A controlled substance treatment agreement (Agreement) provides a clear set of expectations for both patients and clinicians in the management of controlled substances, which are high risk for misuse, abuse, and diversion.

Agreements are most effective when the clinician and patient have an open discussion about the expectations laid out in the agreement and reach a mutual understanding of the role controlled substances have in the management of their chronic pain. Clinicians should discuss upfront the possibility of discontinuing use of controlled substances for violation of the Agreement.

The following information is limited to the use of Agreements for opioid therapy in the treatment of chronic non-cancer pain.

**Key considerations with use of Agreements:**
- Agreements are not “contracts” in a legal sense.
- Agreements do not constitute informed consent; agreements are one component of the informed consent process which outlines the risks, benefits, and treatment alternatives the patient needs to consider before making an informed decision to include controlled substances in the treatment plan.
- **Agreements are expected for patients requiring opioids for chronic non-cancer pain for > 30 days.**
- Agreements should be used for any patient with a history of aberrant behaviors or a substance use disorder that requires opioids for any duration of treatment.
- A new Agreement should be signed with change in prescribing clinician.
- Agreements should be reviewed with the patient annually.
- A signed copy of the Agreement must be recorded in the EHR; a copy of the signed agreement is also given to the patient.
- **Patient education tip:** “This agreement exists for your safety. Controlled substances are dangerous medications when they are not used as directed by your clinician.”

**Informed consent:**
- Informed consent for chronic opioid therapy must be documented in the EHR.
- Information sheets on opioids, benzodiazepines, sedative hypnotics, and stimulants are available to supplement the Agreement in obtaining informed consent. The information sheets are for adult patients only and are available on the Opioid Guideline LibGuide Patient Education page. In the future, the information sheets will be uploaded into Athena.

**Work flow considerations:**
- A new Agreement has been approved for Ministry and Affinity Medical Groups and is available in Athena.
- With transition to Athena, it is recommended that patients resign an Agreement using the new form. If a patient signed an Agreement within the past 6 months and all information is current on the Agreement, the old Agreement can be scanned into Athena.
- For Eastern Region clinicians, it is recommended to start using the new Agreement and scan it into the current EHR. This will save rework when you go-live with Athena. A copy of the Agreement has been sent to regional operations leaders; it is also available on the Opioid Guideline LibGuide.

For questions, contact Peggy Lutz, Service Line Director, Pain Management peggy.lutz@ascension.org or Robert Sedlacek, MD, Family Medicine, Merrill robert.sedlacek@ascension.org