



## Conversation Starters for Use When Prescribing Opioids

Effective July, 2, 2018, the [Rules and Regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island \[216-RICR-20-20-4\]](#) requires prescribers, **before prescribing an opioid**, to document in the medical record that a conversation occurred with the patient (or guardian) about the risks of the opioid medication. **This is required for the second and third prescriptions as well.** Patient education can be communicated orally or in writing depending on patient preference.

In addition, prescribers must co-prescribe naloxone if a patient has prescription(s) that equal or are greater than 50 oral Morphine Milligram Equivalents (MMEs) per day, if a patient has had a prescription for a benzodiazepine in the past 30 days, or any patient who has a prior history of opioid use disorder or overdose.

These are some suggestions for what to say to patients:

### Conversation for Initial Opioid Prescription

1. Opioid prescription pain medications are a type of medicine used to relieve pain. Some of the common names include oxycodone and acetaminophen (Percocet®); oxycodone (OxyContin®); and, hydrocodone and acetaminophen (Vicodin®).
2. Opioids block pain, they do not treat the cause of your pain. There are other choices that might help your pain just as well.
3. **You should not expect to be free of pain because pain is our body's way to tell us how we are healing.** You should expect some discomfort, and you need to listen to your body as you heal. Remember that rest is an important part of the healing process, and healing does not happen right away.
4. We need to look at all the medicines you are taking because some of them could make the side effects of an opioid worse and can even be dangerous. We are particularly concerned if you take medicines like Xanax and Ativan (generally called benzodiazepines). The combination of opioids and benzodiazepines may cause you to stop breathing and cause you to overdose.
5. We need to talk about any history of alcohol abuse or substance exposure that you or your immediate family members have had. (Use the Opioid Risk Tool at <http://www.health.ri.gov/materialbyothers/OpioidRiskTool.pdf>)
6. Opioids block your pain, but they also affect your brain and your ability to breathe. A dose of opioids that is too high can make you too tired to drive or can cause you to stop breathing. When you stop breathing because of opioids, that is an overdose. An overdose can happen to anyone.
7. It is usually easier to cope with pain if we have family or friends to help us. Do you think you have enough help?
8. When some people start taking a prescription opioid, a part of their brain is stimulated that was inactive before. The part of the brain that is stimulated makes a person really want more opioids and can cause them to become addicted to opioids.
9. Anyone who takes an opioid for more than a couple of weeks can become dependent on an opioid. If you are dependent on an opioid you will feel sick if you suddenly stop taking the

medicine. You will have nausea, vomiting, and diarrhea, and you will feel restless and agitated because your body is in withdrawal.

10. When you take an opioid for more than a few weeks, you will start to need a higher dose to stop the same amount of pain because your body builds up a tolerance to the opioid. If you develop a tolerance for opioids, you may need very high doses, and that can be dangerous or deadly.
11. Another risk of taking an opioid for a long time is that when a dose of an opioid wears off, you might feel a stabbing pain from your body's nerves. This is called opioid-induced hyperalgesia.
12. If there is any time that you do not like how the medicine makes you feel or you want to take the medicine for a different reason than why I am giving you this prescription, please let me know. I prescribed this medicine today for a specific reason and only that reason. This medicine is only for you. Never share the medicine. You could hurt someone very badly.
13. When you can start doing normal activities like walking and sleeping again, stop taking the opioid. If you have any minor pain, use non-opioid medications like Tylenol® or Motrin®.
14. If you have any leftover opioid medication, dispose of it safely. Do not save it for another time. Only a doctor should decide if you need to take an opioid medication. The best way to dispose of the medicine is to mix it with cat litter or coffee grounds and throw it in the garbage. You can also flush it down the toilet or bring to a drug take-back location.
15. Do you have any questions for me?
16. Are you afraid to take this medicine?
17. Are there children in your home? If there are, you need to keep this medicine away from them. Do you have a place that can be locked to keep this medicine?

#### Conversation for First Refill of Opioid Prescription

Include concepts from conversation for initial opioid prescription.

1. You are here today to get a refill for your opioid prescription. The longer you take this medicine, the more we should worry about long-term, harmful effects like tolerance and dependence.
2. Are you being careful not to drink alcohol when you take this medicine?
3. Are you being careful not to take benzodiazepines or any other medicines that might cause you to feel tired while you are taking this medicine?
4. Are you being responsible and not sharing this medicine with anyone?
5. Can you sleep at night? Can you walk around and do normal things you do each day like feeding yourself or washing yourself?
6. How will you dispose of any leftover medicine?
7. Are you taking Tylenol® or Motrin®? Are you using things like physical therapy, chiropractic care, acupuncture, or massage to help your pain?
8. Do you have friends or family who can help you while you recover?

#### Conversation for Second Refill Of Opioid Prescription

Include concepts from conversations for initial opioid prescription and for first refill of opioid prescription.

1. You are here today to get a second refill for your opioid prescription. This is a total of three prescriptions for this medicine. Are you worried about how this medicine is making you feel?
2. Can you walk around and do normal things you do each day like feeding yourself or washing yourself?
3. Have you tried other non-opioid medicine to help stop your pain?
4. What is your plan to stop taking this medicine? We do not want you to be dependent on this medicine?
5. How do you feel if you miss a dose of this medicine? Do you have symptoms of withdrawal (i.e., nausea, vomiting, diarrhea, agitation, restlessness) if you miss a dose?

### Conversation for Co-Prescribing Naloxone

Include concepts from conversation for initial opioid prescription.

1. Opioids can cause bad reactions that make your breathing slow down or even stop. This can happen if your body can't handle the opioids you take that day or if you take opioids with alcohol or other drugs. Naloxone can save your life—just like a seatbelt or fire extinguisher.
2. This opioid medicine can help you, but it also has some bad side effects. It can make your breathing slow down or even stop. If this happens, Naloxone will help you start breathing again.
3. Opioid medicines increase the risk of breathing emergencies for the person who takes the opioid or if anyone else living in the house takes the opioid. Anyone who has a breathing emergency caused by an opioid will need naloxone.
4. Because there will be opioid medicines in your house, let's keep you and your family as safe and healthy as possible. Just in case, get naloxone.