Opioid Substitution Treatment (OST)

Guideline Responsibilities and Authorisation

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Target Audience	Te Whatu Ora Waikato Community Alcohol and Other Drug Service (CADS)
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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
03	Operations Manager	August 2022	Changed to a Guideline from a Protocol Changed to Te Whatu Ora template Adult Deterioration Detection (ADDS) chart changed to Early Warning Scoring System (EWS) Chart Included Lead OST clinician in definitions Included Peer Support in definitions Full review of document
02	Charge Nurse Manager AOD and Clinical Director	August 2017	The MOH (2014) New Zealand Practice Guidelines for OST is acknowledged by Waikato DHB as being the overarching guidelines for the CADS OST program. Therefore this protocol has been condensed to exclude information that is written in these guidelines. Induction of OST is to be monitored by Registered Nurses, removing other health professionals from this stage of treatment. Recovery plans, formerly known as treatment plan, are to be reviewed 3 monthly (as per DHB policy) rather than 6 monthly as per previous policy. Consumer photos are scanned to the pharmacy rather than faxed to reduce risk of error
02		February 2018	Document changed to Protocol from Policy

Opioid Substitution Treatment (OST)

Contents

1 Overview

1.1 Purpose

This guideline outlines how the Te Whatu Ora Waikato Community Alcohol and Other Drug Service (CADS) provide Opioid Substitution Treatment (OST) to tāngata whaiora who are opioid dependent, in a safe and appropriate manner, in accordance with the Prescribing Controlled Drugs in Addiction Treatment, section 24 of the Misuse of Drugs Act (MODA) 1975.

1.2 Service Overview

Te Whatu Ora Waikato Community Alcohol and Other Drug Service (CADS) comprises three main bases: Hamilton (Central North and Central South), Rural South, and Rural North (Hauraki), which provide evidence based interventions based on the theories / models of harm reduction, recovery and strength-based approaches alongside medical assessment and treatment. CADS prescribe and treat in a safe and appropriate manner in accordance with the Prescribing Controlled Drugs in Addiction Treatment, section 24 of the Misuse of Drugs Act 1975.

While meeting responsibilities under this guideline, CADS aims to uphold the articles and intent of Te Tiriti o Waitangi including Kāwanatanga, Tino Rangatiratanga, Ōritetanga and Wairuatanga.

Objectives

The key objectives of OST in Aotearoa are to:

- improve the physical and psychological health and wellbeing of tāngata whaiora who use opioids
- support tāngata whaiora in the reduction or cessation of illicit opioid use
- Be accessible and responsive to the needs of the community
- Provide culturally appropriate services and support to tāngata whaiora and their whānau
- Initiate and promote tāngata whaiora and whānau recovery journeys and access to recovery support systems and networks
- Provide a range of psychological and psychosocial interventions to support the tāngata whaiora and whānau in their recovery
- Work in collaboration with other community services such as Ara Poutama – Department of Corrections, social support / welfare agencies, pain clinics, maternity services and emergency services.

Working under the Ministry of Health Opioid Substitution Treatment (OST) Guidelines (2014), Te Whatu Ora Waikato CADS delivers an OST service with the aim of reducing harm to tāngata whaiora, working towards reducing risk to the community by preventing the spread of blood borne viruses such as Hepatitis C and B, HIV, and to reduce crime associated with dependence behaviours and reduce the risks to whānau. Educational support and resources will be incorporated into treatment.

1.3 Staff group

This guideline is applicable to staff working in Te Whatu Ora Waikato Community Alcohol and Other Drug services who treat tāngata whaiora who are opioid dependent with OST and staff who are working in a CEP approach.

1.4 Patient / client group

This guideline relates to tāngata whaiora who have been assessed as being opioid dependent as defined by the DSM V, DSM IV-TR or ICD 10 classification systems and who meet the criteria (see 2.4.1) for the OST programme provided by CADS and for those whom OST is utilised specifically for harm reduction eg when a tāngata whaiora is poly substance (including opioids) dependent.

1.5 Exceptions / contraindications

Tāngata whaiora are excluded from this guideline if:

- They are not opioid dependent
- They have clinically significant hepatic disease or respiratory insufficiency
- They are unable to, or choose not to, provide informed consent
- Opioid dependency cannot be confirmed

1.6 Definitions and acronyms

CADS	Community Alcohol and Other Drug Service
Keyworker	Keyworker refers to health professionals (e.g. Registered Nurses, Social Workers, Psychologist, Alcohol and Other Drug Clinicians, Occupational Therapists) who are responsible for providing care to tāngata whaiora and their whānau (e.g. individual one to one work, medication monitoring, group facilitation, psychosocial interventions, working with whānau). (Refer to Keyworker Procedure – 1558)
Opioid Substitution Therapy (OST)	In Te Whatu Ora Waikato CADS, OST refers to prescribed methadone or Buprenorphine / Naloxone combination
Lead OST Clinician	A senior specialist medical practitioner appointed by Director of Mental Health, under the Misuse of Drugs Act 1975.
Peer Support	Peer support workforce involves a number of roles carried out by people with lived experience. These roles work alongside tāngata whaiora in their recovery providing information and support and assisting them to connect with community supports and advocacy services. They also provide a service user perspective to service providers and promote tāngata whaiora rights and resources.

2 Clinical management

This Te Whatu Ora Waikato OST guideline aims to support the recovery of tāngata whaiora with opioid dependence by improving the access to safe clinical OST through:

- Providing comprehensive assessment for substance use and related issues
- Providing a choice of treatment options
- Providing treatment and interventions that are strength-based
- Individualised treatment planning in conjunction with tāngata whaiora and whānau within a recovery and wellbeing-focussed model
- Supporting tāngata whaiora and their whānau to define and achieve their goals in ways that is acceptable to them
- Recovery planning and the provision of psychosocial support to assist tāngata whaiora and their whānau to build and maintain support and wellbeing structures that enable recovery
- Promoting long-term health and wellbeing which includes, but is not limited to, smoking cessation, CEP, dental care and improving social situations to support ongoing recovery.
- Providing medical assessment by CADS doctor or CADS Nurse Practitioner to maximise medication efficacy and OST related medical issues
- Working in collaboration with General Practitioners, Nurse Practitioners, and community pharmacies to meet the objectives of OST,
- Assisting tāngata whaiora with the safe introduction to and withdrawal from OST medication as appropriate

2.1 Roles and responsibilities

All roles are underpinned by the principles and values of harm reduction approach, recovery-centred practice, non-judgemental, being empathetic and working collaboratively

OST prescribers

The prescriber (authorised Medical Officer or Nurse Practitioner), is responsible for the effective and safe prescription of opioid substitution medication. They are accountable to the Lead (OST) Clinician, working in accordance with the Ministry of Health (2014) OST guidelines (and subsequent versions) and associated Te Whatu Ora Waikato CADS procedures and guidelines.

They will:

- Prescribe and assess dose suitability as required
- Implement systems (eg takeaway regimes) that support recovery, minimise risks for tāngata whaiora
- Utilise harm reduction strategies that support tāngata whaiora treatment goals
- Work collaboratively with tāngata whaiora, whānau, other members of the MDT, particularly the keyworker, and liaise with other health professionals to ensure any treatments for co-existing disorders occur within an integrated framework.

CADS Clinicians

Keyworkers will perform their duties according to the Ministry of Health (2014) OST guidelines (and subsequent versions) and associated Te Whatu Ora Waikato CADS procedures and guidelines. Keyworkers are responsible for:

- supporting tāngata whaiora to work towards goals of sustained reduction of, or abstinence from, opioids and other substances
- supporting tāngata whaiora to identify strategies to achieve their recovery goals & ensuring plans are updated and current
- supporting tāngata whaiora to attend medical reviews with the CADS doctors / Nurse Practitioner within the appropriate timeframes
- ensuring completion of relevant scales (e.g. Alcohol and Drug Outcome Measures (ADOM))
- ensuring risk assessments and associated documentation are updated and current
- offering or arranging for, psychosocial interventions that will support recovery
- Utilize harm reduction strategies to support lifestyle changes
- Refer to other support services to ensure tāngata whaiora and whānau are well supported in the community.

Registered Nurses

Registered Nurses will be identified as the keyworker for tāngata whaiora undergoing stabilisation on OST. Registered Nurses are responsible for completing physical health parameters, including baseline observations:

- ECG
- Clinical Opioid Withdrawal scale (COWS),
- Urine Drug Screening (UDS) and potentially metabolic screening
- Recording all observations on the Early Warning System chart (EWS)

2.2 Competency required

Clinicians will have a minimum of a certificate in AOD / Health Science in addition to their clinical qualification.

All clinicians will undergo orientation, mentoring and supervision to enable them to develop experience and competence in the provision of OST. A clinician new to OST will work alongside an experienced senior staff member to understand how OST medication works, the dispensing regime and changes, medical reviews, needle use / safety, read the national guidelines and the Te Whatu Ora guidelines, urine drug Screens, COWS and how psychosocial interventions can support harm reduction

All clinicians are engaged in regular professional supervision and have access to ongoing specific support for OST from experienced clinicians and also through participating in MDT discussions and training / education.

