



Belfast Addiction Service, *Substitute Prescribing Team*, First Floor Dunluce Health Centre, 1 Dunluce Avenue, Belfast, BT9 7HR  
Telephone: (028) 9063 3113

**BELFAST COMMUNITY ADDICTION TEAM  
SUBSTITUTE PRESCRIBING AGREEMENT**

Name: \_\_\_\_\_ Date Commenced: \_\_\_\_\_

My Pharmacy is: \_\_\_\_\_ Pharmacy No: \_\_\_\_\_

**When starting treatment, it is important to give an accurate estimate of your current drug use. This will enable the Multidisciplinary Team to establish an appropriate medication level for you without the risk of overdose.**

**We ask you to confirm that you are currently addicted to Opioid based drugs and to understand that they can cause serious harm or death in overdose particularly when combined with other drugs. The medication that you will be prescribed is particularly dangerous when taken with Benzodiazepines, Pregabalin and Alcohol.**

**SUBSTITUTE PRESCRIBING PROGRAMME**

**Prescription:**

- The drug prescribed for you is (**Methadone / Suboxone / Subutex**) and your starting dose will be (.....) **ml / mgs** to be taken orally / sublingually under the supervision of a pharmacist or their nominated agent.
- You agree not to use emergency appointments or the out of hours 'on-call' GP's to discuss your prescription or alterations to it. If you obtain or attempt to obtain further prescriptions from any other doctor, your prescription will be reviewed immediately and may be stopped.

**Note; the prescription is not your property under law and if you tamper with or alter it in any way you are committing a criminal offence. The police will be notified and your prescription dosage will be reduced until your dose is zero and your prescription stopped.**

**Guidelines for Dispensing:**

- You agree to accept total responsibility for the prescription and care of all dispensed drugs. **You understand that prescriptions including those for non-Opiate based drugs will not be replaced if lost, mislaid or stolen except in exceptional circumstances.** Further prescribing will not take place until the current prescription has expired. A lost or stolen prescription must be immediately reported to the PSNI and the Crime Reference Number supplied to the SPT.
- Your pharmacist is requested to contact your keyworker, if you fail to attend for your supervised dispensing as part of this treatment agreement during your induction or re-induction.

- The pharmacist or their nominated agent will supervise the dispensing of your medication daily for seven days and the Multidisciplinary team will review the level of supervision as you stabilise in treatment after three months or sooner, if requested by your keyworker.
- You agree not to take Codeine or Morphine-based painkillers unless authorised and prescribed by your GP or dentist. You are advised to consult your pharmacist before purchasing 'over the counter' painkillers as repeated use may affect continued prescribing.
- **If you miss two consecutive doses, your pharmacist will make contact with the substitute prescribing team. ( Monday – Thursday only)**
- If for any reason you fail to pick up or miss your prescribed medication or substitution for three consecutive days or more, the pharmacist will be unable to dispense the next dose due to you. You may have lost your tolerance to your prescribed medication and may be at risk of overdose if you take your prescribed dose, please contact your keyworker for an urgent review.

### **Conditions of the Prescribing Agreement**

- You agree to attend appointments with your key worker and the prescribing doctor **on time**. Failure to keep your agreed appointments or if being consistently late this will result in a review of your treatment with the Multidisciplinary Team.
- You must give at least 24 hours' notice if you need to change your appointment except in the case of an emergency.
- You agree to make every effort not to take illicit drugs and not to use alcohol to excess while receiving a prescription from your doctor as alcohol and illicit drugs can have an extremely dangerous interaction with your prescribed medication.
- You agree to provide urine/saliva samples as requested for analysis, if you do not provide requested samples, your prescription and treatment will be reviewed.
- If two consecutive samples test negative for the prescribed medication your prescription will be automatically reviewed.
- You understand that if there is continued use of illicit drugs, evidenced through urine / saliva screening, your treatment will be reviewed.
- You are strongly advised to make arrangements to store all prescribed (and non-prescribed) medications out of the reach of children, preferably in a locked cupboard. Opioid substitute medications are particularly dangerous to individuals that do not have a tolerance for them and particularly for children.
- Evidence from health care professions about misappropriating of your medication or any drugs will result in:
  1. A discussion between your key worker, medical staff and yourself regarding the incident will be investigated and a Multidisciplinary team decision will be made about frequency and appropriateness of continued prescribing.
  2. You will be informed of the outcome of this meeting verbally and in writing and conveyed to you in writing.

- All pharmacies have a time delay safe for the safe storage of Controlled Drugs. This may result in a delay in obtaining your medication.
- If you are asked to leave a given pharmacy, you undertake the role of sourcing a new pharmacy willing to dispense for you. Your keyworker or staff within the SPT team will supply you with names and numbers of Pharmacies that facilitate Opioid Substitution treatment and dispense Substitution medication.
- If this agreement is terminated, you will be issued with a reducing prescription and further substitute prescribing will not be considered for a period of at least three months.

#### **Holidays:**

- If you are going on holiday, you understand that you must give your keyworker or SPT staff, as much notice as possible in order to accommodate your request. SPT staff need at least **one** weeks' notice in order to process your request and confirmation of travel **will** be requested on each occasion.
- **Please note minimum requirement is 48 hours' otherwise there is no guarantee that SPT can meet your prescribing needs.**

#### **Driving:**

- You understand that you are required by law to inform the Driving Vehicle Licensing N.I. if you wish to or intend to carry on driving. Website: <https://www.nidirect.gov.uk/information-and-services/motoring/driver-licensing>

#### **Behaviour:**

- The Belfast Substitute Prescribing Team operates a zero tolerance policy in relation to aggression, violence, intimidation or threats aimed at health care staff and related services. **Any forms of verbal or physical aggression by a patient and anyone accompanying you will be considered a breach of this agreement and result in immediate termination of treatment. The police will be called.**

#### **Regular Review and Long Term Treatment:**

- To ensure that the most effective treatment continues to be offered, a regular review of your progress will take place every 3 months for the first year and at least six monthly intervals thereafter. This will be based upon an evaluation of your progress with, your prescribing doctor, pharmacist and key worker.
- Failure to attend for regular reviews with your key worker and prescribing doctor is likely to result in increased levels supervision of dispensing in your designated pharmacy.
- If benzodiazepines (either prescribed or otherwise) are currently being used, there will be an expectation from the Substitute Prescribing Team that you will reduce this medication and eventually your Benzodiazepines will be stopped. Help with a suitable reduction programme should be discussed with your key worker.

You understand that your Pharmacist will not dispense your medication to you if they suspect you are intoxicated on drugs and/or alcohol. If this should happen, you will agree to leave the pharmacy without disturbance and seek an appointment with your key worker.

You understand that inappropriate or threatening behaviour (including shoplifting and verbal or physical aggression) that affects the running of the service will result in the termination of your treatment programme.

**I have read and understand the above agreement and I agree to abide by it. I understand that Substitute Prescribing will only be considered in collaboration with my GP (Dr ..... ) and Community Pharmacist and I hereby consent to information being shared with all relevant parties.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Patient)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Prescriber)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Pharmacist)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Key Worker)