

## Round Lake Treatment Centre

### **Referral Package: Methadone Harm Reduction Treatment**

To refer a client on methadone to the Methadone Harm Reduction Program at R.L.T.C you must phone to talk to the Intake Coordinator to ensure your client meets the following requirements.

1. The client must have:
  - a history of having been stabilized on methadone for at least 4 months; with a daily dosage **not to exceed 70 ml**.
  - be free of all mood altering drugs and alcohol for at least one month, this includes the following: all benzodiazepine type drugs even those prescribed by a physician.
2. The client must be **eligible to have a methadone “carry” for 4 days**.
3. Methadone will be supplied by the pharmacy on the Tuesday following Saturday admission until discharge. The carry may not exceed **280 ml** for 4 days or whichever is less.
4. Only after receiving confirmation of the client coming into the Centre, you must make sure that the client's personal and/or methadone-dispensing physician establishes contact with the R.L.T.C. Nurse to discuss the client's methadone coverage while in treatment. **The client's physician must fax RLTC pharmacy Hogarth's (250- 545-4392) the original prescription**.
5. Upon admission the client must be prepared to sign a contract with R.L.T.C. (which is included along with this page).
6. It is imperative that the client be aware of the mandatory random supervised urine samples that may be requested for drug screening upon admission or if deemed necessary.
7. The client understands that Methadone is administered daily by the Medication Nurse or other qualified personnel in the Nurse's office. **Client's methadone dosage will not be altered while in treatment.**
8. You, the referring counsellor, must submit a completed R.L.T.C. referral package to the Centre (attention to the Intake Coordinator). If meeting all requirements as outlined by Intake admissions then your client will be given a tentative admission date and booked a space in one of the programs.
9. The Pre-admission Medical Evaluation must also be completed and sent to the Centre. Prior to admission **all clients** must have evidence that they are free of TB. (A Mantoux test can be done at any Public Health Unit.) Please arrange this as soon as you refer the client. (If the Mantoux test is positive a Chest X-ray must be arranged – results of the X-ray may take 6 weeks).
10. RLTC does not accept clients on methadone who are using it as a pain management substance.

*We hope this is all the information you and your client require. If not, please feel free to phone if you have any further questions.*

**Round Lake Treatment Centre**

**ROUND LAKE TREATMENT CENTRE**

Client name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

This contract shall be between \_\_\_\_\_ and the Round Lake Treatment Centre.

I acknowledge that I come to the Treatment Centre stabilized on a Methadone program. My start date on Methadone was \_\_\_\_\_ indicating I meet the 4 month stabilization required by Round Lake Treatment Centre. My treating physician is Dr. \_\_\_\_\_ of \_\_\_\_\_ phone number \_\_\_\_\_. Thus, I meet the eligibility requirements to have a methadone carry for the 4 day. **Client Initial** \_\_\_\_\_

I acknowledge that I have an opiate dependency and wish to continue my Methadone while at the Round Lake Treatment Centre. **I understand that Methadone is not to be used as a pain management substance while in treatment**

I agree that while at the Centre I will receive my Methadone prescriptions from the Centre's Nurse or designate. My goal is to avoid all addictive substances other than Methadone, which I will use only as directed.

The Methadone maintenance program at R.L.T.C. is based on the Protocols from the College of Physicians and Surgeons of British Columbia. I agree to adhere to the program as detailed to me upon orientation to the facility. I understand that my failure to participate in the program as outlined will result in a review of my suitability stabilization for the treatment program. Depending upon the outcome of this review, I may be required to leave.

I understand that the Round Lake Treatment Centre will have **ZERO TOLERANCE** for the following:

- A) Use or intended use of mood altering substances. (Possession of any substances including alcohol, cannabis, heroin, other opiates, illicit methadone, cocaine, amphetamines, barbiturates, PCP, hallucinogens or mood altering medication of any sort staff has not given approval).
- B) Illegal or illicit activities conducted while in treatment. Consent to a supervised urine sample for drug screen as requested. Failure to comply will result in termination of the program.

I agree to have my Methadone dispensed daily at a pre-determined time through the Round Lake Treatment Centre's Nurse or designate. I will swallow my Methadone, witnessed, as per the protocols.

I agree to sign the *College of Physicians and Surgeons of British Columbia* release of confidential Information form which I understand allows Round Lake Treatment Centre to access my personal medication profile at any time.

If necessary, I agree to see Dr. Steward of The Vernon Family Practice Associates for review, while at the Treatment Centre.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date