2.3 Equipment

- Sphygmomanometer
- ECG machine
- Urine drug screen containers

2.4 Guideline

2.4.1 Entry Criteria

- Prospective tāngata whaiora must be 18 years or older and able to provide informed consent
- If under the age of 18 years, consent must be given by parents / caregiver. If the tamariki / rangatahi is under the age of 16 years, the assessment must be supported by both an addiction specialist and a child or youth psychiatrist
- The tāngata whaiora must be assessed as being opioid dependent as defined by the DSM V, DSM IV-TR or ICD 10 classification systems
- The tāngata whaiora must agree to comply with the Opioid Substitution Treatment (OST) Agreement and provide written consent to induction and stabilisation.

2.4.2 Comprehensive Assessment

A comprehensive assessment, which can be undertaken by any health professional in CADS, is essential to initiating OST. The assessment is carried out during face to face appointments between the tāngata whaiora and the clinician, and wherever possible the comprehensive assessment should, with consent, include input from the tāngata whaiora whānau / support people.

The clinician who completes the assessment then presents it to the multidisciplinary team, which must include, at a minimum, a CADS doctor or CADS Nurse Practitioner and one other staff member. The MDT will then make a decision about the suitability of the tāngata whaiora to enter OST.

Priority placement on the programme is to be given to opioid dependent people who are:

- Pregnant
- HIV positive
- Māori, Pasifika
- Under the age of 18 years
- Responsible for the care of young children
- Stable and transferring from one centre to another within New Zealand
- Returning to New Zealand from overseas
- Diagnosed with co-existing physical and / or mental health problems

- Tāngata whaiora who have relapsed after coming off OST (with the exception of those on an involuntary stand down)
- Integration into the community after being recently released from prison and have previously been a tāngata whaiora of the CADS service.
- On home detention or receiving another form of community sentence and have previously been a tāngata whaiora of the CADS service.

2.4.3 Treatment planning and management

Assessments will be accompanied by an individualised recovery plan developed in collaboration with tāngata whaiora and their whānau which includes wellbeing and recovery goals, strengths, actions and priorities. Recovery plans will be regularly reviewed and updated at least every 3 months or at point of change, and a copy of the recovery plan will be given to the tāngata whaiora and disseminated to healthcare professionals also involved in the person's care (e.g. GP, pharmacist, midwife etc.).

Ideally, the tāngata whaiora's whānau is actively involved in assessments, treatment planning and transfer of care. Information and education to be offered to whānau about the OST programme such as "Real people share their stories of opioid substitution treatment" and "OST and you." Whānau can also be referred to NGO services for support.

2.4.4 Tāngata whaiora information and consent

Prior to commencing OST, tāngata whaiora must have understood and signed consent for treatment. Service providers will provide tāngata whaiora and their whānau information about treatment options and the side-effects of any proposed medication, the purpose of the OST programme, pathway, expectations and responsibilities. This information should be given verbally, and in writing for them to take away. Service providers will ensure there is a shared understanding between the service provider and tāngata whaiora and whānau to ensure informed consent.

In addition, service providers will give tāngata whaiora and whānau written information on:

- Their rights under the Code of Health and Disability Services Consumers' Rights 1996
- The obligations / responsibilities of the Te Whatu Ora CADS in providing a safe and effective service as per Section 11.3 Rights of people receiving OST, Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand
- The benefits, side-effect, and limitations of opioid substitution medicine – including the increased risk of overdose during induction as per Section 4.1 Overdose, Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand
- The potential effect of opioid substitution medication on activities such as driving and operating machinery as per Section 4.2 Substance impaired driving, Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand

- The interactive effects of opioid substitution medication with alcohol and other substances (prescribed and illicit) (Appendix 5 Drug Interactions, Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand)
- The possible need for an electrocardiogram before commencing and during OST (with methadone) to establish QTc as per section 4.3 Methadone and cardiac safety, Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand)
- All mechanisms for making a complaint including the Te Whatu Ora Waikato complaints process, the Health and Disability Commissioner and the tāngata whaiora rights to an independent advocate / support person
- The availability of consumer advocacy and peer support services as well as whānau support services.
- Tāngata whaiora and their whānau are given a CADS Welcome Pack.

2.4.5 Phases of Treatment

There are three phases of the continuum of care during which certain steps should be followed to support tāngata whaiora ongoing recovery: induction, stabilisation and transfer to General Practitioner Shared Care. The length of time a tāngata whaiora spends in each phase varies and is largely dependent on their needs. Regular reviews with tāngata whaiora and whānau throughout the three phases will include discussion about whether OST remains the most effective treatment pathway as well as the effectiveness of psychosocial and psychological interventions.

