



8. Re-stabilisation

If things become unstuck when you're in Shared Care- if you experience 'instability' - then your treatment may need to be reviewed.

'Stability' and 'instability' are commonly used terms in OST (to see what they mean check out Info Sheet 6: *Indicators of Stability*). For example, there may be times that your treatment is affected because:

- Your alcohol and other drug use is problematic or harmful.
- You're affecting the stability of your dose by injecting your methadone or other drugs.
- You have a condition which affects the way your body processes/ metabolises methadone, affecting your dose level.
- You experience mental or physical health problems and need additional support.

Sometimes people know things are about to unravel, or will unravel if they don't respond to the warnings they're getting. If you don't know your early warning signs of instability, feel free to talk about this with your key worker. They can help you identify what some of those signs might be. And of course, if you do notice your early warning signs, talk to your key worker as soon as you can.

Just because you're in Shared Care doesn't mean you only see your key worker at an annual appointment; they are available to you when you need them. They can make an appointment with you, either with our without your doctor (depending on the situation) and assess your needs with you.

If your pharmacist and/or GP have concerns about your stability, they may contact your key worker and/or an AOTS doctor.

Also, behavioural issues such as appearing demanding, being aggressively angry, repeated poor management of basic Shared Care tasks like requesting scripts on time etc may require your key worker to schedule a review appointment.

The review might include some standard assessment questions, urinalysis and serum level testing. The key worker and/or doctor will discuss a new treatment plan with you and talk with you about some options to address the issue/s. (NB if you do not attend this appointment, your treatment will be reviewed in your absence).

There will be one of two outcomes:

- **Continued GP prescribing:** AOTS and your GP support you with a new treatment plan and you remain in Shared Care with your GP continuing to prescribe OR
- **AOTS-prescribed treatment:** you move to restabilisation with an AOTS doctor prescribing for you while you address the issues with AOTS support. You will probably need more frequent appointments with your key worker at this time. The time spent in restabilisation will vary from person to person and is reviewed regularly.

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

Once the challenges have been addressed (e.g. you have stabilised on your dose and/or achieved some of your new treatment goals), returning to Shared Care will be reviewed with your AOTS doctor and key worker. (Your GP's authorisation to prescribe will be cancelled until you are able to return to Shared Care.)

As at any stage of treatment, if you disagree with the outcome, you can request a treatment review which includes the clinical charge nurse/team leader and relevant staff.

Dose Restabilisation

Restabilisation often involves changes to dose which of course requires careful monitoring.

While your dose is being adjusted:

- Discuss any other drugs you are using with your key worker. This is to minimise the risk of under-dosing and of accidental overdose. (See Information Sheet 4 *Accidental Overdose*)
- It's safest not to drive, or operate heavy machinery, especially if your dose is being increased. However, once a stable dose has been achieved, impairment is unlikely.



Need to know more?

If you need more information 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