

# Opioid Contracts: A Tool for Providing Relief and Preventing Abuse?

Jane Jurcic

McMaster Family Practice and Hamilton Family Health Team  
Hamilton, Ontario



# Opioid Prescribing in Chronic Pain

- Legitimate practice
- Evidence of improved quality of life and functionality
- But... issues remain:
  - Concerns about regulation
  - Confusion and fear about side effects
  - Concern about abuse and diversion



# Opioid Medications

## ■ Barriers to use:

- Side-effects

- Addiction

- Abuse

- Diversion

- Fear of regulatory action



# The Opioid Contract

- A written agreement:
  - between a physician and patient
  - outlines key points regarding opioid therapy



# The Opioid Contract

- Value is controversial
- No high quality evidence to support use of opioid contracts
- But growing acceptance and use among physicians



# Objectives of Opioid Contracts

- Adherence
- Informed consent
- Legal risk management
- Practice efficiency



# Opioid Contracts: What's the harm?

- Possibly foster the under-treatment of pain
- Potential to stigmatize opioid therapy and the patients who use this therapy
- +/- effect on the patient-physician relationship
- Ethical issues ...



# Ethical issues

- How should opioid contracts be implemented?
  - All patients on opioid therapy?
  - Both acute and chronic pain?
  - Both malignant and non-malignant?
  - Patients with both positive & negative histories of substance abuse?
  - Only those determined to be at risk for medication abuse or have a history of substance abuse?
- Discriminatory implementation of OC may potentially violate patients' rights to fair and equal treatment



# The Opioid Contract: general statement categories

- Terms of treatment
- Prohibited behaviour
- Points of termination
- Patient responsibilities
- Education
- Additional treatment
- Emergency issues
- Goals
- Limitations on prescriptions
- Legal considerations
- Discouraged behaviour
- Staff responsibilities



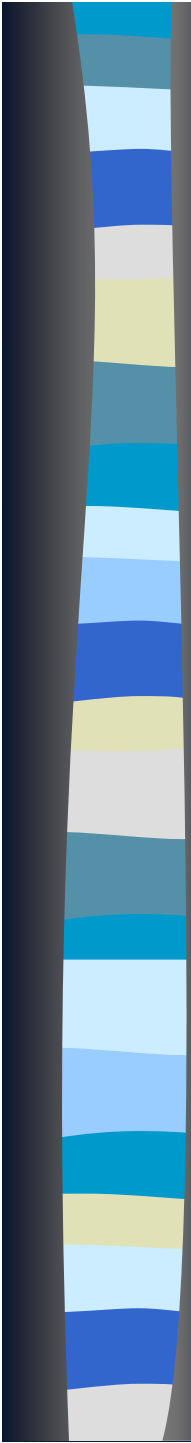
# The Opioid Contract: Literacy

- To be effective patients must understand it!



# Suggested Improvements to an Opioid Contract

1. Emphasize that opiates are part of a comprehensive pain treatment program
2. Stress MD's responsibility to work with the patient to improve their pain symptoms
3. State that the purpose of the contract is to promote communication, clarify frequent issues that may arise in treatment, and prevent misunderstanding
4. Specify illicit behaviours that the literature suggests are red flags for opiate abuse (e.g., losing medicines, getting medicines from other providers)
5. Describe possible MD behaviours that may occur if the patient engages in red flag behaviours



You've initiated the opioid contract, now how do you monitor the adherence?



# Expectations

- Not curative
- Functional end points
  - ADLs
  - Physical and / or psychological therapy
  - Return to work / school



# Dysfunctional End-Points

Side effects vs. addiction

- Excess sedation,
  - Impaired cognition
- vs.
- Voluntary unemployment
  - Decreased physical activity



# Common Reasons for Opioid Contract Termination

1. Positive UDS for cocaine and marijuana
2. Prescription opioid abuse (i.e., procurement of opioids from multiple sources, rx forgery, and use of opioids other than those prescribed)
3. Contract rules violation (e.g., missed appointments, missed UDS and requests for early refills)



# Red Flags (1)

- Refusal of physical examination
- Will not authorize release of prior medical records
- Disinterest in a diagnosis or a referral
- Unusual knowledge of controlled substances
- Request for a specific opioid
- Unwilling to try another medication
- Deception or lying
- Using opioids for psychological relief
- Using opioids when mad, sad, happy or glad
- Using illegal means to obtain opioids
- Using opioids against medical advice (compulsive, overuse)



## Red Flags (2)

- Past substance abuse
- Current or prior use of illicit drugs
- Using opioids with alcohol
- Signs of drug abuse: inflamed nares, skin tracks and perforated nasal septum
- Pharmacy concerns
- Excessive opioid needs
  - Dose escalations
  - ER visits
  - Asking for higher doses
  - Multiple phone calls



## Red Flags (3)

- Poor adherence
- Lost prescriptions
- Stolen prescriptions
- Funny stories
- Knowledge of opioids
- Lengthy travel to see you
- Appointments late in the day
- Night and weekend phone calls
- Manipulative
- Speak poorly of other physicians
- History of many doctors
- That “gut feeling”



# Drug-Related Behavior Predictive of Addiction

## Probably More Predictive

- Selling prescription drugs
- Prescription forgery
- Stealing or “borrowing” drug from another person
- Injecting oral formulation
- Obtaining prescription drugs from nonmedical source
- Multiple episodes of prescription “loss”
- Concurrent abuse of related illicit drugs
- Multiple dose escalations despite warnings
- Repeated episodes of gross impairment or dishevelment

## Probably Less Predictive

- Aggressive complaining
- Drug hoarding when symptoms milder
- Requesting specific drugs
- Acquisition of drugs from other medical sources
- Unsanctioned dose escalation once or twice
- Unapproved use of the drug to treat another symptom
- Reporting psychic effects not intended by the clinician
- Occasional impairment



# Screening for Addiction

## ■ CAGE Questionnaire

- *Have you tried to Cut down?*
- *Do you get Annoyed with people discussing your use?*
- *Do you feel Guilty about using drugs?*
- *Do you need an Eye-opener?*



# Strategies to Address Non-adherence

- Refer for addiction assessment
- Cognitive assessment
- Treat mood disorders
- Counseling
- Random urine screens
- Withdrawal of opioids



# Addressing Obvious Abuse

- Wean
- Treat withdrawal
- Contact other physicians and pharmacies
- Discharge letter
- 30 day supply of opioids?



# Urine Drug Screens

- Types
  - Drug screen 9
  - OPGCMS
- Useful tool but not often used randomly
- Some studies suggest high incidence of abuse (30-40%)
  - Not taking prescribed drug
  - Taking opioids not prescribed
  - Illicit drug use



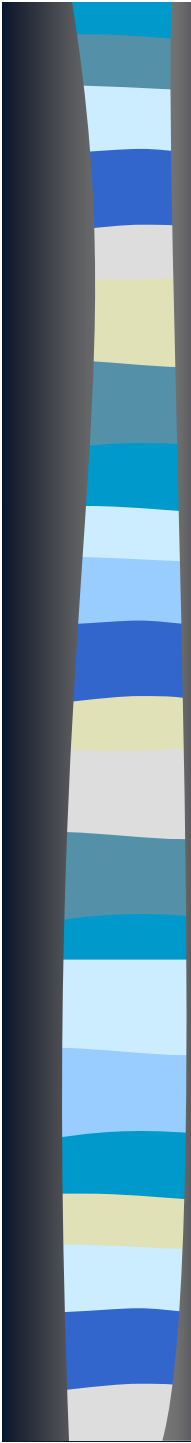
# Things to Remember about UDS

- Morning urine specimens concentrate drugs and are more likely to be positive than afternoon drug screens
- Cannot detect alcohol
- Urine concentrations have little relationship to blood levels of the drug
- Always get a gas chromatographic/mass Spectroscopy (GC/MS) analysis
- Opioid refill tied to specimen



# Common Mistakes

- Continued escalation of medication with no improvement in function
- Opioids used in pain syndromes known to be poorly responsive
- Not addressing psychological issues
- Lenient with abuse behaviors
- Fear of converting to long acting medications



How can FHT pharmacists help to establish a systematic approach to opioid administration and monitoring in primary care practices?



# Possible tools that may help

Develop:

- Registry of patients using opioids
- Criteria for opioid contracts
- Opioid contract
- “Pain flow sheet”
- Opioid contract monitoring form