Induction phase

Induction into OST requires the balancing of an adequate dosage of OST with elevated risk of overdose as opioid levels accumulate. Induction is generally for the first 7-10 days from beginning OST. This phase begins with an assessment with a Registered Nurse and involves:

- Collecting two urine drug screens taken on different days which are opioid positive
- Providing the tāngata whaiora and whānau with information on methadone and Buprenorphine / naloxone to take away and read
- A contract and consent to treatment is signed
- A driving agreement is signed
- Information about Hepatitis B and Hepatitis C and associated long-term health consequences
- Baseline observations and ECG are completed to primary determine baseline QTc
- Present assessment to a CADS doctor or CADS Nurse Practitioner to arrange time for the initial medical review
- A photo taken and uploaded to the photo folder on the AOD shared resource file on the shared drive (Data04) with the tāngata whaiora name and NHI number clearly

recorded with a copy scanned and sent to the dispensing pharmacist with the first prescription. Photos should not be uploaded to the Clinical Workstation (CWS) due to file size.

At initial medical review with a CADS Doctor or CADS Nurse Practitioner

- The tāngata whaiora is diagnosed with opioid dependence
- The CADS doctor / CADS Nurse Practitioner will reassess suitability for OST
- A plan is formulated with the tāngata whaiora, whānau and keyworker present for induction day, OST drug of choice and starting dose
- Tāngata whaiora is informed when to stop using illicit opioids and what to expect from the treatment
- Informed consent is obtained

Reviews

Tāngata whaiora receiving OST should be seen by a CADS doctor or Nurse Practitioner at least once during the first seven days of treatment and face to face by their keyworker at least weekly during the induction phase. The review process allows clinical staff to monitor tāngata whaiora progress, identify and address any safety issues, hear from the tāngata whaiora and their whānau about concerns, and to provide an opportunity to further reduce harm.

Stabilisation phase

During this phase the tāngata whaiora should have achieved an adequate opioid dose, be attending regular appointments with their keyworker and prescriber reviews, and be making progress towards their recovery goals, enhanced by psychosocial interventions.

Psychosocial support and interventions promote harm reduction by maximising access to interventions addressing people's wider needs, including physical, emotional and social needs, along with those of whānau. Interventions should be evidence-based and recovery focussed and based on individual needs

During the stabilisation phase, reviews by CADS doctor or Nurse Practitioner will occur at least 3 monthly, then at least every 6 months once stabilisation is achieved. Tāngata whaiora and whānau are to be seen by their keyworker at least once every 6 weeks during the stabilisation period.

Multidisciplinary team (MDT) reviews, which include the keyworker, the doctor or Nurse Practitioner and at least one other health professional from the service will be completed at least every 3 months. A record of the review, which will include progress towards treatment and recovery goals as well as decisions about takeaway doses, must be documented in CWS.

Inclusion of the tāngata whaiora and / or whānau in multidisciplinary team reviews is expected.

Transfer to GP shared care

Transfer to the GPSC programme occurs when the tāngata whaiora is stable on the OST programme (as per stability criteria in section 2.4.8 of this guideline) is not using illicit substances, and is working towards employment and / or employed. Transfer is facilitated by the prescriber and key-worker in consultation with tāngata whaiora and their whānau Planning for transfer should being when tāngata whaiora is inducted on to the programme and should be reflected in treatment and recovery goals and discussed with the tāngata whaiora and whānau as part of regular reviews.

2.4.6 Drug Screening

Random monitoring of tāngata whaiora substance use will take place by requesting urine for drug screening, to support the tāngata whaiora to validate self-reporting of use and help guide takeaway OST dose regimes in association with other relevant factors. The result should be discussed with the tāngata whaiora. Observed urination is not required unless the keyworker or prescriber are suspicious of authenticity of the sample, for example temperature of sample, colour, or diluted sample. Should an observed sample be required the observer should be the same gender as the tāngata whaiora where possible and if not possible, only to be done with the consent of the tāngata whaiora providing the sample. For tāngata whaiora who identify as transgender they will be asked which gender for the observer they are more comfortable having observe them.

2.4.7 OST Scripting and Dispensing

Scripting and dispensing of OST is carried out as per Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand which includes transfer of care between two services.

Change of Dose

Dose determination should be based on both subjective reports from the tāngata whaiora, clinical judgement, and may include the use of blood serum level testing. It is important to recognise the relationship between inappropriate OST doses, continued injecting drug use, and risk of hepatitis / HIV and other blood borne diseases or health complications.

Any dose changing requests to the keyworker should be discussed with the prescriber at the earliest opportunity.

Replacement Doses

Replacement doses and reintroducing OST after missed doses is carried out as per the Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand. CADS does not replace lost, stolen or spilt OST take away doses.

OST and Injection Use

- When a tāngata whaiora is identified as injecting, they are provided education and informational support about safe injecting practice e.g. needle exchange, clean use, not sharing needles or equipment, swabs and filters.
- Take home doses will be stopped (decision can be made on a case by case basis) when they are injecting the takeaway doses to ensure the tāngata whaiora safety and more frequent keyworker appointments should occur to monitor other drug use, minimise risk and review recovery plan and goals.
- A clinical review for recovery planning with the MDT will occur at the next available MDT meeting which are held weekly.

Take Home Medication

The Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand are followed.

2.4.8 Stability Criteria

The MDT will make decisions regarding take-home OST eligibility in consultation with tāngata whaiora and their whānau, recognising that flexibility in dispensing arrangements can improve tāngata whaiora / whānau independence and quality of life. Requirements to consume OST on pharmacy premises, number of takeaways, and suitability for GP-shared care will be routinely reviewed at least every three months.

Factors taken into consideration in determining responsible behaviour and stability include:

- Absence of intoxication with other drugs, including alcohol
- Negative urine drug screen for other drugs
- Regularity of appointment attendance and adherence to treatment plan
- Absence of serious behaviour problems at CADS or pharmacy
- Absence of known recent criminal activity
- Length of time in stable treatment
- Level of responsibility regarding care of medication, whether medication is taken as directed (e.g. absence of intravenous methadone use or doubling up of medication)
- Stability in home environment and social relationships
- Ability to manage crises appropriately
- The safety of Tamariki / rangatahi and others in the household is assured
- Whether the rehabilitative benefit to the tāngata whaiora, derived from reducing the frequency of consuming doses at the pharmacy outweighs the potential risk of diversion or abuse.

Positive factors to be considered:

- Take-home medication will aid in the management of tāngata whaiora concurrent medical or psychiatric disorder(s)
- The tāngata whaiora adheres to treatment for concurrent medical or psychiatric disorder(s)
- Take-home doses may be appropriate in an emergency situation, such as personal, whānau crises, bereavement, pandemic, or other hardship

Factors which may determine a decision NOT to provide take-home methadone:

- The tāngata whaiora is diagnosed with a co-existing disorder that may be complicated by self-administered methadone, buprenorphine / naloxone and may require daily observation by the pharmacist
- The tāngata whaiora unstable home environment or complex whānau relationships increase the risk of diversion or unauthorised use of the medication.

2.4.9 Temporary changes in dispensing regime

Hamilton CADS

- Any changes are to be signed off by two Alcohol and Drug health professionals (the keyworker and one of the following: CADS doctor, Nurse Practitioner, Charge Nurse Manager / Team Leader or delegate). This must be preceded by a review of recent entries in the tāngata whaiora clinical workstation notes, including recent urine drug screen results and the outcome of the medical reviews. The co-signing clinician shares accountability for the clinical decision.

Rural North and South Waikato CADS

Sign off will be by two Alcohol and Drug health professionals from within their rural CADS teams, due to the rural teams not having access to a doctor on site. This must be clearly documented in CWS.

Changes to take-away regime

Tāngata whaiora in the stabilised phase of OST may request a change in days to consume on premises (COP)

- The request to make a change to consume on premises (COP) regime should be made directly to their keyworker who will then discuss the request within the MDT meeting or if not practicable, the prescriber or team leader (or second in charge)
- In this circumstance a minimum of **2 working days' notice** to the keyworker is required (to allow the necessary paperwork to be completed)
- Occasionally if resource allows, changes may be approved at short notice for emergency situations such as whānau bereavement

- The written authorisation for a change of regime should be scanned and emailed to the pharmacy and receipt confirmed by telephone. Only thereafter may the change be dispensed to the tāngata whaiora.
- A hard copy of the authorisation is then uploaded into CWS.

Removal of take-away regime

- Where there are sufficient concerns regarding tāngata whaiora stability, the team may decide, in the interest of tāngata whaiora safety that OST medication should be returned to daily dispensing
- A team decision to cease take-away doses should be communicated to the tāngata whaiora by the keyworker prior to the prescription change
- Reinstatement of the take-away doses is determined on a case by case basis and should occur after MDT discussion and two urine drug screenings (UDS) positive for methadone metabolites only.

Temporary transfer of pharmacy

Tāngata whaiora in the stable phase of OST may request a temporary transfer of their OST medication prescription to another dispensing pharmacist.

- The request should be made directly to their keyworker within a minimum of **2 working days of the temporary change**, who will then discuss this within the MDT. If not possible due to time constraints, then:
  - In Hamilton CADS, the keyworker will discuss the change with the prescriber, Nurse Practitioner or Charge Nurse Manager / Team Leader or second in charge
  - In rural CADS the decision will be discussed by the keyworker and a second health professional
  - Short notice transfers may be approved under emergency situations, such as a whānau bereavement or similar
- A suitable pharmacy in the area to which the tāngata whaiora is travelling should be identified either by the clinician or the tāngata whaiora; the pharmacy's willingness to dispense must be confirmed by the service
- A transfer script, Temporary Change of Community Pharmacy form and tāngata whaiora photograph (for identification) is scanned to the temporary pharmacy and a copy of the Temporary Change of Community Pharmacy form scanned to the current pharmacy and phone contact made immediately afterwards to confirm receipt
- Planned holidays require at least two weeks' notice and a MDT discussion. Tāngata whaiora should be encouraged to nominate pharmacies to which prescriptions can be transferred on planned holidays.

Out of area transfer

Tāngata whaiora who have moved and relocated into other specialist service areas are to be transferred to the nearest OST provider.

- Contact is made by the current keyworker to the new service, to request what transfer details are to be provided
- The tāngata whaiora will be expected to attend any medical reviews with the prescribing service whilst the transition occurs
- The referring service will prescribe OST medication until the transfer service has assessed, medically reviewed and accepted the tāngata whaiora, with a start date for prescribing advised
- Once prescribing is started by the service, CADS Waikato will discharge the tāngata whaiora from OST
- As per Ministry of Health expectations, it is expected that the transfer will be accepted within three months. The lack of transfer within this timeframe must be escalated to the Charge Nurse Manager / Team Leader and Clinical Director.

Tāngata whaiora who have relocated to the Waikato region and a referral received from the current prescribing service:

- Will be contacted by an allocated clinician for an updated comprehensive assessment which should be presented in conjunction with assessment and details from the previous service to a MDT forum for acceptance into the Waikato OST programme
- A medical review with a CADS doctor or CADS Nurse Practitioner is booked and once attended, a start date for prescribing can be negotiated
- The referring OST service is notified as to the date of prescribing by the new service.

Overseas travel

- Overseas travel may take up to six weeks to organise. Tāngata whaiora must be advised at the induction stage of the necessity to give 6 weeks' notice of planned overseas travel
- If the tāngata whaiora requires take-away doses to be carried on their person CADS must make contact with the country's consulate to determine if that country allows methadone or Buprenorphine / Naloxone into their country and what documentation is required to carry the OST medication into their country. The prescribing service must adhere to any special conditions required for entry, and a letter provided by the prescriber to state the person is in possession of the drug for treatment of a medical condition.
- Tāngata whaiora should only be provided with sufficient OST to cover them during transit allowing them to attend a dispensing pharmacy in the respective country if treatment has been organised there. Alternatively, take-away medication is provided for travel of a reasonable duration. Safety should be a paramount concern when considering how many take-away doses should be allowed.

2.4.10 Third party information

Third party information can be received from any source including:

a) a pharmacist, police, or other government agencies involved in tāngata whaiora treatment or care, and

b) other tāngata whaiora or members of the public.

In case of informants from group a) the information can be accepted as first party information and appropriate action taken after multidisciplinary team discussion in regards to safety issues for the tāngata whaiora, community and prescriber.

In the case of information from group b) the tāngata whaiora can be informed (confidentially) of the information received and asked to confirm or deny any allegations; the information and the tāngata whaiora response are documented. Due to lack of confirmation of the allegation it would be difficult to act on unless there is further information in relation to the tāngata whaiora. MDT discussion should occur and appropriate warning given to the tāngata whaiora should there be risk to the tāngata whaiora, community or prescriber.

2.4.11 Driving and OST

Tāngata whaiora will be given the CADS OST and driving agreement from the outset of treatment, which is to be signed and uploaded to CWS. Providers have a responsibility to advise tāngata whaiora and their whānau of possible effects of OST and associated risk of impairment when their dose is increased and when they are known to be using or when they have been prescribed other medication that could contribute to impairment. This discussion will include informing the tāngata whaiora that if they present to CADS in an intoxicated state and staff are aware they are driving, they will be asked to leave the keys with staff. If the tāngata whaiora declines, the police will be contacted. Prescribers have a responsibility to take action if they become aware tāngata whaiora ability to drive has been impaired, considering the safety of both community and tāngata whaiora and whānau.

