



**LONG TERM OPIOID THERAPY FOR THE TREATMENT OF NON-CANCER PAIN
 OPIOID CONTRACT / AGREEMENT FORM**

Opioid (narcotic) treatment for chronic pain is used to reduce pain and improve your level of function at work, at home, and/or to be able to do each day. Along with opioid treatment, other medical care may be prescribed to help improve your ability to do daily activities. This may include exercise, use of non-narcotic analgesics, physical therapy, psychological counseling or other therapies or treatment. Vocational counseling may be provided to assist in your return to work effort. These include any medication classified as Schedule II or III by the DEA. It is important that you be aware of the potential risks and side effects of these medications. You need to understand that not all pain responds to narcotic medication, and that not all people react the same way to these medications. In some situations, at the discretion of your doctor, this trial may be deemed a failure and you will be discontinued from these medications. Additionally, there are strict laws, which govern use of these controlled substances for medical conditions. As a condition of treatment with these medications, the governing agreement and its' provisions are attached and must be agreed to in their entirety.

I, _____, understand that compliance with the following guidelines is important in continuing pain treatment with my physician, Julie Huang-Lionnet, MD

1. I understand that I have the following responsibilities:
 - I will take medications only at the dose and frequency prescribed.
 - I will not increase or change medications without the approval of this doctor.
 - I will actively participate in RTW efforts and in any program designed to improve function (including social, physical, psychological and daily or work activities).
 - I will not request opioids or any other pain medicine from physicians other than from this doctor. This doctor will approve or prescribe all other mind and mood-altering drugs.
 - I will inform this doctor of all other medications that I am taking.
 - I will obtain all medications from one pharmacy, when possible known to this doctor with full consent to talk with the pharmacist given by signing this agreement.
 - I will protect my prescriptions and medications. Only one lost prescription or medication will be replaced in a single calendar year. I will keep all medications from children.
 - I agree to participate in psychiatric or psychological assessments, if necessary.
 - If I have an addiction problem, I will not use illegal or street drugs or alcohol. This doctor may ask me to follow through with a program to address this issue. Such programs may include the following:
 - o 12-step program and securing a sponsor
 - o Individual counseling
 - o Inpatient or outpatient treatment
 - o Other: _____
2. I understand that in the event of an emergency, this doctor should be contacted and the problem will be discussed with the emergency room or other treating physician. I am responsible for signing a consent to request record transfer to this doctor. No more than 3 days of medications may be prescribed by the emergency room or other physician without this doctor's approval.
3. I understand that I will consent to random drug screening. A drug screen is a laboratory test in which a sample of my urine or blood is checked to see what drugs I have been taking.
4. I will keep my scheduled appointments and/or cancel my appointment a minimum of 24 hours prior to the appointment.
5. I understand that my doctor may stop prescribing opioids or change the treatment plan if:
 - I do not show any improvement in pain from opioids or my physical activity has not improved.
 - My behavior is inconsistent with the responsibilities outlined in #1 above.
 - I give, sell or misuse the opioid medications.
 - I develop rapid tolerance or loss of improvement from the treatment.
 - I obtain opioids from other than this doctor.
 - I refuse to cooperate when asked to get a drug screen.
 - If an addiction problem is identified as a result of prescribed treatment or any other addictive substance.
 - If I am unable to keep follow-up appointments.

YOUR SAFETY RISKS WHILE WORKING UNDER THE INFLUENCE OF OPIOIDS:
 You should be aware of potential side effects of opioids such as decreased reaction time, clouded judgment, drowsiness and tolerance. Also, you should know about the possible danger associated with the use of opioids while operating heavy equipment or driving.

