



What Do We Do Without the CPSO Methadone Patient Registry?

Below you will find some changes that should take place to assist MMT prescribers following the cessation of the CPSO Methadone Patient registry.

INTAKE ASSESSMENT:

During the initial assessment of a new patient, physicians should ask the patient if they have seen a doctor for methadone treatment anytime in the past 6 months. If the answer is yes, the following measures should be done prior to initiating a patient on to methadone.

- 1) Obtain patient consent to speak with the previous physician/clinic.
- 2) Inform the previous clinic that the patient is planning to start treatment at the new site.
- 3) A dialogue should occur between the current prescriber and previous prescriber/clinic staff to ensure that there are no further prescriptions being issued by the previous site.

CHANGES TO TREATMENT AGREEMENT:

The physician should include as an adjunct to the treatment agreement, a separate letter that is signed by the patient informing the patient of the following:

- 1) Double doctoring is a criminal offence and charges may be possibly laid if the patient receives methadone from two or more different physicians at the same time.
- 2) Explanation of the dangers of potential overdose leading to death if double doctoring occurs
- 3) A statement affirming that the patient is currently not receiving methadone from another physician or clinic.
- 4) A statement affirming that the patient will only see physicians in one clinic for methadone treatment/prescriptions and will inform the physician if he or she moves to another clinic for treatment.

It is recommended that the **patient SIGN and DATE THIS AGREEMENT** upon initiation of methadone treatment.

INITIAL URINE DRUG SCREENS POSITIVE FOR EDDP/METHADONE:

As a safety precaution, when an initial urine drug screen is positive for EDDP/methadone due to 'street'/illicit methadone use, the patient should be treated as high risk with methadone dosing starting at 10-20mg and efforts should be made to assess them twice a week for the first two weeks of treatment to ensure no signs of symptoms of overdose are occurring.

It is especially important in a patient who has been using 'street'/illicit methadone, that the physician advises the patient of the dangers and risks of taking extra methadone. This discussion should be **documented** in the initial intake note.