

SUPERVISED CONSUMPTION OF METHADONE

Supervised consumption of methadone helps confirm that you are taking the prescribed dose and helps check that the dose is correct (i.e. neither too high nor too low). It also helps ensure that the prescribed dose is not being shared, swapped or sold.

**** EVEN A SMALL DOSE OF METHADONE CAN KILL SOMEONE NOT USED TO TAKING IT ****

In Lothian you are required to have a period of supervised methadone consumption every year. Before this starts you are offered a 'Drug Amnesty' – that is a chance to explain if you have not been taking the full amount of methadone prescribed for you. If the dose you are prescribed is more than you have actually been taking the prescription can be changed to the correct safe dose. Discussing this now will not affect your treatment programme and your methadone will not be stopped although the dose may be changed.

The Pharmacy you will attend for supervised methadone consumption is: _____

If two or more supervised methadone doses in a row are missed the pharmacist will notify the prescriber and the prescription may be stopped. The pharmacist will also notify the prescriber if they have concerns about:

- **the safety of a child in your care.**
- **any unacceptable behaviour at the pharmacy.**
- **you appearing to be intoxicated with alcohol or drugs which may result in your methadone dose being withheld.**

You may be required to show photographic or other ID every time you have your Methadone consumption supervised. (If using photo ID it is recommended that you leave it at the Pharmacy during supervision period).

REMEMBER -

- **If you are taking methadone it is dangerous to also take ALCOHOL or street drugs such as DIAZEPAM (valium), HEROIN or other OPIATES (e.g. DIHYDROCODEINE).**
- **Taking alcohol and other drugs on top of your prescription may impair your ability to function and look after children safely. It also increases your risk of overdose.**
- **You may overdose and die if you take a higher dose of methadone than you are used to.**

BY SIGNING THIS FORM YOU AGREE TO THE FOLLOWING STATEMENTS -

- **I understand the dangers of taking more than my usual amount of methadone.**
- **The dosage stated, _____ mg, is the normal amount that I take, my body is used to this dose [tolerant] and I am prepared to take this under supervision at the Pharmacy.**
- **I will attend the Pharmacy within the times agreed between myself and the Pharmacist.**

Patient's signature _____ Date _____

Address and phone number, for duration of supervision:		Prescriber contact details (Stamp or sticker):	
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I have discussed the above points with this patient: _____
(Signed - doctor/nurse/pharmacist)

NB: One copy for patient's records and one for Pharmacist with prescription.