DKc&feature=youtube_gdata_player
How to Properly Dispose of Medications

Managing unused medications is a safety as well as an environmental concern. Clean out your medicine cabinet to prevent accidental ingestion by children or pets and abuse or misuse. Proper disposal will prevent medications from entering soil and groundwater. The Board of Pharmacy encourages you to consider the following guidelines when disposing of medications:

1. Remove all medications from their original containers. Scratch out or remove all identifying information on the prescription label on the original container to protect your identity and the privacy of your personal health information before throwing it away.

2. Place the medications in an impermeable, non-descript container (such as an empty laundry detergent bottle or coffee can), and mix with water or coffee to dissolve the medications.

3. Mix with an undesirable substance such as used coffee grounds or kitty litter (the medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash). Tightly seal the container and throw it away.

   In general, avoid flushing medications down the toilet whenever possible.

The FDA recommends the following medications be flushed down the toilet instead of thrown in the trash.

<table>
<thead>
<tr>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actiq (fentanyl citrate)</td>
</tr>
<tr>
<td>Zerit for Oral Solution (stavudine)</td>
</tr>
<tr>
<td>Daytrana Transdermal Patch</td>
</tr>
<tr>
<td>(methylphenidate)</td>
</tr>
<tr>
<td>Meperidine HCL Tablets</td>
</tr>
<tr>
<td>Duragesic Transdermal System (fentanyl)</td>
</tr>
<tr>
<td>Xyrem (sodium oxybate)</td>
</tr>
<tr>
<td>OxyContin Tablets (oxycodone)</td>
</tr>
<tr>
<td>Avinza Capsules (morphine sulfate)</td>
</tr>
<tr>
<td>Percocet (oxycodone and acetaminophen)</td>
</tr>
<tr>
<td>Fentora (fentanyl buccal tablet)</td>
</tr>
<tr>
<td>Baraclude Tablets (entecavir)</td>
</tr>
<tr>
<td>Tequin Tablets (gatifloxacin)</td>
</tr>
<tr>
<td>Reyataz Capsules (atazanavir sulfate)</td>
</tr>
</tbody>
</table>

Note: Patients should always refer to printed materials accompanying their medication for specific instructions.

North Carolina Board of Pharmacy Phone: 919.246.1050 http://www.ncbop.org
Chronic Pain Intervention Model

Brief Motivational Interviewing Oriented Primary Care Chronic Pain Counseling Model

Loosely adapted from-
Preparing for Pain Management: A Pilot Study to Enhance Engagement
Suzanne Habib, et al
The J of Pain, 6:1, 48-54, 2005

RCT. N=78, 2 session MI intervention before offer of pain management workshops, intervention group significantly more likely to attend workshops (p<.01) b/c they have had someone empathically engage with their beliefs about pain self-management, better understand its value & feel more confident that they can succeed.

Pain Stages of Change Model:

- Precontemplation stage: not motivated to adopt self-management skills;
- Contemplation stage: thinking about it;
- Preparation stage: planning to change and are already trying some (parts) of the skills;
- Action stage: actively learning to engage in self-management; and
- Maintenance stage: working to stabilize the new behavior pattern

Assessing Pain Patients’ Readiness to Change with regards to:

- Exercise & physical conditioning (stretching, walking, swimming, yoga, etc)
- Relaxation techniques (deep breathing, progressive muscle relaxation, biofeedback, guided imagery, meditation, tai chi and yoga, sleep hygiene). Relaxation is a skill which gets better with practice; can also help chronic pain sufferers to improve their ability to sleep. (Winterowd et al, 2003).
- Maintaining daily activities (housework, cooking, attending family events, shopping, etc). Chronic pain sufferers often get into an over- and underactivity cycle where they do more activity on their “good days” when their pain is lower, but then they spend a day or more resting and recovering from their burst of activity which has flared up their pain. Pacing techniques aim to spread activities evenly over the day and week so that flare ups in pain are minimized and the pain sufferer can gradually increase the amount of activity performed (Nicholas et al, 2000)
- Medication use (They see meds as only one part of a larger pain management program, they follow the prescription, and wish to use only the minimal amount necessary. Or do they use meds without the use of any other self-management techniques. Are they taking only prn; are they
taking meds in excess of the prescribed dose; are they resistant to trying non-opiates? Are obtaining meds a main focus in their life?)

Step One – Assess the Pain Patient’s Beliefs about Each of the Above Self Management Techniques:

- Open-ended question: How do you feel about … as a way to manage pain?
  - This activity **would not be helpful** to manage pain. (precontemplation)
  - They are **uncertain** that this activity could be helpful to manage pain. (contemplation)
  - They believe it would be helpful & would like to do it. (preparation)
  - They are already participating in this activity and are starting to believe that it’s helpful. (action)
    - Frequency and period of time using it is less than 6 months
  - It’s already an important part of their self-management regimen & has now become a **part of their lifestyle**. (maintenance)
    - Frequency & period of time using it is more than 6mths
  - Used to do this, but no longer. (relapse)

- Use Open-Ended Questions, Affirmation, Reflection and Summary (OARS)
  - Make reflective statements about what you just heard them say.
  - Use affirmations to support what they are already successful doing.

Step Two – Use Importance & Confidence Scales:

- From 0-10, how important do you feel that this activity is to helping manage the pain? (Ex. Patient answers “5”. What would it take to get you closer to 10?)
- From 0-10, how confident do you feel that you can engage in this activity & maintain it? (Ex. Patient answers “5”. What would it take to get you closer to 10?)
- Summarize your understanding of how important and confident they feel about each of the above behaviors.

Step Three – Provide Feedback and Appropriate Referrals Using FRAME

**F:** Feedback: Involves discussing assessment results with the patient and may include such items as laboratory results, x-rays, PT reports, and/or pain pharmacology information.

- Use *Elicit-Provide-Elicit*
- Examples:
o “You said that the only thing that helps is Vicodin, yet your overall pain remains 8-10. Do you know how Vicodin can worsen pain overall?…” (interdose withdrawal, NMDA hypersensitization, tolerance, addiction)

o “PT says these stretches would be of help, but you fear that they will worsen your back problems. Do you understand why PT feels these stretches can help the type of back pain you have?”

**R: Responsibility:** emphasize the patient’s autonomy and need to choose for him/herself what is the best course of action.

**A: Advice** based on M & E.

**M: Menu** of options of self-management strategies that you & the patient collaboratively come up with

- Start w/ their ideas, ask them to brainstorm ideas that they might not yet feel ready to do yet, or what they’ve heard others w/ chronic pain do
- Refer to the *Chronic Pain Resource list* & offer up what has worked for your other patients

**E: Self-efficacy enhancement** strategies.

- Examples:
  - Pacing changes one-step-at-a-time to promote successful lifestyle integration.
  - Reviewing how they’ve overcome other life adversities.
  - Review how they’ve already succeeded with other pain self-management techniques.
  - Assess what type of support they need to make the changes
    - Family involvement
    - Support groups
Section IV: Referral
MD Referral Form

Dear Provider,

The patient below has been identified as a candidate for CCNC’s Chronic Pain Initiative due to reason/s marked below. Please consider meeting with patient to discuss pain management and order Project Lazarus for patient as a safety measure.

Patient name ___________________________________
Date of Birth _________________________________
Medicaid ID ____________________________________

1. Recent emergency medical care involving opioid poisoning/intoxication/overdose □ Yes □ No □ Unknown
2. Suspected history of heroin or nonmedical opioid use (e.g., DAST-10) □ Yes □ No □ Unknown
3. On more than one opioid prescription □ Yes □ No □ Unknown
4. Any methadone prescription □ Yes □ No □ Unknown
5. Recent release from incarceration/prison/jail □ Yes □ No □ Unknown
6. Recent discharge from opioid detox or abstinence-based program □ Yes □ No □ Unknown
7. In methadone or suboxone detox/maintenance for addiction or pain □ Yes □ No □ Unknown
8. Voluntary request from patient or family member □ Yes □ No □ Unknown
9. May have difficulty accessing emergency medical services (rural home, etc.) □ Yes □ No □ Unknown

Any opioid prescription AND...

10. Respiratory diagnoses: smoking/COPD/emphysema/asthma/sleep apnea/other □ Yes □ No □ Unknown
11. Renal dysfunction or hepatic disease □ Yes □ No □ Unknown
12. Known or suspected current alcohol use (e.g., AUDIT) □ Yes □ No □ Unknown
13. Concurrent benzodiazepine prescription or nonmedical use □ Yes □ No □ Unknown
14. Concurrent anti-depressant prescription □ Yes □ No □ Unknown
15. Other ____________________________________________________________________
SBIRT Annual Screening Questionnaires (English & Spanish)

**Annual Questionnaire**
Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Are you currently in recovery for alcohol or substance abuse? □ Yes □ No

<table>
<thead>
<tr>
<th>Alcohol: One drink =</th>
<th>12 oz. beer</th>
<th>5 oz. wine</th>
<th>1.5 oz. liquor (one shot)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MEN: How many times in the past year have you had 5 or more drinks in a day?</th>
<th>None</th>
<th>1 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN: How many times in the past year have you had 4 or more drinks in a day?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Drugs:** Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? | None | 1 or more |

**Mood:**
During the past two weeks, have you been bothered by little interest or pleasure in doing things? | No | Yes |
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless? | No | Yes |
Cuestionario anual

Una vez al año, pedimos a todos nuestros pacientes que completen este formulario, ya que el consumo de drogas y alcohol y el estado de ánimo pueden afectar su salud y los medicamentos que toma. Ayúdenos a brindarle la mejor atención médica al responder las preguntas que aparecen a continuación.

¿Está actualmente en rehabilitación por abuso de alcohol o sustancias?  Sí  No

Alcohol:  Una bebida =

<table>
<thead>
<tr>
<th>12 oz cerveza</th>
<th>5 oz vino</th>
<th>1.5 oz licor (un trago)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOMBRES: ¿cuántas veces durante el último año ha bebido 5 o más bebidas en un día?</th>
<th>Ninguno</th>
<th>1 o más</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUJERES: ¿cuántas veces durante el último año ha bebido 4 o más bebidas en un día?</td>
<td>Ninguno</td>
<td>1 o más</td>
</tr>
</tbody>
</table>

Drogas: las drogas recreativas incluyen metanfetaminas (velocidad, cristal), cannabis (marihuana, tiesto), solventes (solvente de pintura, aerosol, pegamento), tranquilizantes (Valium), barbitúricos, cocaína, éxtasis, alucinógenos (LSD, hongos) o narcóticos (heroina).

¿Cuántas veces durante el último año ha consumido una droga o utilizado un medicamento recetado para fines que no son médicos?  Ninguno  1 o más

Estado de ánimo:

<table>
<thead>
<tr>
<th>Durante las últimas dos semanas, ¿se ha sentido molesto con poco interés o placer en hacer las cosas?</th>
<th>No</th>
<th>Sí</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durante las últimas dos semanas, ¿se ha sentido molesto porque se siente deprimido, decaído o sin consuelo?</td>
<td>No</td>
<td>Sí</td>
</tr>
</tbody>
</table>
Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals: 12 oz. beer, 5 oz. wine, 1.5 oz. liquor (one shot)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Monthly or less</th>
<th>Two to four times a month</th>
<th>Two to three times a week</th>
<th>Four or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td></td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td></td>
<td>Yes, but not in the last year</td>
<td>Yes, in the last year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sum</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8</td>
<td>16</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
AUDIT cuestionario de prueba de detección de alcohol

Debido a que ingerir alcohol puede afectar su salud e interferir con ciertos medicamentos y tratamientos, es importante que le hagamos algunas preguntas sobre su uso del alcohol. Si se siente incómodo al llenar este formulario, hágaselo saber a su proveedor de atención médica.

Una bebida estándar equivale a:
- 1.5 oz de licor (por ejemplo, un trago de whisky)
- 12 oz de cerveza
- 5 oz de vino

