

Patient agreement form: methadone take-away doses

Patient name:

Date of birth:

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Methadone is an effective medicine when used in a safe and responsible way. However, when used inappropriately, methadone may cause serious harm or even death. The Victorian Coroners Court identified that from 2010 to 2013 there were 147 Victorian deaths involving a methadone take-away dose (in 89 of these deaths people took their own take-away dose, in 58 deaths the person took someone else's take-away dose).

This agreement is about safety with take-away doses, it's about YOU taking responsibility for the take-away doses prescribed for YOU, to protect the safety of yourself and others.

1. I understand that my methadone dose is prescribed for me only, based on my level of opioid tolerance. If somebody else takes my dose, they could overdose or even die.
2. I know that take-away doses are not an automatic right.
3. I understand that take-away doses are only provided to me if my prescriber has assessed that I am stable and there is a legitimate need (such as being unable to attend the pharmacy due to work or study commitments, urgent travel or the pharmacy is closed).
4. I understand that the number of take-away doses I receive can be decreased or removed by my prescriber (in consultation with my pharmacist and myself) when there are verified concerns about my ability to manage my take-away doses safely or responsibly.
5. I understand that it is important not to share my take-away dose of methadone with anyone because of the risk of overdose.
6. I understand that it is important to store my take-away doses safely. Safe storage of take-away doses includes:
 - not leaving take-away doses unattended in cars, public transport, planes, public areas, etc.
 - not leaving take-away doses where someone else can see or access them (e.g. not in the fridge, in a bag, on a shelf or bench-top)
 - making sure take-away doses are locked away (e.g. in a cupboard, drawer, cash box or safe)
 - keeping take-away doses out of reach of children at all times.
7. I agree to take full responsibility for all take-away doses that are supplied to me and I understand that lost or stolen take-away doses or take-away doses used in advance may not be replaced.
8. If I am prescribed naloxone, I understand that I will need to learn how to use it to reverse a possible opioid overdose (including methadone).
9. I understand that my prescriber may reduce or stop prescribing take-away doses to me if I do not comply with any part of this agreement.

Patient signature: _____

Date: / /

If you have any questions or concerns about treatment, if you are experiencing a problem, if you need independent advice or support, or feel you are being unfairly treated by your pharmacotherapy service providers – the Pharmacotherapy Advocacy, Mediation and Support (PAMS) service is available on 1800 443 844 (open from 10am–6pm, Monday to Friday).

Prescriber: _____

Date: / /