



ICGP Recommended Protocol for Authorisation of GPs to use Methadone in Garda Stations and Ordering of Methadone Scripts (revised 2015)

GPs will require access to Methadone scripts in order to requisition supplies of methadone for use in Garda stations. The following protocol ensures safe practice around the issuing of methadone scripts and the safe dispensing of methadone in the context of Garda Stations.

Methadone Prescriptions can be obtained on the following basis:

1. The GP has completed the on-line Level 1 training provided by the Irish College of General Practitioners and is entered on the accredited Level 1 GP database.
2. The GP 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 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.

On completion of the above process Methadone supplies can then be obtained on the following basis:

4. To obtain methadone supplies the doctor must write the words “requisition” clearly across the methadone script and write in words and figures 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. This can be established by contacting the Central Treatment List (CTL on 01-6488638) to verify 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 verification cannot be completed (e.g. during 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 or saliva screening should ideally be undertaken to confirm that the client is already taking methadone and has a tolerance to this medication.

7. If it is established that a patient is **not** on a methadone treatment programme, but is experiencing opiate withdrawal and it can be established by urine or saliva screening what additional substances the patient may have consumed, the GP should consider giving
 - a) symptomatic relief - see page 14 of ICGP Working with Opiate Users guidelines or
 - b) administering methadone in a low dose (30mls or less) **once the GP is satisfied that it is clinically indicated and safe to do so and if the GP has the appropriate training to initiate methadone (Level 2)**

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.

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