<table>
<thead>
<tr>
<th>Preguntas</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ¿Con qué frecuencia toma una bebida que contenga alcohol?</td>
<td>Nunca</td>
<td>Mensualmente o menos</td>
<td>2 a 4 veces al mes</td>
<td>2 a 3 veces a la semana</td>
<td>4 o más veces a la semana</td>
</tr>
<tr>
<td>2. ¿Cuántas bebidas que contengan alcohol toma en un día normal cuando bebe?</td>
<td>1 0 2</td>
<td>3 0 4</td>
<td>5 0 6</td>
<td>7 a 9</td>
<td>10 o más</td>
</tr>
<tr>
<td>3. ¿Con qué frecuencia toma seis o más tragos en una ocasión?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente</td>
</tr>
<tr>
<td>4. ¿Con qué frecuencia durante el último año se dio cuenta que no podía parar de beber una vez que comenzaba?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente</td>
</tr>
<tr>
<td>5. ¿Con qué frecuencia durante el último año no pudo hacer lo que se esperaba normalmente de usted debido a estar bebiendo?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente</td>
</tr>
<tr>
<td>6. ¿Con qué frecuencia durante el último año ha necesitado de un primer trago en la mañana para iniciar una actividad después de una fuerte sesión de bebidas?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente</td>
</tr>
<tr>
<td>7. ¿Con qué frecuencia durante el último año ha tenido un sentimiento de culpa o remordimiento después de beber?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente</td>
</tr>
<tr>
<td>8. ¿Con qué frecuencia durante el último año no ha podido recordar lo que sucedió la noche anterior debido a que estuvo bebiendo?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente</td>
</tr>
<tr>
<td>9. ¿Usted o alguien más han sido lastimados debido a que usted estuviera bebiendo?</td>
<td>No</td>
<td>Sí, pero no en el último año</td>
<td>Sí, durante el último año</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. ¿Algun familiar, amigo, médico u otro trabajador de atención médica ha estado preocupado con el hecho que usted beba o le ha sugerido que lo deje?</td>
<td>No</td>
<td>Sí, pero no en el último año</td>
<td>Sí, durante el último año</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 II III IV
0 8 16 20

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### Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Which recreational drugs you have used in the past year?

- methamphetamines (speed, crystal)
- cannabis (marijuana, pot)
- inhalants (paint thinner, aerosol, glue)
- tranquilizers (valium)
- cocaine
- narcotics (heroin, oxycodone, methadone, etc.)
- hallucinogens (LSD, mushrooms)
- other ____________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Are you unable to stop using drugs when you want to?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

© Community Care of North Carolina – October 2012
For clinician:

<table>
<thead>
<tr>
<th>Clinician Name: ___________________________</th>
<th>Date: ____________</th>
<th>DAST Zone: ________</th>
</tr>
</thead>
</table>

**Brief intervention:**
- [ ] Raised subject
- [ ] Provided feedback
- [ ] Enhanced motivation
- [ ] Negotiated plan

- [ ] Not done
- [ ] Referral recommended
  (consider using Oregon referral line: 1-800-923-4357)
Cuestionario de prueba de detección de drogas (DAST, por sus siglas en inglés)

Debido a que el uso de drogas puede afectar su salud, necesitamos hacerle algunas preguntas sobre su uso de las drogas. Si se siente incómodo al completar este formulario, hágaselo saber a su proveedor de salud.

En los siguientes enunciados, "abuso de drogas" se refiere a:

1. Usar medicamentos con receta médica o de venta libre excediéndose de las instrucciones, y
2. Cualquier uso de drogas que no sea uso médico.

Las distintas clases de drogas pueden incluir metanfetaminas (velocidad), cannabis (marihuana, tieto), solventes (solviente de pintura), tranquilizantes (Valium), barbitúricos, cocaína, estilulantes (velocidad), alucinógenos (LSD) o narcóticos (heroina). Recuerde que las preguntas no incluyen bebidas alcohólicas.

<table>
<thead>
<tr>
<th>Marque con un &quot;Sí&quot; o &quot;No&quot; las siguientes preguntas:</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ¿Ha utilizado drogas que no sean las que se requieren por razones médicas?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>2. ¿Abusa de más de una droga a la vez?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>3. ¿No puede dejar de usar drogas cuando quiere?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>4. ¿Alguna vez ha tenido desvanecimientos o escenas retrospectivas como resultado del uso de drogas?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>5. ¿Alguna vez se siente mal o culpable por usar drogas?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>6. ¿Su cónyuge (o padres) se queja alguna vez por su participación con las drogas?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>7. ¿Ha abandonado a su familia por su uso de las drogas?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>8. ¿Ha participado en actividades ilegales para obtener drogas?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>9. ¿Alguna vez ha experimentado síntomas de retraimiento (se ha sentido enfermo) cuando dejó de tomar drogas?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>10. ¿Ha tenido problemas médicos como resultado de su uso de las drogas (por ejemplo, pérdida de memoria, hepatitis, convulsiones, sangrado)?</td>
<td>No</td>
<td>Sí</td>
</tr>
</tbody>
</table>

I II III IV
0 1 3 6
AUDIT cuestionario de prueba de detección de alcohol

Debido a que ingerir alcohol puede afectar su salud e interferir con ciertos medicamentos y tratamientos, es importante que le hagamos algunas preguntas sobre su uso del alcohol. Si se siente incómodo al llenar este formulario, hágaselo saber a su proveedor de atención médica.

Una bebida estándar equivale a:
- 1.5 oz de licor (por ejemplo, un trago de whisky)
- 12 oz cerveza
- 5 oz de vino

<table>
<thead>
<tr>
<th>Preguntas</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ¿Con qué frecuencia toma una bebida que contenga alcohol?</td>
<td>Nunca</td>
<td>Mensualmente o menos</td>
<td>2 a 4 veces al mes</td>
<td>2 a 3 veces a la semana</td>
<td>4 o más veces a la semana</td>
</tr>
<tr>
<td>2. ¿Cuántas bebidas que contengan alcohol toma en un día normal cuando bebe?</td>
<td>1 ó 2</td>
<td>3 ó 4</td>
<td>5 ó 6</td>
<td>7 ó 9</td>
<td>10 ó más</td>
</tr>
<tr>
<td>3. ¿Con qué frecuencia toma seis o más tragos en una ocasión?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente o casi diariamente</td>
</tr>
<tr>
<td>4. ¿Con qué frecuencia durante el último año se dio cuenta que no podía parar de beber una vez que comenzaba?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente o casi diariamente</td>
</tr>
<tr>
<td>5. ¿Con qué frecuencia durante el último año no pudo hacer lo que se esperaba normalmente de usted debido a estar bebiendo?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
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</tr>
<tr>
<td>6. ¿Con qué frecuencia durante el último año ha necesitado de un primer trago en la mañana para iniciar una actividad después de una fuerte sesión de bebidas?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente o casi diariamente</td>
</tr>
<tr>
<td>7. ¿Con qué frecuencia durante el último año ha tenido un sentimiento de culpa o remordimiento después de beber?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
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<tr>
<td>8. ¿Con qué frecuencia durante el último año no ha podido recordar lo que sucedió la noche anterior debido a que estuvo bebiendo?</td>
<td>Nunca</td>
<td>Menos que mensualmente</td>
<td>Mensualmente</td>
<td>Semanalmente</td>
<td>Diariamente o casi diariamente</td>
</tr>
<tr>
<td>9. ¿Usted o alguien más han sido lastimados debido a que usted estuviera bebiendo?</td>
<td>No</td>
<td>Sí, pero no en el último año</td>
<td>Sí, durante el último año</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. ¿Algún familiar, amigo, médico u otro trabajador de atención médica ha estado preocupado con el hecho que usted beba o le ha sugerido que lo deje?</td>
<td>No</td>
<td>Sí, pero no en el último año</td>
<td>Sí, durante el último año</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Template for Scoring the SBIRT-Audit Form/ DAST-10

Score:__________________

Scores for questions 1 through 8 are –

1<sup>st</sup> response  = 0
2<sup>nd</sup> response  = 1
3<sup>rd</sup> response  = 2
4<sup>th</sup> response  = 3
5<sup>th</sup> response  = 4

Scores for questions 9 and 10 are –

1<sup>st</sup> response  = 0
2<sup>nd</sup> response  = 2
3<sup>rd</sup> response  = 4

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of problem related to alcohol consumption</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No problems reported.</td>
<td>No action at this time.</td>
</tr>
<tr>
<td>1-7</td>
<td>Low level.</td>
<td>Monitor, reassess at a later time.</td>
</tr>
<tr>
<td>8-12, female</td>
<td>Moderate level. Associated w/ harmful or hazardous drinking.</td>
<td>Further investigation. Consider for Project Lazarus.</td>
</tr>
<tr>
<td>8-14, male</td>
<td>Moderate level. Associated w/ harmful or hazardous drinking.</td>
<td>Further investigation. Consider for Project Lazarus.</td>
</tr>
<tr>
<td>&gt;= 15, male</td>
<td>Substantial to severe level. Likely to indicate alcohol dependence.</td>
<td>Intensive assessment. Consider for Project Lazarus.</td>
</tr>
</tbody>
</table>


Template for Scoring the DAST-10©

Score:__________________

Score 1 point for each question answered “yes,” except for question 3 for which a “no” receives 1 point.

DAST-10 Interpretation

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of Problems Related to Drug Abuse</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No problems reported.</td>
<td>None at this time.</td>
</tr>
<tr>
<td>1-2</td>
<td>Low level.</td>
<td>Monitor, reassess at a later date.</td>
</tr>
<tr>
<td>3-5</td>
<td>Moderate level.</td>
<td>Further investigation. Consider for Project Lazarus.</td>
</tr>
<tr>
<td>6-8</td>
<td>Substantial level.</td>
<td>Intensive assessment. Consider for Project Lazarus.</td>
</tr>
</tbody>
</table>

© Adapted from Harvey A. Skinner, PhD., 1982 by the Addiction Research Foundation. Developed on 07/15/2008. For more information, go to www.coloradoguidelines.org or call (720) 297-1681.
The CRAFFT Screening Interview

Age 13-18

Screening Date: ________________
Completed By: ________________

Part A: During the PAST 12 MONTHS, did you:

Drink any alcohol (more than a few sips)?
(Do not count sips of alcohol taken during family or religious events.)

☐ Yes    ☐ No

Smoke any marijuana or hashish?

☐ Yes    ☐ No

Use anything else to get high?
(“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)  

☐ Yes    ☐ No

Part B:

Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

☐ Yes    ☐ No

Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

☐ Yes    ☐ No

Do you ever use alcohol or drugs while you are by yourself, or ALONE?

☐ Yes    ☐ No

Do you ever FORGET things you did while using alcohol or drugs?

☐ Yes    ☐ No

Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

☐ Yes    ☐ No

Have you ever gotten into TROUBLE while you were using alcohol or drugs?

☐ Yes    ☐ No
Calculating DIRE Score

### D.I.R.E. Score: Patient Selection for Chronic Opioid Analgesia

For each factor, rate the patient’s score from 1-3 based on the explanations in the right hand column.

<table>
<thead>
<tr>
<th>Score</th>
<th>Factor</th>
<th>Explanation</th>
</tr>
</thead>
</table>
|       | Diagnosis                     | 1 = Benign chronic condition with minimal objective findings or no definite medical diagnosis. Examples: fibromyalgia, migraine headaches, nonspecific back pain.  
2 = Slowly progressive condition concordant with moderate pain, or fixed condition with moderate objective findings. Examples: failed back surgery syndrome, back pain with moderate degenerative changes, neuropathic pain.  
3 = Advanced condition concordant with severe pain with objective findings. Examples: severe ischemic vascular disease, advanced neuropathy, severe spinal stenosis. |
|       | Intractability                | 1 = Few therapies have been tried and the patient takes a passive role in his/her pain management process.  
2 = Most customary treatments have been tried but the patient is not fully engaged in the pain management process, or barriers prevent (insurance, transportation, medical illness).  
3 = Patient fully engaged in a spectrum of appropriate treatments but with inadequate response |
|       | Risk                          | (R = Total of P + C + R + S below) |
|       | Psychological:                | 1 = Serious personality dysfunction or mental illness interfering with care. Example: personality disorder, severe affective disorder, significant personality issues.  
2 = Personality or mental health interferes moderately. Example: depression or anxiety disorder.  
3 = Good communication with clinic. No significant personality dysfunction or mental illness. |
|       | Chemical Health:              | 1 = Active or very recent use of illicit drugs, excessive alcohol, or prescription drug abuse.  
2 = Chemical coper (uses medications to cope with stress) or history of CD in remission.  
3 = No CD history. Not drug-focused or chemically reliant |
|       | Reliability                   | 1 = History of numerous problems: medication misuse, missed appointments, rarely follows through.  
2 = Occasional difficulties with compliance, but generally reliable.  
3 = Highly reliable patient with meds, appointments & treatment |
|       | Social Support:               | 1 = Life in chaos. Little family support and few close relationships. Loss of most normal life roles.  
2 = Reduction in some relationships and life roles.  
3 = Supportive family/close relationships. Involved in work or school and no social isolation |
|       | Efficacy score                | 1 = Poor function or minimal pain relief despite moderate to high doses.  
2 = Moderate benefit with function improved in a number of ways (or insufficient info – hasn’t tried opioid yet or very low doses or too short of a trial).  
3 = Good improvement in pain and function and quality of life with stable doses over time |

___ Total score = D + I + R + E

Score 7-13: Not a suitable candidate for long-term opioid analgesia  
Score 14-21: May be a candidate for long-term opioid analgesia

