



# Patient Guide: ELEMENTS OF BUPRENORPHINE TREATMENT

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## OVERVIEW

Buprenorphine is a medication that can be used to assist in the treatment of opioid use disorder (opioid addiction). The medication can be prescribed by healthcare providers who have obtained certification. This allows individuals to obtain treatment from a healthcare provider they might see for another condition, making treatment widely available, accessible, and convenient. Your treatment will be enhanced if you actively participate and are well informed.

This BupPatient Guide highlights ways to collaborate and communicate effectively with your health care provider. You will learn:

- Common terms used in this treatment are explained
- What training and other qualifications a healthcare provider needs to prescribe buprenorphine
- The rules and regulations involved in buprenorphine treatment
- How written treatment agreements can support treatment success

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## COMMON TERMS

The following terms are used throughout this patient guide:

**ADDICTION** – A widely used definition is: *“A primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm”*<sup>1</sup>.

**CUES** – The term "cue" describes things that remind an individual about the substance they use and often lead to using it again. Direct cues include drug paraphernalia, environments (such as the place the drug is often used), or other people who use it. Even smells can serve as cues. If you are trying to quit drug use, it is best to avoid your personal cues.

**OBOT** – The acronym OBOT stands for Office-Based Opioid Therapy. This means getting treatment in a regular doctor’s office where you might go to receive other care, such as your primary care provider<sup>2</sup>.

**OPIOID MISUSE** – "Uses of a prescription medication other than [as] directed by a [provider] and [other than] used by a patient within the law and the requirements of good medical practice"<sup>3</sup>.

**OPIOID USE DISORDER** – The current (DSM 5) diagnosis for opioid addiction<sup>4</sup>.

**SUBSTANCE MISUSE** – "The use of any substance in a manner, situation, amount, or frequency that can cause harm to users or to those around them"<sup>5</sup>.

**SUBSTANCE USE DISORDER** – "A medical illness caused by repeated misuse of a substance or substances...characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms"<sup>5</sup>.

**WAIVER** – Authorization which allows qualified doctors or other providers an exemption from the rules for opioid treatment programs, thus permitting them to treat opioid addiction in their offices using buprenorphine<sup>6</sup>.

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## **PROVIDER QUALIFICATIONS FOR OFFICE-BASED OPIOID TREATMENT**

Federal law describes which healthcare providers can prescribe buprenorphine in an office setting and the training required. The DATA 2000 law allows physicians to train to prescribe buprenorphine. As of the 2016 CARA law, nurse practitioners and physician assistants can train to provide this treatment. Finally, as of the 2018 SPCA law, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives are also qualified to prescribe buprenorphine.

Prescribers are either addiction specialists or have completed DATA qualifying training, such as the training we provide to providers. Once physicians complete 8 hours of training or NPs /PAs and other qualified nurses complete 24 hours they can request a waiver to prescribe buprenorphine. Providers cannot prescribe buprenorphine for the treatment of opioid addiction until they receive a waiver from the DEA.

## IMPORTANCE OF THE INITIAL VISIT

At the first visit you should:

- Learn about your provider's general treatment philosophy, including their approach to treatment
- Understand goals for the treatment
- Come to an agreement on the best way to approach those goals
- Understand your provider's expectations and strategy to guide you toward the best chances for a successful treatment
- Ask your provider to clarify confusing points
- Understand the consequences if you do not follow the rules/expectations

## COMMON RULES AND REGULATIONS OF BUPRENORPHINE TREATMENT

The initial visit will outline the rules and regulations of treatment and have you sign a treatment agreement which sums them up. Treatment agreements are between the patient and the provider. You are expected to agree to a treatment agreement and understand its contents before treatment. Providers can offer (and customize) standard treatment agreements. Treatment agreements may also include “Informed Consent” information about goals, risks and benefits, or other possible treatment.

Your provider may use an online Patient Portal as a way to introduce you to rules and regulations and to ask questions. Alternatively, rules may be mailed to you or picked up at the office in advance so that you come prepared and knowledgeable to the first appointment. If your provider does provide copies in advance, be sure to review them so that you are ready to ask any questions you may have.

Your first visit is a great time to learn about specific expectations about your treatment and get your questions answered. It can help to think of the rules and regulations as a description of what you can do to improve your chance of a successful treatment outcome. It will also explain difficulties that sometimes may occur during treatment.

### Confidentiality

It is normal to feel anxious about seeking treatment. Your provider should help alleviate any worries. The laws ensuring confidentiality for opioid addiction treatment go above and beyond those protecting general medical patients. Discuss confidentiality laws regarding addiction treatment with your provider.

### Prescription Drug Monitoring Programs

Your provider will inform you that he/she will be checking the “PDMP” database during the course of your treatment. The prescription drug monitoring programs (PMDPs) are computer databases containing information on how and where you fill your prescriptions. Providers use this information to make sure you are using the buprenorphine that was prescribed for treatment, not obtaining it from more than one provider or pharmacist, and not obtaining any opioids. Most practices ask you, before you start treatment, to agree not to do any of these things. If they learn that you have, they will likely discuss it with you to discover your reasons. If there is evidence that a patient is diverting their medication for illegal use, they may be dismissed from treatment.

### Urine Drug Testing

You will be subject to urine drug tests throughout your treatment. A urine drug test (UDT) will monitor you for drug use, both buprenorphine and other drugs, before and during your buprenorphine treatment<sup>7</sup>. Its purpose is to determine if you are taking your buprenorphine and detect if you are taking other substances that could have dangerous drug interactions with your prescribed medication<sup>8</sup>. The UDT is for your benefit and safety. It is not intended to root out people who lie or to be used as a trap. Your provider should further explain that urine drug tests are:

- Part of routine care as a tool to optimize your treatment, not for financial gain<sup>9</sup>
- Used to support patient claims of stability and of not using substances<sup>10</sup>



A written treatment agreement should outline standard information on urine drug testing and include an explicit statement of the role of urine drug testing<sup>8</sup>.

## **Benefits of Urine Drug Testing**

The following are benefits of the urine drug test:<sup>8,9</sup>

- Affirmation that you are in solid recovery
- Positive reinforcement
- Support of recovery
- Supports patients' claims of not using drugs
- Detects potential compounds that could interact with the prescribed medication
- Provides proof of your participation in treatment to any third-parties involved (e.g., workers compensation, employer, insurer, or child protective services)

## **Other Tests**

Urine drug testing is the most common test, but other ways to test for a drug in your body may include:

- Blood
- Saliva
- Hair
- Sweat

The UDT may test for other substance use, as well as document whether or not you are taking your buprenorphine medication.

## **Requirements to Assure a Valid Test**

Your provider may ask you to provide your specimen for testing in a certain way, depending upon your level of risk or based on a policy to test all patients in the same way. This may include:

- Being monitored while providing the specimen
- Not having water available that could be used to dilute the urine sample
- Not being allowed to take anything with you into the bathroom.

The lab may conduct tests to make sure it is a valid specimen.

If a specimen is potentially positive, you may be asked to provide another sample for sending to different lab for verification. If positive, most providers will want to discuss it with you to learn the reason and make any adjustments to your treatment that would help you stay on track.

## TREATMENT AGREEMENT

When your provider has gone over all the rules and regulations that will govern your buprenorphine treatment, he/she will present a treatment agreement that both the patient and provider must agree to and sign before beginning treatment. The point of an agreement is to make the program clear. This will likely include what is expected to happen regarding how you will improve, how you will be monitored, and the process for obtaining refills. Consider the program requirements so you can decide whether you want to participate. The patient is often given a handbook or copy of the agreement.

Treatment agreements between you and your provider communicate expectations and other information that will support successful buprenorphine treatment. The agreements are particularly helpful at the start of treatment, during your first buprenorphine doses (if problems arise), but also serve a role of preventing problems. These agreements serve the following purposes<sup>3,11,12</sup>:

### Improve Communication

- Provide information about your treatment
- Provide a resource you can refer to later
- Provide contact information to reach your provider or a designated representative
- Help reduce confusion about your treatment plan
- Support communication between you and other people important to you, like your family or other providers
- Clarify responsibilities for medical teams if you are seeing more than one provider
- Inform how to communicate about certain needs, such as canceled appointments, need for medication renewals, etc.

### Enhance Treatment

- Help you and your provider agree on your treatment plan
- Help you stick to your treatment plan
- Keep you aware of the risks or dangers associated with these medications
- Help ensure the provider's ability to prescribe the drugs appropriately and safely

### Learn Basic Policies

- Explain the limitations of the treatment
- Explain the provider's expectations from you
- Explain the provider's role
- Explain when and how to treatment should be stopped

## TYPICAL OFFICE-BASED OPIOID TREATMENT REQUIREMENTS

### Overview

Your provider will have a list of requirements that may be customized to improve your chances for successful treatment. Your provider may make changes in the agreement at a later date if it looks like you need additional supports for your treatment to succeed. Commonly, requirements will ask you to:

- Participation
  - Attend all follow-up appointments
  - Participate in other recommended therapies, such as a support group or counseling
  - Behave with consideration to the staff and other patients.
  - (For women of child-bearing age) Tell the provider if you are pregnant or plan to get pregnant
  - Authorize your provider to communicate with your other providers and, if needed, significant others
- Appropriate and Safe use of medications
  - Authorize your provider to check your record in the Prescription Drug Monitoring Program
  - Not share medication with others and agree to store it where others cannot obtain it
  - Avoid use of illegal substances and those that might have dangerous interactions
  - Participate in urine drug screens, pill counts, or periodic questionnaires about substance use
  - Disclose all opioid or other drug use including any prescribed and non-prescribed substances you may take

### Prescription Policies

- Requirements regarding the Pharmacy that fills the prescription.
  - For example:
    - *Patients are limited to using one pharmacy for their buprenorphine prescriptions.*
    - *Patients who use more than one pharmacy will be warned for the first instance. Further use of more than one pharmacy will result in discontinued treatment.*
- Obtain buprenorphine from only one provider and one pharmacy.
  - For example:
    - *Patients are limited to using one pharmacy for their buprenorphine prescriptions.*
    - *The patient is limited to one prescribing provider. To monitor adherence to this policy, the Prescription Drug Monitoring program will typically be checked at least monthly and more often for patients who have been non-compliant.*
- Policy for prescription renewal.
  - For example:
    - *Renewal of prescriptions requires office visits for at least the first 3 months of treatment. After that, prescriptions may be renewed regularly as long as patients attend follow-up appointments.*

### Child Safety

- Treatment agreements will include information regarding safe storage of buprenorphine, including that medications should be kept in a locked container or otherwise made inaccessible to children.

- Even brief exposure of a child to buprenorphine can result in sedation, breathing difficulties, low oxygen in the brain, and death<sup>7</sup>.
- *Following suspected or actual exposure to buprenorphine, call 911, even if they were only exposed for a few seconds.*
- The exposed child should have immediate medical attention and observation for 24 hours.

## POLICY FOR PROBLEMS DURING TREATMENT

The following list describes additional office policies that might be described in the treatment agreement and includes the consequences of not following requirements. Your provider may include any or all of these policies in their written agreement with you.

### Misconduct

- Violence, stealing from the clinic, dealing drugs, or carrying weapons
  - *May result in permanent dismissal from treatment. Your provider will expect a safe treatment for you and all staff.*
- Arriving intoxicated for appointments, Disruptive behavior, and Sustained payment problems
  - *May not be tolerated and may result in discharge from treatment include:*

### Late or Missed Opioid Treatment Appointments

- Being late for appointments. For example:
  - *Patients who are later than 1 hour late for appointments might be rescheduled.*
  - A limit of 2 times late will be tolerated. After being late twice, patients will not be rescheduled; they will be seen at the next regularly scheduled time.
- Missing appointments. For example:
  - Cancellations typically require a 24-hour notice. Later notice is often considered a missed appointment.
  - In some practices, patients may miss 1 appointment without penalty. The agreement may say if you are responsible for re-scheduling.
  - *For subsequent missed appointments, you may be charged for the missed appointment and seen at the next regularly scheduled appointment time.*

### Lack of Payment of Fees

- Know the accepted forms of payment including insurance, when payment is expected, and the policy for non-payment.
  - For example: *Payment is expected on the day of treatment.*
  - For example: *Patients may have one appointment with non-payment, and after that, treatment will be discontinued with a recommendation for a less expensive treatment, e.g., methadone clinic.*

### Prescription Concerns

- Take care of your prescription.
  - For example:
    - *Early renewal of prescriptions is often not permitted.*
    - *Lost prescriptions or medications are often not replaced.*
    - *Requests for extra pills are typically not honored.*
- Pay attention to the rule for one provider of opioids and one pharmacy

- For Example
  - Patients who use more than one pharmacy will typically be warned for the first instance. Further use of more than one pharmacy may result in discontinued treatment.
  - The patient is limited to one prescribing provider. Patients who obtain buprenorphine from another provider/clinic will often have their treatment at the clinic discontinued.

### Relapsing to Using Opioids.

- For example:
  - Relapse may not be grounds for stopping treatment the first time, but treatment structure is often increased, including more frequent appointments.
  - A second episode of using opioids often results in the addition of further additional treatment structure, such as involving a third, responsible party. A pattern of non-compliance with treatment will plus continued use may result in discontinued treatment.
  - If patients stop taking buprenorphine, they can often receive reinduction after an office visit where a revised treatment agreement is signed.
  - Patients who have been dismissed from treatment and return with new motivation can often be given one second chance with increased treatment structure.

### Problems with your urine drug test result.

- For example:
  - Increased frequency of UDT for the first episode.
  - Possible dose adjustment for opioid use.
  - Counseling referral if patients are not already in substance use counseling.
  - Discuss the problem with the patient.
  - Second instances of problematic UDT results will result in discontinued treatment.

### Policy for Not Following Rules Repeatedly

- Some practices will dismiss a patient from treatment for repeatedly not following the rules. Others may, instead, add additional rules to provide extra support.
- When dismissed from treatment, the policy is typically to refer you to a higher level of care, such as an outpatient opioid treatment program.
- The purpose, in either case, is to provide you with support that will help you stay on track for a successful treatment.

### Other conditions regarding when treatment might be discontinued

- Aside from not following rules, conditions when treatment could be discontinued may include:
  - The treatment not being successful suggesting that you need a higher level of care
  - Developing a serious medical or mental health problem in which case you may need a higher level of care
- After a long period of success, follow-up visits might become less frequent.

## RECEIVE, UNDERSTAND AND REVIEW RULES

- You may be provided a printed copy of the rules, in the form of a written, patient-provider agreement. These rules are developed based on what has helped many others succeed in treatment, as well as to allow the practice to operate in an orderly manner. A written, signed document gives you and your provider a resource to guide your treatment.
- Both parties sign the rules and regulations. Your signatures verify that you understand and agree to the terms of treatment. Your provider's signature acknowledges his/her role in this document as well.
- Re-review the rules soon after you have begun treatment as a reminder about what was agreed upon.
- Your provider may have a nurse or medical assistant help with your orientation activities, such as refill policies and urine drug screen procedures.
- Your provider or a staff member should discuss all aspects of buprenorphine treatment with you.
- Be sure to review the Medication Guide for the buprenorphine formulation you are prescribed. Your provider will give you this guide before starting treatment.



## EXAMPLE TREATMENT AGREEMENT

Agreements are typically presented in writing and often signed by both the patient and the provider. The policies that are included in any agreement vary according to the clinic's policies and what you need to increase your chance of successful treatment. The following is an example of a buprenorphine treatment agreement.

### Example Treatment Agreement

**Practice:** Steve Michael, MD, Anderson Health Center      **Date:** 01/18/2019

Treatment policies for office-based opioid treatment in this practice.

#### **Treatment Goal:**

The outcome of treatment for most patients in this practice will be long-term maintenance on buprenorphine.

#### **Potential Benefits:**

1. Controls withdrawal symptoms when quitting opioid use
2. Supports you with opioid use disorder in quitting opioid use (other than buprenorphine)
3. Treatment can be conducted without regular attendance at a clinic to obtain medication

#### **Potential Disadvantages And Risks:**

1. Physical dependence on buprenorphine
2. Potentially, experience some opioid-related side effects, including constipation, particularly when increasing dosage, mild sedation
3. Potentially, experience drug interactions with other substances, especially sedating drugs and alcohol

#### **Substance Use**

- You will be instructed to stop taking other opioid medications unless specifically instructed.

#### **Depression Screening**

- You will be given a brief depression screening at each appointment, and positive responses will receive further assessment.

#### **Counseling And Other Treatments**

- Counseling and other treatment participation is required if you have a psychiatric diagnosis.
- Consequences of not participating in recommended counseling or other treatments:
  - Warning after 1st three instances
  - Discontinuation of treatment after the fourth instance

#### **Urine Drug Screening Policies**

- Baseline urine drug tests (UDTs) are required for all patients starting the opioid treatment program.
- Periodic UDTs are required for all patients.
- 1 to 2 UDTs will be performed per year. Additional UDTs will be completed for some patients having a higher risk.
- UDTs may be scheduled or unannounced.

- You must bear the costs of UDTs. If you have insurance, you may seek reimbursement from insurance companies.

### **Taking Medication As Instructed**

- You are required to take medication as instructed by the provider. For example, you may not crush or inject the medication.
  - If you take medication other than as instructed, we will discuss the problem with you for the first episode.
  - Treatment may be discontinued for repeated offenses.
- Dose changes are not permitted without consulting the provider.
  - If you change your dosage on your own, you will be reminded of the policy for the first episode.
  - Treatment may be discontinued for repeated offenses.

### **Safe Storage And Non-Sharing Of Medications**

- You must agree to secure storage and non-sharing of medications.
  - If you share medications, you will have treatment discontinued immediately.
  - If you lose medication due to unsafe storage, you will be reminded of the policy for the first instance and treatment may be discontinued for repeated offenses.

### **Mandatory Follow-up Visits**

- You must return for follow-up visits as scheduled.
  - After the dose is stabilized, follow-up visits will be monthly for three months.
  - After 3 months of compliance, successful treatment, long-term follow-up visits will be biannual.

### **Criteria For Considering Treatment Successful**

1. No intoxication from any substance use
2. Physical, psychosocial, and work-related functioning improved
3. No suffering from withdrawal
4. No experience of drug cravings
5. Following the treatment protocol
6. Adherence to the treatment agreement
7. Adherence to the treatment agreement and treatment plan

### **Pill Counts**

- Periodic pill counts may be required if you have a high-risk level (determined at the initial or subsequent appointments).
- Scheduled pill counts will occur twice per year, unannounced
- If the results of the pill count are problematic, or if the patient fails to comply:
  - The problem will be discussed with the patient for the 1st episode.
  - Treatment may be discontinued for repeated offenses.

## Disclosure Of Substance Use

- You are required to disclose the use of any psychoactive substance(s) to the provider. Psychoactive substances, or consciousness-altering drugs, include narcotics, euphorants, hallucinogens, marijuana, designer drugs whether illicit or licit.
  - If you are discovered to have not disclosed the use of psychoactive substances, you will be reminded of the policy for the first instance, and you will have more frequent UDTs.
  - Treatment may be discontinued for repeated offenses.
- You are required to avoid the use of substances that may cause an adverse interaction with prescribed medications. Substances you must avoid include psychoactive substances.
  - If you are discovered to have used substance(s) with adverse interactions, you will be reminded of the policy for the first instance, and you will have more frequent UDTs.
  - Treatment may be discontinued for repeated offenses.

### For repetition of any of the above problems, the policy is:

- Treatment will be discontinued if there is an additional episode of breaking any of the above policies and rules and there will be a referral to a higher level of care.
- 

**Provider Signature:**

**Patient Signature:**

## KEY POINTS

To have successful treatment with your provider:

- Honestly share your medical history and use of legal and illegal substances
- Be sure to know about and understand rules and policies
- Keep track of all the treatment documents and agreements
- Follow your treatment agreement carefully so that you come to understand what is expected of you and what will happen if they are not followed and can ask any questions you may have.
- Participate in urine drug testing a routine practice in any opioid treatment program, including randomized testing

## REFERENCES

1. ASAM Board of Directors. [ASAM Public Policy Statement: Definition of Addiction](#). 2011.
2. SAMHSA. [Treatments for Substance Use Disorders](#). 2015.
3. FSMB. [Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office](#). *FSMB Website*. 2013.
4. American Psychiatric Association. [Substance-Related and Addictive Disorders](#). *APA*. 2013.
5. USDHHS. [Medication Assisted Treatment for Opioid Use Disorders Reporting Requirements](#). 2016.
6. Reuter N. *Personal Communication via E-Mail Re: Buprenorphine Waivered Physicians*. 2011.
7. SAMHSA. [Sublingual and Transmucosal Buprenorphine for Opioid Use Disorder: Review and Update](#). Winter 2016.
8. American Society of Addiction Medicine (ASAM). [Drug Testing As A Component Of Addiction Treatment and Monitoring Programs and in Other Clinical Settings](#). *ASAM.org*. 2010.
9. Reisfield Gary M, Maschke Karen J. *Urine Drug Testing in Long-Term Opioid Therapy: Ethical Considerations*. *Clin J Pain*. 2014;30(8):679-684. doi:10.1097/01.ajp.0000435448.34761.c9.
10. Gourlay D. [Urine Drug Testing in Chronic Pain: A Patient Centered Approach \(AMA\) \[webinar\]](#). 2013.
11. Manchikanti L, Manchukonda R, Damron KS. [Does adherence monitoring reduce controlled substance abuse in chronic pain patients?](#). *Pain Physician*. 2006;9(1):57-60.
12. Chou Roger, Fanciullo Gilbert J, Fine Perry G, et al. [Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain](#). *J Pain Off J Am Pain Soc*. 2009;10(2):113-130. doi:10.1016/j.jpain.2008.10.008.