



OPIOID TREATMENT AGREEMENTS: CONSIDERATIONS AND RESOURCES FOR HEALTHCARE PROVIDERS

An opioid treatment agreement is a document signed by a patient and their healthcare provider. Its purpose is to help the patient and healthcare provider work together toward safe and effective pain management. A treatment agreement is beneficial to both the patient and provider to establish the goals of opioid therapy, shared responsibilities, and safe use of opioids and terms of discontinuation. Below are considerations for healthcare providers to develop and maintain an effective treatment agreement along with resources that may be helpful in the event the agreement and opioid therapy are discontinued.

Establishing and Maintaining a Treatment Agreement

Act 112 of 2019

[Act 112 of 2019](#) requires prescribers in Pennsylvania to establish treatment agreements with their patients before issuing the first dose of an opioid prescription. The Department of Health developed a [checklist](#) and [Sample Treatment Agreement](#) that meets the minimum requirements set forth in Act 112. Important treatment agreement topics include education on the risks and benefits of opioids and shared responsibilities during treatment.

Naloxone

The Food and Drug Administration recommends that healthcare providers discuss naloxone with all patients who are prescribed opioids.¹ The Pennsylvania Department of Health's Acting Secretary signed a [standing order prescription for naloxone](#) which means patients do not need to get a prescription for naloxone from their personal healthcare provider. Providers are encouraged to share information about [obtaining naloxone](#) with their patients. Anyone can obtain naloxone through mail for free through nextdistro.org/pachoice.

Verbal Communication

Healthcare providers may consider framing conversations about treatment agreements as a universal practice among all patients who are prescribed an opioid to increase safety. This practice may help minimize miscommunication and unintentional stigma. Common topics that patients may have questions about include the planned length of opioid therapy, naloxone, the need for and frequency of urine screening, and reasons the treatment agreement and opioid therapy may be discontinued. Honest and thorough conversations can encourage safe use of opioids.

Written Communication

Research shows that the average American reads at the 8th-grade level.² To improve patient awareness, engagement, and overall communication, treatment agreements should be developed with simple, easy-to-understand words. Learn more about simple language [here](#).



Pennsylvania
Department of Health

Considerations When Discontinuing a Treatment Agreement

Reducing Dose and Tapering

Risks of rapid tapering or sudden discontinuation of opioids in physically dependent patients may include acute withdrawal symptoms, exacerbation of pain, serious psychological distress, and thoughts of suicide.⁴ Physically dependent patients who are rapidly tapered or cut-off from opioids may seek illicit substances to treat pain or withdrawal symptoms, thereby increasing risk for overdose. The [HHS Guide for Clinicians on Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics](#) and the [Centers for Disease Control and Prevention](#) (CDC) provide clinical advice regarding effective tapering measures to avoid negative outcomes.

Non-Opioid Alternatives

Providers are encouraged to collaborate with multiple specialties, including mental health, to optimize alternatives and supports to opioid therapy. The CDC provides recommendations on [non-opioid treatment options](#) for patients who have chronic pain conditions.⁵

Opioid Tolerance and Unused Medication

It can take as little as a week for a patient to lose tolerance to their original opioid dose.⁴ It is important for patients who are discontinuing or tapering opioids to understand the risks of suddenly returning to their original opioid dose, including overdose.⁴ Providers are encouraged to educate patients on the risks of taking more medication than prescribed, sharing medications, and safely storing and [disposing unused prescriptions](#).

Screening for Opioid Use Disorder (OUD)

Evidence-based screening tools should be used when treating and screening a patient with suspected OUD. [OUD and additional screening tools](#) can be found from the National Institute for Drug Abuse. Patients requiring or requesting treatment tools may 1) contact their insurance, 2) search online through [ATLAS](#) or 3) contact their local [Single County Authority](#) (SCA) if they are under or uninsured. The CDC developed an [“Effective Communication with Patients About Opioid Therapy”](#) resource which presents practical strategies to communicate with patients prescribed opioid therapy.

Resources

Providers

National Clinician Consultation Center

Free, confidential clinician-to-clinician consultation on topics relative to SUD/OUD, toxicology, identifying and managing withdrawal or tapering, pain management, and OUD risk reduction.

1-855-300-3595
(Monday – Friday, 9am – 8pm EST)
or [submit cases online](#).

Patients

Patient Advocacy Program

Point of contact and resource coordinator for patients who are prescribed controlled substances in Pennsylvania.

ra-dh-advocacy@pa.gov

1-844-377-7367
(Monday – Friday, 8am – 4pm EST)

PA Get Help Now Hotline

24/7 toll-free, confidential hotline or online chat staffed by trained professionals for individuals seeking treatment or substance use support for themselves or a loved one.

1-800-662-HELP (4357)

988 SUICIDE & CRISIS
LIFELINE

The National Suicide Crisis Lifeline provides 24/7 free support.
Call by dialing 988 or texting “HOME” to 741741.

References:

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3. NIH. (2005). Opioid Risk Tool. <https://nida.nih.gov/sites/default/files/opioidrisktool.pdf>
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5. CDC. (2016). NONOPIOID TREATMENTS FOR CHRONIC PAIN PRINCIPLES OF CHRONIC PAIN TREATMENT. https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf