

## **Protocol for Authorisation to use Methadone in Garda Stations and Ordering of Methadone Scripts – an ICGP Working Document**

Some doctors require access to Methadone scripts in order to requisition supplies for use in Garda stations. These Prescriptions can be issued on the following basis:

1. Complete the on-line Level 1 training provided by the Irish College of General Practitioners and be entered on the accredited Level 1 database.
2. The doctor must then apply in writing to the ICGP for authorisation for methadone scripts to be issued to him/her for the purposes of attending Garda stations only. This must be stated clearly in the letter. The letter should also state the pharmacy where they will obtain their methadone supplies.
3. Once the doctor has been authorised (in writing), they may then apply to obtain methadone scripts by writing to Paddy McDonagh in the Primary Care Reimbursement Scheme (PCRS) and advising him that the scripts are for use in requisitioning methadone for patients held in Garda custody. They must submit a letter of authorisation from the ICGP.
4. To obtain methadone supplies the doctor must write the words “requisition” clearly across the script and otherwise write words and figures for the quantity required. **The named doctor is the sole practitioner who is authorised to write the prescription; they must NOT be used by any other practitioner.**
5. It is advisable to order supplies of methadone through one pharmacy only. The requisitioning doctor pays the pharmacist for the supply of methadone.
6. Prior to dispensing methadone to a person in custody, the doctor must satisfy themselves at all times as to the bona fides of the patient requesting Methadone and establish through the Central Treatment List (CTL on 01-6488638), if the patient is already in treatment. Contact should then be made with the treating doctor or pharmacist to clarify dosing and establish the date and time of most recent dispensing. If this cannot be done e.g. out of hours, weekends, bank holidays etc, a safe dose of **not greater than 30 mls** may be given to the patient if in the attending doctor’s opinion it is clinically indicated. Urine screening should ideally be undertaken to confirm that the client is already taking methadone and has a tolerance to this medication.
7. If a patient is **not** on a methadone treatment programme, but is experiencing opiate withdrawal and it can be established by urine screening what substances the patient has consumed, consider a) symptomatic relief - see page 14 of ICGP Working with Opiate Users guidelines or b) methadone may be dispensed in a low dose (30mls or less) once the doctor is satisfied that it is clinically indicated and safe to do so.
8. A confidential record (initials, date of birth and initials of garda station) should be kept by the doctor of all patients to whom methadone was dispensed. The quantity dispensed should also be carefully recorded. The record should be presented to the nominated pharmacist prior to dispensing of additional supplies. These records should be available for inspection should the need arise at any stage.