

## **Screening for Risk of Opioid Misuse and Overuse by Medical Toxicologists**

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**Background:** Opioid use and overdose deaths represent a significant public health issue, which has reached epidemic proportions. Those with high-risk opioid use have higher mortality than their matched counterparts.

**Research Question:** To investigate the proportion of patients aged 12 years or older who were screened for the potential risk of opioid misuse/overuse during medical toxicology assessments.

**Methods:** Data was collected as part of the Centers for Medicare and Medicaid Services (CMS) approved ToxIC Qualified Clinical Data Registry (QCDR), a component of the ACMT ToxIC Registry. Participants were asked to report on whether their patients were screened for the potential risk of opioid misuse/overuse as part of their evaluation. The screening for opioid misuse/overuse could have been performed by any of the patient's health care providers including the medical toxicologist during the patient's evaluation. The denominator was all patients aged 12 years or older who had a toxicological consultation. The numerator was patients who were screened with a standardized tool (e.g., DAST, ASSIST), or assessed for the presence of an opioid abuse risk factors (e.g., survived an opioid overdose, taking more opioid than prescribed), or other screening method.

**Results:** During the first 6 months of data collection, data was submitted from 11 sites. During this period, 467 patients met the denominator. Twenty-three of these had incomplete data. One hundred eighty-seven were screened for opioid abuse/overuse. Of these 187, 9 used a standardized tool, 57 assessed for specific risk factors, and 121 used some Bother<sup>^</sup> method to screen for opioid misuse/overuse. The performance rate that met the metric was 42.1%.

**Conclusion:** Medical toxicologists do not use standardized screens to assess for the potential risk of opioid misuse/overuse. In more than 50% of cases, opioid misuse/overuse screening is not currently performed.