



APPLICANT CLIENT NAME	DATE OF BIRTH
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**APPENDIX C – COMPLETE ONLY FOR EITHER- METHADONE OR SUBOXONE APPLICANTS.**

**METHADONE MAINTENANCE PROGRAM**

To refer an applicant to the Methadone Maintenance Program at RLTC, you must contact the Intake Coordinator to ensure your Applicant meets the following requirements:

- The applicant requirements include:
  - A history of having been **stabilized** on Methadone for **2 weeks** within a daily therapeutic dose **not to exceed 170mg. This means the dosage of Methadone has not been in the process of upward titration in the last 2 weeks.**
  - Stabilization** would be when a person is not experiencing withdrawal symptoms or cravings (occurs when under medicated) or drowsiness (nodding) or constriction of pupils (occurs when over medicated).
  - Be abstinent for 2 weeks** from alcohol, illicit drugs, medical marijuana and medications listed on our Unsafe List. **CRYSTAL METH USE CLEAN TIME IS FIVE (5) MONTHS ABSTINENCE. NO EXCEPTIONS**
  - Proof of 2 clean urines** prior to coming to RLTC, from your prescribing physician’s office. One clean urine per week for the 2 weeks PRIOR to attending RLTC.

**Please fax results to RLTC at 250-546-3227, attention Resident Nurse.**

- The applicant must be approved, by their prescribing Methadone physician, to receive prescription carries for their methadone. This is for the purpose of the applicant to have a methadone “carry” dose to arrive at RLTC and return to their home community, as it will be dependent on the amount of travel time, to and from RLTC **in a mandatory lock box.**
- Methadone will be supplied by the Hogarth’s Pharmacy on Tuesday of intake, and weekly until discharge.
- Upon receiving confirmation of the applicant’s admission to RLTC, it is **mandatory** that the applicant’s methadone prescribing physician **mail the original script to Hogarth’s Pharmacy.**

**Hogarth’s Pharmacy  
#102 – 3310 32<sup>nd</sup> Ave  
Vernon, BC V1T 2M6**

\*\*\*Please add on the script’s “**Special Instructions**” field that the self-administration of the OAT is to be “**witnessed by the RLTC staff.**”

- Prior to admission, the applicant will sign the Methadone Maintenance Program Contract with the Methadone prescribing physician.
- The applicant understands that mandatory supervised urine samples that may be requested for drug screening upon admission. **Please ensure submission of lab results for two clean urine samples, has been provided prior to your applicant’s admission to our program.**
- The applicant understands that methadone is a witnessed dose, under supported self-administration, by the Resident Nurse or other qualified designate, as per RLTC protocols. **Applicant’s methadone dosage will not be altered while in treatment.**
- Prior to admission, all Applicants 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 possible. **Note: If the Mantoux test is positive, a Chest X-ray must be arranged and results of the x-ray may take up to 6 weeks.**



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METHADONE MAINTENANCE PROGRAM CONTRACT

PLEASE PRINT CLEARLY

(To be completed with methadone prescribing physician and applicant)

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

My start date on methadone was \_\_\_\_\_ at a current therapeutic dosage of \_\_\_\_\_, meeting the 2 week stabilization required by Round Lake Treatment Centre. **This means the dosage of methadone has not been in the process of upward titration in the last 2 weeks.**

My prescribing physician is Dr. \_\_\_\_\_ of \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_.

Please initial all boxes as acknowledgement of the contract guidelines

- I acknowledge that I come to RLTC **stabilized** on a methadone program.
- I acknowledge that I have **two weeks abstinence** from alcohol, illicit drugs, medical marijuana, and medications from the Unsafe List. **CRYSTAL METH USE CLEAN TIME IS FIVE (5) MONTHS ABSTINENCE. NO EXCEPTIONS.**
- I acknowledge that I have an opioid use disorder and wish to continue my Methadone program while at the Round Lake Treatment Centre.
- I agree that while at RLTC, I will have my self-administration of Methadone witnessed by the Resident Nurse or a qualified designate, as per RLTC protocols.
- The Methadone Maintenance Program at RLTC is based on the Protocols from the BC Centre on Substance use (BCCSU).
- I agree to adhere to the program guidelines 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.
- I agree to a supervised urine sample for drug screening as requested.** I understand that failure to comply will result in termination from the program.

Physician to witness the proceeding,

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE



APPLICANT CLIENT NAME	DATE OF BIRTH
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**APPENDIX C – SUBOXONE MAINTENANCE PROGRAM**

To refer an applicant to the Suboxone Maintenance Program at RLTC, you must contact the Intake Coordinator to ensure your Applicant meets the following requirements.

- The applicant requirements include:
  - A history of having been **stabilized** on suboxone for **2 weeks**; within a daily therapeutic dosage **not to exceed 24 mg.**
  - Stabilization** would be when a person is not experiencing withdrawal symptoms or cravings (occurs when under medicated) or drowsiness (nodding) or constriction of pupils (occurs when over medicated).
  - Be abstinent for 2 weeks** from alcohol, illicit drugs, medical marijuana and medications listed on our unsafe list. **CRYSTAL METH USE CLEAN TIME IS FIVE (5) MONTHS ABSTINENCE. NO EXCEPTIONS.**
  - Proof of 2 clean urines** prior to coming to RLTC, from your prescribing physician’s office. One clean urine per week for the 2 weeks PRIOR to attending RLTC.

**Please fax to RLTC, (250) 546-3227 attention Resident Nurse.**

- The applicant may be eligible to have a Suboxone “carry” dose to arrive at RLTC and return to their home community at the discretion of their prescribing physician, as it will be dependent on the amount of travel time to and from RLTC, **in a mandatory lock box.**
- Suboxone will be supplied by the Hogarth’s Pharmacy on Tuesday of intake, and weekly until discharge.
- Upon receiving confirmation** of the applicants admission to RLTC, it is **mandatory** that the applicant’s suboxone prescribing physician, **mail original script to Hogarth’s pharmacy.**

**Hogarth’s Pharmacy  
#102 – 3310 32<sup>nd</sup> Ave  
Vernon, BC V1T 2M6**

\*\*\*Please add on the script’s “**Special Instructions**” field that the self-administration of the OAT is to be “**witnessed by the RLTC staff.**”

- Prior to admission the applicant will complete and sign the **Suboxone Maintenance Program Contract** with the suboxone prescribing physician.
- The applicant understands that mandatory supervised urine samples that may be requested for drug screening upon admission. **Please ensure submission of lab results for two clean urine samples, has been provided prior to your applicant’s admission into our program.**
- The applicant understands that suboxone is a witnessed dose, under supported self-administration, by the Resident Nurse or other qualified designate, as per RLTC protocols. **Applicant’s Suboxone dosage will not be altered while in treatment.**
- Prior to admission, all Applicants 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 possible. **Note: If the Mantoux test is positive, a Chest X-ray must be arranged and results of the x-ray may take up to 6 weeks.**



APPLICANT CLIENT NAME	DATE OF BIRTH
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**SUBOXONE MAINTENANCE PROGRAM CONTRACT**

**PLEASE PRINT CLEARLY**

**(To be completed with suboxone prescribing physician and applicant)**

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

My start date on suboxone was \_\_\_\_\_

My current dose of suboxone is \_\_\_\_\_

I started taking my current dose of suboxone on \_\_\_\_\_

I have been on my current dose of suboxone for \_\_\_\_\_

I understand that Round Lake Treatment Centre requires me to be stabilized on this current dose of suboxone for at least 2 weeks. **This means the dosage of suboxone has not been in the process of upward titration in the last 2 weeks.**

My prescribing physician is Dr. \_\_\_\_\_ of \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_.

**Please initial all boxes as acknowledgement of the contract guidelines**

- I acknowledge that I come to RLTC **stabilized** on a suboxone program.
- I acknowledge that I have **two weeks abstinence** from alcohol, illicit drugs, medical marijuana, and medications from the unsafe list. **CRYSTAL METH USE CLEAN TIME IS FIVE (5) MONTHS ABSTINENCE. NO EXCEPTIONS.**
- I acknowledge that I have an opioid use disorder and wish to continue my Suboxone program while at the Round Lake Treatment Centre.
- I agree that while at RLTC, I will receive my Suboxone daily from the Resident Nurse or a qualified designate.
- I agree to adhere to the program guidelines 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.
- I **agree to a supervised urine sample for drug screening as requested**. I understand that failure to comply will result in termination from the program.
- I will dissolve, sublingually, my suboxone, witnessed, as according to the protocols.

**Physician to witness the proceeding,**

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE