



# Controlled Substances

## Understanding the Use of Controlled Substance Prescriptions

Controlled substance medications (which include narcotics, tranquilizers, and barbiturates) are very useful in the treatment of pain and can be used in combination with or assist with other treatments such as nerve blocks, exercise, physical therapy, surgery psychological techniques and other non-controlled medications. Your doctor may decide to do a trial of these medications to assess their efficiency in treating your pain. Some patients have an excellent response with these medications with minimal interference from side effects. However, not all patients have a favorable response or may experience significant side effects that prevent further use of these types of medications. These drugs do not decrease all pain syndromes. Your doctor has no way of predicting your response to these medications and will discuss with you the proper way to use them. These medications may cause unintended psychological effects such as a false sense of well being and improved ability to cope with problems. Although they are intended for relief of pain and improvement of function, they have a greater potential for abuse and misuse if used incorrectly. Sometimes patients who experience these psychological effects may use these medications in ways other than prescribed.

The specific medications that my physician plans to prescribe will be described and documented separate from this agreement. This includes the use of medication for possible purposes different than what have been approved by the drug company and the government (this is referred to as off-label prescribing, often used in treatment of pain). My doctor will explain his treatment plans for me and documented in my medical chart.

There exists a significant misunderstanding regarding the use of Soma, Tramadol and opioid analgesics. The following definitions are important for you to understand.

1. **Physical Dependence:** A pharmacologic property of certain drugs such as caffeine and opioids which cause biochemical changes in the body such that abruptly stopping these drugs will result in a "withdrawal" response.
2. **Addiction:** A psychological and behavioral syndrome in which there is a drug craving and drug seeking behavior for purposes other than those intended by your physician. Addictive behavior would include increasing your usual dose of opioid (without prior discussion with your doctor) for psychological benefit to self-medicate during a stressful situation.
3. **Tolerance:** A pharmacologic property of certain drugs defined by the need for increasing dosage to maintain effect.

The risk of addiction in patients who do not have prior addiction history (to any substance) is low. The risk of addictive behavior is much higher in patients who have prior history of addiction. Therefore, you must tell your doctor if you have such a history including addiction to cigarettes, smokeless tobacco, alcohol, gambling, etc. If you develop an addiction problem, your doctor will help you with this. Your doctor may decide that you should not continue on the particular drug or may decide that you may continue on the medication but only with very careful treatment guidelines.

I understand that the most common side effects that occur in the use of pain medications in my treatment include, but are not limited to the following: Constipation, nausea, vomiting, excessive drowsiness, itching, urinary retention, low blood pressure, irregular heartbeat, insomnia, depression, impairment of reasoning or judgment, respiratory depression, impotency, decreased libido, decreased testosterone levels, and even death.

Initials: \_\_\_\_\_



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## Patient Responsibility Agreement for Controlled Substance Prescriptions

I understand that the use of controlled substances can be part of a safe and effective treatment for my pain condition. I also understand that there exists a risk of developing an addiction disorder; however, I also understand that this has a low probability, especially if medications are used correctly. I am aware that the government has warned that improper use of these medications can cause addiction and be lethal with inappropriate usage. I also understand that the government tracks the prescription writing of some of these drugs. Thus, I agree to the following:

1. I alone am responsible for the controlled substance medications prescribed to me and am responsible for their safe keeping. If my prescriptions are **LOST, MISPLACED, OR STOLEN**, or if I use more than prescribed and “run out early” the medication will **NOT** be replaced or refilled early. If my medication is lost or stolen, I will report this to the police and obtain a stolen/missing item report to be sent to my doctor.
2. I will **NOT** increase my dosage or use more pills than prescribed without the prior consent of my doctor, so that this will be documented as “proper acceptable use” of the medication.
3. Refills of my controlled medication will only be made during regular office hours, (Monday – Friday), excluding holidays. Refills will **NOT** be made at night, on weekends, during holidays or for improper usage other than prescribed.
4. I understand that “**Triplicate Prescription**” refills require an office visit.
5. For female patients only: To the best of my knowledge I am not pregnant. If I am not pregnant, I will use appropriate birth-control contraception including but not limited to prophylactics, IUDs and abstinence during the course of my treatment. I accept it is my responsibility to inform my physician immediately, if I should become pregnant, If I am pregnant, or uncertain, I will notify my physician immediately.
6. I am responsible for keeping track of how many pills I have left and notifying my doctor or making an appointment to be seen in the clinic to avoid running out of medication before a weekend or holiday.
7. I understand that it is **ILLEGAL** to give, lend, share, sell or transfer my medications. Likewise, I will **NOT** receive, borrow or purchase additional controlled substances from anyone who is not a health care provider.
8. I will **NOT** crush, cut, break, or chew the medication unless I have discussed this with my physician.
9. During my treatment, I may be asked to meet with Medication Use Specialist at any time to help assess for and treat risk factors for addiction, and/or to learn other coping mechanisms to help deal with pain that are not addressed by the pain medication. This evaluation is critical to safely and properly treat my condition, and medication refills may be withheld if I refuse to be evaluated.
10. I agree to comply with random urine, blood, or computerized psychological assessment to document proper use of my medication and to confirm compliance with this agreement and Spine Team Texas policies. I also understand that I will be billed for these drug tests first by Spine Team Texas, then also by Quest Laboratories. Drug tests are run in 2 parts, 1<sup>st</sup> is the initial test, and then the test is sent out for quantitative testing. There will be an additional cost for the psychological testing.
11. I understand that driving a motor vehicle may be restricted while taking controlled substance medications and that is my responsibility to comply with the laws of the state while taking the prescribed medications. In the event I feel impaired or sedated I must not drive and should discuss with my physician.

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12. I understand that the combination of these medications and alcohol or other prescription medications can impair my thinking, reaction time, and vital functions and may be life threatening. I will not combine alcohol with any opioid substances.
13. I agree to fill my prescription with only one pharmacy. If, for some reason, I need to change my pharmacy or use more than one, I will notify my physician and both pharmacies about the change.
14. I will not get additional controlled medications to treat the same condition from other physicians. If "emergency" medication is given by another physician (i.e. Hospital, emergency department) I will notify my doctor as early as the next work day.
15. If it appears to my physician and treatment team that there are no demonstrate benefits to my daily function or quality of life in my physician may try alternate medications or may taper me off opioid medications all together.
16. I understand that tampering with a written prescription is unlawful and is grounds for discharge from the practice.
17. I understand that not abiding by the rules in this agreement may constitute grounds for withdrawal of controlled substances from my treatment plan. Blatant disregard, misuse, or illegal acts may also grounds for dismissal from the practice entirely.
18. I will not use illegal substances (i.e. marijuana, cocaine, and heroin). If I am found using these substances I may be discharged from the practice.
19. I understand that abusive behavior toward staff or providers will not be tolerated. If staff deems that a phone conversation is becoming abusive, they may choose to record it for later review by a provider or manager. Abusive behavior may result in dismissal from the practice.
20. I understand that should I violate this agreement, Spine Team Texas reserves the right to discharge any family members that may be being treated in their facility.

I authorize the doctor and my pharmacy to cooperate fully with any city, state, or federal law enforcement agency, including the Texas Board of Pharmacy, in the investigation of any possible misuse, sale, or other diversion of my pain medicine. I authorize my doctor to provide a copy of this agreement to my pharmacy. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations.

I have read the above agreement and have had my questions answered in a manner that I understand. I accept the agreement to allow my doctor to prescribe such medications in a manner that they feel would be in the best interest of my care. I have received a copy of this document for my personal records.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (Printed) \_\_\_\_\_