How-To Guide: How to Manage Challenging Patient Behavior

Clinical tips and advice about:

- Talking to patients about substance abuse
- Dealing with drug-seeking patients
- Dealing with diversion
- Dealing with negative/disruptive behavior of some opioid dependent patients
- Using a patient contract/agreement
- Taking action when a patient violates a contract/agreement
- Dealing with patient management issues specific to rural areas

Plus resources on each page with additional tips and tools!

Written by Clinical Tools, Inc.

Download Entire Guide

Reviewed by experts in buprenorphine treatment

Publication date February 9, 2009. Updated December 2013.

The Physician's Role in Preventing Abuse and Diversion

Physicians who provide buprenorphine treatment are DEA registrants and have a legal responsibility to take reasonable measures to prevent abuse and diversion. These physicians are required to determine a legitimate medical purpose for the patient to be prescribed the controlled substance and act in the usual course of professional practice. Clinicians should keep notes in each patient's medical record to provide evidence to support the prescription (Gibbs and Haddox, 2003).

In order to prescribe buprenorphine lawfully, physicians must never:

- Prescribe to a patient who routinely does not test positive for buprenorphine or its metabolites on drug screens
- Prescribe a dosage level that is not supported by the pharmacology of buprenorphine (Gibbs and Haddox, 2003)

Further, if a physician has knowledge that a patient's buprenorphine will be used for an non-

medical purpose, it is illegal for him or her to dispense or prescribe to that patient. If you admit a patient with a prior history of drug abuse to buprenorphine treatment, having a patient contract with provisions for random urine testing and pill counts is important.

Additional regulations to be aware of regarding abuse and diversion:

Original container laws: Many states have controlled substance laws that prohibit patients from removing their buprenorphine prescriptions from the original container when traveling, and in some cases, when driving.

For example, New York's law states that:

Possession of controlled substances by ultimate users original container. Except for the purpose of current use by the person or animal for whom such substance was prescribed or dispensed, it shall be unlawful for an ultimate user of controlled substances to possess such substance outside of the original container in which it was dispensed. Violation of this provision shall be an offense punishable by a fine of not more than fifty dollars.

There are several tips for your patient who is traveling and cannot or does not want to take the full original prescription bottle:

- Some pharmacies provide smaller zip-lock bags into which they can divide the tablets up and put a label on each one
- Have your patients keep a photocopy of the prescription label with them

References: Lawful prescribing and the prevention of diversion
Related Resources: DEA Policy Statement: Dispensing Controlled Substances for the Treatment of Pain
Description: This 2006 document explains the Drug Enforcement Agency's (DEA) role in regulation of controlled substances and the physician's legal responsibility to prescribe controlled substances for legitimate medical purposes.
Source: Drug Enforcement Agency (DEA)

-

field_vote:

Topics: Rules, regulations and recordkeeping
Physician stage in practice: Just became waivered
Setting up a practice
Becoming waivered
Resource Type: Misc. informational materials
Tags: Refills
Diversion
Drug seeking

DEA
Recordkeeping
Confidentiality
Schedule
Legal matters

Article 33: New York State Controlled Substances Act
Description: This is New York State's Controlled Substances Act, which outlines all legal aspects involving controlled substances, including record keeping, storing, and dispensing.
Source: New York State Health Department

-

field_vote:

Topics: Rules, regulations and recordkeeping
Physician stage in practice: Experienced prescriber
Just became waivered
Resource Type: Misc. informational materials
Tags: Diversion
Drug codes

-

Identifying Abuse and Diversion

Opioid diversion has become more of an issue in recent years due in part to increased availability, prescription fraud, and improper prescribing (DEA 2006). Diversion of buprenorphine, though a relatively small problem compared to other controlled substances, does occur. Research indicates that most people abuse buprenorphine in an effort to self-medicate or to manage an addiction rather than to get high (Foxhall 2005; Johnson 2008).

Patients most likely to abuse or divert buprenorphine include those with:

- High-dose opioid use
- History of legal problems
- History of mental health problems
- Personal history or family history of substance abuse
- Poor family support

The following red flags may indicate that a buprenorphine patient is abusing or diverting prescriptions:

- Drug-seeking behavior
- Request for early refills
- Lost prescriptions
- Request for higher dose after period of stabilization
- Compulsive drug use
- Cravings

However, be aware of situations where these behaviors may be masking underlying health issues, eg: pain that is not being adequately treated (Katz, 2007).

Related Resources: Diversion and Abuse of Buprenorphine: A Brief Assessment of Emerging Indicators
Description: This report by SAMHSA addresses the issues of buprenorphine diversion and abuse of which have developed in recent years. The report gives a summary of the findings on diversion and abuse and recommendations for the future.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

-

field_vote:

Topics: Managing challenging patients
Rules, regulations and recordkeeping
Physician stage in practice: Experienced prescriber
Just became waivered
Resource Type: Research report
Tags: Addiction
DEA
Diversion
Drug seeking
Refills
Regulations
Risk factors

RADARS® System
Description: RADARS®, the Researched Abuse, Diversion, and Addiction-Related Surveillance System, tracks prescription drug abuse, misuse and diversion throughout the United States. It is a nonprofit operation of the Rocky Mountain Poison and Drug Center, a division of Denver Health.
Source: RADARS®

-

field_vote:

Topics: Managing challenging patients
Physician stage in practice: Experienced prescriber
Resource Type: Misc. informational materials
Tags: Diversion
Drug seeking

Topics: Managing challenging patients

Preventing Abuse and Diversion

Waivered physicians can take several measures to minimize the risk of buprenorphine abuse and diversion. Of fundamental importance is documenting all information that is relevant to the patient's treatment, including the results of a thorough physical exam, which can reveal needle wounds, a perforated septum, or other signs of past drug abuse (Katz, 2007).

In addition to screening for patients who pose an abuse or diversion risk, try these preventative measures:

- Perform random callbacks, pill counts, and observed dosing: If you suspect patients are diverting buprenorphine, you may want to perform a callback where they have to bring their remaining supply of medication in for you to inspect. This policy should be outlined in the patient contract and should state how much notice the patient will be given beforehand.
- Conduct periodic but random urine toxicology screen for buprenorphine.
- Limit the prescription quantity and number of refills that you provide.
- Write prescriptions in pen.
- Do not pre-print your DEA registration number on prescriptions.
- Consider using prescription forms which have preprinted numbers on them for the quantity of refills. You can circle the prescribed number, and strike through the other numbers to make it very clear to the pharmacists which quantity the patient should get (Gibbs and Haddox, 2008).
- Utilize state prescription monitoring programs: These programs provide databases of prescriptions of certain classes of drugs (schedule II-IV, varies depending on the state) issued and can help to identify forgery, improper prescribing, and drug-seeking, or doctor-shopping patients.
- In 2005, NASPER – The National All Schedules Prescription Electronic Reporting Act was passed and provides $60 million to create a federal grant program to help states help start or improve state-run prescription monitoring programs. As of September 2009, 33 states have implemented prescription monitoring programs.
- A current list of states with prescription monitoring programs can be viewed here.

References: Foundations of Opioid Risk Management

Lawful prescribing and the prevention of diversion
Related Resources: The National All Schedules Prescription Reporting Act (NASPER)
Description: This is the NASPER website which includes various information on the $60 million dollar 2005 grant to help states start or improve state-run prescription monitoring programs (PMPs).
Source: American Society of Interventional Pain Physicians

-

field_vote:

Topics: Rules, regulations and recordkeeping
Physician stage in practice: Setting up a practice
Experienced prescriber
Resource Type: Misc. informational materials
Tags: Diversion
Drug seeking
DEA

A Closer Look at State Prescription Monitoring Programs (DEA FAQ's)
Description: These FAQs address common questions regarding prescription drug monitoring programs.
Source: Drug Enforcement Agency (DEA)

-

field_vote:

Topics: Rules, regulations and recordkeeping
Tags: Diversion
Drug seeking
DEA
Resource Type: Misc. informational materials

State Prescription Monitoring Program Contacts
Description: This is a list of each state's prescription monitoring program contact information.
Source: National Association of State Controlled Substances Authorities (NASCSA)

-

field_vote:

Topics: Rules, regulations and recordkeeping
Physician stage in practice: Experienced prescriber

Just became waivered
Setting up a practice
Resource Type: Misc. informational materials
Tags: DEA
Diversion

Taking Action when Abuse or Diversion is Suspected

"Drug seeking behavior" refers to manipulating or demanding behavior used to obtain medication for inappropriate use. Examples of drug seeking behavior include:

- insisting that nonaddictive medications do not work
- claiming an allergy to nonaddictive medications
- claiming to be experiencing pain
- claiming to have a high tolerance for medications
- losing prescriptions or asking for early refills

Try these methods if you suspect that a patient is being dishonest about his/her medication use or is simply drug-seeking:

- Office-based urine drug tests can be used to validate or disprove a patient's story. If you are prescribing one medication to the patient, he/she should test positive for that one drug and negative for all others. If he/she is negative for all drugs, it is likely that the patient may be diverting his/her medication.
- Ask your patients to bring in all of their pills and prescriptions so you can verify that they really are taking all of the medications that they claim.
- Check or have a staff member check your patients' insurance records. Insurance companies can provide protected health information as long as it is being used for treatment, payment, or healthcare operations. Helpful information from the insurance company might include which physicians your patient has seen and the medications he/she has been prescribed in the past (Schiesser, 2007).

References: Spotting drug-seeking patients
Related Resources: Identification and Management of the Drug-Seeking Patient
Description: This article describes how to identify drug-seeking patients, and explains risk management measures.
Source: American Family Physician, 2000

-

field_vote:

Topics: Managing challenging patients
Physician stage in practice: Experienced prescriber
Just became waivered
Need to refer
Setting up a practice
Resource Type: Journal article
Tags: Addiction
Dependence
Diversion
Drug seeking
Risk factors
Screening

Urine Testing in Buprenorphine Treatment

Description: Information on the logistics of urine testing, including the timing of testing, frequency, location, and test type.

Being able to accurately gauge the current drug use by patients enrolled in a substance abuse program is essential; self-reports, family member reports, observation of attitude alteration, and behavior changes are generally insufficient. Therefore, urine testing is an integral part of the office-based buprenorphine treatment program and should be explained as such to patients during the initial discussion of the treatment rules and expectations. Patients must understand that this, too, is an ongoing part of their treatment.

Considerations

Because it is an ongoing part of buprenorphine treatment, the provider must make several fundamental decisions about urine testing procedures.

Timing of Testing	A plan for urine testing must include a decision between random and scheduled testing. Random testing dramatically increases the probability of detecting illicit drug usage: Patients can no longer plan their drug usage around a testing schedule. A possible method

	of implementing random testing may require patients to call the office on scheduled days to ascertain whether that particular day will be a testing day.
Frequency of Testing	The provider must also consider the frequency of testing. In methadone maintenance programs, more frequent testing provides a more complete picture of drug use habits, thus helping to direct treatment (Wasserman et al., 1999). SAMHSA (2004) recommends administering monthly urine tests to patients being treated for opioid dependence. These tests should screen not only for continued opioid use but also for use of other illicit drugs (SAMHSA, 2004).
Collection Methods	Collection monitoring is an important consideration in urine testing -- direct observation is the most definite mechanism of observation. By requiring the patient to leave coats, purses, etc., outside the bathroom and having a same-sex observer present, the chances of obtaining a doctored sample are minimized. If direct observation is not desired or possible, thermometers or testing machines that analyze urine temperature are an appropriate substitute. If patients have a substantial commute, providers may consider testing the patient in a location outside the office, although similar monitoring considerations must be taken into account at collection times. To prevent patients from tampering with their samples using available materials, collection facilities could lack soap dispensers and cleaning agents (NIDA, 1986). If dilution of urine is a concern, consider dyeing toilet water or installing a chemical toilet (NIDA, 1986).
On-Site Versus Off-Site Testing	Providers must decide whether on-site or off-site urine testing is the more appropriate choice for their treatment program. Each has its advantages. Advantages of on-site testing include less handling of the specimen, which will reduce the potential for mistakes, a "greater sense of confidentiality," and quicker results (NIDA, 1986). However, in most cases, a positive result should be confirmed using a

	different testing technique at an off-site laboratory (NIDA, 1986). Advantages of off-site testing include immediate access to additional tests to confirm a positive initial result, which also decreases potential mistakes, and expertise of the laboratory staff (NIDA, 1986). If testing is to be done off-site, specimens should be stored in a secure (locked) location until they are shipped (NIDA, 1986). Regardless of where analysis is done, be sure to secure all sampling accoutrements, such as cups, lids, and labels.
Test Type	Urine testing for opioids can be done either by immunoassay or by laboratory-based, drug-specific identification using gas chromatography, mass spectrometry, high-phase liquid chromatography, or a similar technique. Immunoassays are fast, easy to use, and reliably detect any natural opioids (codeine, morphine, heroin) that are present. However, immunoassays often do not detect semisynthetic (oxycodone, buprenorphine) and synthetic (fentanyl) opioids (Gourlay et al., 2002). While methadone is a synthetic opioid, immunoassays have been developed specifically to detect it (SAMHSA, 2004). Drug-specific identification is more time consuming and detects only one drug per test, but it is reliable for all drugs (Gourlay et al., 2002).

-

On the Meaning of "Drug Seeking"
Description: This article explores the use of the term "drug seeking" by nurses and proposes suggestions for alternative, non-stigmatizing terms to use for patients requesting opioids for pain relief.
Source: Pain Management Nursing

-

field_vote:

Topics: Managing challenging patients
Physician stage in practice: Experienced prescriber
Just became waivered

Need to refer
Setting up a practice
Resource Type: Journal abstract
Tags: Complicated patients
Diversion
Drug seeking

Topics: Managing challenging patients

Using a Patient-Doctor Treatment Agreement During Buprenorphine Treatment

Discussing rules and expectations is an important step when starting a patient on buprenorphine treatment. Some providers choose to use a printed doctor-patient treatment agreement that clearly spells out the rules and terms of treatment. Such a document protects both the patient and the provider; it explains privacy and confidentiality and outlines the patient's responsibilities in treatment, as well as the consequences for breaking the rules of the treatment agreement.

When writing a treatment agreement, be sure to spell out the offenses that are allowable to some extent (e.g., a patient who misses one appointment can continue in treatment) and those that are not allowable (e.g., a patient who steals from or vandalizes the office will be discharged from treatment).

Related Resources: Sample Treatment Agreement/Contract (TIP 40 Appendix H)
Description: Patient contract that can be used to set expectations and guidelines before beginning buprenorphine treatment.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

-

field_vote:

Topics: Getting a waiver/setting up your practice
Logistics of buprenorphine treatment

Physician stage in practice: Just became waivered
Setting up a practice
Commonly Used Forms: Physician and patient agreements
Tags: Consent
Contract
Intake

Topics: Managing challenging patients

Dealing with Negative or Disruptive Behaviors of Opioid Dependent Patients

Some health providers particularly those who work in primary care are concerned that substance dependent patients will disrupt their practice or cause trouble in the office. However, this is largely a myth related to the stigma of addiction and stereotypes about substance-dependent patients.

Patients in buprenorphine treatment are usually stable, compliant, and not disruptive to other patients in a general medical setting. They typically look just like the patient sitting in the next chair, and there is no reason to expect them to be "troublemakers".

However, it is still important to set ground rules and expectations with patients who are entering into buprenorphine treatment.

Inform patients about rules and expectations regarding the following:

- Office rules/protocols
- Procedures for prescriptions
- Urine testing protocols
- Patient responsibilities in treatment
- Consequences for noncompliance/problematic behaviors (tapering and stopping the treatment could be included as an option)

Related Resources:

Setting Rules and Expectations

Description: Discusses the importance of setting guidelines for patients in an office-based buprenorphine program and gives examples of the types of procedures and protocol that should be set and agreed upon prior to beginning treatment.
Setting Rules and Expectations

Perhaps the most obvious thing that the provider and patient need to address is the functioning of the office-based buprenorphine program. Things to discuss include cancelled appointments,

how to contact the provider after office hours, payment of fees, and prescription procedures. Also, be sure to discuss things of particular interest to the patient, such as confidentiality and urine testing.
Furthermore, the patient and the provider need to discuss things that will certainly affect the course of treatment. Such topics include proper adherence to induction and maintenance protocols, disclosure of nonprescriptive psychoactive substances, other prescriptions, and problematic behaviors and their consequences. As always, providers should ensure that they have complete knowledge of all drugs their patient is currently using.

