# Opioid Maintenance Treatment in the ACT: Local Policies and Procedures

**ACT Health**

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# 1 PURPOSE

The current regulatory framework for the delivery of opioid maintenance treatment is supported by the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014)* (National Guidelines) as notified under the Medicines, Poisons and Therapeutic Goods Regulation 2008.

This document aims to provide local information and procedures for opioid maintenance treatment in the ACT to complement the National Guidelines. This document recognises stakeholders with key roles in the delivery of opioid maintenance treatment in the ACT. It is a local operational document that supports the implementation of the National Guidelines and provides local service information for providers and consumers.

This document has been produced by ACT Health to assist ACT Health employees and other practitioners including medical and nurse practitioners, pharmacists, alcohol and other drug workers, nurses and health professionals working in community settings, hospitals, mental health services, detention environments and the police watchhouse.

All practitioners involved in the delivery of opioid maintenance treatment in the ACT must comply with the National Guidelines. Compliance with the National Guidelines are standard conditions placed upon prescriber endorsements to treat drug dependency, approvals to prescribe a controlled medicine and opioid dependency treatment centre licences issued under the Medicines, Poisons and Therapeutic Goods Regulation 2008.

Whilst compliance with this document is not mandatory, health practitioners involved in the delivery of opioid maintenance treatment services should endeavour to comply with this document wherever possible.

# 2 KEY ROLES

This Section lists the organisations with key roles in relation to opioid maintenance treatment in the ACT. The valuable contributions and resources these organisations provide to assist in the delivery of opioid maintenance treatment services is gratefully acknowledged.

More information about the organisations, including the nature of their key roles and contact details, is provided at **Appendix 1 and 2**.

- ACT Health – Alcohol and Drug Services (ADS)
- ACT Health – Pharmacy Department, Canberra Hospital (CH)
- ACT Health – Pharmaceutical Services section, Health Protection Service
- Alcohol Tobacco and Other Drug Association ACT
- Directions Health Services - Althea Wellness Centre
- Winnunga Nimmityjah Aboriginal Health Service
- Capital Health Network
- The Pharmacy Guild of Australia – ACT Branch
- ACT Health – Justice Health Services
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- The Connection.

# 3 RELATED POLICIES, GUIDELINES AND LEGISLATION

This document is to be used in conjunction with the policies, guidelines and legislation listed below.

National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014)

*Medicines, Poisons and Therapeutic Goods Act 2008*

Medicines, Poisons and Therapeutic Goods Regulation 2008

Medicines, Poisons and Therapeutic Goods (Guidelines for treatment of opioid dependency) Approval 2018 (No 1)

Controlled Medicines Prescribing Standards

Pharmacy Board of Australia Codes, Guidelines and Policies
(These Standards aim to assist a registered pharmacist to practice and reflect the Pharmacy Board of Australia's interpretation of the Health Practitioner Regulation National Law (ACT) Act 2010.)

*Human Rights Act 2004*

*Children and Young People Act 2008*

# 4 AUTHORITY TO TREAT

This Section addresses the legal and procedural requirements for prescribers and pharmacists.

## 4.1 Approval to prescribe a controlled medicine

Prescribers must have a Chief Health Officer controlled medicine approval (CHO approval) to prescribe opioid maintenance treatment for each individual client. Prescribers are required to complete an *Application for Approval to Prescribe a Controlled Medicine* form. The completed form is to be forwarded to Pharmaceutical Services. [1] The Chief Health Officer or delegate will action the *Approval to Prescribe* form. The *Approval to Prescribe* will be valid for a maximum of twelve months.

Further information is available on the ACT Controlled Medicines webpage.

## 4.2 Prescriber endorsement to treat drug dependency

Prescribers may apply to the Chief Health Officer for endorsement to treat drug-dependency. Endorsed prescribers may induct clients onto opioid maintenance treatment or prescribe for more than five stable clients concurrently. To become endorsed, prescribers must have successfully completed a designated training program with short examination and a practical placement. To maintain endorsed prescriber status, practitioners are required to undertake refresher training every five years.

Further information about becoming an endorsed prescriber is available on the ACT Health Controlled Medicines webpage.

Client intake procedures for prescribers illustrating the process from initial consultation to provision of opioid maintenance treatment are provided for reference in the flowchart diagrams at **Appendices 5 to 9**.

[1] Section 560 and 561 Medicines and Poisons Therapeutic Goods Regulation 2008

Prescribers not endorsed to treat drug-dependency may provide continuing opioid treatment for 5 patients or less if:

- the patient has already undergone opioid dependency treatment for at least 14 consecutive days (the initial treatment); and
- the initial treatment was prescribed by an endorsed prescriber.

### 4.3 Exempt settings

Exemptions have been established under section 557 of the Medicines, Poisons and Therapeutic Goods Regulation 2008 to enable flexibility in prescribing within institutions. Prescribers working at any ACT hospital, correctional centre, Children and Young People detention facility, police custody facility or the ADS:

- have standing interim approval if the prescribers apply to Pharmaceutical Services for CHO approval within 72 hours of the time the client is first prescribed medication [2]; (see also Div 13.1.2 (557) Medicines, Poisons and Therapeutic Goods Regulation 2008.); and
- are exempt from the requirement to become endorsed to treat drug-dependency.

Although exempt, it is highly recommended that these prescribers complete the designated training program for opioid maintenance treatment prescribers.

### 4.4 Authority to dispense

A community pharmacy must be licensed as an Opioid Dependency Treatment Centre, to dispense opioid maintenance treatment in the ACT.[3] Opioid Dependency Treatment Centre licence holders are required to ensure all pharmacists and pharmacy staff (e.g. Registered Nurses and dispensary assistants) involved in the administering or dispensing opioid maintenance treatment at the licensed pharmacy have successfully completed the designated training program and short examination for opioid maintenance treatment dispensers in the ACT.

To maintain status, pharmacists are required to undertake refresher training every five years. Opioid Dependency Treatment Centre Licences will be issued up to every three years. Applications for licences should be forwarded to Pharmaceutical Services.

The ADS clinic, as an Opioid Dependency Treatment Centre operated by the Territory, does not require a licence.

## 5 ENTRY INTO TREATMENT

This Section addresses induction to treatment; including client rights and responsibilities, and the identification of priority population groups.

### 5.1 Rights and responsibilities

To commence treatment the client is to be fully informed by the prescriber about opioid maintenance treatment (**see Appendix 4 – Client Rights and Responsibilities Form**). The practitioner must ensure that the client has been provided with the relevant information.

All clients who are injecting drugs should be given information regarding the hazards of injecting drug use and also be provided with relevant written resources, if appropriate. When additional

[2] Section 557 Medicines and Poisons Therapeutic Goods Regulation 2008

[3] Section 470 Medicines and Poisons Therapeutic Goods Regulation 2008; see also http://www.health.act.gov.au/health-services/population-health/health-protection-service/pharmaceutical-services/

support services are required, the client should be provided with the contact details for the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and the ACT Health Alcohol and Drug Services. See **Appendix 2 – Support Services Contact Details.**

In the first instance, the National Guidelines should a primary source of written information for clients.

Other sources of written information for clients include:

- *The Methadone Handbook* (Australian Drug Foundation, 2016)
- *Suboxone: A Guide to Treatment* (Turning Point, 2005)
- *Opioid Substitution in the ACT*: http://www.cahma.org.au/pharma.html
- *A Guide to Safer Injecting*: http://www.aivl.org.au/resource/a-guide-to-safer-injecting/
- Community Overdose Prevention and Education (COPE) resources: http://www.copeaustralia.com.au/resources/

### 5.2 Naloxone

Naloxone is an opioid antagonist that is used to reverse opioid overdose. In 2014, the World Health Organisation produced guidelines recommending that countries expand naloxone access to people likely to witness an opioid overdose in their community in order to reduce the global burden of death from opioid overdose.

The ACT Naloxone Program provides access to brief training and naloxone to the following priority groups:

- People on opioid maintenance treatment receiving their script or dose from Alcohol and Drug Services, ACT Health
- People on opioid maintenance treatment when they leave the Alexander Maconochie Centre
- People in specialist drug treatment and support services operating withdrawal services or drug rehabilitation programs with particular focus on clients leaving residential rehabilitation programs and other therapeutic communities
- People accessing Aboriginal Community Controlled Health Organisations
- People prescribed opioids including those on opioid maintenance treatment attending general practice
- People referred by the emergency departments following an opioid overdose.

There are a number of models for delivering overdose education and naloxone as part of routine health care.

The brief intervention used in one NSW health district is for clients at risk of opioid overdose including those currently using, having recently used, or at risk of using (e.g. relapse) either illicit or prescription opioids and is considered part of care planning. The brief intervention is delivered by trained clinicians in a clinical session. It takes approximately 15-30 minutes and has two core elements – client education and provision of take-home-naloxone. The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) began opportunistic brief interventions in 2016 and uptake suggests that they are an important adjunct to planned training sessions.

The Penington Institute has also developed two training videos where the identification of overdose and administration of naloxone is explained in a real life scenario:

- *Naloxone: Experiences and Perspectives and Naloxone: Saving Lives*

The ACT Government funds CAHMA to train people who use illicit drugs and their family members and friends about preventing and responding to opioid overdose and using naloxone. The comprehensive program engages many marginalised and financially disadvantaged people and will continue in parallel with other interventions in the Territory.

The Pharmaceutical Society of Australia has developed a *Pharmacist Only* guidance document to provide advice to pharmacists around effective process and how professional responsibilities may be best fulfilled:

- Guidance for the provision of a *Pharmacist only* Naloxone
- Naloxone webinar
- Provision of naloxone as a *Pharmacist Only* medicine CPD.

Other relevant resources have been developed by CAHMA for use when training people to administer naloxone including:

- ACT Opioid Overdose Prevention and Management Program Quick Guide to responding to an opioid overdose

In addition the Penington Institute have also developed resources for use by Community Overdose Prevention and Education (COPE) Australia. These include:

- COPE information for health professionals
- COPE Frequently asked questions about naloxone
- COPE Information for opioid users, families and friends

### 5.3 Screening

All clients who have ever injected drugs should be offered screening for blood-borne viruses and sexually transmitted diseases when entering treatment. Screening should be repeated annually or more frequently following a particular risk exposure. Details of **Blood borne virus screening providers** are available at **Appendix 1 - Opioid Maintenance Treatment Support Services.**

- ACT specific online health information to guide testing and management decisions is available for General Practitioners, specialists, nurses and allied health practitioners via the Capital Health Network Health Pathways portal (http://www.actml.com.au/programs/healthpathways)
- The National Blood Borne Virus Testing Policies are targeted towards health professionals ordering hepatitis C, hepatitis B and HIV related tests, and receiving and interpreting results. These policies are available at http://testingportal.ashm.org.au/
- *Decision Making in Hepatitis C* is a two-page quick reference guide to assist health professionals to evaluate hepatitis C laboratory results and provide an overview of the natural history of chronic hepatitis C (http://www.ashm.org.au/Documents/DecisionMaking_HCV.pdf)

ACT Health funds hepatitis B vaccines for people who inject drugs and household and sexual contacts for hepatitis B positive people through their General Practitioner. For more information contact the **Health Protection Service on 6205 2300**.

### 5.4 Induction to treatment

The prescriber should use the induction checklist for all clients commencing on opioid maintenance treatment at **Appendix 3 – Induction Form.** Prior to commencing treatment the

prescriber should fully inform the client about opioid maintenance treatment (**see Appendix 4 – Client Rights and Responsibilities Form**).

To be inducted onto opioid maintenance treatment in the ACT, the client must consent to:

- treatment
- their prescriber and pharmacist sharing the following information with ACT Health:
    - client name and date of birth
    - identification as an Aboriginal and/or Torres Strait Islander person
    - client's prescriber
    - dosing pharmacist
    - treatment type and dose including access to unsupervised (take away) dosing.
- ACT Health confirming with NSW Health that the client is not currently registered with the opioid maintenance program in New South Wales
    - treatment type and dose, including access to unsupervised (take away) dosing being shared with an alternative prescriber or pharmacist in the event of:
        - an emergency where prior arrangements have not been made for a transfer to an alternative prescriber or pharmacy (e.g. a fire or storm that causes records or premises to be destroyed, or the prescriber's incapacitation due to death, illness or injury).
- information being shared with the relevant medical officer in the event of:
    - client's detention at the police watch house
    - client's detention elsewhere in the ACT
    - client's admission to a hospital in the ACT.

All clients should be advised by the prescriber, and be provided with written information if appropriate, about:

- the nature of opioid maintenance treatment (including aims, goals, known benefits and alternative treatments)
- the applicable policies- including the frequency of and procedures for dosing, urine drug screening, dosing hours, guidelines for takeaway doses, and clinic or pharmacy schedule of appointments
- general and specific expectations of conduct
- the likely timeframes for being in treatment
- the side effects and risks associated with treatment
- timing of first dose
- the potential effect on activities such as driving motor vehicles and operating machinery, the risks of other drug use (including alcohol, tranquillisers, sleeping pills, heroin and other opioids) while receiving opioid maintenance treatment,
- that treatment, once commenced, should not be stopped suddenly
- the dosing fee the client will need to pay when collecting the dose

- access to support services.
- that clients beginning treatment at ADS, once stabilised may be expected to receive their dose from a community pharmacy, and that this may incur additional costs. Criteria for assessing stability may be found at **Appendix 5 – Client Stability Assessment**.

