

CONSENT FOR TREATMENT WITH DISULFIRAM

- Disulfiram (Antabuse) is a medication that is used to help prevent relapse to alcohol.
- The body is not able to process alcohol while taking disulfiram. This includes even very small doses that may be absorbed from perfume, hand sanitizer, food items (dressings, vinegars, marinades, sauces, extracts, etc.) and alcoholic beverages. It is important to check labels of items that will go in or on your body.
- Disulfiram should NOT be taken if you have consumed alcohol within the past 12 hours.
- A disulfiram-alcohol reaction may include: trouble breathing, throbbing pain in head and neck, nausea, vomiting, sweating, thirst, palpitations, weakness, dizziness, blurred vision, and confusion. Severe reactions may involve respiratory failure, heart failure, unconsciousness, seizure, and death.
- The larger the dose of the alcohol, the stronger the disulfiram-alcohol effect. The reaction can last from 30 minutes to several hours, or as long as it takes for the alcohol to be metabolized.
- Disulfiram-alcohol reaction may occur for up to 2 weeks after stopping medication.
- This medication can affect your liver. Blood will be drawn before starting treatment, again soon after starting treatment, and then as needed to make sure your liver is healthy. Tell your treatment team or seek emergency care if you develop any of these symptoms:
 - Yellowing of the skin or eyes
 - Dark urine
 - White stool or diarrhea
 - Stomach pain or loss of appetite
 - More tired than normal
- Allergic reactions can happen when taking disulfiram. Alert your treatment team or get immediate medical help if you have any of these symptoms:
 - Skin rash
 - Chest pain
 - Trouble breathing or wheezing
 - Dizziness or fainting
 - Swelling of eyes, mouth, tongue, or face
- The most common side effect of disulfiram is drowsiness, but severe adverse reactions have occurred in some individuals. These include: liver failure, nerve irritation/ neuropathy, psychosis, acne, skin rash, impotence, and inflammation of the optic nerve.

- There are some medications that should not be taken with disulfiram (metronidazole, dronabinol, certain cough medicines, others). It is important to let your providers know that you are prescribed disulfiram. Do not change your medications without checking with your provider.
- It is not known if disulfiram is safe during pregnancy or if it can be passed into breast milk. A pregnancy test will be done before treatment has begun. If you learn you are pregnant at any time, please alert your medical team. Disulfiram is not recommend whilebreastfeeding.
- Store disulfiram at room temperature, in a light-resistant container. Keep all drugs out of the reach of children and pets.
- Relapse to alcohol is very dangerous after being on disulfiram. Alert your family, friends, and close contacts that you are on disulfiram and about the risk of a severe reactions should you have a relapse.
- Breathalyzers and toxicology screens will be done at each OBAT visit to help assure abstinence from alcohol.
- Disulfiram is only one part of your treatment. It is important that you seek counseling support services along with the medical part of your treatment to assist you in your recoveryprocess.

For patients 18 years of age and older:

PATIENT

Printed Name

Signature

Date

WITNESS

Witness

Signature

Date

For patients under 18 years of age seeking treatment with parental consent:

PATIENT

Printed Name

Signature

Date

PARENT/GUARDIAN

Printed Name

Signature

Date

WITNESS

Witness

Signature

Date

For patients under 18 years of age seeking treatment without parental consent and (i) a “mature minor” or (ii) an “emancipated minor”

PATIENT

Printed Name

Signature

Date

PROVIDER

Treating Provider Name

Signature

Date

WITNESS

Witness

Signature

Date

For patients 12-17 years of age diagnosed with a substance use disorder by two or more providers, seeking treatment related to diagnosis without parental consent

PATIENT

Printed Name

Signature

Date

PROVIDER 1

Diagnosing Provider Name 1

Signature

Date

PROVIDER 2

Diagnosing Provider Name 2

Signature

Date

WITNESS

Witness

Signature

Date

After completion, scan form into patient record and provide a copy to the patient.

Note: This form reflects Massachusetts state laws related to consent for substance use disorder treatment. Providers should be aware of the legal requirements for consent in their own individual states and amend accordingly.

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