Waitemata District Health Board
Best Care for Everyone

AOTS 1. Opioid treatment with AOTS

If you are admitted to the Auckland Opioid Treatment Service (AOTS) you will receive the booklet *OST and You* which is a client-friendly version of the national OST guidelines and can access a range of client information sheets from your key worker, you can pick them up in reception areas or visit the AOTS page www.cads.org.nz

OST and You is available online at the CADS website or at http://www.matuaraki.org.nz/library/matuaraki/ost-and-you---a-guide-to-opioid-substitution-treatment

For all the terms and conditions relating to the service see the AOTS Client Pathway which you can request from your key worker or from the AOTS consumer liaison.

The Auckland Opioid Treatment Service

For information about the goals of opioid substitution treatment (OST) see *OST and You p.7*

The principles that underpin the work of AOTS

Harm reduction approach	CADS' goal is to minimise the harms caused by alcohol and other drugs. AOTS recognises that abstinence from all drugs is not possible or desired by some people. Abstinence is not expected by AOTS unless that is a goal you have chosen for yourself
Evidence-based practice	Opioid substitution especially methadone is very well researched and its effectiveness well demonstrated. What AOTS does is informed by international and local research and is responsive to the consumers and community
Individual treatment	AOTS does not take a 'one size fits all' approach: some people require more support and input than others. Treatment ranges from intensive to less intensive in line with the principles of personal recovery. Together the client, doctor and key worker determine the level of support required
On-going assessment	Assessment is ongoing throughout treatment to help identify and address client need and to determine each client's progress toward agreed goals
Treatment and recovery planning	Key workers help you set immediate and long-term goals and support you to achieve them. AOTS recognises that recovery is a personal and unique process of change for each client. By providing hope and maximising well-being AOTS is committed to supporting clients develop a positive identity and valued social roles and relationships, relative to each individual and his or her own circumstances. (See *AOTS information sheet 4* for more about *Recovery and Treatment planning*)
Support services	Your key worker and doctor can assist you to access other CADS services (e.g. groups, counselling, cultural supports, and medical detox) and external health and social services as required. They are here to support you. Let them know what you need AOTS clients are required and supported to engage with a GP so all your health care needs can be addressed in a holistic and integrated way. The AOTS doctors can't write prescriptions for any other health care needs you might have – you need your own GP for that. AOTS maintains functional links with GPs, community pharmacists and other relevant people involved in each client's care as appropriate
Sound medical and clinical practices	Treatment is delivered according to sound medical and clinical practice, accepted standards, approved guidelines and legal requirements. It is essential that any opioid substitute is prescribed and dispensed responsibly. (It is not assumed that providing an opioid substitute alone is reducing harm. Without responsible prescribing and dispensing practices the reverse may be true.)

The AOTS team

As well as key workers, pharmacists and doctors the AOTS team includes a manager and lead doctor and clinical team support (admin staff). Each team has a clinical team leader/charge nurse who supports and oversees the work of the team. The team leader/charge nurse is often involved in discussions about clients and client issues.

AOTS also has people with experience of OST – the AOTS consumer liaison and CADS consumer advisor - who act as conduits for consumer feedback and who present consumer perspectives at various forums within AOTS.

Oversight of the service and its strategic direction is managed by a clinical governance group which includes the manager, team leaders, pharmacist, lead doctor and the consumer roles.

Stages of treatment

Opioid substitution treatment occurs in the specialist service (AOTS) and in the community (community pharmacies and GPs).

Assessment and admission

See *OST and You pp.12-13 Admission to OST* and *Induction – starting treatment*

Everyone seeking treatment for an opioid dependence with AOTS (apart from those transferring from elsewhere) has two assessments:

1. An admission assessment by a key worker (usually a nurse) which includes questions about your drug use as well as your psycho-social situation (your living situation, relationships, etc.)
2. A medical assessment by a doctor who assesses whether opioid substitution treatment (OST) is appropriate for you and if so which medication to prescribe.

For the admission assessment you need to provide something to confirm your identity (e.g. driver's license). You will be given forms to do blood and/or urine samples. (Information about testing is available on *AOTS Information sheet 5 Clinical tests: blood, urine, etc.*).

You'll be given a 'Consent to treatment' form to read and sign and a digital photograph will be taken of you for identification purposes on some AOTS documents. If you have any questions or are unclear about anything ask **before you sign** as this is the agreement you make with the service about your treatment.

AOTS aims to have people assessed within 2 weeks of their first contact with the service.

Stabilisation

See *OST and You p. 15*

Time spent getting the dose right ('the stabilisation phase') varies from person to person because it depends on individual circumstances and metabolism but you can expect to attend a review with the doctor and nurse within 30 days of starting OST.

You will need to see the stabilisation nurse weekly while the focus is on stabilising your medication dose. The key worker can help you work out what other relevant services you may need as they co-ordinate your overall OST.

If you require a methadone dose of 150mg or more an ECG will be required. (For more info on OST and heart health see *OST and You p.35*) People on doses lower than 150mg will only require an ECG if they have risk factors like a family history of heart problems.

Treatment planning is really important in this phase as it determines what you want to achieve whilst receiving OST and it spells out what the service expectations are.

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Ongoing 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. See *OST and You pp.16-21* for more information.

Ongoing OST can be provided by the specialist service (AOTS) or primary care (a GP). In either case you will need to see a doctor approximately every 3 months though this can vary depending on individual circumstances.

Shared Care with your GP/General Practitioner

Most clients will move to a GP once they've reached a suitable degree of stability. (For information on how services assess for stability see *OST and You p.20*) It is expected that the move to Shared Care will happen within the first year of treatment. Key workers actively support clients through the transfer process. They remain available to you and your GP and will be in contact with you to ensure you receive the treatment and support you need.

For more information see *OST and You pp.21-22* and *AOTS Information Sheet 9 Shared Care: OST and your GP*

Specialist Service (AOTS)

Some clients after a year with AOTS may be on a stable dose of OST but not ready to move to a GP so will continue to receive ongoing OST from AOTS until it is the right time to move to Shared Care.

Depending on key worker availability you may continue with your current key worker or you might need to transfer to another key worker. Comprehensive treatment and recovery planning continues throughout ongoing OST and encompasses both client and service goals.

Restabilisation

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

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

Restabilisation happens in one of two ways:

1. **You remain in Shared Care with your GP**. A new treatment plan is developed with you and includes input from AOTS and your GP
2. **AOTS takes over your prescribing and treatment** while you with AOTS support address whatever is causing the instability. You will probably need more frequent appointments with your key worker at this time. (Your GP's authorisation to prescribe is cancelled until you are able to return to Shared Care.)

The time spent in restabilisation will vary from person to person and is regularly reviewed. Once you have stabilised on your dose and/or achieved some of your new treatment goals your AOTS doctor and key worker will review your 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.

Treatment Completion/ Transition/ Discharge

Planning to finish OST is undertaken with support from your prescriber and key worker. See *AOTS Information Sheet 15 Coming off* and *OST and You pp. 25-26*

Continuing care calls

Anyone who leaves AOTS is contacted by the consumer liaison or consumer advisor to see how they are getting on. The reason for this is to give people the opportunity to talk with a peer about what has happened since finishing OST and to see if there is anything they need to continue with their recovery. It is also an opportunity for people no longer engaged with AOTS to talk about their experience of the service.

Terminology used in OST

There are some terms used in OST that you will hear or read and may not know what they actually mean in this context. Some of the commonly used words/ terms are:

Authorised GP	Doctor authorised by specialist service to prescribe OST medication for specified time and in specific places in accordance with the terms and conditions set out in section 24 of the Misuse of Drugs Act. *(National Guidelines 2014 p.93)*
Diversion	Refers to selling, giving or exchanging prescribed medication to others. Injecting methadone or other opioid substitute against medical advice is more strictly defined as 'misuse' rather than diversion.
Screening	Within AOTS screening refers to processes that determine the existence of a problem (e.g. alcohol and drug dependence, gambling) and usually involves the use of validated and standardised instruments/tools including urine drug screens (UDS).
Specialist service	An alcohol and other drug service (e.g. AOTS) that has been specified by the Minister of Health and notified in the New Zealand Gazette as an authorised provider of opioid substitution treatment.
Variance	Anything that is at variance with the National Guidelines. Typically refers to dispensing schedules/ takeaway regimes.

Privacy and Informed Consent

See *OST and You pp.5-6*

AOTS ensures clients are given information verbally and in a range of info sheets as well as the booklet *OST and You.*

If AOTS is going to disclose your health information to anyone it is CADS policy that you will be told unless it would be a risk to do so. There are brochures available in reception areas describing what happens to your health information.

Other AOTS info sheets available

1. Opioid treatment with AOTS
2. Facts about OST meds
3. Accidental OD
4. Recovery and treatment planning
5. Clinical tests
6. OST at a community pharmacy
7. Managing your scripts
8. OST and holidays in NZ and overseas
9. Shared care: OST and your GP
10. Coming off OST
11. Involuntary withdrawal
12. Pregnancy and OST
13. Driving and OST
14. Methadone and medication interactions
15. First aid box