

CPOP Patient Contract to Receive Opioid Substitution Treatment	Name _____ Address _____ _____ Suburb _____ DOB _____
---	--

I _____ (Name) consent to medication assisted treatment for opioid dependence. This involves treatment with methadone or buprenorphine, which will occur in consultation with my treating doctor and/or treatment team throughout the duration of my participation in the Community Program for Opioid Pharmacotherapy (CPOP).

Objectives of Treatment

The objectives of opioid substitution treatment are to:

- bring to an end or significantly reduce my opioid dependence
- reduce my risk of overdose
- reduce my risk of contracting and transmitting blood borne virus infections
- improve my physical, psychological and social wellbeing.

Cautionary notes

I understand the following:

- Treatment involves the use of a drug that causes physical dependence and can result in withdrawal symptoms if I stop or reduce my dose.
- There is a cost associated with daily dispensing, to be paid by me before each dose.
- There is a need to attend a pharmacy **each day for supervised dosing**, and the restrictions that this can impose on my life such as having the freedom to travel and work in certain locations.
- Providing my opioid medicine to others is illegal and could be dangerous to them.
- My details will be recorded as a Drug Dependent Person and included on the Register.

I have received written information about the potential side-effects of these drug treatments and discussed the conditions associated with receiving this treatment. I understand that it is my responsibility to advise my prescriber of any side-effects of treatment, and to inform any other doctor that I might attend that I am a client of CPOP. This will affect my access to prescription opioids without Health Department approval.

I have read and understood the treatment requirements, and understand it is my responsibility to be aware of the drug and alcohol policy of my employer.

I understand that my capacity to drive, operate machinery or work at heights during the early stages of treatment or following dose adjustments may be affected and that I am required to refrain from these activities at these times in treatment.

I understand that it is dangerous to combine methadone and buprenorphine with sedating drugs or medications such as other opioids, benzodiazepines, antipsychotics and alcohol. I understand that there is a risk of overdose from the combined effects that may result in death.

Pregnancy

I have been informed that there are risks associated with pharmacotherapy treatment during pregnancy so that in the event of planning or becoming pregnant, I must advise my prescribing doctor as soon as possible so that treatment options can be discussed and an appropriate treatment plan developed.

Pharmacy Information

I understand that I will need to find and attend a community pharmacy who will agree to provide supervised daily dosing *prior to commencement* of treatment. I understand that not all pharmacies participate in the Program and that I will be charged a dispensing fee for daily dosing, the cost of which is my responsibility.

Patient: _____ Date ___/___/___ Prescriber _____ Date ___/___/___

* Copy to patient and original document filed with the clinical record.

CPOP Patient Contract to Receive Opioid Substitution Treatment

Why do I need to sign a treatment contract?

Both you and your doctor are subject to strict regulations when an opioid substitution treatment is prescribed.

Your doctor needs to get special approval from the Department of Health in order to prescribe opioid substitution medication. A treatment contract ensures that you understand what is expected from you when you take this type of medication and that you consent to the requirements described in this contract.

There needs to be good communication between you, your doctor, your dispenser and others involved in your opioid substitution treatment.

The doctor that prescribes your opioid substitution treatment is expected to:

- Comply with the *Western Australian Clinical Policies and Procedures for the use of Methadone and Buprenorphine in the Treatment of Opioid Dependence* as per the Poisons Regulations 1965.
- Prescribe the medicine safely and effectively.
- Arrange your appointments and prescriptions so that you do not run out of your medication.
- Regularly review your treatment plan with you.

In order to participate in CPOP it is expected that you will sign a treatment contract with both your doctor and your pharmacist. These contracts will list some important conditions that you will need to accept.