

## **Resource: Checklist for Signs of Opioid Misuse, Abuse, or Diversion<sup>a</sup>**

- Alters, borrows, steals, or sells prescriptions
- Accesses multiple sources of opioids, including emergency rooms, other prescribers, friends, acquaintances, or drug dealers
- Injects oral medications
- Exhibits signs of current intoxication or withdrawal
- Presents with cutaneous signs of drug abuse—skin tracks and related scars on the neck, axilla, groin, forearm, wrist, foot, or ankle
- Concurrently abuses alcohol or illicit drugs
- Reports multiple episodes of prescription loss
- Demonstrates multiple unapproved dose escalations or other noncompliance with therapy despite warnings
- Frequently runs out of medicine early
- Requires high and escalating doses of opioids
- Often requests a specific controlled drug and is reluctant to try a different drug
- Becomes angry, demanding, or tearful if not given the drug of choice
- Threatens or harasses staff to get immediate appointment
- Resists trying alternative treatments
- Shows deteriorating functional status while being prescribed opioid
- May have unusual knowledge of controlled substances
- Gives medical history with textbook symptoms or gives evasive or vague answers to questions regarding medical history
- Is reluctant or unwilling to provide reference information
- Generally has no interest in diagnosis—fails to keep appointments for further diagnostic tests or refuses to see another practitioner for consultation

<sup>a</sup>Each of these behaviors should trigger a closer evaluation of the patient and treatment plan, although some of the behaviors always indicate opioid misuse, abuse, or diversion.

Adapted from Utah Department of Health. *Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain*. Salt Lake City, UT: Utah Department of Health; 2009.