

SAMPLE METHADONE CARRY AGREEMENT¹

In order to receive take-home doses of my medication (“carries”), I understand and acknowledge the following:

1. There are expectations around my stability and my ability to store medications in a safe manner that must be met in order to receive take-home doses of methadone. This is because of the risks of methadone to people who do not have tolerance to it, and the risks to me if it is not taken properly. A single dose of methadone can be dangerous or fatal if consumed by someone who is not tolerant of that dose, especially if taken by a child. If I miss too many doses, I can also lose tolerance to the medication. If I take more than prescribed on a single day, this can also be dangerous or life-threatening.
2. When considering whether to prescribe carries, my care provider is concerned about my safety and the safety of my community. To assess my ability to manage carries safely, my care provider will consider:
 - a. My housing
 - b. How long I have been taking methadone
 - c. How often I miss doses
 - d. My stability (for example, how I am managing appointments, medication, work, school)
 - e. My substance use
 - f. My urine drug test results
 - g. Other factors that could affect my ability to manage carries safely, such as mental health changes
3. The number of take-home doses I receive will be based on my stability and ability to manage carries safely. As my stability increases and I have more experience managing carries safely, the number of carries will be gradually increased. If my stability decreases or I have difficulty managing carries safely, the number of carries will be decreased. These decisions are made in discussion with my prescriber, balancing the importance of the treatment working in my life, with the importance of my safety and the safety of the community.
4. In order to receive carries, I will need to manage my use of drugs and alcohol so that the impact to my health, safety, and stability is minimized, and such that it does not interfere with my ability to manage and store carries.
5. If I wish to receive a larger number of carries, I will need to minimize my substance use and be abstinent from medications not prescribed to me.
6. Urine drug testing is a routine part of methadone treatment. Urine drug tests provide information about what substances I have been taking or exposed to, which helps me and my prescriber develop the best treatment plan for me. I agree to provide a urine sample when requested. I understand that if my urine sample shows signs of tampering or indicates that I am not taking methadone as prescribed, I will lose my carries.
7. I will bring my carries to my clinic or my pharmacy within 24 hours of being asked to do so. If I do not without a valid reason, I may lose access to carries.

¹ Adapted from [A new framework for methadone carries: A person-centered evidence-informed approach to methadone take-home “carry” dosing](#), META:PHI.

8. In order to receive carries I need to have a safe and consistent place to stay, not staying on the street.
9. I will store my methadone securely in a locking device (locked box, locked cabinet, or safe) that cannot be accessed by other people. I will keep my medication out of sight and out of reach.
10. I agree not to share, trade, sell, or loan my methadone under any circumstances. Any of these is a reason for my carries to be withdrawn indefinitely.
11. If carries are lost, they will typically be replaced with observed doses, and a review of the carry agreement will take place. If carries are lost, they will be reinstated gradually.

My signature below indicates that I agree to follow the obligations and responsibilities outlined in this agreement.

I have had the opportunity to discuss and review this agreement with my care provider and my questions have been answered to my satisfaction.

Date

Patient (Signature)

Patient (Printed Name)

I confirm that:

1. This form has been reviewed with the patient and they understand its content fully.
2. The patient was given time to ask questions about this agreement and seek clarification.
3. I will engage with my patient in discussing carry issues and use my clinical judgment along with current guidelines as a basis for treatment decisions. I will explain the reasons for decisions about initiating, increasing, or decreasing carries.

HCP (Signature)

HCP (Printed Name)