



MASSACHUSETTS
Health & Hospital
ASSOCIATION

Patient and Family Agreement on Opioids

We care about our patients and are committed to their recovery and wellness. We offer our patients medications and options for various services to keep them from going into withdrawal while they are hospitalized with us and after discharge. This agreement will ensure that we are working together to meet this goal.

Background

Opioids are a special class of medications used to treat certain kinds of pain. Some of the common examples of opioids are morphine, oxycodone, codeine, buprenorphine, methadone, and fentanyl. Opioids are strong and effective in treating pain, but they have serious side effects and can lead to addiction. Opioids are not right for everyone. There are several opioid alternatives to pain management that are effective and may be better for your needs. It is important to ask your healthcare provider about which medications are better suited for your pain. Both you and your prescriber should agree on a treatment plan based on your individual medical condition and healthcare needs.

Addiction

Addiction is a disease of the brain that makes it difficult for an individual to abstain from substances including opioids, even when using the substance causes problems for the person's physical health, emotional health, fulfillment of responsibilities, and relationships with others. Addiction is a disease that can happen

to anyone regardless of sex, age, race, socioeconomic status, etc. ***Although addiction is a chronic disease (lasts for a long time), there are effective treatment options to help patients recover and lead healthy lives.***

Recovery

There are a number of different treatment options for an Opioid Use Disorder (OUD). Many patients find that the best approach includes more than one type of care or service. Medication-assisted treatment (MAT) uses medications and counseling together to treat OUD. The medications typically offered in MAT are buprenorphine, methadone, and naltrexone. All three drugs work differently to treat addiction.

Many patients try more than one treatment option, including the use of counseling and/or self-help services (such as Narcotics Anonymous, Smart Recovery, among others) before finding the right fit. Please note that you can attend any of these groups if you have an addiction to any substance(s). For example, even if you are addicted to heroin, you could attend an Alcoholics Anonymous meeting and benefit from it. Some people try more than one of these groups before they find the one that best suits their needs in their journey to recovery.

Should you choose not to pursue medication-assisted treatment, you may still benefit from counseling as an individual, with your partner or family, or in a group of people who are also pursuing recovery. While you are here at our hospital, it is our goal to help you connect with resources that best fit your needs in your journey to recovery. We encourage you to discuss the various options available for your treatment and ask questions about how we can help to jumpstart this process.

You do not need to go through recovery alone. It is important to reach out and not be afraid to get the help you need. Members of your medical team, including doctors, nurses, therapists, social workers, recovery coaches, and others have been trained to help you in this journey right from the time of your admission to discharge. We encourage you to also talk with the hospital case management staff to discuss the various clinical, community-based, and self-help resources to assist in your recovery after your discharge from this hospital. We are united in our goal to help you win the battle of opioid addiction.

Overdose

Unintentional overdose of prescription opioids as well as non-prescribed opioids such as heroin can lead to death. Having multiple opioid prescriptions from different prescribers (doctor shopping) also increases the likelihood of overdose.

It is important to know about naloxone (often referred to by the brand name Narcan®), which reverses opioid overdose. Naloxone can be prescribed by your

provider and in Massachusetts it is also available without a prescription at retail pharmacies. While there is information to educate you, your family, and close friends on how to use it, we encourage you to talk to your treating provider to learn more and be educated on how to use it.

Patient-Centered Zero Tolerance Policy for Inpatient Opioid Misuse

Because we care about your wellbeing and are committed to providing excellent care, we enforce a zero tolerance policy for misuse of prescribed and non-prescribed opioids misuse within our institution.

In order to provide safe and high-quality care, we screen patients for opioid dependence, misuse, and/or addiction. Our focus is to treat you with respect in a non-judgmental manner. It is important that you work with your treating provider to share information regarding your use of opioids and/or other drugs, including alcohol and street drugs. Your previous history of drug use and family history are very important to developing your treatment plan.

A witnessed urine or blood drug screening may also be requested at any time to further help us in our treatment plan for you. We may also ask that you permit us to search you and your belongings. We may also ask your visitors to be searched as well as their belongings, when the need for this arises. We ask that you comply with us throughout this process.

Our goal is to work with you to treat your addiction to opioids or other substances, and to assist you on the journey to recovery. Prohibited items pose a safety risk to you and/or others and include, but are not limited to: drug paraphernalia; prescribed drugs, including opioids; use of alcohol; and controlled substances, including heroin. For your safety and that of other patients and our staff, we will remove all prohibited substances if discovered.

Family and Visitors

A patient's family and visitors can play a major role in the treatment and recovery of their loved ones. We invite family members, designated patient representatives, caregivers, and visitors to read this policy and to learn about addiction and why it matters to have the cooperation of loved ones. Although we are welcoming to families and loved ones, there are times when we cannot accommodate visitation or interaction with patients. As written in this document and the Inpatient Opioid Misuse Prevention Policy, we ask all visitors to comply with us as we work hard to ensure the safety of all patients and staff members. It is against our policy to bring any prohibited substances into any of our facilities for personal use or to distribute to someone else.

