



Consent to Enrolment in the Safer Supply Program – Prescription of Hydromorphone Tablets (Dilaudid®)

Information about the person in treatment

Last name: _____ First name: _____
DOB: _____ RAMQ #: _____

Prescription of hydromorphone tablets (Dilaudid®):

- ✓ The partner care team is willing to provide a safer supply by prescribing hydromorphone tablets according to the individual needs of the person using illicit opioids.
- ✓ This safer supply program is being proposed in order to limit the use of opioids from the illicit market and to maximize the safety of the person in treatment.

Warning:

The standard treatment options (methadone, buprenorphine-naloxone/Suboxone®, and slow-release oral morphine/Kadian®) remain the recognized and preferred options for the treatment of opioid use disorder.

- ✓ The prescription of hydromorphone tablets (Dilaudid®) for use by injection represents an off-label use. In other words, the tablets were not designed to be injected.
- ✓ Use of opioids in combination with alcohol, other depressants such as benzodiazepines (Ativan™, Xanax™, etc.), GHB, sleeping pills or painkillers carries health risks that in some cases can lead to death.
- ✓ It is imperative that the dialogue between the partner care team and the person in treatment is open and transparent, especially with regard to the use of other substances.
- ✓ The partner care team cannot guarantee that the combined prescription of hydromorphone tablets will continue in certain situations (e.g. hospitalization, therapy, or incarceration).

Commitment of the partner care team:

- ✓ The team agrees to provide accurate and up-to-date information.

- ✓ The team agrees to provide open and transparent dialogue and to take the person's opinions into consideration in its decision-making. When offering this type of treatment, consideration must always be given to whether the benefits (reduced overdoses, crime, etc.) outweigh the risks (injection complications, resale, co-ingestion with depressants, etc.).
- ✓ In the event that the team notes a deterioration in the physical or mental health of the person in treatment, changes to the program will need to be considered. In such cases, the prescription may be reduced or stopped as a safety measure, additional psychosocial support may be offered, and/or the team may encourage the person to consider treatment with an opioid agonist for his or her safety.

Commitment of the person under medical supervision:

- ✓ I agree to inform my partner care team of all substances (both legal and illegal) and other medications that I use, in order to reduce the risk of adverse effects and ensure my safety during my participation in the safer supply program.
- ✓ Any sale of prescribed medication or non-compliance with the prescription could lead to the termination of the hydromorphone tablet (Dilaudid®) prescription, as continuing could pose a danger to my safety or the safety of others.

Goals

In collaboration with the partner care team, goals will be set to make my participation in the safer supply program as beneficial to me as possible. These goals may change according to my needs and may be jointly and periodically redefined.

- _____
- _____
- _____

Date modified: _____

Consent

By signing this agreement, I am certifying that I understand the nature of the proposed safer supply program, that my questions have been answered, and that I wish to benefit from the proposed program.

Signature of the person under supervision: _____ Date: _____

Signature of a team member: _____ Date: _____