2.4.12 Prison

- If the tāngata whaiora is incarcerated in prison on remand then Waikato CADS will continue the prescribing. The prison medical team will get in contact with CADS to advise the tāngata whaiora is on remand and a Temporary transfer of community pharmacy Form and script is completed and prison medical team advised.
- If the tāngata whaiora is sentenced to prison then CADS can either continue to prescribe or authorise the prison medical officer (with the appropriate training) to prescribe
- If Waikato CADS are to prescribe for a tāngata whaiora who is in a prison outside of the Waikato region this will continue for three months by which time the CADS team in the area where the tāngata whaiora is, should take over prescribing as per Ministry of Health directive

- Six monthly medical reviews can be made in person or by video conference
- CADS prescribers are available via phone for authorised prison prescribers should they need advice.

2.4.13 Potential complications

OST and diversion and / or behavioural concerns at CADS or Pharmacy

At the induction stage the tāngata whaiora must have read, understood and signed the contract between themselves and the OST provider. The contract outlines the expectations and boundaries between the tāngata whaiora and the service and highlights that abuse, diversion or behavioural issues at CADS or the Pharmacy are breaches of the contract, and what the potential consequences of this could be on treatment and wellbeing. This information will be discussed with tāngata whaiora and their whānau in such a way that there is shared understanding and will also include strategies to manage such situations early to avoid situations occurring as much as possible.

Should a tāngata whaiora verbally abuse a CADS staff member or pharmacist, they will be sent a letter from the team outlining the zero abuse policy and cautioning adverse decisions around their dispensing regime should it occur again. An opportunity to discuss this should always be offered to the tāngata whaiora and whānau so that there is an understanding of the situation for the tāngata whaiora and whānau, and an opportunity to put strategies in place to mitigate risk.

- Further abuse will be followed up with a MDT review of regime and changes made to their treatment plan
- Continued abusive behaviour will result in their place on the OST program being reviewed by the clinical team
- Assaultive behaviour where other tāngata whaiora or staff are placed at risk, will be immediately reported to the Police.

Did not attend (DNA) for case management and medical review
Medical reviews and keyworker engagement in appointments are an important part of recovery while receiving OST. The keyworker will follow the Mental Health and Addictions Appointment Planning and Did Not Attend Management with Tāngata Whaiora Procedure (0900).

It is an expectation that the keyworker or an administrator will contact the tāngata whaiora, via phone call of text, either on the morning of or day prior to the appointed medical review, as per an agreement made with tāngata whaiora about reminders, to remind them of the pending appointment.

Whilst emphasis is on clinicians understanding the reasons tāngata whaiora are not attending appointments and identifying strategies to support attendance, ongoing non-attendance is likely to result in a medical review with a CADS Doctor or CADS NP and review of take-away doses or after a third non-attendance, a reduction in the dose of OST prescribed.

Pharmacy Protocol

Pharmacists are an important part of the OST multidisciplinary team and play a key role in monitoring tāngata whaiora progress and wellness, or observing concerns such as intoxication, diversion or behavioural issues. Liaison with the pharmacist around changes in variation of prescribing regime, transfer of pharmacy and any concerns can add valuable information for case reviews within a multidisciplinary team forum and keeps the pharmacist informed of changes so they can make the necessary preparation.

Pharmacies are expected to notify in writing, which is then uploaded into CWS the prescribing service when the tāngata whaiora:

- Fails to collect their dose
- Presents as intoxicated at the point of dispensing
- Exhibits abusive or threatening behaviour
- Diverts or makes a serious attempt to divert
- Exhibits withdrawal symptoms
- Deteriorates in their physical, emotional or mental state

These reports should be handled as confidential to protect the safety of the pharmacist. The prescribing service is expected to:

- Actively seek input from pharmacists to assist multidisciplinary team decisions
- Liaise with the pharmacist in terms of change of variation to dispensing regime
- Inform the pharmacist of transfer, temporary or permanent. Details sent by email and informed by phone
- Understand that changes in doses or new scripts are time consuming for the pharmacist and except in emergencies should coincide with the next scripting cycle
- Provide pharmacies with education / training on harm reduction, reducing stigma, de-escalation.