Source: Miles Belgrade, Fairview Pain & Palliative Care Center © 2005. Used with permission.
Controlled Substances Reporting System (CSRS)
3008 Mail Service Center
Raleigh, NC 27699-3008
Phone: (919) 733-1765

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Instructions for completing the Prescriber / Dispenser Database Access Request:

1. Complete the CSRS Access Packet
   - Complete the Prescriber / Dispenser Database Access form
     - Must be COMPLETE and LEGIBLE, or access may be denied
     - Provide your DEA Number, it will be your username
     - Propose a password that:
       - Is at least 8 characters in length
       - Does NOT contain dictionary words or a name
       - Contains at least one (1) capital letter, one (1) lowercase letter and one (1) number. For example:
         - H82bYb07 Acceptable
         - Bob12346 Not Acceptable
         - rsmith07 Not Acceptable
     - Sign and date the Privacy Statement
     - Include a photocopy of your driver’s license

2. Notarize completed Prescriber / Dispenser Database Access form
   - Hospitals typically have employees that also serve as Notaries Public. Ask your hospital’s human resources department, business office, caseworkers, clinical representatives or administration for an available Notary Public.

3. Mail the completed Prescriber / Dispenser Database Access form, the signed Privacy Statement and a copy of your current drivers license to:
   NC CSRS
   3008 Mail Service Center
   Raleigh, North Carolina 27699-3008

   - Health Information Designs, Inc. will notify you by e-mail when your request has been approved. If you do not hear from HID within 2 weeks, please contact the CSRS office at 919-733-1765 and they will assist you.
Prescriber / Dispenser Database Access

<table>
<thead>
<tr>
<th>New</th>
<th>Update</th>
<th>Terminate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name (First, Mi, Last, Suffix (Jr., Sr., III))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Title</td>
</tr>
<tr>
<td>Facility Name</td>
</tr>
<tr>
<td>Facility Address</td>
</tr>
<tr>
<td>Area Code &amp; Telephone Number</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

Subscribed and sworn to me, a notary public in and for the State of North Carolina, on this ______ day of ______________, _______
My commission expires on the ______ day of ______________, _______

Notary Signature

Pursuant to N.C.G.S. 90-113.75 a person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this section or a rule adopted pursuant to this section shall be assessed a civil penalty not to exceed five thousand dollars ($5,000) per violation.

Mail the following items to the Controlled Substances Reporting System:
- Notarized Database Access Form
- Signed Copy of Privacy Statement
- Copy of Current Drivers License

DEPARTMENT USE ONLY

<table>
<thead>
<tr>
<th>Date received</th>
<th>Approved</th>
<th>Disapproved</th>
<th>Signature</th>
<th>Date of Action</th>
</tr>
</thead>
</table>
Statutory Authority:
Article 5E, 90-113.70 the North Carolina Controlled Substances Reporting System Act, requires the Department of Health and Human Services to establish and maintain a controlled substances prescription reporting system of dispensed prescriptions for all Schedule II-V controlled substances. The purpose of this legislation is to improve the State’s ability to identify controlled substances abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

Access to Information:
NCGS 90-113.74. (c) (1) authorizes DHHS to release data from the Controlled Substances Reporting System to persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care for their patients.

NCGS 90-113.74. (c) (3) authorizes DHHS to release data from the Controlled Substances Reporting System to Special agents of the North Carolina State Bureau of Investigation who are assigned to the Diversion & Environmental Crimes Unit and whose primary duties involve the investigation of diversion and illegal use of prescription medication and who are engaged in a bona fide specific investigation related to enforcement of laws governing licit drugs. The SBI shall notify the Office of the Attorney General of North Carolina of each request for inspection of records.

Unlawful Disclosure:
Prescription information in the Controlled Substances Reporting System is privileged and confidential, is not a public record pursuant to G.S. 132-1, is not subject to subpoena or discovery or any other use in civil proceedings, and except as otherwise provided in Article 5E, may only be used for investigatory or evidentiary purposes related to violations of State or federal law and regulatory activities. Except as otherwise provided in Article 5E, prescription information shall not be disclosed or disseminated to any person or entity by any person or entity authorized to review prescription information.

As per 90-113.75, a person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this section or a rule adopted pursuant to this section shall be assessed a civil penalty not to exceed five thousand dollars ($5,000) per violation. The civil proceeds of penalties assessed under this section shall be deposited to the Civil Penalty and Forfeiture Fund in accordance with Article 31A of Chapter 115C of the General Statutes.

Account Agreement:
By signing this agreement I understand that inappropriate access or disclosure of this information is a violation of North Carolina law. I hereby agree to follow the security and password policies of the NC Controlled Substances Reporting System. I agree that user account additions, deletions, and changes will be submitted in writing. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Signature: ____________________________ Date: __________________

Print Name: ____________________________

Privacy Statement 6/2010
FACTS ABOUT CONTROLLED SUBSTANCES

Approximately 17.5 million prescriptions for controlled substances are dispensed by North Carolina pharmacies each year.

Approximately 2.6 million North Carolina residents (26% of total population) receive a controlled substance prescription in a 6 month period of time.

There are currently over 84 million prescriptions in the database.

The number of accidental poisoning deaths in North Carolina from prescription controlled substances were:

- January – December 2008: 798
- January – December 2009: 826
- January – December 2010: 810
- January – December 2011: 878

Number of Dispensers and Practitioners registered to use the system is over 11,000.

*Data is as of April 2012

QUESTIONS?

Contact the Drug Control Unit
(919) 733-1765
Johnny Womble
johnny.womble@dhhs.nc.gov
William Bronson
William.bronson@dhhs.nc.gov
www.ncras.org

WHO MAY RECEIVE INFORMATION FROM THE SYSTEM?
- Prescribers authorized to prescribe controlled substances for the purpose of providing care for their patients (web access).
- Dispensers of Controlled Substances for the purpose of providing care (web access).
- NC Controlled Substance Authorities (DHHS) (web access).
- State Medical Examiners for the purpose of determining causes of death (upon request).
- SBI Diversion Crime Unit investigators pursuant to a bona fide investigation with notification to the Attorney General’s Office (upon written request).
- Licensing Boards with jurisdiction over healthcare professionals as a part of an investigation (upon written request).
- DMA for the purpose of administering the State Medicaid program (upon request, with limited web access).
- Other state Controlled Substance Monitoring Authorities (upon request).
- To a court, upon court order as a part of a criminal action.
- To a patient upon written request to the program (notarized request).

