

Bangor Area Controlled Substance Work Group Practice Standards

The Opioid Risk Tool (ORT) and screening for at risk alcohol use, drug use and depression should be carried out and entered into the patient's medical record before initiating chronic opioid therapy or for any patient receiving chronic opioids who has not been screened. Positive screens should be appropriately evaluated and treated.

Opioid therapy should be avoided in patients taking benzodiazepines, and in those with significant lung disease, with heart disease, or with sleep apnea. Palliative care patients and hospice patients are exceptions to this standard.

If a Patient Provider Agreement (PPA) violation occurs all controlled substances will be appropriately tapered off and the violation should be documented in the patient's chart.

The following will be considered violations of the PPA:

- Receiving controlled substances from another provider without primary care provider's knowledge.
- Taking more controlled substance than is prescribed.
- Repeated (more than two in a calendar year) requests for early refills of a controlled substance.
- Being short by more than one day's supply of controlled substance on any pill count.
- Repeated inability (more than twice in a calendar year) to be reached for random pill count or urine drug screen
- Any refusal or inability to present for a pill count or urine drug screen.
- Any confirmed, unexpected urine drug screen result.
- Any refusal to submit to a urine drug screen, including inability to provide a urine sample.
- Any tampering with a urine drug screen sample.
- Repeated (more than one) reports of lost or stolen drugs.
- Any use of illegal drugs while receiving opioids.
- Any arrest or conviction on drug or alcohol related charges (regular use of Diversion Alert is strongly encouraged).

The following should be considered as non-reassuring behavior and should result in appropriate tapering and discontinuation of controlled substances unless the prescribing provider documents sufficient extenuating circumstances to justify continuing the medication and if the medication is continued, monitoring should be intensified with more frequent pill counts and urine drug screens:

- Any request for an early refill.
- Any inability to reach a patient for a pill count or urine drug screen.
- Any arrest on criminal charges (not drug or alcohol related).
- Medical complications such as opioid related bowel obstruction, falls, motor vehicle accidents, exploitation for medications, and depression refractory to treatment.
- Any report of lost or stolen drugs.

- Failure to keep scheduled appointments with the prescribing provider or those to whom the patient is referred.
- Any report of diversion or abuse, identified or anonymous (this should also result in pill count and urine drug screen as soon as possible).

*These standards were developed through a collaborative effort of clinical leaders from Acadia Hospital, Bucksport Regional Health Center, The Center for Family Medicine, Community Health and Counseling Services, Eastern Maine Medical Center, Health Access Network, Penobscot Community Health Care, and St. Joseph Hospital under the auspices of the Community Health Leadership Board.

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