



5. Ongoing Opioid Substitution Treatment (OST)

Once you're on a stable dose of medication you move into what's termed 'ongoing' treatment. How long you stay in treatment is largely up to you.

Ongoing OST can be provided in 2 environments: the specialist service or primary care. This information sheet is specifically for clients who are with the specialist service: they are on a stable dose of opioid medication but not yet ready for Shared Care.

Ongoing OST is about the service assisting you to continue with your definition of recovery: some clients aim for abstinence, others plan to remain on OST for a while - abstinence might not be their end goal.

The focus is on comprehensive treatment and recovery planning, encompassing both client and service goals, with a view to clients eventually moving to Shared Care.

You will either continue with your current key worker or transfer to another key worker at this time. Ask your key worker about treatment phases if this hasn't been discussed with you.

What to expect during ongoing OST

In accordance with the 2008 NZ Practice Guidelines for Opioid Substitution Treatment, you will need to:

- Develop a new plan for your treatment,
- Regularly meet with your key worker (usually monthly) to update and work on your Plan,
- See your AOTS doctor regularly for a script, review of your health, etc.,
- Undertake any required tests (e.g. urine and/or blood).

If you are enrolled with and seeing your GP, you may be eligible for a Sunday takeaway dose. The number and frequency of further takeaways will be negotiated with your key worker and doctor.

If you have 2 or more takeaway doses a week you'll also need to collect your prescriptions from your key worker each month and deliver to your pharmacist. This is to help prepare you for the transition to Shared Care where you need to pick up your scripts from your GP.

Treatment and recovery planning

You will develop a treatment and recovery plan with your key worker and doctor (i.e. your treatment team which also includes your pharmacist and maybe GP).

The treatment part of the plan focuses on the service's expectations: the medical and psychosocial support required, clinical interventions and priorities for treatment. There is also an emphasis on planning and preparing you for moving into Shared Care e.g. connecting you with budgetary services if necessary.

As you progress in treatment the focus moves more to what you actively want for your future.

The kinds of things usually covered in a treatment and recovery plan include:

(see over page)

Also available:

1. Opioid treatment with AOTS
2. Facts about methadone
3. First methadone dose and stabilisation
4. Accidental overdose
5. Ongoing Opioid Substitution Treatment (OST)
6. Indicators of stability
7. Clinical tests: blood, urine, etc.
8. Restabilisation
9. Pharmacy dispensing
10. Changes to prescriptions
11. Holiday arrangements within NZ
12. Travelling overseas
13. Methadone takeaways
14. Shared Care with your GP
15. Thinking about coming off?
16. Involuntarily withdrawal
17. Pregnancy and opioid treatment
18. Methadone and medication interactions
19. Driving and OST
20. Finding a GP

Facts about buprenorphine (Suboxone®)

Suboxone® treatment with CADS

- What is your main goal for Ongoing OST?
- What do you want to achieve? Are there any other goals you have?
- What do you need to do to achieve these goals and how can AOTS support you?
- What are your strengths, the things that help you to stay on track?
- How would others know if you became unwell, what are the early warning signs?
- What are the events or 'triggers' that might lead to lapse or relapse?
- Who are the people you find most supportive?
- How can you, with support from AOTS or others, maintain your wellness and stability?
- Planning towards Shared Care eg what support do you need to get a GP?
- How can you work towards getting takeaway doses?
- How is your physical health? Is there anything that needs addressing (e.g. Hepatitis C)?
- What new things would you like to do in life and how can others help you achieve this?

You'll be offered a copy of the plan - you don't have to take it but it can be useful.

Reviewing the plan

Every meeting you have with your key worker and/or doctor is an opportunity to review your treatment and recovery plan, progress, and goals (what has been achieved, what has changed?).

You might identify new or ongoing issues that impact on your treatment, develop new strategies (e.g. you might decide to involve family or other support people in your treatment), and explore what other supports and/or services may be appropriate for you.

You might decide to start reducing your dose - you can reduce off OST at any stage but preferably after a period of ongoing OST (see Information Sheet 15 *Thinking of Coming Off?*)

Any change to the original plan will be documented and you will be offered a copy each time. Even if nothing ever changes for you, the plan should be no more than a year old.

If your review indicates that you are consistently stable and you don't need this level of treatment planning, review and monitoring, it'll be time to move into Shared Care and your key worker will assist you with this process.

Please note: If you have a date to enter hospital for any reason or if you unexpectedly end up in hospital, let AOTS know so they can liaise with the hospital staff involved.



AOTS will ensure that you continue to receive your opioid substitution medication (and any other medication prescribed by AOTS if applicable) while in hospital, and will ensure there is no interruption to your dosing after discharge.

Need to know more?

If you need more information about Ongoing OST, contact your key worker or another member of your local AOTS team. For more information sheets, see CADS reception or visit the CADS website - www.cads.org.nz/More/Brochures.asp If you would like to get an overview of the whole service, ask for a copy of the AOTS Client Pathway.