2.4.14 Exit protocol

- Reduction from OST should only be considered when the tāngata whaiora has achieved stability and achieved mutually agreed treatment goals.
- Any withdrawal from treatment should include a high level of psychological support, relapse prevention interventions and medical supervision. However, some tāngata whaiora may decline such supports and interventions, and this should be respected.
- It is critical that the person going through the withdrawal from OST receives clear and accurate information of the process in order to manage increased levels of anxiety.
- Tāngata whaiora and whānau must be informed of increased risk of accidental overdose if they relapse to substance use, particularly opioids, due to a decrease or loss of tolerance.

- Counselling, medical, psychosocial input along with increased support from CNS or Nurse Practitioner should be increased during the withdrawal phase and should be continued once the reduction regime has finished, in order to help prevent relapse.
- A comprehensive discharge plan must be developed (including biological, psychological and social strategies that can help to minimise the discomfort associated with OST discontinuation) and documented once the tāngata whaiora and / or service provider has decided to commence a withdrawal regime from opioid substitution treatment.
- An involuntary discharge from CADS is a last resort and is only made after considerable discussion
- The tāngata whaiora must be aware of the reasons for the involuntary discharge, the stand down time, their right to appeal and complain and how to access support
- The tāngata whaiora must be regularly reviewed; their clinical records are to reflect these reviews
- A case review will occur at the point of discharge.

Treatment termination

Occasionally, tāngata whaiora may succeed in gaining entry onto an OST programme who:

- Are not suited for treatment i.e. who have managed to convince the service provider to prescribe more OST mediation than is required or has given a fabricated drug use history
- Have been unable to achieve their recovery goals
- Consistently breach the agreement, in terms of behaviour or risks to self and others.

Treatment may be terminated if:

Criteria for treatment termination must be conveyed to and understood by all tāngata whaiora. These criterial should be applied fairly and without prejudice:

1. The benefits of treatment are outweighed by the negative outcomes and elements of risk, e.g. supply of OST to others, not complying with safety requirements
2. Staff safety is compromised e.g. violence to staff
3. The contract has been repeatedly breached
4. Repeated failure to keep a minimum of 4 monthly review meetings with the Medical Officer and a minimum of 6 weekly with the keyworker
5. The tāngata whaiora moves out of the area and fails to engage with OST services in their new area or fails to maintain regular medical reviews with the Waikato CADS while they are awaiting entry to the service in their new area

Where possible, verbal (face to face, or by phone) and written warnings should be provided prior to terminating treatment.

Prior to a decision being made to terminate treatment and where possible, a treatment review will be held. This is an opportunity for the tāngata whaiora, whānau and CADS to clarify expectations, review treatment progress and discuss other treatment options should this be appropriate.

Consideration should be given as to whether it may be possible to transfer the tāngata whaiora to another treatment programme rather than a complete withdrawal from methadone or Buprenorphine / Naloxone treatment.

A final decision to terminate treatment will be made by the MDT in the Complex Case Review MDT. When treatment termination has been decided upon, withdrawal management should be provided to the tāngata whaiora / whānau, including strategies / support for whānau to minimise the impact of withdrawal. The process of reengagement should be discussed with the tāngata whaiora / whānau and the team members with the criteria for this being explicit. The tāngata whaiora General Practitioner must be made aware that OST has ended. All decisions and information must be clearly documented in CWS.

3 Audit

3.1 Indicators

Ministry of Health (2014) Specialist Opioid Substitution Treatment Service Audit and Review Tool

4 Evidence base

4.1 Associated Te Whatu Ora Waikato Documents

- CADS Driving and methadone agreement
- CADS Treatment consent for induction on to OST (G2986MHF)
- Consent to Treatment (A3114MHF)
- Mental Health and Addictions Appointment Planning and Management of DNAs (Ref. 0900)
- Mental Health and Addictions Keyworker (Ref. 1558)
- Mental Health and Addictions Recovery Planning (Ref. 5998)
- Early Warning Scoring System for the Deteriorating Patient policy (Ref. 1540)
- Early Warning Scoring System for the Deteriorating Patient procedure (Ref. 1541)
- Informed Consent (Ref. 1969)
- Medication Security (Ref. 0003)
- Medicines Management (Ref. 0138)
- Your Rights (MOH) (G1136MHF)

4.2 External Standards

- Code of Health and Disability Services Consumers' Rights 1996
- Health and Safety at Work Act 2015
- Health Practitioners Competence Assurance Act 2003
- Human Rights Act 1993
- Ministry of Health (2014) Practice Guidelines for Opioid Substitution Treatment in New Zealand
- Prescribing Controlled Drugs in Addiction Treatment, Section 24 Misuse of Drugs Act 1975
- Privacy Act 2020
- Treaty of Waitangi Act 1975