

SAFER OPIOID PRESCRIBING
HARMS
PROGRAM



**A Novel Approach to the Safer Prescribing of Opioids
in Chronic Non-Cancer Pain (CNCP)**

The HARMS Program (*High-yield Approach to Risk Mitigation and Safety*) was designed and implemented by family physicians who wanted safer opioid prescribing in chronic non-cancer pain (CNCP). HARMS works based on the simple principle that every patient has some level of risk and should have prescribing and monitoring strategies tailored to *that risk*. Higher risk patients should have tighter control, but even patients thought to be “low risk” need some level of systematic monitoring. *Every patient on opioids for CNCP is monitored systematically based on his/her risk category, and that risk category itself is adjusted dynamically based on the results of that monitoring.* Urine drug testing (UDT) is the pillar of HARMS Program monitoring. We call this overall approach of monitoring and risk adjustment “*Dynamic Risk Stratification*”. It is drawn from key principles in the prescribing of opioids for addiction (methadone or buprenorphine/naloxone). The HARMS Program is the first of its kind in that it applies principles of *Dynamic Risk Stratification* to chronic pain. Early research suggests that the HARMS Program is effective, with plans for expansion and more rigorous scientific evaluation underway.

Key Features:

- 🔥 HARMS applies proven risk mitigation strategies from the addictions literature to chronic pain patients being prescribed opioids
- 🔥 Automated Urine Drug Testing—START-IT is a key feature of HARMS and is the only tool out there that automatically interprets and compiles urine drug test results
- 🔥 Designed for a primary care setting
- 🔥 Gives recommendations to prescriber on what to do with UDT results
- 🔥 Systems-based so can be implemented easily by any clinic, with minimal resources
- 🔥 Early research suggests that the HARMS Program works
- 🔥 Applies Urine Drug Testing (UDT) in a systematic way

**If interested in becoming a pilot site for HARMS program expansion, or just to learn more,
please contact Dr. Ryan Patchett-Marble:
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