

Equity-Oriented Treatment Agreements for Opiates or Controlled Drugs

Often, patients who are prescribed long term opiates or controlled drugs are asked to sign agreements or contracts to provide them with some parameters related to the ongoing use of these medications. Often, these agreements can convey a pejorative, patronizing or stigmatizing tone – even when unintended. To address this issue, clinicians at a primary care clinic recent rewrote their agreement template to be more equity oriented. They were able to institute these revisions immediately, and they report that both clinicians and patients are more comfortable with the revised version of the agreement. In this Tool, you will see the “before and after” versions of the agreement. In the marked up version, you can see the revisions the clinicians made to the agreement to reflect a more respectful and accepting tone. If you’d like to use this template for your own practice/organization, a clean copy of the revised version follows.

Sample Controlled Drug or Substance Agreement:

Introduction:

This is an agreement to help you use medication as safely as possible. This is for patients for whom we are planning to prescribe an opiate (also known as a controlled drug). These medications have extra legal restrictions and have potentially harmful effects of use some extra risks, including ~~addiction~~. We ask all ~~of our patients~~ ^{people who may need} using one or more of these medications, or ~~planning~~ ^{people} to use these medications on a regular basis, - to sign this agreement.

This medication may ~~not be right for you~~ ^{or may not work well for you}. Everyone has a unique reaction to the medication and the medications help people in unique ways. ~~This prescription will be started as a trial~~. If you don't notice much improvement in ^{That is why it's useful to start this perscription on a trial basis:} a reasonable period of time we will help you gradually stop the medication. ^{using}

If you transfer to our care, ~~and are~~ ^{and are} if you already taking controlled medications it may be helpful for us to work with you to adjust your medications for the following reasons: that don't seem to be helping you much; if you are taking combinations of ^{harmful or} medications that are considered ~~dangerous~~; or if you are taking higher than currently recommended doses of a controlled drug. ~~we will need to adjust your medications~~ ^{help you adjust your medications}. We will ~~make medication adjustments~~ ^{make medication adjustments} gradually and cautiously, to minimize any side effects you may feel as a result of changing your medications.

Very helpful phrasing and great way of explaining the purpose of the agreement.

If you look at the latest DSM-V terminology, you'll see that they reserve the term addiction only for gambling addiction. Addiction is not used in relation to any substance use now. Hence this edit.

Removing 'ownership' and positioning people only as 'patients'

I understand and agree to the following:

1. Receiving controlled drugs from multiple sources can ^{be harmful, for example, it can} result in overdose or ^{harmful side effects of} ~~dangerous~~ ^{an accidental} drug combinations. For these reasons, it is important to choose a ^{get your medications from} single primary care provider. It is also safer to ~~use~~ only one pharmacy.
The provider prescribing for you will be _____ or her/his/their replacement. Pharmacy _____
2. Taking controlled medications in larger amounts or more frequently than ^{harms such as accidental overdose, or other harmful impacts on your health.} prescribed is dangerous and can result in ~~overdose~~. Take only the dose prescribed and at time intervals prescribed. If you think you need your dose or timing changed, discuss this with your provider.
3. ^{Because everyone has a unique reaction to} Controlled medications [,] are prescribed ^{carefully for an individual, and it is especially for you individually} ~~carefully for an individual, and it is dangerous to use these medications without consulting your provider. Do not~~ ^{It is dangerous to specifically for you For these reasons, do} take controlled medications that are not ^{prescribed for you.} ~~prescribed for you.~~ Do not give your medications to anyone else, including family members. Make sure your medications are kept in a safe place where no-one, especially children or adolescents, can take the medication without your knowledge. It is also illegal ^{and potentially harmful to people's health} to sell or give these medications away.
4. ^{Other people may try to steal these medications, therefore,} ~~These medications can be the target of thieves.~~ It is important to store your medications in a secure location.
5. Some over-the-counter medications including codeine containing medications; cold medicines, sleeping pills and alcohol or recreational drugs can have dangerous interactions with many controlled drugs. Check with your pharmacist or provider before using over the counter medications and be open about your use of alcohol and street drugs so your provider can give you accurate advice.
6. ^{under very specific conditions and for very specific reasons} Controlled drugs are prescribed ~~very cautiously.~~ ^{(for whatever reason, including if you have} If your prescription is lost or stolen or runs out ^{early because} you used more medication than prescribed), ^{be able to} your provider will likely not prescribe extra medications, ^{in part because}

prescribers' practices are carefully monitored. For this reason, it is helpful to keep in touch with your provider if you need to adjust your medications to ensure you are benefitting as much as possible from these medications.

7. Routine, random, urine drug screening is a standard precaution to ensure you are using your medication, ~~and not using other drugs~~ to monitor if the medications are helping you, and to check to see if there are other drugs that you may have used which could be dangerous in combination with this medication. Your provider is expected, as a standard for the licence to prescribe controlled drugs, to ask you to undergo urine drug screening. We greatly appreciate your willingness to do this on occasion.
8. It may be necessary for safe use of this medication to prescribe small amounts frequently, up to as often as daily witnessed medication use. The amount of medication you receive at one time and frequency of visits will be ~~decided by your NP and you~~ in partnership with you and your provider because these drugs are so carefully controlled, but your provider is responsible for the final decision on frequency and amount of medication.
9. In order for the different members of the health care team to provide you with the best care possible, it is very helpful for them to have access to the records regarding the types of medication you take. I consent to open communication between my provider and any other health professionals involved in my pain management, such as pharmacists, other doctors, or emergency departments. This includes reviewing information available from PharmaNet.
10. If you are unable to use this medication safely and as prescribed, your provider is obliged to discontinue the medication. ~~Whenever possible this~~ ^{This will be done in collaboration with you, and} will be done by slowly tapering you off the medication to avoid withdrawal symptoms.

To signal that you are giving them a sense of control over the situation.

Patient's signature: _____ **Clinician's signature:** _____

Date: _____

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References

Adapted From

https://fhs.mcmaster.ca/npc/opioid/cgop_b_app_b05.html

Canadian Guideline

<http://www.cfp.ca/content/57/11/1257.full.pdf>

FMPE (McMaster 2011) APPENDIX 3.

Sample Opioid Treatment Agreement

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To learn more about EQUIP Health Care, please visit www.equiphealthcare.ca

To provide feedback about this tool, please visit <https://www.surveymonkey.com/r/VRBF7WJ>