Protocol for methadone prescribing

HISTORY

Current drug use: What drugs?
How much?
Alcohol consumption?
Method of administration:
inc source of needles/syringes if i.v. use
shared needles.

Past drug use: inc. length of history of drug abuse.

Previous treatment: When?
How long for?
Where from? – if possible confirm from other agencies.

Withdrawal symptoms.

Family/social history: inc job
relationships
partners/friends use of drugs.

EXAMINATION

Injection sites

Assessment of withdrawal (see attached sheet).

DISCUSS.

Reasons for wanting to stop using drugs

Needle exchange system

Safe sex – offer hep B + HIV.

(NB. Do not all need to be covered in first consultation!)

needs updating - please send new e-version to ram

INVESTIGATION

Urine Analysis
- withold medication until results available

Arrange review with demonstration of withdrawal symptoms (- if not possible to do at first consultation).

Check with other agencies to avoid any dual prescribing (- can check with home office).

Notify to home office as a drug addict.

CONTRACT

Ensure patient understands his/her responsibilities
Warn re use of alcohol with methadone.
Arrange regular review appointments - e.g. every 2 weeks etc

PRESCRIBING.

1) If no withdrawal symptoms and only short term use:
Consider: avoiding prescribing
diaries
encouragement / psychological support.

2) If minimal withdrawal symptoms and only short term use:
Consider: Dihydrocodeine, Buscopan, Diazepam } over 10 day period.

3) If withdrawal symptoms and regular user:
Use: Methadone mixture 1mg/ml
- see attached sheet for equivalent tables.

- use 40mg for 1gm street heroin (≡ approx £80).
- use minimum dose that will control withdrawal sympt

- Arrange initial prescription for 1-2 days and arrange review for demonstration of any withdrawal symptoms. Patient must be aware that the dose will only be increased if withdrawal symptoms are demonstrated.
- Regular, frequent review until appropriate maintenance dose is found.

- Try to avoid prescribing benzodiazepines unless definite dependancy. Has a role in controlling sleeplessness but only in <u>strict</u> short term use.
- Avoid prescribing temazepam as have a street value.

<u>WITHDRAWAL</u>

- Reduce dose only when stability has been achieved.
- Titrate reduction against patients ability to tolerate symptom.
  - average rate of reduction 5mg every 2 weeks.
- Reduction once reached 15mg methadone daily is much more difficult therefore the concentration of the methadone mixture can be reduced allowing withdrawal at a slower rate eg 2mg every 2 weeks.

<u>MAINTAINANCE</u>

- May be necessary long term for long term users. (10-15 years
- If use has been for greater than 2 years may be require quite a long period on maintainance before attempting to reduce.

Reducing too quickly may lead to illicit drug use.

<u>REVIEW</u>

- Once stability on methadone is achieved the patient should nominate a pharmacist. He/she can then be maintai[ned] on a repeat prescription sent directly to the chemist.

This allows each renew consultation to comprise of more than simply writing prescriptions

- Blue prescription forms can be used for a 14 day max. prescribing period and allows dispensing to occur as often as required e.g. alternate days.
- Random urine testing is required for all patients on methadone. As a rough guide, each page of his/her notes should contain at least one urine test result.
- Consider inviting partner/family/friends to the consultation to offer support.
- Consider referral to other agencies e.g. Bridge Project,
- Consider discussion with, or referral to, Windy Oaks for more difficult/problem cases.

- Do not feel under pressure to prescribe either at initial consultation or if the contract has been broken. People have managed previously without methadone
- Be reasonable but also firm.