

APPENDIX 1

1. I am a (select one):

- Medical Student (M1-M2)
- Medical Student (M3-M4)
- Resident
- Fellow
- Physician (<10 years in practice)
- Physician (>10 years in practice)

2. My department (if you are a student, please put UWSMPH):

#3. If you were to prescribe an opioid pain medication to each of the following patients, you would worry most about a prescription drug overdose death in which of the following:

- 50 year old Hispanic male
- 50 year old Caucasian female
- 50 year old African American female
- 23 year old Hispanic female
- 23 year old Caucasian male
- 23 year old African American male

#4. A 35 year old man comes to you asking if you can write him a prescription for an FDA approved medication used to treat opioid overdose that he heard about called naloxone. You would? (Select all that apply).

- Not write him a prescription, as he is likely abusing opioids or heroin and writing this prescription would be enabling/supporting this behavior.

- Prescribe it only if he tells you why he wants it, as long as no illegal drug use is taking place, and you deem him or someone he knows to be a patient at increased risk for opioid overdose (i.e. receiving long term prescriptions for opioid analgesics for chronic pain, who have already signed a controlled substance/pain management agreement).
- Prescribe it to him, even if he tells you he is a current heroin user, not interested in quitting, since his IV drug use puts him at increased risk for overdosing and naloxone is a safe and effective way to reverse an overdose.
- Inform him that he doesn't need a prescription as it is available to anyone at any pharmacy since WI expanded its law to include a Statewide Standing Order for Pharmacies for Naloxone Dispensing law in 2016.
- Inform him that he doesn't need a prescription as it is available at certain trained pharmacies and community agencies, to people who meet certain criteria, since WI expanded its law to include a Statewide Standing Order for Pharmacies for Naloxone Dispensing law in 2016.

#5. A patient comes to you requesting for help for their current opioid use disorder. Which of the following is the most efficacious treatment approach?

- A short inpatient stay for a supervised withdrawal period, followed by abstinence and support groups thereafter.
- An inpatient treatment program to establish a new baseline level of functioning, followed by considering moving to a new city to reduce exposure to triggers.
- Medication-assisted treatment, with an opioid agonist or antagonist, in addition to counseling and/or attending support groups.
- All of the above options are equally efficacious; however, once a patient has a substance abuse disorder, they are likely to relapse regardless of treatment.

6. Who do you think is responsible for the current opioid abuse epidemic? (Select all that apply).

- Addicted people are responsible for their own actions
- Healthcare professionals for overprescribing drugs
- Law enforcement and the courts for being too lenient with addicts and dealers
- The Government for not regulating these medications enough
- Pharmaceutical companies for their marketing practices for drugs such as oxycontin

Friends and family for enabling the addicts

Other (enter response):

#7. A 50 year old woman presents to you with continued low back pain despite a 3 month course of non-opioid treatments, including scheduled ibuprofen and physical therapy. What are you most likely to do next?

Give her a 30 day prescription for oxycodone since she has continued pain and has already tried other treatment methods

Increase her NSAID dose, add a muscle relaxant, and have her follow-up in one month

Provide reassurance and encourage her to "keep at it" as the ibuprofen and PT will work if she gives it more time

Perform an MRI of her lumbar spine and wait for the results before deciding what to do

Refer her to another provider/specialist

Check the Wisconsin Prescription Drug Monitoring Program (PDMP) and then prescribe oxycodone if no aberrant prescription filling behaviors are discovered

Other (enter response):

8. Which best describes your opinion regarding patients who have a history of opioid use disorder?

Relapse is very common, regardless of how long they have remained abstinent, making long-term and lifelong recovery extremely unlikely

They are capable of sustained recovery with proper continued support such as the 12-step program, Narcotics Anonymous meetings, and medication-assisted treatment

The risk of relapse remains high, regardless of how long they have remained abstinent, therefore we must maintain a high clinical suspicion for "drug-seeking" behavior

They are difficult patients to deal with and take up time and other resources

They are no different than any other patient, and should be treated the same as a patient without such a history

9. Which of the following treatments do you consider to be reasonably effective, low risk alternatives to opioid analgesics for treating chronic pain? (Select all that apply).

- Acetaminophen
- NSAIDs
- Gabapentin/pregabalin
- Tricyclic antidepressants and SSRIs
- Topical agents (lidocaine, capsaicin, NSAIDs)
- Physical therapy
- Cognitive behavioral therapy
- Mindful meditation
- None of the above. Opioid analgesics are the most effective medications for chronic pain.

10. Please list any and all topics related to addiction and recovery that you would like to learn more about.