All use of prohibited substances is strictly banned. If there is any suspicion that prohibited substances may have been brought into the hospital or that a patient may have been using a prohibited substance, we reserve the right to ask all visitors to submit to a search and/or termination of all visitation privileges for the visitor. We expect all visitors to comply with this important policy.

Additional Resources for Your Recovery

We want to assure you that we understand that addiction is a complicated disease and we are committed to helping with your recovery. You may come in contact with addiction medicine or psychiatry specialists, chaplains, social workers, and others, who may be part of your care team. We may also collaborate with you and an outside addiction medicine/recovery agency to transition your care to a more appropriate hospital or other treatment facility. We encourage you to ask questions, be active in your care, and cooperate with your care team.

Ultimately, you should remember that addiction is treatable and although it is tough and complex, there are many tools and techniques available to help you live a healthy, happy, and productive life.



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Consent to the Patient and Family Agreement on Opioids

You, as the patient, agree to comply with this agreement. Any violation may result in a request to search your person and belongings, or lead to the development of alternative treatment options during your stay in this hospital.

FOR PATIENTS

1	I will be honest with my treating clinician and other members of the care team about the use of any drugs both prescribed and non-prescribed during my stay in this hospital. I further agree to not take drugs that have not been prescribed and/or authorized for my use during my stay in this hospital.
2	I will tell my treating clinician and other members of the care team about any drugs I have used in the past, including prescription drugs and non-prescribed drugs.
3	I understand that patients may be screened for opioid dependence, misuse, and addiction. I further understand that it may be important to conduct a witnessed urine or blood drug test at any time during my stay in this hospital. As a result, I understand and am aware that my refusal to comply with such a request may result in changes to my treatment options.
4	For my safety and that of other patients and staff, I am aware that the hospital staff may request a physical search of my person, my belongings, and/or gifts brought to me while in this hospital. I understand that failure to voluntarily comply with such a request may lead to confiscating any personal belongings, involuntary searches if there is danger posed to myself or others, and/or changes to my treatment options, including transfers to another hospital or treatment facility for care and treatment.
5	I further understand that my refusal to comply with this agreement, the hospital's Inpatient Opioid Misuse Prevention Policy, other hospital policies, or my treatment plan relating to my care as a patient will be considered as Against Medical Advice . I agree that the hospital and all of its agents are not responsible for any adverse event or harm due my refusal to follow this agreement, the Inpatient Opioid Misuse Prevention Policy, or treatment plan. I also understand and agree that I am responsible for any fees incurred during my stay in this hospital that are not covered by my insurance due to my refusal to follow this agreement, a hospital policy, or treatment plan.
6	I understand that my care team is committed to my recovery. To ensure my best possible care, I will cooperate fully with them. I have fully reviewed this agreement with hospital staff who have determined that I understand the sections explained to me. My questions have been answered and I fully understand the content of this policy and agreement.

Patient's/Authorized Representative Signature: _____

Date: _____

Patient's Full Name: _____

Witness Name and Date _____

Consent to the Patient and Family Agreement on Opioids

You, as the family member, designated representative, caregiver, or visitor agree to comply with this agreement. Any violation of this agreement may result in a request to search your person, belongings, or a request to leave the hospital immediately.

FOR FAMILY MEMBERS AND VISITORS

1	As a visitor, I agree that I will not bring any drugs, prescribed or non-prescribed, into this hospital for use or misuse by me or another person in this hospital. I am allowed to take medication prescribed by my provider for my use, according to my provider's instructions. I agree that my visitation privileges may be immediately revoked if I violate any part of this Patient and Family Agreement on Opioids.
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2	As a visitor, I agree to be honest with the staff of this hospital and will, if asked, inform them of any prohibited substances I know to be present, including opioids, alcohol, any other drugs, and harmful objects. I am also aware that if I pose a safety risk to any patient or hospital staff, that security officers and/or law enforcement will be notified in order to de-escalate the situation, which may involve my removal from the hospital.
3	I am aware that staff within the hospital may ask to conduct a physical search of my person, my belongings and/or gifts that I bring into this hospital. If there is any suspicion that I have brought in any prohibited substance, I agree to cooperate with any searches and/or investigation. I understand and agree that if any patient is harmed in any way by any prohibited substance I gave to him/her in the hospital, I will be held legally responsible.
4	I agree to alert the hospital staff immediately if I am aware or observe a patient experiencing any unusual symptoms (such as a side effect or overdose) from any substance, whether or not I gave it to him or her.

Signature: _____ Date: _____

Full

Name _____

Witness Name and Date:
