Patient Application for Takeaways

Name _____ DOB _____ Ph. _____

Patient to complete:

1. Treatment type and current dose

☐ Methadone_____mg ☐ Suboxone_____mg ☐ Subutex_____mg ☐ Daily ☐ 2nd daily

2. Current Pharmacy _____

3. Number of takeaway doses requested _____ ☐ One-off ☐ Regular

4. Reason for request_____

5. How long have you been on this treatment _____

6. If you are already receiving takeaway doses, how many do you get now _____

7. If you are currently working or studying, please give details:

Job/course title _____ Hours/week _____

8. Please answer the following:

Have you missed any doses in the past 3 months? If yes, how many?	☐ No ☐ Yes
Have you been refused dosing due to intoxication in the last 6 months?	☐ No ☐ Yes
Have you injected any drugs in the last 6 months?	☐ No ☐ Yes
Have you been charged with any drug offences in the last 6 months?	☐ No ☐ Yes
Do you live with anyone who has a drug or alcohol problem?	☐ No ☐ Yes
Do you have any children living in the same accommodation as you?	☐ No ☐ Yes

9. How often do you use/take the following (Please tick):

	Never	On occasion	Monthly	Weekly	Daily
Alcohol					
Benzodiazepines (sleeping tablets)					
Amphetamines					
Heroin, morphine, other opioids					

10. How many standard drinks would you have in the average week?_____

11. What is the most you would ever drink on any one occasion?_____

12. What are your current medications? _____

_____

13. How would you rate your mental health? Very good I--------I--------I--------I--------I V.Poor

14. I have/will provide urine for testing when requested ☐ No ☐ Yes

Please read and sign the patient Agreement on the other side of this page

Takeaway Dose Agreement

I have discussed the policy regarding takeaway (unsupervised) doses with my doctor/case manager and am aware of the following issues and requirements for approval.

1. I will not share information regarding possession/use of takeaways with others. Methadone and buprenorphine are potentially dangerous medications that can cause death when taken by anyone other than for whom they are prescribed.
2. Mixing other depressants such as alcohol, benzodiazepines or other opioids with these medications can lead to drug overdose and death.
3. I accept responsibility for safe storage and use of all takeaway doses I may receive. I will store all doses in a secure place out of the reach of children and am aware that a locked cabinet or safe is recommended. Storage in a refrigerator is not acceptable
4. All doses will be consumed according to directions given by my prescriber. If more than one dose is prescribed, each dose will be taken on the day for which it is prescribed. Doses will not be accumulated and no more than the daily dose will be taken.
5. Methadone if prescribed will be swallowed, and buprenorphine will be dissolved under my tongue.
6. I will not sell, swap or give away my takeaway dose or any part thereof.
7. Doses that are spilled, vomited, lost or stolen will not be replaced and will be reported to my prescriber. Stolen doses should also be reported directly to the police.
8. Access to takeaway doses will be suspended if members of my treatment team consider them to be unsafe for me or the community at any time.
9. Access to takeaway medication may be suspended if my urine drug tests detect other opioids, non-prescribed benzodiazepines or illicit drugs. Failure to provide a urine sample for drug testing when requested will be deemed a positive urine test.
10. Access to takeaway doses will also be suspended if I am assessed as being under the influence of any substances, if I have diverted or attempted to divert any of my supervised or unsupervised doses; if my circumstances change and are deemed unsuitable for takeaway medication; or for any other reason that the treatment team consider to indicate increased risk to myself or the community.
11. Takeaway doses can only be prescribed under the conditions and requirements set out within the policies and procedures of the WA CPOP.
12. Any deviation from this agreement will result in a review of my treatment which will include access to takeaways and possible suspension/removal.

Signed (Patient) _____ Date_____

Prescriber/Case Manager assessment of risk and client stability All stability criteria should be met before takeaway doses are considered		
Clinical examination ☐ No evidence of recent injecting drug use ☐ No indication of acute or unstable mental health problems ☐ No noted hazardous use of prescription drugs or alcohol ☐ No other medical contraindications	Analysis of last <u>two</u> urine tests Date of test ____ /____ /____ Results: _____ _____ Date of test ____ /____ /____ Results: _____ _____	Pharmacy report ☐ No obvious signs of gross intoxication in last 3 months ☐ No concerns about diversion in last 6 months ☐ Social behaviour appears stable and functional ☐ Attends regularly, presents well

DECLARATION BY PRESCRIBER

I certify that:

- I have clinically assessed the patient as suitable for takeaway doses.
- I will review the patient's eligibility at each review appointment and will withdraw the takeaway doses if I am concerned about the patient's risk profile and stability or the welfare of others.

Number of takeaways to be prescribed _____ .

* If not consistent with WA Schedule complete the ***Application for Takeaway Doses*** and submit to CPOPCRC.

Signed (Prescriber) _____ Date_____