- YOUR SAFETY RISKS WHILE WORKING UNDER THE INFLUENCE OF OPIOIDS:**
- Confusion or other change in thinking abilities
 - Nausea
 - Constipation
 - Problems with coordination or balance that may make it unsafe to operate dangerous equipment or motor vehicles
 - Sleepiness or drowsiness
 - Aggravation of depression
 - Breathing too slowly – overdose can stop your breathing and lead to death
 - Vomiting
 - Dry mouth

THESE SIDE EFFECTS MAY BE MADE WORSE IF YOU MIX OPIOIDS WITH OTHER DRUGS, INCLUDING ALCOHOL



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RISKS

Physical Side Effects

Possible side effects include mood changes, drowsiness, dizziness, constipation, nausea and/or confusion. Many of these side effects, if they occur, gradually resolve over days to weeks. Constipation often persists and may require management with medications. If other side effects persist, trials of alternative opioids may be necessary or opioids may need to be discontinued. You should not drive a car or other vehicle or operate machinery while your dose is being increased or if the medications make you drowsy. The sedating effects of alcohol and other sedatives are additive with the side effects of opioids. It is strongly advised that you avoid alcohol while receiving opioid therapy.

Physical Dependence

Physical dependence is an expected side effect of a long-term use of opioids if they are prescribed on a daily basis. This means that if you take opioids continuously and stop them abruptly for any reason, you will experience a withdrawal syndrome. This syndrome often includes sweating, diarrhea, irritability, nervousness, rapid heart rate, sleeplessness for several days, abdominal cramping, "goose bumps", runny nose, tearing, muscle and bone aching, and dilated pupils. To prevent these symptoms, medications must be taken regularly if physical dependence is present. When opioids are discontinued, they should be tapered under the supervision of your physician. Do not abruptly stop taking your prescription without consulting your physician.

Psychological Dependence

Physical dependence is an expected side effect of long-term use of opioids. This means it is possible that stopping the drug will cause you to miss or crave it. Do not abruptly stop taking your prescription without consulting your physician.

Addiction

Addiction is present when an individual experiences loss of control over the use of medications, is constantly seeking drugs, and/or experiences adverse consequences as a result of drug use, yet continues to take the medication. Most patients who use opioids are able to take medications as prescribed on a scheduled basis. They do not seek other drugs when their pain is controlled, and experience improvement in the quality of life as a result of the opioid medications; thus, they are NOT addicted. Physical dependence does NOT indicate addiction. A small percentage of patients may develop addiction problems based on genetic or other factors. Individuals with a history of alcoholism, smoking and tobacco abuse, or other drug addiction may be at increased risk for the development of addiction while using opioids.

Tolerance to Medication

Tolerance to the pain-killing effects of opioids medications is possible with continuous use. This means that although there has been no physical change in the underlying condition, an increased dose of medication is required to achieve the same level of pain control experienced when the medications were initiated. We do not fully understand why, or understand what conditions, tolerance to the pain-killing effects of opioids occurs. When it does occur, it may require tapering and discontinuation of the medication. Sometimes tolerance can be handled by substituting a different opioid medication. Additionally, you should realize that if you have to undergo surgery for any reason, you will have a baseline opioid requirement and may experience more pain in your post-operative period than someone not taking these types of medication. You will need to inform your anesthetist and surgeon that you are taking these medications so that appropriate plans can be made.

Hyperalgesia

In rare cases, the opioid medications can cause pain themselves. A sign that may be happening if rapidly increases of medication (over a matter of weeks to months) to achieve the same relief. Unfortunately, there is no blood test or other examination that can reveal this. If your doctor believes this may be occurring, then you will gradually be tapered off ALL opioids.

Pregnancy and Risk to Unborn Children

Children born to women who are regularly taking opioids will likely be physically dependent at birth, requiring expensive, long-term hospitalization. Women of childbearing age should maintain safe and effective birth control while on opioid therapy. Should you become pregnant, immediately contact your physician. The medication may be stopped.

RECOMMENDATIONS TO MANAGE YOUR MEDICATIONS:

- Keep a diary of the pain medications you are taking, the medication dose, time of day you are taking them, their effectiveness and any side effects, you may be having.
- Use of a medication box that you can purchase at your pharmacy that is already divided in to the days of the week and times of the day so it is easier to remember when to take your medications.
- Take along only the amount of medicine you need when leaving home so there is less risk of losing all your medications at the same time.

I have read this document, understand all the above statements, and have had all my questions answered satisfactorily. I consent to the use of opioids to help control my pain and I understand that my treatment with opioids will be carried out as described above.

 Signature of Patient or Responsible Party

 Print Name

 Date

 Signature of Witness

 Print Name

 Date

 Physician Signature

 Print Name

 Date