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

When discussing the need for routine urine drug testing with your patient who is on chronic opioids for chronic back pain, she becomes visibly upset and asks, "Why are you treating me like a drug addict?" How will you respond to this patient's concern about urine drug testing?

I sometimes find it helpful to assess the patient's understanding of the current opioid overdose crisis in this country and what role prescription opioids have played. I find that all patients are aware of the crisis, but they're not usually aware of any personal risk to taking opioids.

I then assess the patient's understanding of the personal risk of taking opioids, including unintentional overdose due to opioid-induced central nervous system and respiratory depression. Then I would make sure to reassure her that I'm not accusing her of doing anything wrong and that urine drug testing is now a recommended practice in all national guidelines in order to keep patients, like her, safe while taking opioids.

I explain that this risk applies to all patients prescribed opioids, and therefore we ask all patients to leave urine drug tests.

Explain to her how all medications, not just opioids, carry risks for patients and therefore we monitor patients for harm associated with taking that medication. It's up to us as her provider to ensure that she remains safe while taking opioids.

We ask patients to agree to urine drug testing, as it's one objective measure that confirms that the patient is taking the opioid as prescribed and not taking other substances that may increase the risk associated with taking that opioid prescription.

Unfortunately, if a patient develops an addiction while taking a prescription opioid, they may not be aware of it and blame their out-of-control behavior, such as running out early, on trying to get pain relief. While universal precautions are the standard, we can individualize how frequently patients are monitored based on their individual risk to misuse opioids.

How to use universal precautions, but at the same time individualize care based on a patient’s risk are all addressed in detail in the SCOPE of Pain program. You're not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Audio Shorts will be added throughout the year. myCME.com/SCOPEofPain