

Controlled Substances Treatment Agreement

This agreement refers to medicines belonging to any of the following categories: Opiates, Opiate like (e.g. Tramadol), Benzodiazepines, Hypnotics and Stimulants

Controlled substances can be dangerous. If they are not used carefully, you can become addicted to them or overdose on them. An overdose can cause death. Because of these dangers, it is important for you to understand the rules for using these medicines. This document describes our policy for prescribing these medicines and what your role is to keep yourself safe and get the best results if you use controlled substances.

Initial in each blank below indicating that you understand:

___ The risks, benefits, alternatives, and side effects of my controlled substance medicines have been explained to me, and I understand the explanation.

___ I understand that the medicines must help me function better. If my activity level or general function get worse, my provider may change or stop the medicines.

___ I understand medicines are only part of an effective treatment plan for me. I will also participate in other treatments that my provider recommends, such as behavioral health or physical therapy.

___ I will take my controlled substance medicines the way my provider prescribed them. I will not change how I take these medicines without first talking to my provider.

___ I will keep my controlled substance medicines in a safe place and away from children.

___ I will get prescriptions for my controlled substance medicines only from my provider at and at _____ pharmacy.

___ I will tell other health care providers I see that I am taking controlled substance medicines.

___ I will not get controlled substance medicines from other clinics or Emergency Rooms.

___ I will make follow-up appointments as directed and will not miss appointments.

___ I will not ask for extra or early refills of my controlled substance prescription if I run out early for any reason, or if my controlled substance medicines are lost or stolen.

___ I understand that refills will not be made as an "emergency." A minimum of four days' notice is needed for prescription refill requests to be processed.

___ I understand that changes in prescriptions/refills will only be made during scheduled appointments and not by phone, which includes after clinic hours, on weekends, or holidays.

___ I will not drink alcohol, use Marijuana, use illegal drugs (cocaine, heroin, methamphetamines) or use any controlled substances my provider did not prescribe for me.

___ I will not share, sell, or trade my controlled substance medicines with anyone.

___ I will allow my urine to be checked to see what drugs I am taking at any time.

___ I agree to bring my medicine(s) in their original bottles to the clinic if my provider requests this.

___ I understand that if there is reason to believe I have engaged in illegal activity, my provider may notify the proper authorities.

___ I agree that my provider may contact other health care providers or pharmacists involved in my care to discuss my progress and share information about this agreement.

___ I am responsible for the safety of my driving and the operation of heavy machinery or power tools. The drug(s) may have sedating side effects.

___ (Males only) I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical and sexual performance.

___ (Females only) If I plan to become pregnant or believe that I have become pregnant while taking this medication, I will immediately notify my provider. I am aware that, should I carry a baby to delivery while taking these medications; the baby will be physically dependent upon opioids. I am aware that withdrawal from opiates can be life threatening for a baby. If a female of childbearing age, I certify that I am not pregnant and will use appropriate contraceptive measures during the course of treatment with controlled substances.

I understand that if I do not follow the agreement above, I will no longer receive controlled substance medicine prescriptions from any provider at any .

Provider Signature	Date	Time
Print Name		

Patient Name	Date	Time
Print Name		

Material Risk Notice

Name: _____

Date of Birth: _____

This will confirm that you have been diagnosed with the following condition(s) causing you chronic and difficult to control pain:

I have recommended treating your condition with the following controlled substance:

In addition to significant reduction in your pain, your personal goals from using the controlled substance(s) are:

Alternatives to using the prescriptions for controlled substance(s) are:

Additional treatments, other than controlled substances, that may be necessary to assist you in reaching your goals are:

Notice of Risk: The use of controlled substances may be associated with certain risks **such as, but not limited to:**

- **Central Nervous System:** Sleepiness, decreased mental ability and confusion. Avoid alcohol while taking these medications and use care when driving and operating machinery. Your ability to make decisions may be impaired.
- **Cardiovascular:** Mild to severe irregular heart rhythm.
- **Respiratory:** Slowing of your breathing and the possibility of inducing wheezing causing difficulty in catching your breath or shortness of breath in susceptible individuals.
- **Gastrointestinal:** Constipation is common and may be severe. Nausea and vomiting may occur as well.
- **Dermatological:** Itching and rash.
- **Endocrine:** Decreased testosterone (male) and other sex hormones (females); dysfunctional sexual activity.
- **Urinary:** Urinary retention (difficulty urinating).
- **Pregnancy:** Newborn may be dependent on opioids and suffer withdrawal symptoms after birth.
- **Drug Interactions:** May alter the effect of other medications and cannot predict reliability.
- **Tolerance:** Increasing doses of drug(s) may be needed over time to achieve the same pain relieving effect.
- **Physical dependence and withdrawal:** Physical dependence develops within 3-4 weeks in most patients receiving daily doses of these drugs. If your medications are abruptly stopped, symptoms of withdrawal may occur. These include nausea, vomiting, sweating, generalized malaise (flu-like symptoms), abdominal cramps, palpitations (abnormal heartbeats). All controlled substances (narcotics) need to be slowly weaned (tapered off) under the direction of your physician.
- **Addiction (Abuse):** This refers to abnormal behavior directed towards acquiring or using drugs in a non-medically supervised manner. Patients with a history of alcohol and/or drug abuse are at increased risk for developing addiction.
- **Allergic reactions:** Are possible with any medication. This usually occurs early after beginning to use the medication. Most side effects can be controlled by continued therapy or the use of other medications.

By initialing and signing below, you confirm that we discussed and you understand the above stated information. I asked you if you wanted more detailed explanation of the proposed treatment, the alternatives and the materials risks, and you (Initial One):

_____ was satisfied with that explanation and desired no further information.

_____ requested and received, in substantial detail, further explanation of the treatment, alternatives and material risks.

Patient Signature

Date

Explained by me and the above was signed in my presence.

Provider Signature

Date

I, _____, confirm that I have access to the Oregon Prescription Drug Monitoring Program.

Sign

Date

TAPERING FLOWCHART

START HERE

Consider opioid taper for patients with opioid MED > 120/methadone > 40, aberrant behaviors, significant behavioral/physical risks, lack of improvement in pain and function.

Consider benzodiazepine taper for patients with aberrant behaviors, behavioral risk factors, impairment, or concurrent opioid use.

- 1 Explain to the patient the reason for the taper: "I am concerned..."
- 2 Determine rate of taper based on degree of risk.
- 3 If multiple drugs involved, taper one at a time (e.g., start with benzos, follow with opioids).
- 4 Set a date to begin, provide information to the patient, and set up behavioral supports, prior to instituting the taper. See page 26 of OPG guidelines.

BENZODIAZEPINE TAPER

Basic principle: Expect anxiety, insomnia, and resistance. Patient education and support very important. Risk of seizures with abrupt withdrawal increases with higher doses. The slower the taper, the better tolerated.

- 1 **Slow taper:** Calculate total daily dose. Switch from short acting agent (alprazolam, lorazepam) to longer acting agent (diazepam, clonazepam). Upon initiation of taper reduce the calculated dose by 25–50% to adjust for possible metabolic variance.
- 2 First follow up visit 2–4 days after initiating taper to determine need to adjust initial calculated dose.
- 3 Reduce the total daily dose by 5–10% per week in divided doses.
- 4 After ¼ to ½ of the dose has been reached, with cooperative patient, you can slow the taper.
- 5 Consider adjunctive agents to help with symptoms: trazodone, buspirone, hydroxyzine, clonidine, antidepressants, neuroleptics, and alpha blocking agents.

- 1 **Rapid taper:** See the tapering guidelines on page 28 of the OPG guidance documents.

OPIOID TAPER

Opioids (not methadone)

Basic principle: For longer acting drugs and a more stable patient, use slower taper. For shorter acting drugs, less stable patient, use faster taper.

- 1 Utilize the drug the patient is taking as the tapering medication. If you switch medications, follow MED equivalency chart and then reduce the dose by 25–50% as starting dose. Metabolic variability can be quite significant. Utilize a 90% dose reduction if switching to methadone. See dose calculator link below.
- 2 Decrease total daily starting dose by 5–15% per week in divided doses.
- 3 See patient frequently during process and stress behavioral supports. Consider UDS, pill counts, and PDMP to help determine adherence.
- 4 After ¼ to ½ of the dose has been reached, with cooperative patient, you can slow the process down.
- 5 Consider adjuvant medications: antidepressants, NSAIDs, clonidine, anti-nausea, anti-diarrhea agents.

Methadone

Basic principle: Very long half life may necessitate a more protracted tapering process. Otherwise follow opioid principles.

MED for Selected Opioids

Opioid	Approximate Equianalgesic Dose (oral and transdermal)
Morphine (reference)	30mg
Codeine	200mg
Fentanyl transdermal	12.5mcg/hr
Hydrocodone	30mg
Hydromorphone	7.5mg
Methadone	Chronic: 4mg†
Oxycodone	20mg
Oxymorphone	10mg

Link to Morphine Equivalent Dosing (MED) Calculator

agency.meddirectors.wa.gov/mobile.html

Benzodiazepine Equivalency Chart

Drug	Half-life (hrs)	Dose Equivalent
Chlordiazepoxide (Librium)	5–30 h	25mg
Diazepam (Valium)	20–50 h	10mg
Alprazolam (Xanax)	6–20 h	0.5mg
Clonazepam (Klonopin)	18–39 h	0.5mg
Lorazepam (Ativan)	10–20 h	1mg
Oxazepam (Serax)	3–21 h	15mg
Triazolam (Halcion)	1.6–5.5 h	0.5mg

OPG

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