A Project of the Governor’s Institute on Substance Abuse.
Funded wholly or in part by the Federal Substance Abuse Prevention and Treatment Block Grant Fund (CTSA P408SR) as a project of the NC Division of Mental Health, Developmental Disabilities & Substance Abuse Services.

State of North Carolina – Beverly E. Perdue, Governor
Department of Health and Human Services
Laura D. Johnson, Secretary
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
www.ncdhhs.org

The Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

© Community Care of North Carolina – October 2012 Page 45
**WHAT IS THE CSRS?**

Established by State law, the CSRS is a prescription reporting system that allows registered dispensers and practitioners to review a patient’s controlled substances prescription history on the web. It is intended to assist practitioners in monitoring patients by identifying and referring patients for substance abuse treatment or specialized pain management.

**HOW DOES THE SYSTEM WORK?**

All prescriptions for controlled substances, schedule II through V, dispensed in North Carolina are reported into the CSRS database. Pharmacists transmit the data weekly. Prescribers and pharmacists register and are given a password to access the online system to look up a patient’s controlled substances prescription history. Information in the system dates back to July 2007. Prescribers may legally query the system for their patients only.

**WHAT CAN I DO WITH THE INFORMATION?**

Sit down with the patient and discuss any findings of concern. A referral to a substance abuse specialist and/or pain specialist may be appropriate. Prescribers may document findings in their records and may discuss with other prescribers. Behavioral Health practitioners need to continue to follow other applicable consent laws. Pharmacists should review the patient profile and contact the prescriber(s) to discuss or alert the practitioner of troublesome patterns or drug combinations.

---

### CSRS DOS & DON’TS

**DO**
- Check the database prior to prescribing or dispensing a controlled substance.
- Notify your patients that you use the system.
- Discuss findings of concern with your patients.
- Listen to your patients when they say the system is in error and contact us for further assistance.
- Use treatment agreements when appropriate.
- Report forgeries to law enforcement.
- Inform us of non-reporting pharmacies.
- Educate your colleagues about the value of the system.
- Invite CSRS staff to make a presentation at a meeting to educate your peers.
- Educate patients about safe storage of controlled substances.

**DON’T**
- Use the CSRS to screen out patients.
- Allow office personnel to check the CSRS for you.
- Assume all CSRS data is the absolute truth.
- Discharge patients misusing controlled substances without intervening and attempting to refer for substance abuse treatment or pain management.
- Refer suspected “doctor shoppers” to police unless there is evidence from sources other than the CSRS.
- Give CSRS information to law enforcement unless there is evidence of forgery.
- Give patients a copy of CSRS data.

---

### INSTRUCTIONS FOR CSRS ACCESS

1. Read Instructions and Complete Access Application
2. Sign Privacy Statement
3. Photocopy Driver’s License
4. Notarize the Application
5. Mail a hard copy to:
   NC CSRS
   3008 Mail Service Center
   Raleigh, NC 27699-3008
6. Health Information Designs, Inc. will notify you by email when your request has been approved*


(Application for prescriber access)

*If you do not receive an email from Health Information Designs, Inc. in 3 weeks please contact the Drug Control Unit at 919-739-1765*
Do’s and Don’ts for Prescribers and Dispensers Using the NC Controlled Substances Reporting System

DO

- Check the database prior to prescribing or dispensing a controlled substance.
- Discuss any findings of concern directly with your patients but don’t give them a copy, have them contact us.
- Listen to your patients when they say the system is in error, and contact us to help verify if there are questions.
- Notify your patients that you use the system.
- Learn about SBIRT (Screening, Brief Intervention and Referral for Treatment) and use with your patients.
- Use behavioral contracts with patients when appropriate.
- Report forgeries to law enforcement.
- Inform us of non-reporting pharmacies.

DO NOT

- Use the CSRS to exclude potential patients prior to engaging them.
- Discharge patients without intervening and attempting to refer for substance abuse treatment or pain management.
- Have office staff check the CSRS for you.
- Refer suspected “Doctor Shoppers” to police (you may call us) where your only source of data is the CSRS.
- Give information to law enforcement from the CSRS (except for forgeries).
- Believe that information from the CSRS is the gospel truth. There can be errors. CSRS is a TOOL.

CONTACT INFORMATION or QUESTIONS

- Call Bill Bronson or John Womble 919.733.1765
- E-mail: NCControlSubstance.Reporting@dhhs.nc.gov
Article 5E.

North Carolina Controlled Substances Reporting System Act.

§ 90-113.70. Short title.  
This Article shall be known and may be cited as the “North Carolina Controlled Substances Reporting System Act.” (2005-276, s. 10.36(a).)

§ 90-113.71. Legislative findings and purpose.  
(a) The General Assembly makes the following findings:
(1) North Carolina is experiencing an epidemic of poisoning deaths from unintentional drug overdoses.
(2) Since 1997, the number of deaths from unintentional drug overdoses has increased threefold, from 228 deaths in 1997 to 690 deaths in 2003.
(3) The number of unintentional deaths from illicit drugs in North Carolina has decreased since 1992 while unintentional deaths from licit drugs, primarily prescriptions, have increased.
(4) Licit drugs are now responsible for over half of the fatal unintentional poisonings in North Carolina.
(5) Over half of the prescription drugs associated with unintentional deaths are narcotics (opioids).
(6) Of these licit drugs, deaths from methadone, usually prescribed as an analgesic for severe pain, have increased sevenfold since 1997.
(7) Methadone from opioid treatment program clinics is a negligible source of the methadone that has contributed to the dramatic increase in unintentional methadone-related deaths in North Carolina.
(8) Review of the experience of the 19 states that have active controlled substances reporting systems clearly documents that implementation of these reporting systems do not create a “chilling” effect on prescribing.
(9) Review of data from controlled substances reporting systems help:
   a. Support the legitimate medical use of controlled substances.
   b. Identify and prevent diversion of prescribed controlled substances.
   c. Reduce morbidity and mortality from unintentional drug overdoses.
   d. Reduce the costs associated with the misuse and abuse of controlled substances.
   e. Assist clinicians in identifying and referring for treatment patients misusing controlled substances.
   f. Reduce the cost for law enforcement of investigating cases of diversion and misuse.
   g. Inform the public, including health care professionals, of the use and abuse trends related to prescription drugs.

(b) This Article is intended to improve the State’s ability to identify controlled substance abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances. (2005-276, s. 10.36(a).)

§ 90-113.72. Definitions.  
The following definitions apply in this Article:
“Controlled substance” means a controlled substance as defined in G.S.90-87(5).

“Department” means the Department of Health and Human Services.