In addition, female clients should be advised of the need to inform the prescriber of pregnancy, or suspected pregnancy at the earliest opportunity

The prescriber will reiterate the information regarding treatment, provided at induction, at the next appointment.

### 5.5 Commencing dosing at a pharmacy

Most clients will commence dosing at the ADS. The prescriber should confirm arrangements with the pharmacy that the client wishes to attend for supervised dosing. This confirmation may involve a client visit to the pharmacy to allow the client and pharmacist to agree on dosing arrangements.

To assist the pharmacist to complete the dosing arrangements:

- the prescriber will provide to the pharmacist their prescriber information (name, address and medical prescriber number) and a valid prescription for the client
- the client should provide the pharmacist with at least two forms of identification. For example, passport, driver's licence, Medicare card, utilities account or birth certificate (at least one of these identifications should be photographic).

Information regarding fees and subsidies is outlined in **Section 10 Fees and Subsidies**.

### 5.6 Priority population groups

Some clients are especially vulnerable to the effects of illicit drug use. A care plan should be developed for clients at the earliest opportunity and access given to specialised support services if required. Priority population groups include:

- pregnant women
- women and their partners with children under the age of two years
- clients under the age of 18 years
- people who identify as Aboriginal and/or Torres Strait Islander
- people being released from detention facilities
- people on a diversion program from the criminal justice system
- people with human immuno-deficiency virus (HIV) and their opioid using partners
- hepatitis B and C carriers and their opioid using partners.

In the ACT there are legislative requirements for the mandatory reporting of abuse and neglect of children and young people. If a person believes on reasonable grounds that a child or young person has experienced, or is experiencing:

- sexual abuse
- non-accidental physical injury.

the person is required to report these beliefs to the Central Intake Service of the Office for Children Youth and Family Support.

| | |
|---|---|
| Mandated Reporters | 1300 556 728<br>childprotection@act.gov.au |
| General Public | 1300 556 729 |
| After Hours Crisis Services | 1300 556 729 |
| Website | http://communityservices.act.gov.au/ocyfs |

Information regarding mandated reporting is available at Sections 356 and 357 of the *ACT Children and Young People Act 2008*

### 5.6.1 Pregnant women

Methadone is the preferred opioid maintenance treatment medication for pregnant clients. Pregnancy must be confirmed to the satisfaction of the prescriber. For clients who become pregnant whilst in treatment receiving the buprenorphine/naloxone combination product, buprenorphine is to be used. The client must complete a *Patient consent form for buprenorphine treatment during pregnancy/breast feeding* available at **Appendix 6**.

Pregnant clients require close supervision as severe withdrawal symptoms can cause foetal distress, especially in the first and third trimester. If dose reductions are to be implemented, reductions should occur in the second trimester in stable pregnancies. For more information on the management of opioid dependence in pregnancy refer to **Section A7.1 (Pregnancy and breastfeeding) of the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014).***

Pregnancy Support programs for clients, or parents and children together are available through Consultation and Liaison – Alcohol and Drug Services. These include:

- IMPACT (Integrated Multi-agencies for Parents and Children Together) Program – a system wide approach, which facilitates agencies and services to work collaboratively, within a set of agreed principles, to better meet the needs of vulnerable families. IMPACT is a voluntary program provided for pregnant women, their partners and children under two years of age who are clients of Mental Health ACT and/or are receiving opioid maintenance treatment and require assistance to manage their involvement with multiple services/agencies. IMPACT requires client consent to participate.
- Pregnancy Enhancement Program - provides individualised antenatal support for vulnerable women (including substance use and mental health issues).

Clients who have declined to participate in the IMPACT Program or who are not eligible for the Program (i.e. their child is over two years of age) are provided follow-up by ADS, if pregnant or with young children. These clients are contacted by the ADS Consultation and Liaison team to provide referral or advice as required.

### 5.6.3 People who identify as Aboriginal and/or Torres Strait Islander

Winnunga Nimmityjah Aboriginal Health Service is a primary health care service initiated and managed by the local Aboriginal community to provide a culturally safe holistic health service for the Aboriginal people of the ACT and surrounding areas. Winnunga Nimmityjah Aboriginal Health Service delivers opioid treatment services with a dedicated opioid nurse, prescribers with

endorsement to treat drug dependency along with Aboriginal social health team to ensure a culturally appropriate, multidisciplinary approach.

Due to the complexity of intergenerational trauma, mental illness and social disadvantages collaboration with external partners in providing specialist services should be streamlined and expedited whenever possible.

### 5.6.4 Clients under the age of 18 years

Before inducting clients under the age of 18 years onto opioid maintenance treatment, all prescribers in the ACT must consult an Addiction Medicine Physician at ADS (**see Section 7 - Support Services**). It should be noted that:

- *The Age of Majority Act 1974* identifies that a person attains full age for all purposes of the law of the Territory when a person attains the age of 18 years
- Legally a person can only consent to medical treatment if they are an adult (aged 18 years) **or if they are mature enough to clearly understand the nature of treatment and any risks involved**. Otherwise, a parent or guardian should be asked to consent to treatment on behalf of the young person[4]
- buprenorphine is not registered for use by clients under the age of 16 years.

The *National Guidelines* notes if pharmacotherapy is used, buprenorphine may be preferred over methadone because of easier cessation. Doses may need to be adjusted from those used for adults.

For more information refer to **Section A7.2 (Age factors) of the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014).***

### 5.6.5 People being released from detention facilities

Clients being released, having been detained in a detention facility for more than three weeks, or having been inducted on opioid maintenance treatment by Justice Health Services, require an ADS prescriber or endorsed prescriber to prescribe their opioid maintenance treatment.

### 5.2.6 People on a diversion program from the criminal justice system

Clients who have been referred from the criminal justice system for treatment as part of a police or court drug diversion program may receive priority access to assessment and treatment.

# 6 MAINTENANCE ON TREATMENT

## 6.1 Unsupervised (take-away) dosing

Unsupervised (take-away) doses may be authorised for clients who demonstrate clinically assessed stability in treatment. All clients should commence opioid maintenance treatment under conditions of supervised administration. Those clients who demonstrate stability may progress to receiving unsupervised (take-away) doses (subject to their prescriber's CHO approval to prescribe a controlled medicine). The benefits of unsupervised (take-away) doses include:

- the pharmacy and the client agree to a weekly schedule
- enhanced integration into the community

[4] ACT Health - Consent and Treatment: Children and Young People. Standard Operating Procedure

- improves patient autonomy in the management of their medication and treatment in general
- enhanced capacity to obtain and maintain employment
- reduces stigma associated with attending dosing points, particularly where there are confidentiality concerns for the client
- convenience of treatment
- reduced client costs associated with daily dosing at community pharmacies (e.g. Higher travel costs of accessing centralised clinic compared with accessing local pharmacy)
- providing an incentive for clients not to cease treatment prematurely.

Take-away limits are described in Category 3 of the Controlled Medicines Prescribing Standards (the Prescribing Standards). The Prescribing Standards are approved by the Chief Health Officer under the Medicines, Poisons and Therapeutic Goods Regulation 2008 with advice from the Medicines Advisory Committee (MAC). The unsupervised (take-away) limits described in Category 3 of the Prescribing Standards are based on long held principles determined in close consultation with local stakeholders within the alcohol, tobacco and other drug sector.

### 6.1.1 Assessing client stability for unsupervised (take-away) dosing

To receive unsupervised (take-away) doses, clients need to be assessed by their prescriber as meeting stability criteria. A tool to guide the assessment of client stability is provided at **Appendix 5**. Use of this tool is recommended to ascertain client stability.

The prescriber is required to specify on the prescription their authorisation of unsupervised (take-away) doses and details should be recorded in the client record.

Prescribers are authorised to prescribe takeaway doses for their stable clients under their Chief Health Officer (CHO) approval up to the limits specified in the Controlled Medicines Prescribing Standards.

The pharmacist should clearly record details of take-away doses in the client record and the administration records. Clients should be advised to store their take-away doses in a secure place out of the reach of children and other potential users, and not in a refrigerator.

Clients should report lost take-away doses to their pharmacist and prescriber immediately.

Where a client exhibits signs of decreasing stability the pharmacist should notify the prescriber so the prescriber can review the client and their treatment, including the indications for continuation of take-away doses.

For more information refer to **Section A10.4 Criteria for takeaways and unsupervised dosing of the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014)*.**

### 6.1.2 Unsupervised (take-away) doses – special cases

In Special cases additional unsupervised (take-away) doses may be permitted. For further information refer to the Controlled Medicines Prescribing Standards.

Pharmacists should ensure additional take-away doses are first confirmed with the prescriber.

For circumstances not covered in this section, contact Pharmaceutical Services.

### 6.1.3 Urine drug screening

In the ACT, the use of urine drug screening is not mandatory, and will be determined on an individual basis by the prescriber in discussion with the client. For information on the reasons for instigating urine drug screening, refer to **Section A4.3.2 (Clinical review and monitoring) of the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014)*.** Clients should be provided with written information regarding the locations that urine testing is conducted, and the legal status of screening in the ACT.

**Factsheets for clients** have been included at **Appendices 13-16:**
(ACT Health internal Policy and Clinical Guidance Register only - Consumer Handouts):

- Unsupervised (Take-Away) Doses of Methadone – **Appendix 13**
- Unsupervised (Take-Away) Doses of Suboxone – **Appendix 14**
- Methadone Treatment and ECG Screening – **Appendix 15**
- Opioid Maintenance Treatment and Urine Drug Screening – **Appendix 16**.

### 6.1.4 Volume expansion

The decision to volume expand an unsupervised (take-away) dose should be made by the prescriber in consultation with the client. Advice on this matter may also be sought from other members of the treatment team (e.g. pharmacist). Any requirement for volume expansion should be clearly marked on the prescription, with the total volume of the treatment to be dispensed noted on the prescription. Volumes of both methadone and diluent should be measured accurately with an appropriate measure.

If an unsupervised (take-away) dose is volume expanded, an appropriate diluent should be used to protect the integrity of the methadone dose from potential microbial growth up to the use-by date. If doses are volume expanded in the ACT, it is recommended that they be diluted to a maximum total volume of 100 mLs and labelled accordingly.

Note that 115 mL amber bottles are provided by Alcohol and Drug Services (ADS) free of charge to ACT pharmacists for the purpose of volume expansion of methadone (take-away) doses.

For circumstances not covered in this Section or for contact with other prescribers, contact ADS.

### 6.1.5 Ceasing or reducing unsupervised (take-away) doses

Ceasing or reducing unsupervised (take-away) doses can be one of the most difficult issues for a prescriber to deal with, as once a client is receiving take-aways, the suggestion of reducing access to take-aways may not be welcomed.

A client may do well for a time, and then relapse into periods of hazardous drug use. Good communication between the client, prescriber and community pharmacist can help reduce the frequency, duration and intensity of relapses and allow an increase in client support to counter unstable periods.

Where there is continued hazardous drug use by the client, unsupervised (take-away) doses are not part of optimum treatment and supervised dosing is necessary.

Indications that a return to supervised daily dosing (long-term or short-term) may be necessary include:

- self report of relapse to heroin use, or to other dependent drug use
- credible evidence of diversion
- recent injection marks; and deterioration in psychological, physical or social well-being
- irregular attendance

- demonstrated carelessness with storage of takeaways or other medications (e.g. children or other adults having access to medications)
- reports of stolen or lost takeaways.

When a return to supervised daily dosing is being considered, it may be appropriate to give a client both verbal and written indication of the concerns.

Re-introduction of unsupervised (take-away) doses should only occur after a period of at least two weeks of stability, and should proceed incrementally.

#### 6.1.6 Split dosing

Split dosing may be considered for clients who rapidly metabolise methadone (e.g. in the case of acute pain or during pregnancy). Prior to authorising split dosing, the prescriber should consult with another endorsed opioid maintenance prescriber (with patient consent) to confirm the need for split dosing. If considered appropriate this may involve one half dose being administered under usual supervision and the remaining half dose dispensed for unsupervised (take-away) administration. The use of unsupervised (take away) doses in split dosing, should not reduce the total regular unsupervised (take-away) doses for clients.

### 6.2 Vomited dose

For clients receiving methadone, if vomiting occurs within 20 minutes of ingesting the dose (witnessed by the pharmacist), the pharmacist is to contact the prescriber so that, a supplementary opioid maintenance treatment dose may be authorised. Extra care should be exercised with pregnant clients as severe withdrawal symptoms may cause foetal distress, especially in the first and third trimesters.

If vomiting occurs more than twenty minutes after ingestion, the dose is likely to have been absorbed. Clients should be reassured that most of the dose has been absorbed.

As Buprenorphine is absorbed sublingually within minutes, vomiting after a dose will not reduce the clinical effect, and no extra dose should be administered.

### 6.3 Missed doses

If a client receiving opioid maintenance treatment misses scheduled dosing days, the regime in the ***National Guidelines for Medicated-Assisted Treatment of Opioid Dependence (April 2014)*** should be consulted **(see A4.3.1 (Optimising medication dosing regimens)).**

### 6.4 Stopping treatment

When a client no longer requires a prescription for opioid maintenance treatment, the prescriber with the current *Approval to Prescribe* should inform the ADS within 14 days of the client ceasing opioid maintenance treatment using the Stop Form (see **Appendix 7 – Stopping Treatment Form**).

Client non-attendance for regular treatment will often come to the attention of their dispensing pharmacist in the first instance. If this change in attendance is not due to a planned absence (e.g. holiday) the pharmacist must contact the prescriber as soon as possible. The practitioner will follow up with the client and, if required, inform the ADS after seven days of non- attendance at the pharmacy.

#### 6.4.1 Voluntary

A client may withdraw from treatment at any time without affecting access to medical care. Clients should, wherever possible, be reduced appropriately from their current dose. Refer to Section **A4.6 (Cessation of substitution treatment) of the *National Guidelines for Medicated-Assisted Treatment of Opioid Dependence (April 2014).***

Early information should be provided to the client regarding the importance of remaining in treatment, and the best manner to cease treatment safely with minimal clinical consequences. This information should be included in care planning at the earliest opportunity.

### 6.4.2 Other circumstances

There may be instances of problematic behaviour from clients receiving opioid maintenance treatment. Episodes of problematic behaviour should trigger a discussion between the client and members of the treating team aimed at resolving the dispute (depending on nature and severity) with documented outcomes provided to the client and included in the client record. For community pharmacists, see also Section 7, Support Services (7.2.2).

More detail on involuntary cessation of treatment can be found in Section **A4.6.1 (Involuntary withdrawal) of the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014)*.**

Clients should not have access to treatment removed by ACT Health employees because of problematic behaviour, except with the approval of the Chief Executive. For those in community settings, **Section 7 outlines the Support Services**. ACT Health has clear policy on the management of violence or aggression in the workplace

Treatment should not be withheld or terminated for non-payment of financial accounts alone. Information regarding fees and subsidies is outlined in **Section 10 Fees and Subsidies**.

If issues relating to accumulated debt are unable to be resolved, the client is to be referred to another dosing pharmacy or the public clinic. The Rapid Referral Mechanism may be used to refer clients to ADS **(see Section 7 Support Services (7.2))**.

If clients are dissatisfied with decisions made regarding their care, see **Section 12 Complaints** for information and the process to be followed to seek review.

Readmission to treatment is subject to the Rights and Responsibilities detailed in Entry into Treatment (**Section 5.1**).

# 7 SUPPORT SERVICES

## 7.1 Clinical consultation, liaison and advice

If the prescriber or pharmacist has clinical concerns about the ongoing management of a client or requires specialised advice, the prescriber or pharmacist is encouraged to contact ADS or Canberra Hospital (CH).

Business hours contact with ADS is available for prescribers or pharmacists to seek the advice of a nurse, or medical specialist if required. If pharmacist advice is required, this can be done through CH.

After hours calls to ADS for advice should be directed to the ADS 24 hour help line. If required, ADS staff will then contact the on-call ADS medical specialist who may contact the practitioner directly, or follow the matter up at the next business day, depending on the nature of the advice required.

General practitioners have a peer available for advice and support through the Capital Health Network. This general practitioner is an experienced opioid maintenance treatment prescriber.

Community pharmacists with queries or concerns regarding opioid maintenance treatment should contact the Pharmacy Guild of Australia ACT Branch or Pharmaceutical Services, Health Protection Service for initial advice.

Contact details for these services are provided in **Appendix 2- Support Services Contact Details**.

### 7.2 Rapid referral mechanism

#### 7.2.1 Prescribers

If a medical practitioner or other prescriber (such as a nurse practitioner) is unable or unwilling to prescribe opioid maintenance treatment to a client then the prescriber should consult with ADS.

If the prescriber is not able to initiate opioid maintenance treatment and the client requires an assessment for initiation, in consultation with ADS, an emergency consultation at ADS or Directions Health Services will be made available as soon as possible.

For complex clients (e.g. clients with multi drug use or a previously stable client who is deteriorating rapidly), an emergency consultation should be made available at ADS. This consultation can be made by contacting the ADS Administration Manager.

The transferring prescriber should provide ADS with relevant details (treatment, length of time in treatment, dose, date of last dose, period covered by last prescription, number of regular takeaways authorised and other clinically relevant issues).

If required, ADS will accept ongoing management responsibility for treatment (including prescribing) for the client.

#### 7.2.2 Pharmacists

If a pharmacist who has an ADS prescribed client is unable or unwilling to continue to treat a client, in consultation with ADS, the current script can be transferred back to the ADS Clinic, and the client can continue to dose from the clinic. If a pharmacist is unable or unwilling to dose a client with prescribed treatment, the pharmacist should contact that prescriber to discuss options. Clients referred to the ADS Clinic for dispensing may continue to be prescribed by another prescriber working in the community.

### 7.3 Arrangements to cover absence from practice

When a prescriber receives *Approval to Prescribe* from the Chief Health Officer, this *Approval to Prescribe* is valid for all prescribers working at the prescriber's usual practice.[5] Where another prescriber is covering the absence of a client's regular prescriber at the practice, the covering prescriber must not induct treatment (in the case where treatment has been withheld) or prescribe for more than five stable clients concurrently, unless they are an endorsed prescriber (**see section 4.2**).

For periods of planned leave, if a prescriber is unable to transfer the client to another practitioner within their practice, the prescriber should contact ADS preferably one month prior to the period of absence, so that the necessary arrangements may be made with another prescriber. At the completion of the planned absence, the client will be transferred back to the original prescriber (including transfer of clinically relevant information in accordance with the usual transfer arrangements from ADS).

[5] Section 560 Medicines and Poisons Therapeutic Goods Regulation 2008

### 7.4 Counselling and other supports services

Counselling and case management services are available to all clients receiving opioid maintenance treatment in the ACT. Services are also available for friends and family members. Contact details for these services are provided **in Appendix 2**.

### 7.5 Key worker

A key worker is the primary point of contact from the service the client is accessing. This role will vary with each service and may include, but is not limited to, a nurse, social worker or case manager or counsellor.

The role of the key worker is to ensure that clients accessing building 7 are aware of, and have access to, the support services in place in the ACT community.

Where possible, People in detention facilities will be introduced to a worker from in the service they will be accessing prior to release.

### 7.6 Blood-borne viruses and sexually transmitted diseases support services

Blood-borne viruses and sexually transmitted diseases support services are available to all clients receiving opioid maintenance treatment in the ACT and their family members through **Hepatitis ACT** and **AIDS Action Council of the ACT.** See **Appendix 2** for the contact details including more information about the range of services provided.

## 8 INFORMATION ABOUT CLIENTS AND PRACTITIONERS

ACT Health - Alcohol and Drug Services (ADS) is able to provide prescribers, pharmacists and alcohol and other drug counsellors with information about available places for prescribing or dosing including:

- the names, practice location and contact details of prescribers prescribing for ACT clients on opioid maintenance treatment
- the names, practice location and contact details of prescribers endorsed to prescribe opioid maintenance treatment, plus an indication of the current status of the practitioner's capacity to accept new referrals, and endorsement to prescribe in other jurisdictions
- prescriber's current status - including requirements for refresher training and number of years prescribing
- the names of pharmacies licensed to dispense opioid maintenance treatment, including opening times, contact details, current capacity to accept new referrals, and the name of the key pharmacist (licence holder)
- pharmacists' current status and requirements for refresher training.

ADS will keep a record of: names of all clients receiving opioid maintenance treatment, the client's prescriber and dosing pharmacist, the treatment type and maximum dose (including unsupervised (take-away) doses), and the length of time that the client has been in treatment for this episode. Information concerning clients in opioid maintenance treatment in the corrections environment will also be noted to allow throughcare for this client group to be monitored.

ADS will keep a record of the signed *Rights and Responsibilities* form (**Appendix 4**). This form documents client consent for information to be shared in the event of an emergency, or admission to an ACT hospital, police watch house, or detention facility.

If an existing client chooses not to sign the form, the client will not be removed from treatment.

# 9 TRANSFERS

Clients may wish to transfer to other prescribing or dosing locations temporarily or more permanently for employment, holiday or other reasons.

## 9.1 Transfers between jurisdictions within Australia

### 9.1.1 Clients transferring from another state or territory into the ACT

For clients wishing to temporarily transfer to the ACT from another state or territory, the client's prescriber must:

- obtain approval from the ACT Chief Health Officer by submitting an Application for Approval to Prescribe a Controlled Medicine form;
- if Alcohol and Drug Services (ADS) is to be the dosing location, notify ADS of the impending transfer to arrange a dosing point as soon as possible and within 10 working days; and
- fax/post prescription after the ACT Chief Health Officer has issued an approval to prescribe for the patient, to the dosing pharmacy prior to the patient arriving in the ACT.

For clients from another state or territory wishing to transfer to the ACT permanently (for Tier 1 or Tier 2 clients only), the client's prescriber must:

- notify Alcohol and Drug Services (ADS) of the impending transfer to arrange a new prescriber dosing point (ADS requires at least 4 weeks notice for permanent transfer); and
- if necessary:
    - Obtain approval from the ACT Chief Health Officer by submitting an Application for Approval to Prescribe a Controlled Medicine form for up to four weeks
    - Forward prescription after the ACT Chief Health Officer has issued approval to prescribe for the patient, to the dosing pharmacy prior to the patient arriving in the ACT to ensure client treatment continuity.

### 9.1.2 ACT clients transferring to another state or territory

ACT prescribers who are assisting a client to temporarily or permanently transfer to another state or territory should contact the relevant state or territory's opioid maintenance program for assistance. This is because each state and territory has different arrangements for temporary and permanent transfers. Prescribers may also contact ACT Alcohol and Drug Services (ACT ADS) for assistance with transferring clients.

Prescribers obtaining assistance from ACT ADS should contact ACT ADS as soon as possible and within 10 working days for temporary transfers and at least 4 weeks notice for permanent transfers.

Refer to the transfer flowcharts provided at **Appendices 17 and 18**.

## 9.2 Transfers for travel overseas

In the event that a transfer for travel overseas is necessary, the prescriber is to contact ADS as soon as possible to ensure that all legislative requirements are met. Not all countries allow travellers to possess prescribed opioids.

The best site for information on travelling overseas with methadone or buprenorphine is http://www.indro-online.de/travel.htm

More information can also be found at http://www.tga.gov.au/consumers/travellers-leaving.htm

Clients receiving methadone liquid may require the prescription to be changed to methadone tablets for the period of the travel. The prescriber must seek an additional *Approval to Prescribe* from Pharmaceutical Services to allow methadone tablets to be dispensed.

Clients receiving buprenorphine/naloxone (Suboxone) may have no need to change treatment, depending on the countries to be visited.

A minimum of 4 weeks should be allowed for making necessary arrangements for overseas travel.

### 9.3 Clients in detention facilities

Procedures for clients entering and being released from detention facilities are represented in flow charts at **Appendices 10 and 11.**

#### 9.3.1 Entering detention facilities

When a person is admitted to a detention facility, opioid maintenance treatment will be available as part of ongoing health care.

When a client currently receiving opioid maintenance treatment enters a detention facility, as soon as the current prescription and the last dose can be confirmed, the client is to continue with the current prescribed schedule if that schedule is safely able to be continued **(see Appendix 10).**

Justice Health Services will:

- confirm the last dose of opioid maintenance treatment provided from the client's current dosing point, (including provision of takeaways)
- fully assess the client (including for signs of intoxication and withdrawal)
- contact the client's usual opioid maintenance treatment prescriber to confirm the current treatment regime (treatment type, dose)
- dose the client at the earliest opportunity (which may be the next day, depending on admission time)
- request a new *Approval to Prescribe* from Pharmaceutical Services[6]
- contact the community prescriber to ensure the prescriber is aware of the requirement to inform the ADS and the dosing point
- organise a treatment care plan at the earliest opportunity.

For clients not currently receiving opioid maintenance treatment, opioid maintenance treatment is only indicated for those who are opioid dependent. Induction will follow the ***National Guidelines for Medication Assisted Treatment of Opioid Dependence (April 2014*), see A4.2 (Induction**).

#### 9.3.2 Discharge from detention facilities

Procedures for clients being released from detention facilities are represented in a flow chart at **Appendix 11**.

Justice Health Services will arrange a prescriber and dosing point for the client prior to the client leaving the detention facility to ensure arrangements are in place for transition to community care.

[6] Section 560 Medicines and Poisons Therapeutic Goods Regulation 2008

Where possible, people in detention facilities will be introduced to a worker from the service they will be accessing prior to their release to ensure there is a smooth transition to community care and other support services.

A current prescription from the Justice Health Services' prescriber should be forwarded to the dosing point at the time of release allowing dosing for up to 4 weeks. Details of the prescription and other medical information should be provided to the ADS prescriber or endorsed community prescriber via a discharge summary for continuity of care (with a copy sent to Pharmaceutical Services and a copy sent to ADS (**see Section 8 Information About Clients and Practitioners**)). The new prescriber should submit an *Approval to Prescribe* to Pharmaceutical Services stating that the client is being transferred within four weeks of the client returning to the community.

These arrangements may require the client to temporarily dose for up to four weeks on the Justice Health Services prescription depending on the availability of the new prescriber.

Justice Health Services should ensure that a comprehensive discharge summary is provided to the new prescriber preferably prior to release, including the treatment care plan, so that the care plan may be updated as required.

### 9.4 Clients in the police watch house facility

Procedures for clients in the police watch house are represented in a flow chart at **Appendix 12**.

Schedule 8 medications are unable to be stored in the police watch house due to legislative and staff resourcing issues.

Clients receiving opioid maintenance treatment who enter the police watch house facility may continue to receive their medication if all the following criteria can be satisfied:

- the last dose received by the client can be verified
- medication is able to be sourced (e.g. takeaways can be provided by the client's usual pharmacist within the pharmacy business hours) or ADS clinic

A prescriber treating a client at the watch house may prescribe for the client on the condition that an *Approval to Prescribe* is requested within 72 hours of the first dose being prescribed.[7]

The attending prescriber will confirm the client's dosing history with the client's dosing point or Canberra Hospital and Health Services, depending on the time of day and availability of the dose.

If a decision is made to provide methadone the attending doctor should:

- assess the client to ensure they are not currently intoxicated with drugs and/or alcohol
- contact the client's current dosing point or ADS to confirm details of last dose (drug, amount)
- dose the client
- transmit by facsimile details of the doses provided to the client whilst in the watch house to the current dosing point or ADS, clearly marked "For Information Only" (so it is clear that the client has continued to receive opioid maintenance treatment, and has not missed any doses)
- transmit by facsimile a request for *Approval to Prescribe* to Pharmaceutical Services within 72 hours of the client first dosing in the watchhouse.[8]

[7] Section 557 - Medicines Poisons and Therapeutic Goods Regulations 2008

[8] Section 560 Medicines and Poisons Therapeutic Goods Regulation 2008

If it is not considered safe to dose a client with opioid maintenance treatment, symptomatic management may be offered to alleviate actual or potential symptoms.

If the prescriber has clinical concerns about the ongoing management of a client or requires specialised advice, the prescriber is encouraged to contact ADS.

Business hours contact with ADS is available for prescribers to seek the advice of a nurse, pharmacist or medical specialist if required.

After hours calls to ADS for advice should be directed to the ADS 24 hour help line. If required, ADS staff will contact the on-call ADS medical specialist who may contact the practitioner, or follow the matter up at the next business day, depending on the nature of the advice required.

## 10 FEES AND SUBSIDIES

In the ACT all clients receiving opioid maintenance treatment in community pharmacies conducting opioid maintenance treatment under Licence are expected to pay a small daily fee. ACT Health provides a subsidy towards the total cost of the client's opioid maintenance treatment to the community pharmacies conducting opioid maintenance treatment. Interstate visitors that dose at a community pharmacy may be charged a slightly higher amount.

Community pharmacists have a memorandum of understanding (MOU) in place with ACT Health to participate in opioid maintenance treatment in community pharmacies. This agreement clearly outlines the rights and responsibilities of pharmacy staff and clients in relation to the provision of treatment. Through the MOU, ACT Health requires that community pharmacists have in place a process for the collection of fees and a process for resolution of accumulated debt if required.

### 10.1 Missed payments

Prior to accepting a new client at a community pharmacy, pharmacists should discuss payment options and procedures. The client and pharmacist should come to a mutual agreement on the frequency and form of payment. This agreement should be represented in a written agreement signed by both parties. Managing payments is the responsibility of the pharmacist and the client.

It is recommended that, where possible, direct debit arrangements (preferably with Centrelink if applicable to reduce possibility of financial institution dishonour fees) be utilised by community pharmacies. This may reduce the likelihood of debt being accumulated.

Early recognition of problems may allow for solutions to be sought preventing problems from becoming unmanageable. The use of support services should be promptly sought to rectify issues at an early stage. The Client Rights and Responsibilities Form at **Appendix 4** outlines the procedure to resolve problems.

Pharmacists are expected to provide clients with written advice on the timelines and process for bringing an account into balance (e.g. two to four weeks from the time the client receives written advice). Difficulties with paying fees should be discussed between the pharmacist and the client, as should the process of dealing with non-payment of fees.

## 11 TRAINING REQUIREMENTS

Training requirements for prescribers and pharmacists are outlined in the Medicines, Poisons and Therapeutic Goods (Guidelines for treatment of opioid dependency) Approval 2018 (No 1).

### 11.1 Prescribers

Prescribers seeking to become endorsed to treat drug-dependency under section 581 of the Medicines, Poisons and Therapeutic Goods Regulation 2008 must complete both a theoretical and practical component. The theoretical component can be undertaken either through a training program delivered by ACT Health or through the NSW online Opioid Treatment Accreditation Course. Practical placement involves completion of a half day in an ACT Health Alcohol and Drug Services Clinic.

The NSW Opioid Treatment Accreditation Course (formerly the Prescriber Accreditation Course – PAC) is sponsored by NSW Health, and may allow NSW accreditation. The NSW course requires placement with a specialist prescriber. The session at ACT Health will meet the placement requirements of the NSW course. More information about the NSW Course is available online at www.otac.org.au/.

Further information about becoming an endorsed prescriber is available on the ACT Health Controlled Medicines webpage.

### 11.2 Pharmacists

A Pharmacist that holds an Opioid Dependency Treatment Centre Licence under section 470 of the Medicines, Poisons and Therapeutic Goods Regulation 2008 at a community pharmacy must ensure that all pharmacists dispensing treatment have successfully completed the ACT Health training program to allow the safe administration and/or dispensing of opioid maintenance treatment.

There may be exceptional circumstances when a pharmacy is not able to ensure trained pharmacists are present to dispense opioid maintenance treatment. These situations should be discussed with the Lead Pharmacist, Mental Health, Justice Health and Alcohol and Drug Services, and training provided at the earliest opportunity.

### 11.3 Refresher Training

Endorsed prescribers and dispensing pharmacists are required to undertake refresher training delivered by ACT Health every five years to retain their endorsement or ability to dispense opioid maintenance treatment, respectively.

### 11.4 Training program validity

Responsibility for the planning, implementation and evaluation of the training program lies with ACT Health.

On the successful completion of a training program, ACT Health will provide a certificate to the participant.

Results of training will be documented by ACT Health.

## 12 COMPLAINTS

### 12.1 Clients

Clients unsatisfied with any aspect of treatment received should first seek to resolve the complaint with the practitioner or service providing the service. See the Client Rights and Responsibility Form at **Appendix 3**.

All ACT Health clients are able to provide feedback on services through the Listening and Learning forms available online at the ACT Health website or by mail upon written request and at ACT Health services.

The ACT Health Services Commissioner can address written complaints about the provision of health services. More information about the ACT Community and Health Services Complaints Commissioner is available at the following points of contact.

Clients who desire or require assistance with providing feedback on their treatment or who otherwise require advocacy may contact the Canberra Alliance for Harm Minimisation & Advocacy (CAHMA).

Contact details for the above services are available at **Appendix 2**.

### 12.2 Medical and/or Nurse Practitioners, Nurses, Pharmacists and other Allied Health Professionals

Medical and/or nurse practitioners, nurses, pharmacists, allied health professionals or alcohol and other drug workers with a specific concern about the provision of opioid maintenance treatment in the ACT should, in the first instance seek to resolve the issue with the practitioner or service involved in the care.

## 13 Evaluation

Successful implementation of these Guidelines is expected to result in:

- An improvement in client retention on opioid maintenance treatment post release from full time detention (particularly during the first three months when risk is greater for overdose and sudden death)
- An increase in the uptake by clients of blood borne virus screening, vaccinations for hepatitis and counselling and case management services
- Timely access to treatment from point of referral (measured by reporting average entry into treatment timeline)
- Support for and an increase in the number of medical practitioners able to prescribe opioid maintenance treatment for clients stabilised in treatment
- Support for and an increase in the number of medical practitioners able to induct and maintain clients on treatment (i.e. general practitioners and other medical practitioners working in the community and in mental health services, detention environments and the police watch house)
- An increase in the numbers of clients receiving opioid maintenance treatment in community pharmacies as opposed to ADS's public clinic
- Increase in client satisfaction

This document will be reviewed every 2 years in consultation with the sector or more frequently if there is changes to the National guideline or local regulations.

# APPENDIX 1: OPIOID MAINTENANCE TREATMENT SUPPORT SERVICES

***Organisations with key roles in the provision or support of opioid maintenance treatment in the ACT.***

The role of **ACT Health – Alcohol and Drug Services (ADS) in conjunction with ACT Health – Pharmacy Department, Canberra Hospital (CH)** is to provide:

- tertiary level clinical services for those clients with the most complex needs
- clinical consultation/ liaison advice for practitioners and workers
- local training for prescribers and pharmacists (including Lead Pharmacist, MH, JH & ADS (CH), as appropriate)
- practical clinical placements for prescribers (including Lead Pharmacist, MH, JH & ADS (CH), as appropriate)
- emergency referrals for clients to Directions Health Services and Winnunga Nimmityjah Aboriginal Health Service for identified priority groups such as pregnant women, people who identify as Aboriginal and/or Torres Strait Islander, people newly released from detention facilities and people with HIV.
- a point of contact for emergency coordination and client information.

ADS employs medical specialists, nurses and allied health professionals, in conjunction with the Lead Pharmacist, MH, JH & ADS (CH), as appropriate, to provide the following client services:

- clinical assessments
- clinical consultation and liaison
- supervised dispensing of opioid maintenance treatment
- crisis and ongoing counselling
- case management for clients receiving their opioid maintenance treatment prescription and/or dose from ADS
- key workers to provide case management for clients dosing at Building 7
- IMPACT (Integrated Multi-agencies for Parents and Children Together) Program participation
- mental health assessments and referral to Mental Health ACT for those with moderate to severe mental health problems
- arranging transfer of clients receiving opioid maintenance treatment from ADS to community prescribing and/or dosing
- blood borne virus screening, hepatitis B vaccinations, women's health clinic, referrals to other services (e.g. Canberra Sexual Health Clinic, Liver Clinic)
- pay subsidies to community pharmacies dispensing opioid maintenance treatment
- assist pharmacists and prescribers with arranging interstate and overseas client transfers
- assist pharmacies/pharmacists with client opioid pharmacotherapy issues requiring the direct or immediate involvement of the Lead Pharmacist, MH, JH, & ADS (CH)
- maintain records of prescribers and pharmacists that have undergone training and placements.

- maintain a register of the names of clients currently on opioid maintenance treatment, their prescribers, their dose (name and amount and unsupervised take-aways) and their pharmacy.

The role of **ACT Health –Pharmaceutical Services, Health Protection Service**

- Delegated authority of the Chief Health Officer under the *Medicines, Poisons and Therapeutic Goods Act 2008*.
- Consider applications from prescribers for endorsement to treat drug dependency
- Consider applications from pres*cribers for Approval to Prescribe* a controlled medicine for each client on opioid maintenance treatmen*t*
- Consider applications from community pharmacies for an Opioid Dependency Treatment Centre Licence.
- Maintain records of all prescriber endorsements, approvals and pharmacy licences issued in the ACT.

The role of **Alcohol Tobacco and Other Drug Association ACT (ATODA)** is to:

- Represent the alcohol, tobacco and other drug sector in the ACT.
- Promote health through the prevention and reduction of harms associated with alcohol, tobacco and other drugs.
- Coordinate, support and assist organisations and individuals to provide services that prevent and reduce the harms associated with alcohol, tobacco and other drugs.
- Develop, implement, coordinate, evaluate and promote key sector support activities.

The role of **Directions Health Services** is to provide:

- clinical assessments
- crisis and ongoing counselling
- key workers to provide case management for clients leaving corrections facilities
- key workers to provide case management for clients receiving their opioid maintenance treatment prescription from Directions Health Services
- Mental health assessments provided by Mental Health ACT
- blood borne virus screening, hepatitis B vaccinations, referrals to other services (e.g. Canberra Sexual Health Clinic, Canberra Hospital Liver Clinic).

The role of **Winnunga Nimmityjah Aboriginal Health Service** is to provide:

- a culturally safe holistic health service for the Aboriginal people of the ACT and surrounding areas
- comprehensive clinical assessments including Aboriginal health checks and care plans
- crisis and ongoing counselling
- comprehensive, holistic and culturally appropriate case management and assessments for clients receiving their opioid maintenance treatment from Winnunga Nimmityjah
- key workers to provide case management for clients leaving corrections facilities
- counselling, advocacy, community education and mental health assessments

- blood borne virus screening, including hepatitis B vaccinations and hepatitis C treatments
- a dedicated opioid drug nurse to work with clients on opioid maintenance treatment.

The role of **Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)** is to provide:

- advocacy and treatment support
- information through a peer based users group run by and for past or current illicit or injecting drug users, their friends and families.

The role of **ACT Health – Justice Health Services** is to provide:

- clinical assessments and care plans
- supervised dosing of opioid maintenance treatment
- effective transfer of care for clients receiving opioid maintenance treatment between Justice Health Services at detention facilities and community prescribing and dosing
- effective transfer of care for clients receiving opioid maintenance treatment between community prescribing and dosing and Justice Health Services
- blood borne virus screening, hepatitis B vaccinations, access to other services (e.g. Canberra Sexual Health Clinic, Liver Clinic), hepatitis C treatments, and
- provision of bleach.

The role of **The Connection** is to provide:

- advocacy support
- treatment support
- peer based information for Aboriginal and Torres Strait Islander and non Aboriginal and Torres Strait Islander youth who are current or past illicit or injecting drug users, their families and friends.

**The Pharmacy Guild of Australia, ACT Branch**

Community pharmacists May raise concerns regarding systemic aspects of opioid treatment in the ACT through the Pharmacy Guild of Australia, ACT Branch for resolution by ACT Health. ACT Health will endeavour to address problems of mutual concern to clients and the managing of overarching operation of opioid treatment in the ACT in consultation with relevant stakeholders.

**Capital Health Network**

General practitioners have a peer available to them for consultation and liaison advice and support through the Capital Health Network. This general practitioner is an experienced opioid maintenance treatment prescriber. Concerns regarding systemic aspects of opioid treatment in the ACT may also be noted with this representative for resolution with ACT Health. ACT Health will endeavour to address problems of mutual concern to clients and the managing of overarching operation of opioid treatment in the ACT in consultation with relevant stakeholders.

***Organisations and services provided in support of Opioid Maintenance Treatment***

**Gugan Gulwan Youth Aboriginal Corporation** – Drug and Alcohol Program for young people (25 years and under)

- support

- advocacy
- information and education.

**Ted Noffs Foundation**

- crisis and ongoing counselling for young people (e.g. under 18 years)
- case management for young people.

**Toora Women Inc**

- crisis and ongoing counselling for women.

***Blood-borne viruses and sexually transmitted diseases support services***

**Hepatitis ACT**

Hepatitis ACT is the Canberra community hepatitis organisation, funded by ACT Health to deliver a range of viral hepatitis related services. These include information, education, training, support, health promotion, prevention, advocacy and referral. Practitioners and workers are able to refer clients and their family members for confidential no-cost services and support at Hepatitis ACT.

**AIDS Action Council of the ACT**

The AIDS Action Council of the ACT provides a variety of services, education programs and works to raise awareness of HIV and AIDS in the community via regular events and communications.

***Providers of screening for blood-borne viruses and sexually transmitted diseases***

**ACT Health - Alcohol and Drug Services**

Each Tuesday morning there is a sexual health nurse available for screening for blood-borne viruses and sexually transmitted diseases.

**Canberra Sexual Health Centre – ACT Health**

Canberra Sexual Health Centre is a free service for the testing and treatment of sexually transmissible infections.

**Rapid test for HIV**

Interchange General Practice and Airport General Practice provide Rapid Testing for HIV.
For more information contact the Airport General Practice on 02 6248 2600 or the Interchange General Practice on 02 6247 1719.

***Support services for pregnant women***

**Integrated Multi-agencies for Parents and Children Together (IMPACT) Program** - For pregnant women, their partners and children less than two years of age who are clients of Mental Health ACT and/or are receiving opioid maintenance treatment and require assistance to manage their involvement with multiple services/agencies.

**Pregnancy Enhancement Program** which provides individualised antenatal support for vulnerable women (including substance use and mental health issues).

## APPENDIX 2: SUPPORT SERVICES CONTACT DETAILS

| Service | Address | Phone/Fax | Email | Website |
|---|---|---|---|---|
| ACT Health – Alcohol and Drug Services | Building 7, Canberra Hospital Garran ACT | Phone: (02) 6244 2591<br>Fax: (02) 6174 7176 | | www.health.act.gov.au/our-services/alcohol-and-other-drugs |
| ACT Health - Justice Health Services | GPO Box 825 Canberra City ACT 2601 | Phone: (02) 6207 2843 | | www.health.act.gov.au/our-services/justice-health-services |
| ACT Health – Consumer Feedback Coordinator, Patient Safety and Quality Unit | PO Box 11 Woden ACT 2601 | Phone (02) 6207 7627 | healthfeedback@act.gov.au | www.health.act.gov.au/feedback/consumer-feedback |
| ACT Health Services Commissioner | GPO Box 158 Canberra City ACT 2601 | Phone: (02) 6205 2222<br>Fax: (02) 6207 1034 | Human.rights@act.gov.au | hrc.act.gov.au/health/ |
| ACT Health – Pharmacy Department, Canberra Hospital | Building 1, Level 2, Canberra Hospital, Garran ACT 2601 | Phone: (02) 6244 2121<br>Fax: (02) 6244 4624 | | |
| ACT Health – Pharmaceutical Services | Locked Bag No. 5005 Weston Creek ACT 2611 | Phone: (02) 6207 3974<br>Fax: (02) 6205 0997 | hps@act.gov.au | www.health.act.gov.au/public-information/businesses/pharmaceutical-services |
| AIDS Action Council of the ACT | PO Box 229 CANBERRA ACT 2601 | Phone: (02) 6257 2855<br>Fax: (02) 6257 4838 | support@aidsaction.org.au | Aidsactions.org.au |
| Alcohol, Tobacco and Other Drug Association ACT (ATODA) | 11 Rutherford Crescent Ainslie ACT 2602<br>Postal: PO Box 7187 Ainslie ACT 2602 | Phone: (02) 6249 6358 | info@actoda.org.au | www.atoda.org.au/ |

| | | | | |
|---|---|---|---|---|
| Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) | Shop 15 NorthPoint Plaza, 8 Chandler St. Belconnen 2617<br>Postal: GPO Box 1552 Canberra City ACT 2601 | Phone: (02) 6279 1670 | info@cahma.org.au | www.cahma.org.au/ |
| Canberra Sexual Health Centre – ACT Health | Building 5 (North Wing) Canberra Hospital, Garran ACT | Phone: (02) 6244 2184<br>Fax: (02) 6174 8200 | | www.health.act.gov.au/our-services/canberra-sexual-health-centre |
| Capital Health Network | 2/1 Geils Ct Deakin ACT 2600<br>Postal: PO Box 9 Deakin West ACT 2600 | Phone: (02) 6287 8099<br>Fax: (02) 6287 8055 | reception@chnact.org.au | www.chnact.org.au |
| Directions Health Services | Level 6, Cosmopolitan Centre, Woden Square Woden ACT 2606 | Phone: (02) 6132 4800 | reception@directionshealth.com | www.directionshealth.com |
| Gugan Gulwan Youth Aboriginal Corporation | Gratton Court Wanniassa ACT 2903 | Phone: (02) 6296 8900 | | http://www.gugan-gulwan.com.au/ |
| Hepatitis ACT | Address: 36 David St Turner ACT 2612<br>Postal Address: PO Box 6259 O'Connor ACT 2602 | Phone: (02) 6230 6344<br>Fax: (02) 6230 6266 | info@hepatitisACT.com.au | http://hepatitisact.com.au/ |
| IMPACT | | Phone: 1800 211 274<br>(09:00 – 16:30 Monday - Friday)<br>Fax: (02) 6244 3770 | IMPACTProgram@act.gov.au | www.health.act.gov.au/our-services/women-youth-and-children/impact-program |

| | | | | |
|---|---|---|---|---|
| Pharmacy Guild of Australia, ACT Branch | Level 3, 10 National Circuit Barton ACT 2600<br><br>Postal: PO Box 13 Deakin West ACT 2600 | Phone: (02) 6270 8900<br>Fax: (02) 6270 8910 | Guild.act@guild.org.au | www.guild.org.au/guild-branches/act |
| Pregnancy Enhancement Program | Centenary Hospital for Women and Children | Phone: (02) 6174 7625 | PEPTCH@act.gov.au | http://www.health.act.gov.au/our-services/women-youth-and-children/maternity-services/care-during-pregnancy/pregnancy-enhancement |
| Ted Noffs Foundation | PO Box 120 Randwick NSW 2031 | Phone: (02) 6123 2400<br>Or 1800 151 045 | team@noffs.org.au | www.noffs.org.au |
| The Connection | Shop 15 NorthPoint Plaza, 8 Chandler St. Belconnen 2617 | Phone: (02) 6279 1671 | theconnection@cahma.org.au | |
| Toora Women Inc | | Phone: (02) 6248 8600 | wired@toora.org.au | http://www.toora.org.au/ |
| Winnunga Nimmityjah Aboriginal Health Centre | 63 Boolimba Crescent Narrabundah ACT 2604 | Phone: (02) 6284 6222<br>Fax: (02) 6284 6200 | | www.winnunga.org.au |

## APPENDIX 3: INDUCTION FORM

| (Name) | | (DOB) |
|---|---|---|
| Methadone / buprenorphine | Date of first dose: ___/___/___ | Start dose:_____mg |

Methadone – consider:_____ Buprenorphine – consider:_____

| | |
|---|---|
| • Doses above 30mg may be fatal in opiate naïve people<br>• Overdose risk: do not administer a dose if a patient is intoxicated or sedated (because of risk of fatal respiratory depression)<br>• There is a progressive increase in plasma levels of methadone during the first seven days of treatment on a stable dose<br>• Review daily before each dose to monitor for opiate toxicity<br>• No risk of precipitated withdrawal<br>• First doses in the range 20 – 40mg<br>• Dose at end of the first week should be no greater than 40mg | • Precipitated withdrawal risk: should only start treatment once there is evidence of withdrawal (8 – 12hrs after last heroin, more than 24hrs after last methadone)<br>• High dose rapid induction is safe and effective. Start at 8mg and aim for 16mg by day three<br>• Rapid induction produces side effects in some patients: dizziness, nausea, sedation and headache are common, usually self-limiting, may require dose reduction<br>• Less risk of respiratory depression than with full agonists. However, fatal overdose can occur when buprenorphine is combined with alcohol or benzodiazepines. Patients should be warned of risk and not dosed if intoxicated |

**Signs of withdrawal – rate 1 for symptoms present or not for SOWS**

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 |
|---|---|---|---|---|---|---|
| Hot/cold sweats | | | | | | |
| Cramps/diarrhoea | | | | | | |
| Leg/back pain | | | | | | |
| Anxiety/insomnia | | | | | | |
| Runny eyes/nose | | | | | | |
| Total SOWS | | | | | | |

For patients scoring greater than 5 by day 3, discussion with the prescriber is warranted as starting dose may have been inadequate. For patients reporting 3 or lower after day 3, reassurance and suggestion of over the counter symptomatic medication is indicated.

**Signs of intoxication – yes or no where indicated**

| | | | | | | |
|---|---|---|---|---|---|---|
| Reported using drugs<br>Type<br>How many hours ago | | | | | | |
| Intoxicated | | | | | | |
| Drowsy | | | | | | |
| Poor coordination/clumsy | | | | | | |
| Smells of alcohol | | | | | | |
| Pupil constriction | | | | | | |
| Dis-inhibition | | | | | | |
| Drooling/dizziness | | | | | | |

Patients reporting concurrent use of other sedative medications (benzodiazepines, alcohol) need to be reminded of the risks of their use, as well as signs and symptoms of over-sedation. If the patient is intoxicated the dose should be withheld and discussion with the prescriber determining whether a dose will be given that day.
All discussions with the patient and/or prescriber should be written in the clinical file. When completed, this form should be placed in the patient notes.

## APPENDIX 4: CLIENT RIGHTS AND RESPONSIBILITIES FORM

I, the person identified below, declare that it is my wish to commence opioid maintenance treatment in the ACT.

| (Name) | (Date of birth) |
|---|---|
| (Current address) | |

I acknowledge that in order to commence opioid maintenance treatment in the ACT, I:

- consent to opioid maintenance treatment;
- agree that my prescriber and pharmacist may share the following information with ACT Health:
    - my name and date of birth
    - identification as an Aboriginal and/or Torres Strait Islander person
    - the name of my prescriber, the name of my dosing pharmacist
    - my treatment type and dose including information relating to my access to unsupervised (take away) dosing
- agree to ACT Health confirming with NSW Health that I am not currently registered as a client of the opioid maintenance program in New South Wales
- agree that:
    - my name and date of birth
    - identification as an Aboriginal and/or Torres Strait Islander
    - the name of my prescriber
    - the name of my dosing pharmacist
    - my treatment type and dose, including information relating to my access to unsupervised (take away) dosing:

  may be shared with an alternative prescriber or pharmacist in the event of:
    - an emergency where prior arrangements have not been made for a transfer to an alternative prescriber or pharmacy ( e.g. a fire or storm that causes records or premises to be destroyed, or the prescriber's incapacitation due to death, illness or injury)

  may be shared with the relevant medical officer in the event of:
    - my detention at the police watchhouse
    - my detention elsewhere in the ACT or interstate
    - my admission to a hospital in the ACT or interstate.

I acknowledge that in order to commence opioid maintenance treatment in the ACT I have been advised by my prescriber about:

- the nature of opioid maintenance treatment (including the aims, what it can and cannot achieve, known benefits and alternative treatments)

- the applicable policies (including the frequency of and procedures for dosing, urine drug screening, dosing hours, guidelines for takeaway doses, and clinic or pharmacy schedule of appointments)
- general and specific expectations of conduct
- the likely timeframes for being in treatment
- the side effects and risks associated with treatment
- timing of first dose
- the potential effect on activities such as driving motor vehicles and operating machinery
- the risks of other drug use (including alcohol, tranquillisers, sleeping pills, heroin and other opioids) while receiving opioid maintenance treatment
- that treatment, once commenced, should not be stopped suddenly
- the dispensing fee I will need to pay when I collect my dose. I am aware I should have a maximum fee of $15.00 per week.

I have also been:

- provided with written information if appropriate regarding all the health and safety information outlined above
- offered screening for blood-borne viruses and sexually transmitted diseases
- advised of the need to inform my prescriber as soon as I become aware that I am pregnant.

Should I be unsatisfied with any aspect of my treatment I will endeavour in the first instance to seek to resolve the complaint by talking to the prescriber or pharmacist.

I am aware that I also have the option to have a person advocate on my behalf in seeking resolution of concerns or disputes, if I choose. This advocate may be a consumer or consumer organisation representative such as the Canberra Alliance for Harm Minimisation and Advocacy or a representative of an alcohol and drug support service such as Directions Health Services or a representative of the Pharmacy Guild of Australia, ACT Branch.

- Canberra Alliance for Harm Minimisation and Advocacy: (02) 6279 1670
- Directions Health Services (02) 6132 4800.

If a resolution cannot be reached, I may consider the following options:

- Providing feedback via forms available at ACT Health services or the ACT Health Listening and Learning website http://www.health.act.gov.au/feedback/consumer-feedback
- Writing to the ACT Health Services Commissioner via GPO Box 158, Canberra City ACT 2601 or E-mail: human.rights@act.gov.au. You will need to complete the Health Services Complaint Form which can be downloaded from http://www.hrc.act.gov.au/health/

| (Client signature) | (Date) |
|---|---|
| (Prescriber signature and name) | |

**PRESCRIBER TO FAX THIS COMPLETED FORM TO**
**ACT Health – Alcohol and Drug Services (ADS) The Canberra Hospital**
**Phone: (02) 6244 2591 Fax: (02) 6174 7176 Address: GPO Box 825 Canberra City ACT 2601**

## APPENDIX 5: CLIENT STABILITY ASSESSMENT

| (Client Name) | |
|---|---|
| (Client Date of Birth) | (Unique Identifier for Client) |

Methadone and buprenorphine/naloxone are Schedule 8 Medications (controlled medicines), subject to misuse and diversion. Methadone-related deaths occur each year as a result of misuse of take-away doses by clients and other individuals in the community. Methadone is toxic in overdose and it has a low therapeutic index. Children are particularly vulnerable to overdose.

When an assessment for take-away doses is made, consideration is given to:

- Is the client managing the day to day aspects of their life?
- general health
- dosing record
- Concurrent hazardous use of other drugs

Client access to unsupervised (take-away) dosing will depend on the following conditions

- Prescribing doctor must authorise take-away doses
- Take-away doses should be available only to clients who are adequately stabilised on the program
- Daily doses for at least three months before qualifying for an unsupervised (take-away) dose
- Take-away doses should not be available if there is concern the medication will be misused
- Suitability for take-away doses should be reassessed at each regular patient medical review.

| Contraindications to take-away dosing | Yes | No | Comments |
|---|---|---|---|
| Unstable pattern of substance use, including hazardous use of alcohol, illicit drugs, benzodiazepines or other sedating medications. | | | |
| Notification by the pharmacist or dosing staff of repeated intoxication on presentation for dosing. | | | |
| Significant unstable psychiatric conditions, including active psychosis, significant suicidal ideation and moderate-to-severe depression. | | | |
| Significant concerns regarding child safety in relation to provision of take-away doses. | | | |
| Significant current concerns regarding the likelihood of the client diverting or otherwise misusing take-away doses. | | | |

**Note**: If "**Yes**" to any of the above contraindications, it is recommended that take-away doses not be provided. This decision can be reviewed at next medical review.

**Child Safety statement**

I have informed the patient of the requirement to keep their take-away medication in a safe locked container away from the reach of children. I have advised that the medication is dangerous, if others, particularly children, ingest it.

| (Prescriber's Name) | (Signature) | (Date) |
|---|---|---|
| | | |

## APPENDIX 6: CONSENT FORM FOR BUPRENORPHINE DURING PREGNANCY OR BREASTFEEDING

I, …… am currently in treatment with buprenorphine for the management of my opioid dependence, and wish to continue treatment with buprenorphine during my pregnancy/period of breastfeeding, rather than:

- transfer to methadone, or
- withdraw from buprenorphine

In making this decision, I understand that:

- the safety of buprenorphine during pregnancy or breastfeeding remains uncertain at this stage
- pregnancy and breastfeeding are currently listed as contraindications for the use of buprenorphine in Australia by the Therapeutic Goods Administration
- I will need to attend regularly (and as directed) for antenatal care at

  …….. Hospital
- I will need to attend regularly for appointment with my treatment team at

  ……

Name: ……..

Signed: ……. Date ……./……./……

Witness: …….. Date ……./……./……

## APPENDIX 7: STOPPING TREATMENT FORM

| (Name) | (DOB) |
|---|---|

*Note: if a client is being transferred from methadone and buprenorphine, or vice versa, with the same prescriber, do not lodge this form*

Address:_____

_____

Suburb: _____ Postcode: _____

Is the client EXITING an opioid maintenance treatment program identified below?

☐ Methadone☐ Buprenorphine ☐ Buprenorphine and naloxone film

Date of ENTRY to CURRENT episode of care *(month/year)*: _____/_____

Date of last dose of methadone / buprenorphine / buprenorphine and naloxone dispensed on CURRENT PRESCRIBER"S PRESCTIPTION, including any takeways: ___/___/_____

LAST DOSE of methadone or buprenorphine or buprenorphine and naloxone: _____mg

Reason for exiting treatment (tick one box only):

☐ Client did not commence program

☐ Program incomplete (mutual agreement)

☐ Successfully completed program

☐ Did not pick up opioid maintenance treatment

☐ Treatment terminated involuntarily *Reason for involuntary termination:* _____

☐ Hospitalisation or transfer to other health institution

☐ Community transfer with ACT *(from one community prescriber or dosing point to another)*

*Specify new prescriber/dosing point:*_____

☐Transfer from community to gaol prescriber

☐Transfer from gaol to community prescriber

*Specify new prescriber/clinic:*_____

☐ Transfer to interstate opioid maintenance treatment program

☐ Client deceased Date of death: ___/___/_____

☐ Other, specify: _____

_____

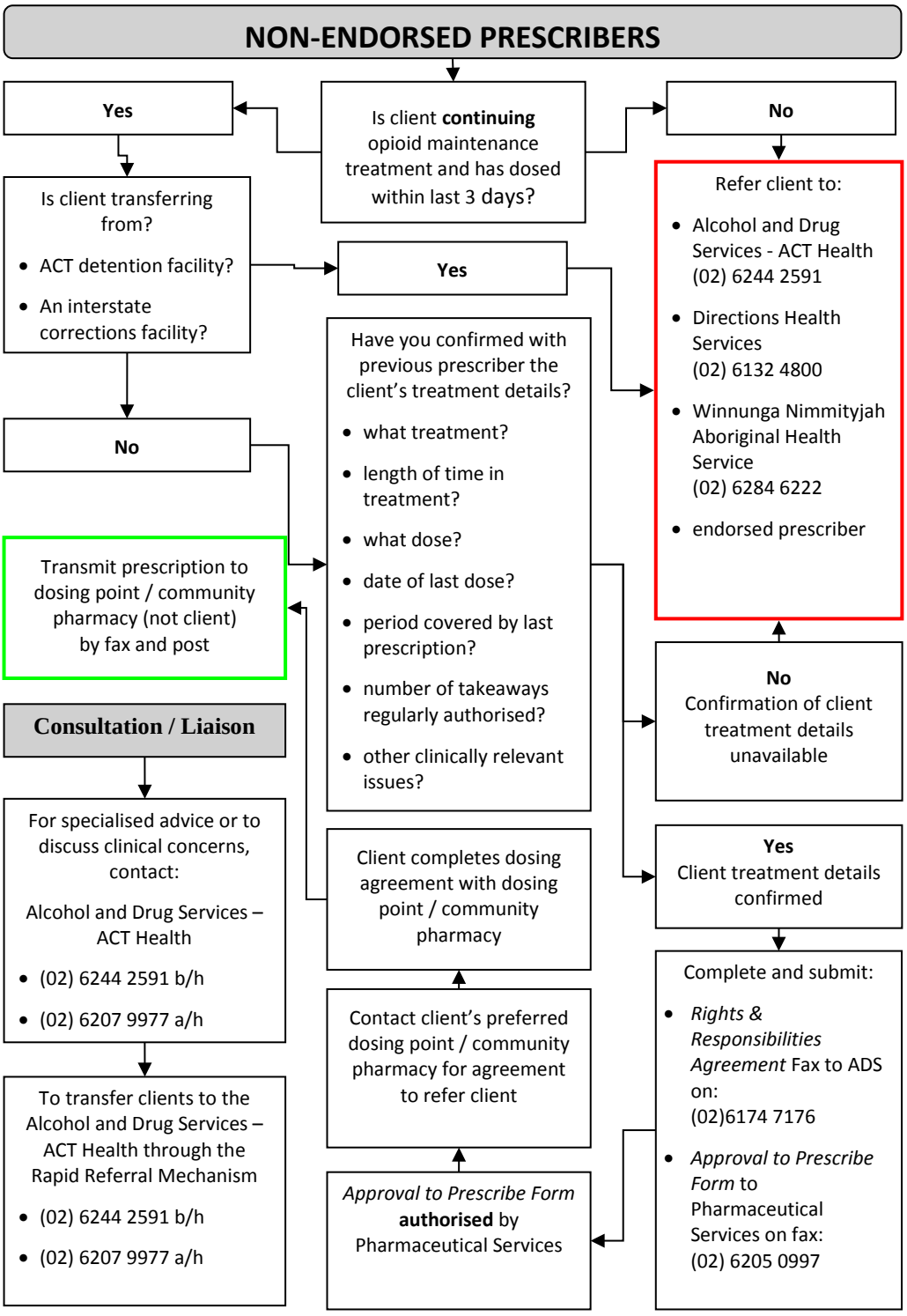
Signature (of person discharging client) Print name Designation Date

Doctor/Pharmacist/ADS Clinic: _____

Address: _____

OFFICE USE ONLY : Date entered: ____/____/_____ ACTPAS referral closed: ___/___/_____

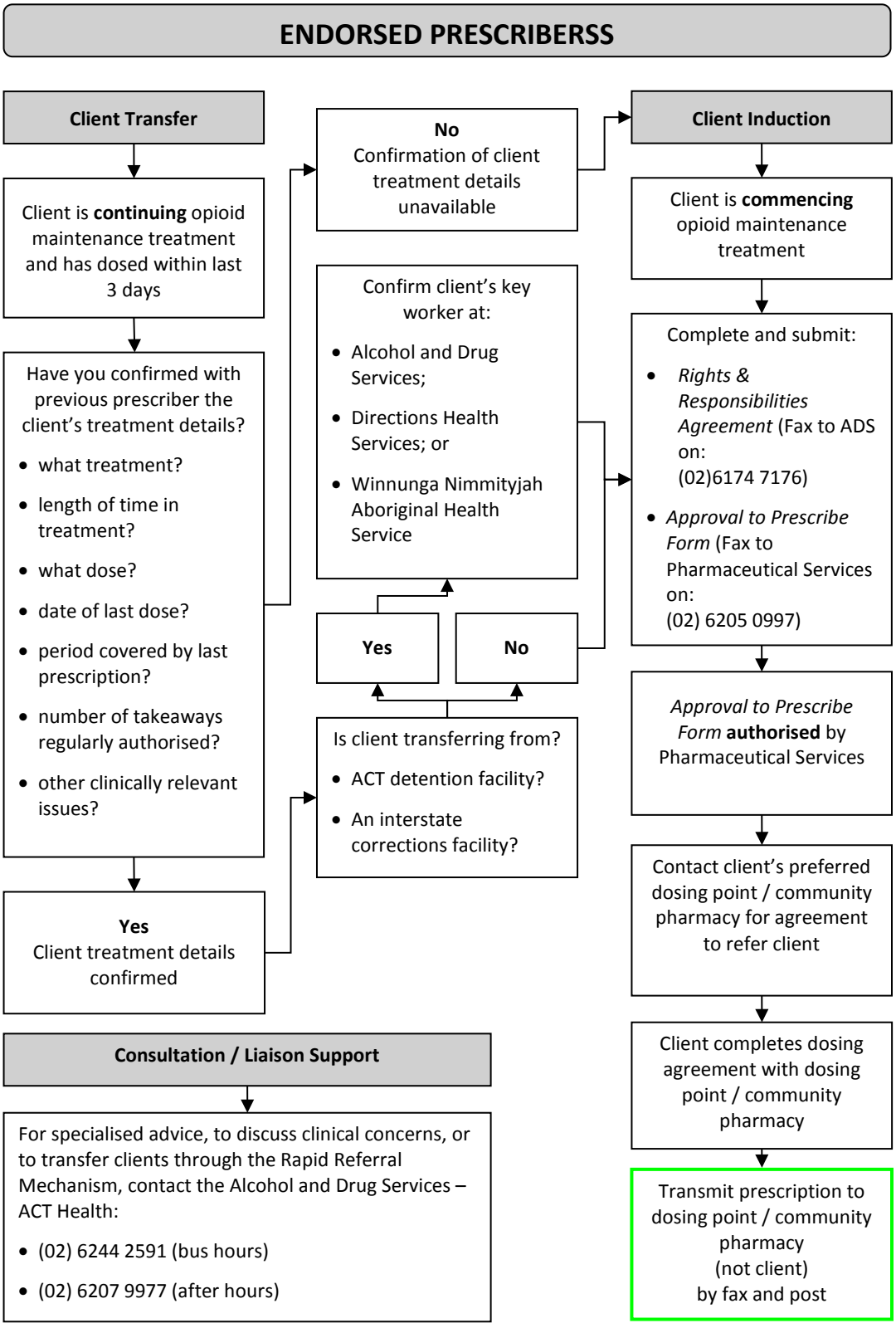
# APPENDIX 8: NON ENDORSED PRESCRIBERS




For relevant forms and access to the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014) see http://health.act.gov.au/health-services/mental-health-justice-health-alcohol-drug-services/programs/alcohol-drug-service/opioid-maintenance-treatment

or contact Pharmaceutical Services on (02) 6207 3974 or by fax on (02) 6205 0997.

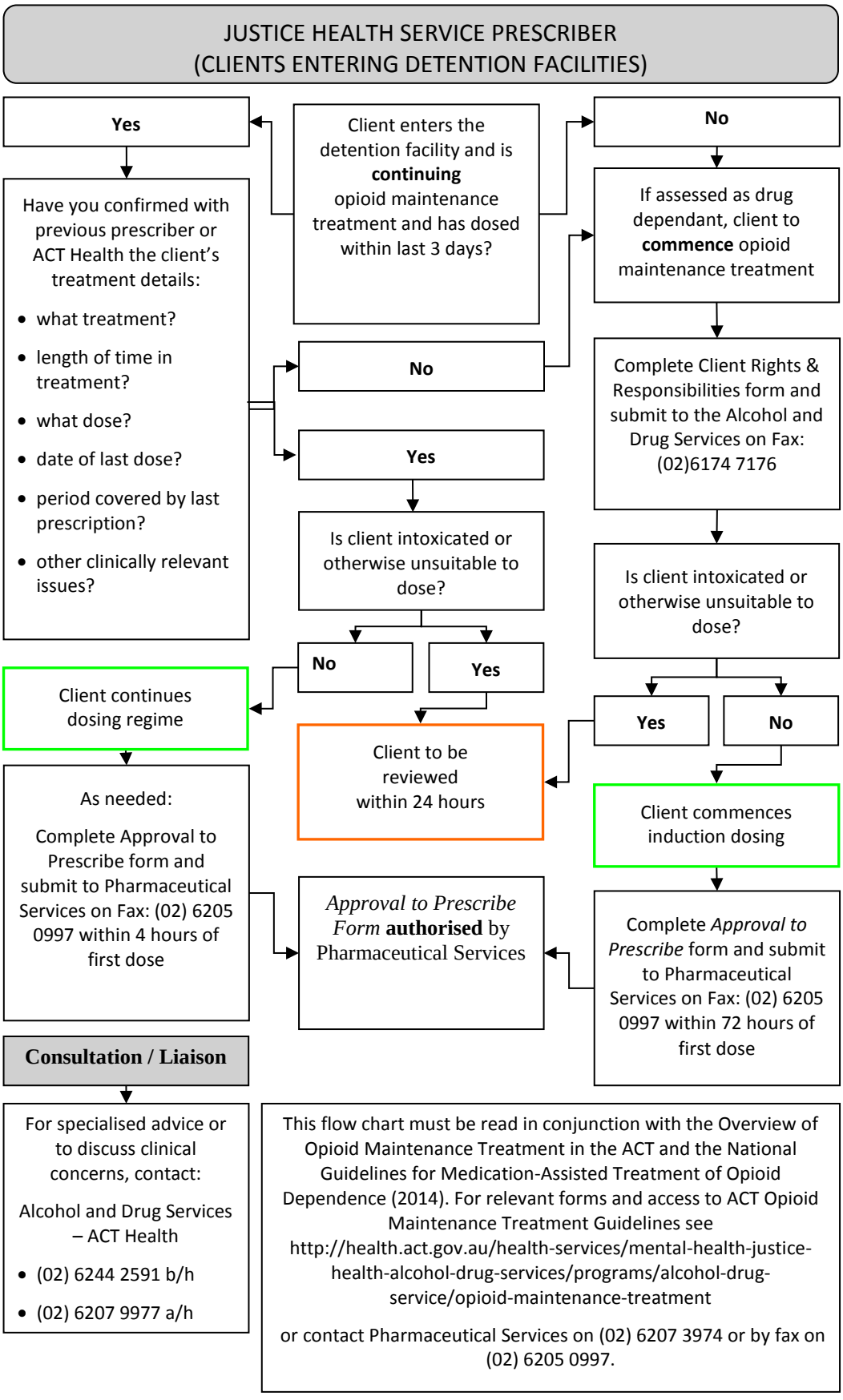
# APPENDIX 9: ENDORSED PRESCRIBERS



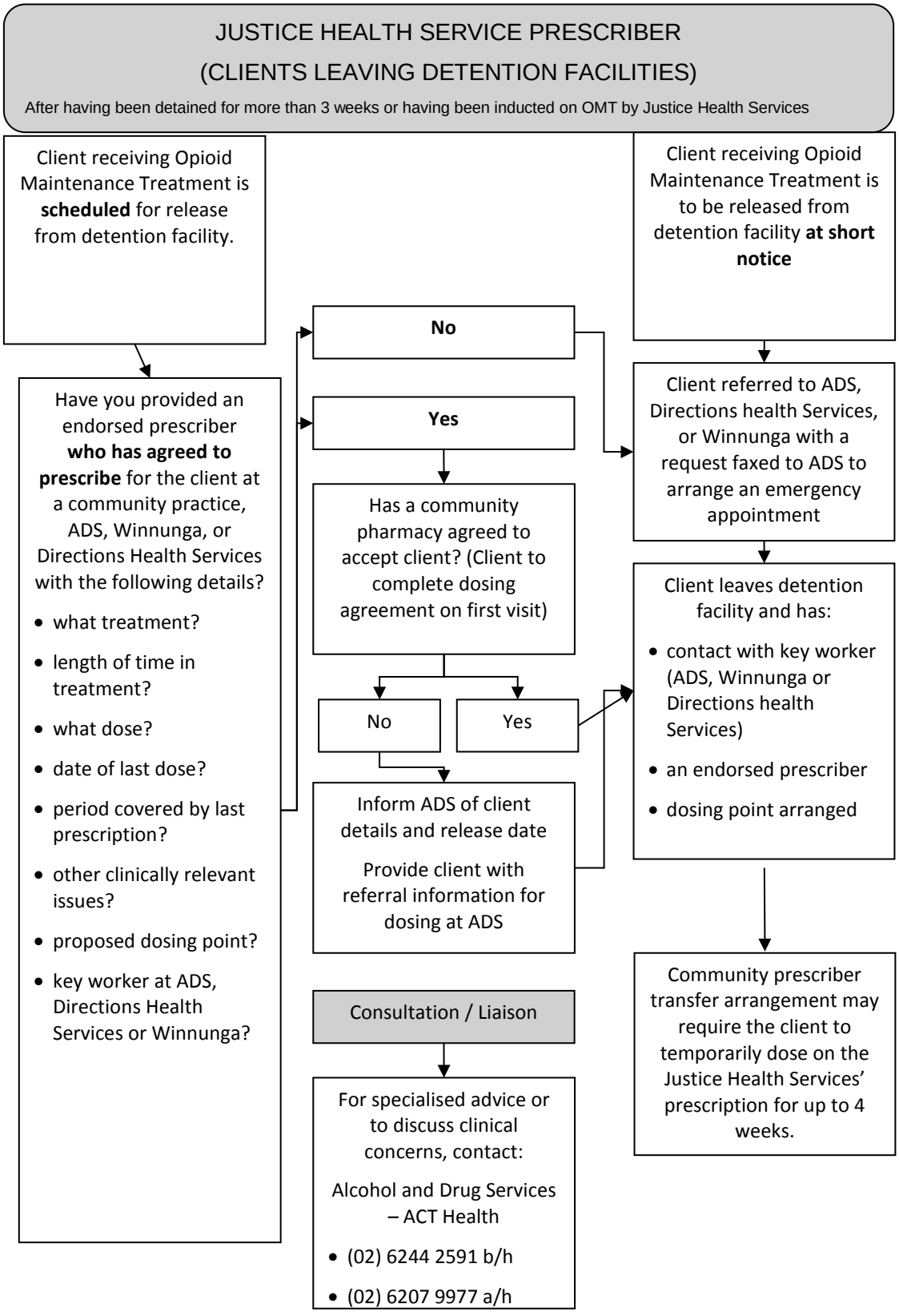

For the relevant forms and access to the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014) see http://health.act.gov.au/health-services/mental-health-justice-health-alcohol-drug-services/programs/alcohol-drug-service/opioid-maintenance-treatment

or contact Pharmaceutical Services on (02) 6207 3974 or by fax on (02) 6205 0997.

# APPENDIX 10: JUSTICE HEALTH SERVICE PRESCRIBER
# (Clients Entering Detention Facilities)

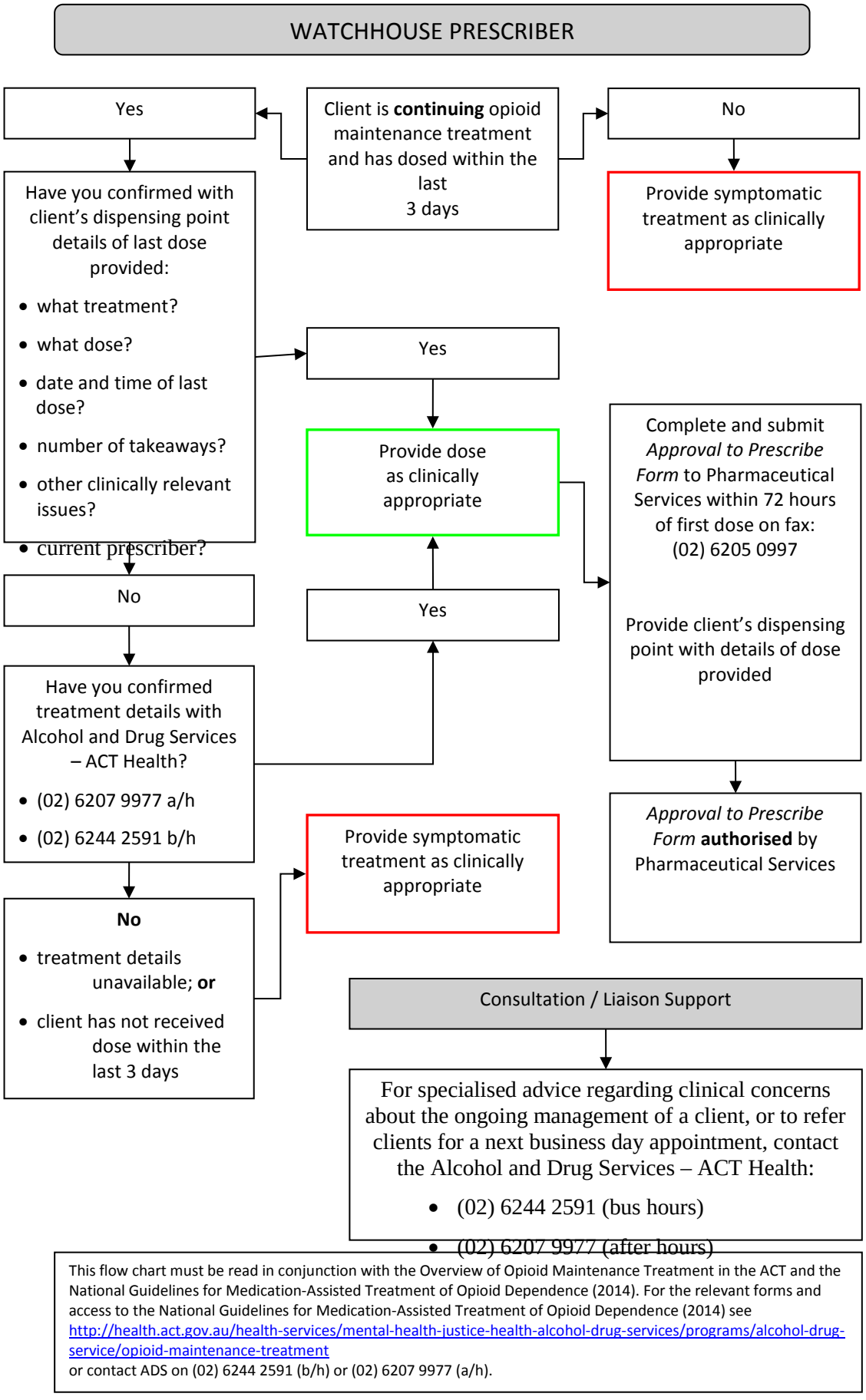


## APPENDIX 11: JUSTICE HEALTH SERVICE PRESCRIBER (Clients Leaving Detention Facilities)




This flow chart must be read in conjunction with the Overview of Opioid Maintenance Treatment in the ACT and the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014). For relevant forms and access to the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014) see http://health.act.gov.au/health-services/mental-health-justice-health-alcohol-drug-services/programs/alcohol-drug-service/opioid-maintenance-treatment or contact Pharmaceutical Services on (02) 6207 3974 or by fax on (02) 6205 0997.

## APPENDIX 12: WATCHHOUSE PRESCRIBER




This flow chart must be read in conjunction with the Overview of Opioid Maintenance Treatment in the ACT and the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014). For the relevant forms and access to the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014) see http://health.act.gov.au/health-services/mental-health-justice-health-alcohol-drug-services/programs/alcohol-drug-service/opioid-maintenance-treatment
or contact ADS on (02) 6244 2591 (b/h) or (02) 6207 9977 (a/h).

## APPENDIX 13: UNSUPERVISED (TAKE-AWAY) DOSES OF METHADONE

## Important information for people on opioid maintenance treatment (OMT) about unsupervised (take-away) doses of methadone

In the ACT, everyone starts OMT with supervised daily dosing. Unsupervised dosing, or take-away doses, may be available to you when you have been in treatment for at least 3 months and you are progressing towards your agreed treatment goals.

Having take-away doses can improve your treatment by allowing you to manage your work/school/childcare commitments better, and help you get back into a settled life.

The benefits of take-away doses can include the following:

- You and the pharmacy can agree to a mutual weekly schedule
- Enhanced integration into the community
- Improved autonomy in the management of your medication and treatment in general
- Enhanced capacity to obtain and maintain employment
- Reduces the stigma associated with attending dosing points, particularly where there are confidentiality concerns
- Convenience of treatment
- Reduced costs associated with daily dosing at community pharmacies (e.g. Higher travel costs of accessing the centralised clinic compared with accessing the local pharmacy)
- Decreased likelihood of ceasing treatment prematurely

Access to unsupervised dosing is decided by your prescribing doctor. Your individual circumstances are an important consideration.

