

## B2 Drugs of dependence treatment agreement/ contract

GPs should use their discretion in deciding which patients may benefit from a treatment agreement. Currently there is no evidence to show that treatment agreements lead to less opioid misuse. However, treatment agreements for patients at high risk are recommended.

### Purpose

To inform patients about their responsibilities and expected behaviours regarding drugs of dependence.

### Example agreement

This treatment agreement is based on the standard treatment contract developed by the Government of Western Australia Department of Health.

[insert practice name]

Date effective:

Review date:

#### **PATIENT AGREEMENT FOR DRUGS OF DEPENDENCE THERAPY**

# Treatment contract

## for the use of an opioid medicine (morphine-like painkiller) for the management of chronic pain

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### PLEASE COMPLETE ALL DETAILS

I, \_\_\_\_\_, understand that an opioid medicine is to be prescribed to me in an attempt to improve my level of functioning and reduce my pain. My medical practitioner and I have discussed that strong opioid (morphine-like) medicines may only be partially helpful in achieving this goal and on occasion will not help at all. I understand that an opioid medicine is only one part of the management of my chronic pain. My medical practitioner and I agree to the following conditions regarding my treatment and the prescribing of an opioid medicine for my pain:

1. My medical practitioner is responsible for prescribing a safe and effective dose of an opioid medicine. I will not use an opioid medicine other than at the dose prescribed and I will discuss any changes in my dose with my medical practitioner.
2. I am responsible for the security of my opioid medicine. Lost, misplaced or stolen medicines or prescriptions for opioid medicines will not be replaced.
3. I will only obtain my opioid medicine from the medical practitioner who signs this contract, or other doctors in the same practice authorised to prescribe to me. I understand that no early prescriptions will be provided.
4. While most people do not have any serious problems with this type of medicine when used as directed, there can be side effects. My medical practitioner has explained the main ones to me, and I will tell him or her if I experience what could be side effects.
5. I am aware that my medical practitioner is required to gain authorisation from the Department of Health for continued prescription of an opioid medicine.
6. As possible dependence is an important consideration in the management of my pain, I have informed my medical practitioner of any present or past dependence on alcohol or drugs that I may have had, and of any illegal activity related to any drugs (including prescription medicines) that I may have been involved in.
7. I am aware that providing my opioid medicine to other people is illegal and could be dangerous to them.
8. My medical practitioner respects my right to participate in decisions about my pain management and will explain the risks, benefits and side effects of any treatment.
9. My medical practitioner and I will work together to improve my level of functioning and reduce my pain.
10. I understand that my medical practitioner may stop prescribing my opioid medicine or change the treatment plan if my level of activity has not improved, if I do not show a significant reduction in my pain, or if I fail to comply with any of the conditions listed above.

Patient's signature: \_\_\_\_\_

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Medical practitioner's signature: \_\_\_\_\_

Medical practitioner's name: \_\_\_\_\_

Medical practitioner's provider number: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide a copy of the signed contract to the patient.**

## Why do I need to sign a treatment contract?

Both you and your doctor are subject to strict regulations when an opioid medicine is prescribed. Your doctor needs to get special approval from the Department of Health in order to continue prescribing an opioid medicine to you after a trial period. A treatment contract is used so that your doctor is sure that you understand what is expected from you while you take this type of medicine, and that you consent to the requirements described in this contract.

There needs to be **trust, honesty** and **good communication** between you and your doctor when an opioid medicine is prescribed.

The doctor who prescribes you an opioid medicine is expected to:

- do his or her best to prescribe the opioid medicine safely and effectively
- arrange your appointments and prescriptions so that you do not run out of your medication.

In order to receive these drugs it is normal to sign a treatment contract with your doctor. This will list some important conditions you will need to accept, which include the following:

- Agree to get all of your prescriptions for your opioid medicine(s) from one doctor only. This may be a specialist doctor or your GP. You should fill all your opioid prescriptions at the same pharmacy.
- Agree to take the opioid medicine only as prescribed for pain relief and not to change the dose.
- If you are travelling away from home for long periods of time, you will need to discuss your opioid medicine requirements with your doctor so arrangements can be made if ongoing supply is required.
- If you have ever been dependent on alcohol or other drugs (including prescription medicines) you need to tell your doctor **before** signing the contract. A past problem of this nature does not mean that you cannot have opioid medicines for pain relief; however, it does mean that you could be at risk of developing another drug problem and your doctor needs to know this. Past problems you must tell your doctor about include any illegal activity involving drugs.



Department of  
**Health**

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