Te Whatu Ora
Health New Zealand

August 2023

AOTS 1. Opioid treatment with AOTS

Everyone admitted to the Auckland Opioid Treatment Service (AOTS) receives the booklet *OST and You.* This is a client-friendly version of the national OST guidelines written by consumers for consumers. *OST and You* is available online on the AOTS page at www.cads.org.nz and at http://www.matuaraki.org.nz/library/matuaraki/ost-and-you---a-guide-to-opioid-substitution-treatment

AOTS also has a range of client information sheets available in reception, from your key worker and online.

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 treatment is very well researched and its effectiveness well demonstrated. AOTS policy and practice is informed by international and local research and aims to meet the needs of the consumers, whanau and the 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 planning and recovery planning	AOTS will work with you to develop a plan for your treatment. This is separate to the plan you have for your life (your recovery plan). How you want your life to be is personal and unique; it is different for every client. Key workers can help you set immediate and long-term goals and support you to achieve them. 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 their own circumstances. (See *AOTS information sheet 4 for more about Recovery and Treatment planning*)
Support services	Your key worker and doctor are here to support you. They can help you to access other CADS services (including though not limited to groups, counselling, cultural supports, and medically managed withdrawal) and external health and social services as required. 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. Please note the AOTS doctors are unable to 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	The treatment provided rests on sound medical and clinical practice, accepted standards, approved guidelines and legal requirements. Medications are 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 to support and oversee the work of the team which often includes 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 and beyond. Other staff members may also have their own direct experience of OST or indirect (e.g. as whanau members).

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:

- 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.)
- 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 your medication dose stabilises. The key worker who co-ordinates your overall OST can help you work out what other relevant services you may need.

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.

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*) The move to Shared Care generally happens within the first year of treatment. Key workers actively support clients through the transfer process and remain available to you and your GP; they 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)

Clients not ready to move to a GP continue to receive ongoing OST from AOTS until the time is right to move to Shared Care. You may continue with your current key worker or you might need to transfer to another key worker. Comprehensive treatment planning as well as 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' - 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. Your GP's authorisation to prescribe is cancelled and AOTS takes over your prescribing and treatment while whatever is causing the instability is addressed. You will probably need to see your key worker more often.

The time spent in restabilisation will be reviewed regularly and will vary from person to person. 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.

Completing treatment

The best outcomes happen when there is a planned withdrawal from treatment. For more info about completing OST see *AOTS Information Sheet 15 Coming off* and *OST and You pp. 25-26*

Anyone who leaves AOTS is likely to get a phone call from the consumer liaison or consumer advisor. We do this so people get the opportunity to talk with a peer about their experience of AOTS regardless of whether they had a planned withdrawal or jumped off and to see if there is anything clients need to continue with their recovery.

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:

Term	Meaning
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)*
Consumer	Refers to anyone with direct personal lived experience of problems caused by and associated with their use of alcohol and other drugs including opioids. Other terms that get used include client, service user, tangata whai ora, tangata whai i te ora, and patient
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	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 standardized 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*

When being admitted to CADS you will receive information about how your info is accessed, stored, etc. Please ask if you are unsure about how your health information is used.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.