<u>Opioid Treatment Agreement</u>

Opioids (oxycodone, hydrocodone, morphine, hydromorphone, etc.), used in the treatment of chronic pain can reduce pain and improve what you are able to do each day. However, they have significant properties that make their long term use problematic or even impossible. Treatment with opioids in the United States is a privilege granted by our federal government with strict rules and regulations that must be complied with. Opioid treatment is not a right and, with the possible exception of cancer pain, is never a medical necessity. It is one of many treatment options and is not appropriate for all patients. The problems caused by long term use of opioids are discussed on the last page. Because of these many and serious problems and limitations, we routinely limit opioid exposure by utilizing non-opioid medications and other methods to help you with your pain. In fact, most chronic pain patients avoid all these opioid problems by treating their pain conditions without the use of opioids.

I understand that compliance with the following responsibilities is mandatory for continuing opioid treatment at APC and that any violations of this agreement will be documented in my medical record and will result in the discontinuation of opioid prescribing if not corrected:

1. <u>I will treat the office staff that work at Advanced Pain Care (APC) with courtesy and respect at all times. I understand that APC has a zero-tolerance policy regarding rude or harassing comments or actions to the office staff. This includes but is not limited to the use of profanity or threatening actions, behaviors, or verbalizations. Patients who exhibit inappropriate behavior will be terminated from the practice immediately.</u>

2. I will protect my prescriptions and medications from loss or theft, understanding that opioid medications are **very** frequently the target of theft for illegal use. **Lost or stolen prescriptions or medication will NEVER, under any circumstances, be replaced by APC providers**. Medications should be kept in a fireproof safe with only the current daily amount kept on person (not in a purse, in the car, in the medicine cabinet, on a countertop, or on a desk!).

3. I will follow all prescription directions carefully. I will take medications only at the dose and frequency prescribed by the providers at APC. I understand that altering dose amounts and/or frequencies on my own, with my lack of knowledge of the complexities of pharmacology and the dangers of opioids, could easily result in my death. If my medication is not working adequately I need to see a provider at APC to address this problem and my medication will be counted at that time to ensure that I have not overused it in violation of this agreement. Overused medications will never be refilled early.

4. If circumstances require an early return clinic visit, I understand that this will only be authorized if my remaining medication on my current prescription is counted by APC staff to verify that I have not overused my medication.

5. I understand that I consent to random or scheduled medication pill counts to verify my appropriate use of my medication. If called for a random pill count I understand that I must present to the clinic or my pharmacist with my medication to be counted. This is mandatory and, due to the nature of random counts, must be submitted within twelve hours of the time it is requested. Any patient who does not comply with these counts will necessarily be immediately discharged from the practice.

6. I will not change or discontinue any of my pain treatment medications without the approval and advice of a provider at APC.

7. I will never, under any circumstances, use previous pain medication or other controlled substance prescriptions obtained and left over from other practitioners or left over from previous treatments at APC. Left over medications should be promptly disposed of through use of a recognized drug take-back program as advised by your pharmacist.

8. In the event of a painful acute injury, illness, or procedure I understand that I can take additional pain medication or other controlled substances such as muscle relaxers **only if** they are prescribed by an appropriate medical professional who, in their professional judgment, deems the situation requires additional pain medication or other controlled substances. It is important to note that it is NEVER OK to receive any benzodiazepines except midazolam (Versed). I should inform the treating professional of my chronic pain status and my current medications so that I can be treated effectively and safely (It helps to bring a copy of this agreement with you so that the treating professional can see that it is not a violation of your agreement to receive additional medication). **It is illegal** and never O.K. for the treating provider to authorize extra use of your current prescription obtained from your APC provider. I understand that it is my responsibility to inform APC if I receive extra medication, what medication was prescribed, and how much of it was prescribed as soon as is reasonably possible by calling during business hours or leaving a message on the office voice mail. Additionally, I must authorize and insure that the treating provider or facility provides complete records of my treatment to APC **BEFORE** my next appointment at APC.

9. I will never use another person's prescription medication or any street drugs. This is a felony criminal violation for myself **and** for the person supplying me with the medication or drug. Marijuana use is still considered illegal at the federal level and since opioid use is governed at the federal level (not by the state), marijuana use, as verified by urine drug screening, will make it necessary to discontinue opioid prescribing by the providers at APC. Beyond the legal issues, marijuana use while on opioids has been clearly implicated medically in adverse patient outcomes up to and including death. Per state regulations, I consent that APC providers may notify the proper authorities if there is reason to believe that I have engaged in illegal activity.

10. I will inform the APC providers of all other prescription and over the counter medications that I am taking.

11. I will obtain all controlled medications prescribed by APC from only one pharmacy and will provide APC with the name and phone number of this pharmacy. It is my responsibility to insure that my pharmacy has my medication in stock in sufficient quantities to fill my prescription BEFORE each of my monthly refill visits at the clinic so that electronic prescriptions do not have to be cancelled and resent elsewhere. I consent that the APC providers are allowed to discuss my treatment with my pharmacist or any other treating provider at any time it is deemed necessary.

12. I agree to participate in psychiatric or psychological assessments and treatment if deemed necessary by the providers at APC. Chronic pain commonly causes depression and chronic opioid medication frequently worsens this condition.

13. I agree to undergo assessment for addiction or chemical dependency if deemed necessary by the providers at APC. I understand that it becomes illegal for APC providers to prescribe opioids to me if my behavior becomes consistent with the medical definition of addiction.

14. I agree to undergo assessment for sleep apnea if deemed necessary by the providers at APC. Untreated sleep apnea in combination with opioid pain medication is a high risk for death due to respiratory arrest. If I have sleep apnea and refuse to comply with my sleep apnea treatment program, then I will be taken off opioid medication.

15. I agree to not use alcohol, the very common over-the counter cough medication dextromethorphan, Kratom, or Akuamma. I clearly understand that my use of **any amount** of these substances while I am taking opioid medications is a life-threatening danger to me. Alcohol and dextromethorphan are common ingredients in over-the-counter cold medications, so read all over-the-counter medication labels carefully before using them.

16. I agree to not use benzodiazepine and benzodiazepine-like medication (Valium (diazepam), Ativan (lorazepam), Xanax (alprazolam), Klonopin (clonazepam), Halcion (triazolam), Restoril (temazepam), Ambien (zolpidem), Lunesta (eszopiclone), Sonata (zaleplon), etc.); Belsomra (suvorexant), Dayvigo (lemborexant), Quviviq (daridorexant), carisoprodol (Soma), barbiturates (butalbital, Fioricet, phenobarbital, Primidone, etc.) or Seroquel (quetiapine). It is well established that the use of these sedatives in combination with opioids can lead to fatal respiratory arrest while asleep. Consequently, APC providers will not prescribe opioids to patient's taking these medications. If you are a new patient currently taking any of these medications, the APC providers will help you safely taper off this medication under their direction. Short acting IV sedatives Versed (midazolam) or Propofol may be used by other providers for procedures that require sedation but nothing may be used that lasts beyond discharge from their care (going home).

17. I consent to random drug screening. In compliance with federal and state guidelines APC does random urine, saliva, or, if necessary, serum drug testing at a frequency determined by the patient's risk category on all chronic pain patients receiving federally controlled substances. New patient evaluations will also be tested as part of their assessment. This testing is mandatory and, due to the nature of random testing, must be submitted within one hour of the time it is requested. Any patient who cannot submit their sample in a timely fashion or any patient who does not wish to comply with this testing will be necessarily immediately discharged from the practice. It is the patient's responsibility to pay for this testing, as with any other laboratory testing. We will bill your insurance company for the testing if applicable. If you are a cash pay patient you must pay for your test at the time of your visit.

18. I understand that using nicotine in any form has been clearly implicated in the process of developing and perpetuating chronic pain and, consequently, continued use of nicotine while attempting to treat chronic pain is counterproductive and a waste of limited resources. I understand that if I currently use nicotine I will be encouraged to quit and will be given a lot of help at APC to become nicotine free.

19. I understand that if I am more than 5 minutes late for an appointment without calling I will be rescheduled and will not be provided with prescriptions for pain medication until the rescheduled appointment. If I am repeatedly late, I will be discharged from the practice.

20. I will keep my scheduled appointments or cancel appointments a minimum of 24 hours prior to the appointment. If I fail to be present for my appointment or fail to cancel my appointment in a timely fashion, I will pay a $50.00 no-show fee before I will be seen again. If I have two consecutive no-shows, I will be discharged from the practice.

21. I will actively participate in return to work efforts if I am off work, my brain still functions, and I am not of retirement age. The providers at APC are medically and philosophically against the concept of disability and believe that opioids should only be used chronically in a patient if they allow that patient to become functional enough to get off the disability payroll and go back to work. Physical jobs may not be reasonable but there are many alternative ways a patient can earn a living.

22. I understand that APC providers will stop prescribing opioids and change my treatment plan if:

- I do not show any improvement in pain with opioids or my physical activity does not improve by at least 30%.
- I develop rapid tolerance or loss of improvement from the treatment.
- I reach the maximum daily opioid dose limit at APC which is 120mg per day of morphine (80mg of oxycodone) or its equivalent dose in other opioids, alone or in combination.

The Implications of the use of Chronic Daily Opioids:

Chronic opioid use leads to the development of tolerance which is an adaptive process by the patient's brain to re-establish balance despite the continued presence of the unnatural outside chemical (opioid). Tolerance develops slowly in some people and very rapidly in other people and is under genetic control so, just like you can't pick your parents, you can't pick your speed of tolerance development. If you have genetic rapid tolerance to opioids you will likely reach maximal opioid dosages in a short period of time unless you take steps, which we can discuss, to avoid this.

Going hand in hand with tolerance is a condition called physical dependence. This also happens to everyone and is unavoidable if you take a large enough dosage of opioids for a long enough time. The hallmark of physical dependence is withdrawal. This is the uncomfortable complex of symptoms you feel if you stop taking your medication abruptly because your body has adapted to the presence of the medication. Although opioid withdrawal is uncomfortable it is not life threatening and consequently opioid prescribing can be stopped abruptly if a patient is manifesting behaviors that are illegal or dangerous to his or her health. Withdrawal, once physical dependence has developed, can be avoided by tapering off opioids slowly if it is safe to do so. Alternatively, a patient can go to a hospital detox facility for help coming off opioids abruptly such as when opioid privileges have been lost or can go "cold turkey" off of opioids on their own without outside help.

The most severe risk of opioid use is their respiratory depression effect. These medications slow the brain's drive to breathe and they have a very narrow safety margin. This means that just a little more medication than is needed to give pain relief can cause the patient to stop breathing and die while sleeping. Since doctors in the U.S. started treating chronic pain patients with chronic daily opioids in the early 1990s the drug related death rate in this country has gone up dramatically. This gives you an idea of how dangerous this medication is and why we demand that patients using this medication follow all directions carefully. Additionally, we have identified that combining opioids with alcohol or several other sedatives, the most commonly used type of which are the benzodiazepines (Valium, Ativan, Xanax, clonazepam, Ambien, etc.) dramatically worsens this respiratory depression effect and dramatically increases the likelihood of death.

The second most severe risk of chronic opioid use is the potential for the development of addiction. Addiction is a severe form of mental illness which, if not treated, has a 100% death rate. You must have the correct genetic makeup to develop addiction but we have no entirely accurate way to test for these genes at present. Consequently, we never know for sure if a patient has the genetic potential to develop addiction or not. The only way to 100% avoid the possibility of addiction is to not expose yourself to opioids. A long length of time that you have previously taken opioids without problems does not predict that you will not develop addiction in the future.

In addition to pain relief, tolerance, physical dependence, respiratory depression, and addiction, there are many additional effects that opioids have on the body. Classic side effects are constipation, sedation, nausea, and itching. These are usually manageable and sometimes short-lived as your body adapts to the opioid's presence.

Medically, we are just barely beginning to understand more complex and unanticipated additional effects that chronic opioid use has on the body. Chronic opioid use can cause or worsen pre-existing depression. We are beginning to understand a condition we call Opioid Induced Hyperalgesia which causes patients to hurt more the longer they take opioids or the larger the dose they take. This condition has profound implications because many patients get themselves trapped needlessly on opioids because their opioids are causing them to hurt so much. Furthermore, it seems that chronic use of opioids may actually prevent the brain from healing neurological chronic pain pathways. We also know that opioids depress sex hormone production and, consequently, sex drive. There is developing information about opioid

effects on immune function which may reduce the body's ability to fight off infections and cancer. Opioids also have an affect on the temperature regulatory center in the hypothalamus of the brain, the implications of which are unknown.

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

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Patient signature *Date*