



The Commonwealth of Massachusetts
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To: Controlled Substance Prescribers

From: Robert Goldstein, MD, PhD, Commissioner, Massachusetts Department of Public Health

Date: January 26, 2026

Re: Accepting New Patients Prescribed Controlled Substances

Dear Prescriber,

Healthcare prescribers continue to be indispensable in their role addressing the opioid epidemic in Massachusetts. As part of this work, we want to provide prescribers access to resources and support to help improve patient behavioral health, substance use, and pain management and care.

When prescribers who prescribe opioids, benzodiazepines, and/or stimulants abruptly stop prescribing, access to those medications can be disrupted for some patients. In events like these, impacted patients need access to new prescribers who can provide care for them. **The purpose of this memo is to provide best practice guidance to providers treating patients whose prescriptions for opioids or other controlled substances were impacted by provider disruptions and to encourage a timely transition to ongoing care.**

Prescribers who accept patients with existing controlled substance prescriptions, including but not limited to chronic opioid therapy, benzodiazepines, and stimulants, should not feel pressured to rapidly change a patient's current medication or dose. Patients who have a medical need for controlled substances should continue to receive necessary treatment within acceptable standards of practice and clinical judgment.

In alignment with this memo and [CDC guidelines](#), there are no set regulatory limits on the daily dosage of opioids or other controlled substances that can be prescribed in Massachusetts. Additionally, there is no legal requirement to rapidly taper controlled substances for patients.

The [Massachusetts Prescription Awareness Tool \(MassPAT\)](#) must be used whenever an opioid is prescribed and is a critical tool for the identification of misuse, abuse, and diversion of prescription medication, along with helping facilitate communication between providers and coordination of care.

If a prescriber would like it noted that they are caring for patients who are prescribed federally controlled substances in Schedules II-V impacted by a disruption in medication access, the provider may request a note in the Massachusetts Controlled Substance Registration (MCSR) record that they inherited patients impacted by a disruption. For more information, please contact: ORRP@mass.gov. This note will be accessible to Board investigators and MassPAT staff and will provide a quick explanation for the prescribing activity.

Guidance

When assuming care for these patients, consider these best practices while utilizing clinical judgement:

- Continue controlled substances for patients in transition
- Create a customized, patient-centered care plan
 - Check the patient's record in the MassPAT
 - Assess for untreated substance use disorder
 - Assess patient for safety and potential harm of current treatment regimen
 - Educate on naloxone and provide to patient if applicable
- Exercise caution when tapering opioid, benzodiazepines, and stimulant therapy
- Methodically document patient care
- When medically appropriate and necessary, prescribe buprenorphine for pain

Continuing Controlled Substances During Transitions of Care

In alignment with clinical guidelines¹ for safe opioid and controlled substance prescribing, prescribers are encouraged to maintain prescribed therapy for patients during transitions between providers unless there is a concern for an impending life-threatening risk (such as overdose). While some prescribers may choose not to prescribe patients controlled substances for certain conditions, it is important to consider the physiological effects of long-term opioid and benzodiazepine use when evaluating the risks and benefits of tapering when working with a patient who is already taking these medications. Abrupt discontinuation of opioid therapy and other controlled substances have been linked to increased emergency department visits, use of illicit drugs, and an elevated risk of overdose and suicide.² In many cases, continuing a medication may be both medically necessary and clinically appropriate, especially when a patient faces delays in accessing a specialist for ongoing care.³

Prescribers should complete baseline pain assessments and clearly discuss expectations for prescribing. If appropriate and in the best interest of the patient, prescribers should also address

¹ [CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022](#)

² <https://www.cms.gov/about-cms/story-page/cdcs-tapering-guidance.pdf>

³ Coffin PO, Martinez RS, Wylie B, Ryder B. **Primary care management of Long-Term opioid therapy.** Ann Med. 2022 Dec;54(1):2451-2469 [pmc.ncbi.nlm.nih.gov/articles/PMC9487960/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC9487960/)

the potential need for treatment of opioid use disorder (OUD) or treatment for withdrawal from a controlled substance. A warm handoff to another prescriber should be provided if the current prescriber is unable to continue treatment.

Assess for untreated substance use disorder

Providers should use their clinical judgment and a vetted screening tool depending on the patient's substance of choice to screen for substance use disorder (SUD). Available resources are below.

- [This chart organizes screening tools](#)⁴ and details which are recommended for particular substances (alcohol vs. drugs); populations (adolescents vs. adults) and how the tool should be administered (self vs. clinician). It also distinguishes which tools are recommended for screening, and which are recommended for assessment.
- [The Adult SBIRT card](#)⁵ is a job aid for delivering the brief intervention. It has scripting for both the Brief Negotiated Interview (BNI) and Reinforce, Educate, Anticipate Challenges of Tomorrow (REACT) model. It also provides relevant substance use facts and sources for treatment and recovery support.
- Training on Substance Use Disorder treatment can be found [here at no cost](#).⁶

Create a customized, patient-centered care plan

Together with the patient, create a customized plan for their treatment goals, which may include continuing at the current prescription, tapering, or ending treatment. In the case of opioid treatment therapy for pain, this may include switching to buprenorphine which is approved both for treatment of opioid use disorder and chronic pain and has lower risk of sedation or opioid overdose. Engage the patient in conversation about overdose risk, mental health resources, alternative pain management techniques, and social service needs and support, as appropriate. When creating this plan with a patient, think about the advantages and disadvantages as seen by the patient.

Massachusetts harm reduction, treatment, and recovery programs can be found at helpline.ma.gov and 1-800-327-5050.

Exercise caution when tapering controlled substances

Prescribers should not stop medications suddenly or taper off controlled substances quickly for those patients who are physically dependent on prescribed opioids. It could take months or even years to complete a safe taper. Make sure the dangers and advantages of dose maintenance vs dose tapering are communicated to the patients. Determine which medications to taper off and how quickly, by working with the patient and keeping in mind best practice. Consult with a pain or substance use disorder treatment provider as needed for support and/or guidance. Resources are available below.

Methodically document patient care

⁴ <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

⁵ <https://live-massbirt.pantheonsite.io/wp-content/uploads/2023/03/Adult-SBIRT-A2-JB-edits-v2.pdf>

⁶ <https://www.addictiontraining.org/training/pre-recorded>

Comprehensive documentation of a patient's pain management treatment plan includes recording an individual's pain history, current pain, current therapy management, risk evaluation, opioid stewardship measures including screening for OUD, and treatment plan. Keep track of the justifications for adjusting or continuing a controlled substance patient's treatment. Thorough documentation is advantageous to both the provider and the patient.

When medically appropriate and necessary, prescribe buprenorphine for pain

Buprenorphine is an FDA-approved medication for both OUD and pain management and has been demonstrated to be a safe and effective treatment. Buprenorphine has a minimal potential for misuse and diversion, and it lowers desire, withdrawal, and overdose risk. Buprenorphine is shown to improve care retention. It has been demonstrated that people taking high doses of opioids for pain who are unable to lower their dose, do not have an opioid use disorder, but who face more risks than benefits from staying on opioids, may improve if they switch to buprenorphine for the treatment of pain.⁷

Support and Resources

Boston Medical Center Addiction Warmline: The BMC Addiction Warmline assists in providing rapid access to medications to treat opioid and alcohol use disorders including buprenorphine (Suboxone), Sublocade, injectable naltrexone (Vivitrol), and other medications for alcohol use disorder. The Warmline also aids with linkage to treatment on demand and referral to long term treatment (including methadone) and assists prescribers treating patients impacted by a controlled substance disruption. The Warmline is a 24/7, free service with prescribers on call and can be accessed by phone. Phone number: 617-414-4175.

Massachusetts Consultation Service for the Treatment of Addiction and Pain

(MCSTAP): MCSTAP provides real-time support to providers when caring for patients who seek treatment for pain or substance use disorder, including those affected by a disruption event. MCSTAP works to increase capacity and provider comfort using evidence-based practices in screening for, diagnosing, treating, and managing the care of patients with chronic pain and/or SUDs. Upon request, a MCSTAP physician consultant with expertise in SUD and chronic pain treatment will consult with a provider on any prescribing or care management questions regarding a provider's patients suffering from these conditions. MCSTAP also offers a clinical mentoring program, which enables providers to meet with a designated physician consultant regularly to discuss any patients including those inherited on high-dose opioids or other complex clinical issues. Call MCSTAP at 833-PAIN-SUD (1-833-724-6783), M-F, 9 a.m. to 5 p.m. Website: mcstap.com.

⁷ Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: [dx.doi.org/10.15585/mmwr.rr7103a1](https://doi.org/10.15585/mmwr.rr7103a1)

Massachusetts Substance Use Disorder Helpline: The Helpline provides the public with resource information about harm reduction, treatment, and recovery services for substance use disorder available in Massachusetts and a warm hand-off to these programs when needed. This free 24/7 service is available by phone in over 100 languages and live text, website search and online chat. Phone number: 800-327-5050. Website: helplinema.org.

SafeSpot: SafeSpot provides virtual spotting services to people who use drugs to prevent overdose. An individual using drugs alone calls the line, uses the substance, and stays in verbal communication with the operator until both the caller and the operator have decided that they are safe to disconnect. If there is an emergency, the operator will call the designated responder given by the caller who may be a person at the caller's location or emergency response services. The free, 24/7 hotline is operated by a team with lived and living experience with overdose. Phone number: 800-972-0590. Website: safe-spot.me.

The Behavioral Health Help Line (BHHL): The BHHL connects individuals and families to the full range of treatment services for mental health and substance use offered in Massachusetts, including outpatient, urgent, and immediate crisis care. The BHHL provides real-time support, initial clinical assessment, and connection to the right evaluation and treatment. The BHHL can connect individuals impacted by a behavioral health medication related controlled substance disruption with a Community Behavioral Health Center (CBHC) for further evaluation and treatment. This is a free, 24/7 service and can be accessed by phone via call or text and online chat. Phone Number: 833-773-2445. Website: masshelpline.com.

SCOPE of Pain: Scope of Pain offers a series of continuing medical education/continuing nursing education activities designed to help providers safely and effectively manage patients with acute and/or chronic pain. Website: scopeofpain.org.

CDC Guide: This guide from CDC provides guidance on how to continue opioid therapy for patients, including those that have been inherited and have already been prescribed opioids. Website: [Continuing opioid therapy](https://www.cdc.gov/overdose-prevention/hcp/clinical-care/continuing-opioid-therapy.html)⁸

Center for Innovation in Academic Detailing on Opioids and Stimulants (CIADOS): CIADOS provides training and technical assistance to support clinicians in providing compassionate care to people who use opioids and stimulants. Website: [Inheriting Patients on Opioids Toolkit](https://www.ciaosf.org/inheriting-patients-on-opioids)⁹

Contact Us

For questions or comments regarding a disruption to controlled substances, contact the Opioid Rapid Response Program at ORRP@mass.gov.

⁸ <https://cdc.gov/overdose-prevention/hcp/clinical-care/continuing-opioid-therapy.html>

⁹ <https://www.ciaosf.org/inheriting-patients-on-opioids>