When checking how well you are progressing in treatment your prescribing doctor may consider the following things:

- Your management of your day to day life
- Your general physical and mental health
- Your dosing record
- Current hazardous use of other drugs and alcohol.
-

Unsupervised (take-away) doses of methadone are permitted as outlined in the following table for persons that have been clinically assessed as stable in treatment.

| **Length of time in treatment (months)** | **Methadone take-away doses (per week)** | **Comments** |
|---|---|---|
| 0 - 3 | 0 | Exceptional circumstances may allow one dose |
| 3 - 7 | 2 | Not consecutively |
| 5-7 | 2 | Maximum 2 consecutive |
| 7 - 9 | 3 | Methadone – maximum 2 consecutive |

| | | |
|---|---|---|
| >9 | 4 | |

If you think you are stable enough to receive more than 4 take-away doses per week you need to talk about this with your prescribing doctor who would have to get approval from the Chief Health Officer (CHO) for this. Your prescribing doctor must provide the CHO with their assessment of how well you are progressing in treatment.

**Transferring to the ACT**

If you have transferred to the ACT your take-away doses will need to be assessed by your new prescribing doctor who may not continue the same take-away arrangements as your previous prescribing doctor.

**Revising Unsupervised Dosing**

Your prescribing doctor may decide to start split dosing, or revise or stop unsupervised dosing for you altogether if they think your treatment is not progressing well. Split dosing may involve one half dose being administered under the usual supervision of the pharmacist or their staff, and the remaining half dose being dispensed by the pharmacist as a take-away. If any of these changes happen you have the right to be told why and be given the opportunity to talk about this with your prescribing doctor and question the decision. You have the right to an advocate (someone who can present your case for you or just be with you) whenever you talk to your doctor.

**Volume Expansion**

Volume expansion is the addition of water to your methadone take-away. This may reduce the toxic effect if the preparation is accidently consumed by someone else. In the ACT, volume expansion of methadone take-away doses is usual practice, and may be arranged in consultation between the prescriber and client.

Advice on this matter may also be sought from other members of the treatment team (e.g. pharmacist). Any requirement for volume expansion should be clearly marked on the prescription, with the total volume of the take-away dose noted on the prescription.

For more information talk to your prescribing doctor or contact ACT Health - Alcohol and Drug Services on 6244 2591.

**Other information factsheets produced for people on opioid maintenance treatment include:**

- *Methadone Treatment and ECG Screening*
- *Unsupervised (Take-Away) Doses of Suboxone*
- *Opioid Maintenance Treatment (OMT) and Urine Drug Screening.*

## APPENDIX 14: UNSUPERVISED (TAKE-AWAY) DOSES OF SUBOXONE

## Important information for people on opioid maintenance treatment (OMT) about unsupervised (take-away) doses of suboxone

In the ACT, everyone starts OMT with supervised daily dosing. Unsupervised dosing, or take-away doses, may be available to you when you have been in treatment for at least 3 months and you are progressing towards your agreed treatment goals. Suboxone is a treatment that has the potential to have unsupervised dosing of up to 28 days. For this reason it is the treatment that gives you the most potential freedom.

Having take-away doses can improve your treatment by allowing you to manage your work/school/childcare commitments better, and help you get back into a settled life.

The benefits of take-away doses can include the following:

- You and the pharmacy can agree to a mutual weekly schedule
- Enhanced integration into the community
- Improved autonomy in the management of your medication and treatment in general
- Enhanced capacity to obtain and maintain employment
- Reduces the stigma associated with attending dosing points, particularly where there are confidentiality concerns
- Convenience of treatment
- Reduced costs associated with daily dosing at community pharmacies (e.g. Higher travel costs of accessing the centralised clinic compared with accessing the local pharmacy)
- Decreased likelihood of ceasing treatment prematurely.

Access to unsupervised dosing is decided by your prescribing doctor. Your individual circumstances are an important consideration.

When checking how well you are progressing in treatment your prescribing doctor may consider the following things:

- Your management of your day to day life
- Your general physical and mental health
- Your dosing record
- Current hazardous use of other drugs and alcohol.

Unsupervised (take-away) doses of buprenorphine/naloxone are permitted as outlined in the following table for persons that have been clinically assessed as stable in treatment.

| Length of time in treatment (months) | Buprenorphine/naloxone | Comments |
|---|---|---|
| 0 - 3 | 0 | Exceptional circumstances may allow one dose |
| 3 - 5 | 2 per week | Not consecutively |
| 5 - 7 | 4 per week | Maximum 2 consecutive |
| 7 - 9 | 6 per week | |
| 9 - 12 | 13 per fortnight | 2 weeks unsupervised dosing |
| >12 | 27 per 28 days | 4 weeks unsupervised dosing |

If you think you are stable enough to receive more take-away doses you need to talk about this with your prescribing doctor who would have to get approval from the Chief Health Officer (CHO) for this. Your prescribing doctor must provide the CHO with their assessment of how well you are progressing in treatment.

**Transferring to the ACT**

If you have transferred to the ACT your take-away doses will need to be assessed by your new prescribing doctor who may not continue the same take-away arrangements as your previous prescribing doctor.

**Revising Unsupervised Dosing**

Your prescribing doctor may decide to revise or stop unsupervised dosing for you altogether if they think your treatment is not progressing well. If any of these changes happen you have the right to be told why and be given the opportunity to talk about this with your prescribing doctor and question the decision. You have the right to an advocate (someone who can present your case for you or just be with you) whenever you talk to your doctor.

For more information talk to your prescribing doctor or contact ACT Health - Alcohol and Drug Services on 6244 2591.

**Other information factsheets produced for people on opioid maintenance treatment include:**

- *Unsupervised (take-away) Doses of Methadone*
- *Methadone Treatment and ECG Screening*
- *Opioid Maintenance Treatment and Urine Drug Screening*.

## APPENDIX 15: METHADONE TREATMENT AND ECG SCREENING

## Important information for people on methadone opioid maintenance therapy on why your prescribing doctor may recommend an electrocardiogram (ECG)

As part of your check-up for methadone opioid maintenance therapy, your prescribing doctor may recommend that you have an ECG screening. The ECG measures the electrical activity of the heart and records any problems with the heart's rhythm.

Methadone may have an effect on the electrical activity of the heart and this may lead to an abnormal heart rate or heart rhythm and sudden death in some cases. This effect can be measured as a change in the ECG.

ECG screening may be recommended by your prescribing doctor when you have the following risk factors:

- History of abnormal heart rate or heart rhythm
- Family history of early sudden cardiac death
- History of injecting use of methadone
- Current use of other drugs that increase the risk of an abnormal heart rate or heart rhythm.

Some studies suggest that people on more than 100mg methadone daily are at a higher risk of the effect on the electrical activity of the heart and for this reason ECG screening is recommended for these people. ECG screening may be required at regular intervals to monitor the risk of this rare but possible serious side effect during treatment with methadone.

Any person thought to be at risk should be closely monitored and managed, which may include reducing the dose of methadone or switching to buprenorphine maintenance treatment.

**Other information factsheets produced for people on opioid maintenance treatment include:**

- *Unsupervised (Take-Away) Doses of Methadone*
- *Unsupervised (Take-Away) Doses of Suboxone*
- *Opioid Maintenance Treatment and Urine Drug Screening.*

For more information talk to your prescribing doctor or contact ACT Health - Alcohol and Drug Services on 6244 2591.

# APPENDIX 16: OPIOD MAINTENANCE TREATMENT AND URINE DRUG SCREENING

## Important information for people on opioid maintenance treatment (OMT) about urine drug screening

In checking your progress on OMT your prescribing doctor will consult you and together decide how you are going. Things to consider include:

- Your management of your day to day life
- Your general physical and mental health
- Whether you are dosing regularly

While on OMT you may be asked if you would like to do a urine drug screen. Urine drug screening is not mandatory and only happens after your prescribing doctor has talked about this with you. **The practice of routine urine drug screening ceased in late 2012.** If you have concerns and wish to decline a urine drug screen you may do so without it impacting on your treatment.

Urine drug screening is only one of a number of signs of how you are progressing in treatment. Your prescribing doctor should also consider the things in your life that you are managing well and should talk to you about how you are progressing against all the goals in your treatment plan.

Urine drug screening is most useful to your prescribing doctor or clinic when:

- You start treatment
- When your doctor would like to confirm what you tell them
- There are concerns about how you are progressing in the treatment program. For instance if your illicit drug use appears to still be impacting very negatively on you.

If you are having issues meeting all your goals talk to someone before it gets more difficult. You could ask your prescribing doctor, the clinic, your pharmacist or a community alcohol and drug agency for help and support.

If you already provide urine drug screens for other places, like Probation and Parole, or Care and Protection, the clinic can use these results; you just need to give your permission for this to happen.

For more information, please contact ACT Health - Alcohol and Drug Services on 6244 2591.

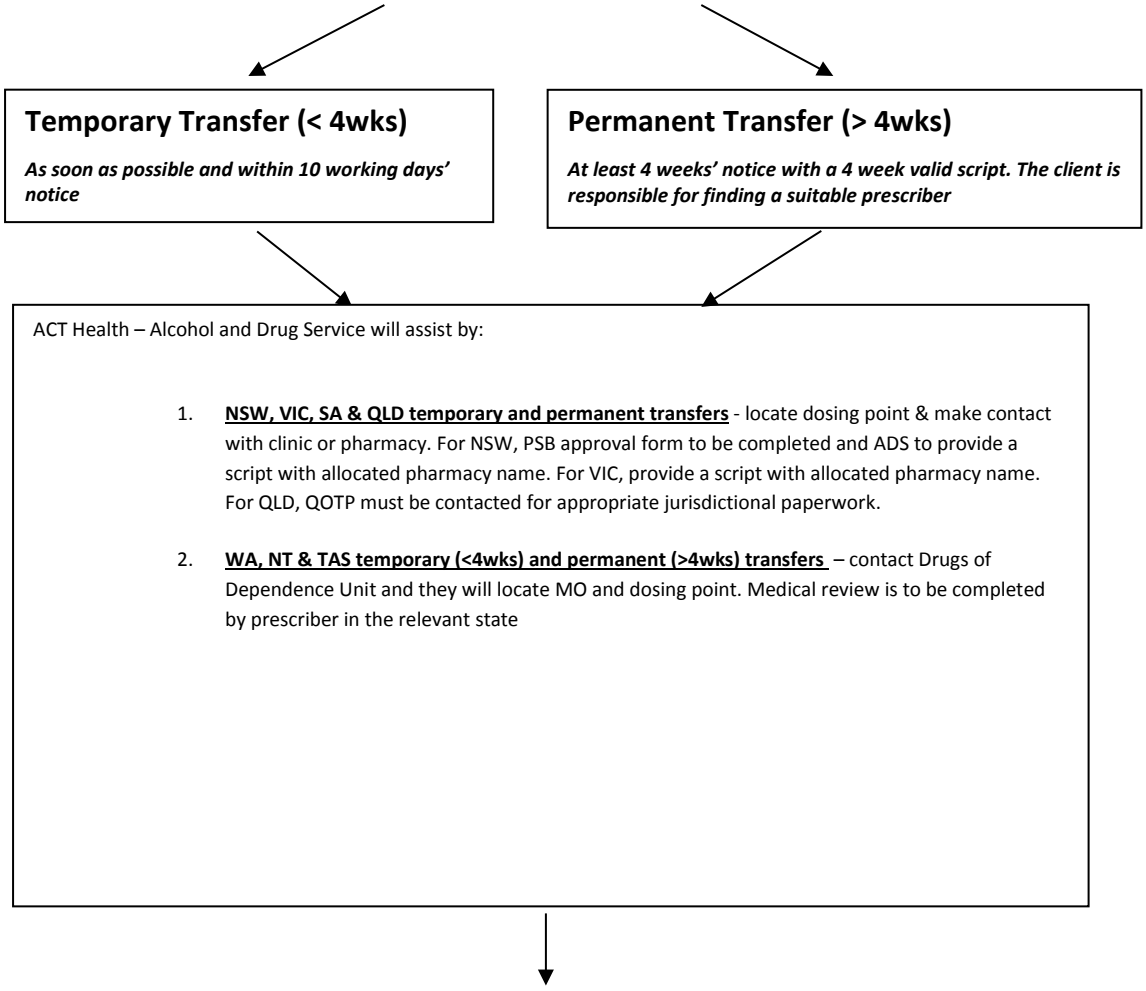
**Other information factsheets produced for people on opioid maintenance treatment include:**

- *Unsupervised (Take-Away) Doses of Methadone*
- *Methadone Treatment and ECG Screening*
- *Unsupervised (Take-Away) Doses of Suboxone.*

# APPENDIX 17: TRANSFER OF OPIOID MAINTENANCE TREATMENT CLIENTS OUT OF THE ACT TO INTERSTATE

(Transfers arranged by ACT Health – Alcohol and Drug Services.)

Note: It is an option for the community prescribers to seek assistance from ACT Health – Alcohol and Drug Services to facilitate with their client transfers.



# APPENDIX 18: TRANSFER OF OPIOID MAINTENANCE TREATMENT CLIENTS INTO THE ACT

(Transfers arranged by ACT Health – Alcohol and Drug Services.)

Note: It is an option for the community prescribers to seek assistance from ACT Health – Alcohol and Drug Services to facilitate with their client transfers.

Outside Contact made via ACT Health - Alcohol and Drug Services Intake line

ph: 02 6207 9977