The following is a list of examples of specific rules on which you and your patient can agree, broken down by topic. Appropriate consequences should accompany each rule.

Office Protocol

- The patient will call at least X hours before a scheduled appointment to say that he or she is unable to attend.
- The patient will make satisfactory arrangements with the treating provider to pay for all services.

Prescription Procedures

- The patient must visit the office for the first X days of treatment to receive buprenorphine doses. If the provider determines acceptable progress, a prescription may be written.
- Lost prescriptions will not be rewritten.

Urine Testing

- The patient will disclose to the provider all opioid or other drug use.
- The patient agrees to random urinalysis when requested by the provider.

Patient Responsibilities

- The patient will not alter his or her own buprenorphine dose.
- The patient will make a concerted effort to learn about community support and/or self-help groups and meetings.

-

Topics: Managing challenging patients

Medication Quantity in Each Prescription and Frequency of Medication Refills

For most patients, you will be able to determine a stabilization dose by day 2 or 3 during induction. However, prescription refills should still be given in small amounts (one week at a time) during the induction process and first few weeks of treatment so the patient can be closely monitored.

Increasing the amount of refills

As a patient is successfully maintained over a period of months with negative urine samples, you can write a prescription in a larger amount (several weeks to a month at a time) for patients who are stable and compliant with follow-up visits. Patients in rural areas or who can not easily get to a pharmacy will appreciate this option as well.

-

Tags: Refills
Topics: Logistics of buprenorphine treatment

Taking Action When a Patient Violates the Patient Contract

When a patient violates a treatment agreement, you have the right to discontinue treatment but you should NOT release him/her from your practice without a plan in place.

Consider the following guidelines before discharging a patient from your practice:

- Such patients are often in need of more intensive treatment and you should arrange for another physician (such as a psychiatrist and/or addiction specialist) to take over treatment.
- Work with the patient's psychosocial treatment providers to assure that there is continuity of care after the patient is discharged from your practice.

Related Resources: Physician Clinical Support System - Buprenorphine (PCSS-MAT)
Description: This website is designed to support physicians who prescribe buprenorphine by linking them up with a national network of trained physician mentors.
Source: Physician Clinical Support System (PCSS)

-

field_vote:

Topics: Insurance and billing issues
Physician stage in practice: Experienced prescriber
Just became waivered
Setting up a practice
Resource Type: Misc. informational materials
Tags: Insurance

SAMHSA's Buprenorphine Physician and Treatment Program Locator
Description: A directory of treatment programs and physicians authorized to treat patients with buprenorphine.
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

-

field_vote:

Topics: General information - buprenorphine
Referral
Physician stage in practice: Need to refer
Resource Type: Misc. informational materials
Tags: DATA 2000
Locator
Referral
Suboxone

Topics: Managing challenging patients

Summary

- It is important to talk about substance abuse, even if it makes you or the patient uncomfortable. Use simple questions in a non-judgmental fashion with empathy.
- If a patient appears to be drug-seeking inappropriately, checking for other drugs in a

urine test, calling back the patient for an inspection of remaining medication, and checking insurance records are some ways to detect signs of diversion.

- Advise your patient to keep the medication in the original container and to travel with a copy of the prescription label.
- Most opioid-dependent patients are stable and compliant, but it is best to inform all patients of clear ground rules and expectations.
- Use a patient contract/agreement to spell out rules and expectations as well as consequences for not following them.
- If a patient violate a treatment agreement, he or she may require referral for more intensive treatment; it is important to assure continuity of care.
- Rural practices may experience special challenges that can be handled if anticipate, including more difficulty acquiring buprenorphine, higher poverty rates and less insurance, and difficulty maintaining confidentiality in a small community.

Return to the list of How-To Guides