“Dispenser” means a person who delivers a Schedule II through V controlled substance to an ultimate user in North Carolina, but does not include any of the following:

a. A licensed hospital or long-term care pharmacy that dispenses such substances for the purpose of inpatient administration.

b. A person authorized to administer such a substance pursuant to Chapter 90 of the General Statutes.

c. A wholesale distributor of a Schedule II through V controlled substance.

“Ultimate user” means a person who has lawfully obtained, and who possesses, a Schedule II through V controlled substance for the person’s own use, for the use of a member of the person’s household, or for the use of an animal owned or controlled by the person or by a member of the person’s household. (2005-276, s. 10.36(a).)

§ 90-113.73. Requirements for controlled substances reporting system.

(a) The Department shall establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. Each dispenser shall submit the information in accordance with transmission methods and frequency established by rule by the Commission. The Department may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. The waiver may permit the dispenser to submit prescription information by paper form or other means, provided all information required of electronically submitted data is submitted. The dispenser shall report the information required under this section on a monthly basis for the first 12 months of the Controlled Substances Reporting System’s operation, and twice monthly thereafter, until January 2, 2010, at which time dispensers shall report no later than seven days after the prescription is dispensed in a format as determined annually by the Department based on the format used in the majority of the states operating a controlled substances reporting system.

(b) The Commission shall adopt rules requiring dispensers to report the following information. The Commission may modify these requirements as necessary to carry out the purposes of this Article. The dispenser shall report:

1. The dispenser’s DEA number.
2. The name of the patient for whom the controlled substance is being dispensed, and the patient’s:
   a. Full address, including city, state, and zip code,
   b. Telephone number, and
   c. Date of birth.
3. The date the prescription was written.
4. The date the prescription was filled.
5. The prescription number.
6. Whether the prescription is new or a refill.
7. Metric quantity of the dispensed drug.
8. Estimated days of supply of dispensed drug, if provided to the dispenser.
10. Prescriber’s DEA number. (2005-276, s. 10.36(a); 2005-345, s. 17; 2009-438, s. 1.)
§ 90-113.74. Confidentiality.

(a) Prescription information submitted to the Department is privileged and confidential, is not a public record pursuant to G.S. 132-1, is not subject to subpoena or discovery or any other use in civil proceedings, and except as otherwise provided below may only be used for investigative or evidentiary purposes related to violations of State or federal law and regulatory activities. Except as otherwise provided by this section, prescription information shall not be disclosed or disseminated to any person or entity by any person or entity authorized to review prescription information.

(b) The Department may use prescription information data in the controlled substances reporting system only for purposes of implementing this Article in accordance with its provisions.

(c) The Department shall release data in the controlled substances reporting system to the following persons only:

1. Persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care for their patients.

2. An individual who requests the individual’s own controlled substances reporting system information.

3. Special agents of the North Carolina State Bureau of Investigation who are assigned to the Diversion & Environmental Crimes Unit and whose primary duties involve the investigation of diversion and illegal use of prescription medication and who are engaged in a bona fide specific investigation related to enforcement of laws governing licit drugs. The SBI shall notify the Office of the Attorney General of North Carolina of each request for inspection of records maintained by the Department.

4. Primary monitoring authorities for other states pursuant to a specific ongoing investigation involving a designated person, if information concerns the dispensing of a Schedule II through V controlled substance to an ultimate user who resides in the other state or the dispensing of a Schedule II through V controlled substance prescribed by a licensed health care practitioner whose principal place of business is located in the other state.

5. To a court pursuant to a lawful court order in a criminal action.

6. The Division of Medical Assistance for purposes of administering the State Medical Assistance Plan.

7. Licensing boards with jurisdiction over health care disciplines pursuant to an ongoing investigation by the licensing board of a specific individual licensed by the board.

8. Any county medical examiner appointed by the Chief Medical Examiner pursuant to G.S. 130A-382 and the Chief Medical Examiner, for the purpose of investigating the death of an individual.

(d) The Department may provide data to public or private entities for statistical, research, or educational purposes only after removing information that could be used to identify individual patients who received prescription medications from dispensers.

(e) In the event that the Department finds patterns of prescribing medications that are unusual, the Department shall inform the Attorney General’s Office of its findings. The Office of the Attorney General shall review the Department’s findings to determine if the findings should be reported to the SBI for investigation of possible violations of State or federal law relating to controlled substances.

(f) The Department shall purge from the controlled substances reporting system database all information more than six years old.

(g) Nothing in this Article shall prohibit a person authorized to prescribe or dispense controlled substances pursuant to Article 1 of Chapter 90 of the General Statutes from disclosing or disseminating data regarding a particular patient obtained under subsection (c) of this section to another person (i) authorized to prescribe or dispense controlled substances pursuant to Article 1 of Chapter 90 of the General Statutes and (ii) authorized to receive the same data from the Department under subsection (c) of this section.
(h) Nothing in this Article shall prevent persons licensed or approved to practice medicine or perform medical acts, tasks, and functions pursuant to Article 1 of Chapter 90 of the General Statutes from retaining data received pursuant to subsection (c) of this section in a patient’s confidential health care record. (2005-276, s. 10.36(a); 2009-438, s. 2.)

§ 90-113.75. Civil penalties; other remedies; immunity from liability.

(a) A person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this section or a rule adopted pursuant to this section shall be assessed a civil penalty not to exceed five thousand dollars ($5,000) per violation. The clear proceeds of penalties assessed under this section shall be deposited to the Civil Penalty and Forfeiture Fund in accordance with Article 31A of Chapter 115C of the General Statutes.

(b) In addition to any other remedies available at law, an individual whose prescription information has been disclosed in violation of this section may bring an action against any person or entity who has intentionally, knowingly, or negligently released confidential information or records concerning the individual for either or both of the following:

(1) Nominal damages of one thousand dollars ($1,000). In order to recover damages under this subdivision, it shall not be necessary that the plaintiff suffered or was threatened with actual damages.

(2) The amount of actual damages, if any, sustained by the individual.

(c) A health care provider licensed, or an entity permitted under this Chapter that, in good faith, makes a report or transmits data required by this Article is immune from civil or criminal liability that might otherwise be incurred or imposed as a result of making the report or transmitting the data. (2005-276, s. 10.36(a).)


The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall adopt rules necessary to implement this Article. (2005-276, s. 10.36(a).)

§ 90-113.77. Reserved for future codification purposes.

§ 90-113.78. Reserved for future codification purposes.

§ 90-113.79. Reserved for future codification purposes.
Opioid Agreement

Community Care Network
Pain Management Agreement

I understand that Dr. ______________________ is prescribing opioid medication to help me manage chronic pain that has not responded to other treatments. The goal of this medication is to lead to partial relief from pain, so that my physical, emotional, and social function will improve. If my activity level or general function gets worse, the opioid may be stopped or changed to a different prescription(?). The risks, side effects and benefits of opioid treatment have been explained to me, and I agree to the following instructions. Failure to follow these instructions may result in not having the medication prescribed.

1. I will participate in any other treatments recommended by my provider. I will be ready to decrease or stop the opioid medication when other effective treatments become available.

2. I will take my medications exactly as prescribed and will not change the medication schedule or dosage without advance approval from my provider. I will provide my medication for pill counts at the provider’s request. I will not request early refills.

3. I will keep regular appointments with my provider.

4. All opioid and other controlled drugs for pain must be prescribed only by Dr.____________

5. I will inform my provider within one business day if I am hospitalized for any reason, or if I have another condition that requires the prescription of a controlled drug (like narcotics, tranquilizers, barbiturates, or stimulants).

6. I will choose one pharmacy where all of my prescriptions will be filled.

   Pharmacy Name: ___________________________________________
   Phone Number: ____________________________________________
   Fax Number: ______________________________________________
   Address ___________________________________________________

7. I understand that lost or stolen prescriptions will not be replaced, so I will keep my prescription and medication in a safe place. I will not under any circumstances sell, lend, or give my medication to others.

8. I agree to avoid all illegal and recreational drugs (including alcohol) and will provide urine or blood specimens at the doctor’s request to monitor my compliance.

9. I agree to follow my doctor’s recommendations regarding the operation of motor vehicles or heavy machinery while taking this medication.

10. Refills will be made only during regular office hours, which are ________________________ .

    Refills will not be made at night, on weekends or during holidays. I am responsible for keeping track of my remaining medication, so that I can call for refills in advance. This way, I will not run out of medication.

Patient Name (print): _______________________________________

Patient Signature: __________________ Date: _________________

Provider Signature: __________________ Date: _________________

Witness (optional): __________________ Date: _________________

Source: Adapted from ICSI Assessment and Management of Chronic Pain, Second Edition, March 2007
Pain Resources on the Web

American Chronic Pain Association
1-800-533-3231
www.theacpa.org

American Pain Foundation
1-888-615-PAIN
1-888-615-7246
www.painfoundation.org

American Academy of Pain Management
www.aapainmanage.org

The National Pain Foundation
www.nationalpainfoundation.org
Sample Job Description for CPI Coordinator

Community Care of Wake and Johnston Counties

Job Title: Chronic Pain Initiative Care Manager
Employee Name: TBD
Reports to: Behavioral Health Program Manager
Classification: Full Time Regular

General Purpose of Position

Community Care of Wake and Johnston Counties (CCWJC) is a multi-county, not-for-profit corporation established for the purpose of improving access to care, improving health outcomes, and decreasing costs for the Community Care of North Carolina population, inclusive of Medicaid, Medicare, and employer-based privately insured patients. CCWJC will work towards the provision of comprehensive health care services for their population by collaborating with Network providers and community resources to promote quality and cost-effective care.

The primary functions of the Chronic Pain Initiative Care Manager (CPI CM) will be three fold: to help plan, coordinate, and implement a community-wide chronic pain initiative; disseminate and educate local providers on tools and resources relevant to chronic pain management; and to assess and manage the needs of individual patients with chronic pain, behavioral health, dependence, and addiction issues. The goal of these functions will be to promote coordinated, high-quality, cost-effective care for patients.

The position will work closely with other CPI CMs assigned in the other CCNC Networks to coordinate the Chronic Pain Initiative.

Responsibilities and Accountabilities

- Coordinate and facilitate the Network Chronic Pain Initiative Workgroup
- Identify resources for referral and treatment of chronic pain, behavioral health, dependence and addiction in the local community
- Use available tools and develop additional tools and educational resources as necessary for Primary Care Providers (PCP) and Care Management staff
- Collaborate with Network Psychiatrist and Behavioral Health Program Manager to develop and implement education and trainings surrounding the identification and treatment of chronic pain patients
- Build and maintain relationships with community service providers through collaboration, networking and educating at community functions
- Identify patients that meet criteria for CPI
- Develop and implement individualized care plans for identified clients
• Work in collaboration with RN Care Managers and Social Workers to manage complex patients with Chronic Pain, Substance Abuse issues and connect patients to appropriate SA treatment programs in the community.
• Provide direct follow-up and outreach services by phone, mail, office visit or home visit
• Maintain appropriate client documentation in the web-based Case Management Information System (CMIS) and other documentation systems
• Work in concert with the Primary Care Providers (PCPs) and the community to coordinate a full continuum of health care services considering each patient's unique social and cultural dynamics
• Work with community behavioral health providers to coordinate care for identified patients
• Act as a liaison between the PCP, CCWJC, local Health Department (HD), Department of Social Services (DSS), Local Management Entities, Mental Health Providers, and local hospitals by arranging health care services in concert with the PCP
• Travel may be required on a daily basis in your personal automobile and could vary between 25% - 75%
• Responsible for maintaining patient and family confidentiality
• Evening and weekend work may be required

Required Education

Masters Degree in Social Work or related field. Minimum of 2 years of community Mental Health and/or Substance Abuse experience.

Must possess a valid NC Driver’s License.

Substance Abuse licensure and/or certification is highly preferred.

Required Skills

• Excellent communication skills both orally and written
• Experience and knowledge of program development
• Considerable knowledge of care management, social work, substance abuse ethics and principles
• Knowledge of government, private organizations and community resources
• Skill in establishing rapport with a client and applying techniques of assessing psychosocial, behavioral, and psychological aspects of a client’s problem
• Knowledge of and compliance with federal and state regulations applicable to the position
• Analytical skills necessary as independent decisions and problem solving are required
• Strong organizational and computer skills required including various office software and internet

Working Conditions

• The job environment may be in an office or work at home environment
• Patient home visits may be required
• Exposure to general office and household conditions as well as communicable diseases could occur
• Routinely there may be some minor physical inconveniences or discomfort in the work setting
• A moderate amount of traveling/driving is required, as well as sitting for moderate periods of time
• There is occasional lifting of 20-30 pounds necessary to complete a task

____________________________  _________________________
Employee Signature  Date

____________________________  _________________________
Supervisor Signature  Date