

1. Opioid Treatment with AOTS



If you are admitted to the Auckland Opioid Treatment Service (AOTS) you will have access to a range of Client Information Sheets. Feel free to request them from your key worker, pick them up from the reception areas, or visit the AOTS page on www.cads.org.nz

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

The service is designed to assist people seeking treatment for opioid dependency. To be eligible to receive treatment you need to be a NZ citizen or resident diagnosed as opioid dependent and you need to consent to treatment and agree to comply with the treatment conditions.

In New Zealand the objectives of opioid substitution treatment (OST) are in line with the National Drug Policy (2007-2012), and aim to improve the health of New Zealanders by preventing and reducing the harms associated with the use of opioid drugs, and in particular to:

- contribute to improving the health, psychological and social functioning of consumers and their families including dependent children
- reduce the spread of infectious diseases associated with injecting drug use, especially hepatitis B and C and HIV/AIDS
- reduce the mortality (deaths) and morbidity (disease, ill-health) resulting from the misuse of opioids
- assist individuals to achieve successful withdrawal from opioids
- reduce episodes of other harmful drug use
- reduce crime associated with opioid use
- assist with recovery from opioid dependence and withdrawal from methadone and other opioid substitute medicine if appropriate and desired by the consumer (see Ministry of Health *Practice Guidelines for Opioid Substitution Treatment in NZ 2008*).

To achieve this, AOTS adheres to the following principles:

Harm Reduction Approach: AOTS recognises that abstinence from all drugs is not possible or desired by some drug users so abstinence is not expected unless that is your self-determined goal.

Evidence-based practice: opioid substitution especially methadone is very well researched and its effectiveness well demonstrated. AOTS' practice is informed by international and local research, and is responsive to the consumers and community.

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 in a clinically responsible manner. (It is not assumed that provision of an opioid substitute alone is reducing harm to service users. Without responsible prescribing and dispensing practices the reverse may be true.)

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.

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

1. Opioid Treatment with AOTS, *continued*

Individual treatment: there is a continuum of intensive to less intensive service involvement in line with the principles of personal recovery – some people require more support and input than others. The client and key worker determine the level of support required.

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.

Also, clients are required and supported by AOTS to engage with a GP so all of their health care needs can be addressed in a holistic and integrated way. AOTS maintains functional links with GP prescribers, community pharmacists and other relevant people involved in each client's care as appropriate.

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.

The service is provided by:



AOTS Pharmacists: dispense methadone or Suboxone® and provide support, advice and training to community pharmacists.

Community Pharmacists: most

AOTS clients attend a pharmacy in the community for their OST medication. Community pharmacists are part of the treatment team, so liaise with AOTS staff and your prescriber (AOTS doctor or your own GP). They will sometimes pass on to you drug screen test requests and other information from AOTS as well as pRogReSsioN the Consumer Team newsletter.

AOTS Doctors: attend to all the prescribing and medical aspects of your OST while you are with the specialist service. (Please note: the AOTS doctors can't write prescriptions for any other health care needs you might have – you need your own GP for that. Also, changes to your OST prescriptions can only be made by the AOTS doctors while you're with the specialist service.)

Community Doctors/ General Practitioners

(GPs): AOTS authorises GPs to prescribe opioid substitution meds for individual clients under a Shared Care arrangement; the GP takes over your OST and other health needs and AOTS maintains responsibility for ensuring your treatment is safely and appropriately delivered. Key workers will maintain contact with you, and provide training for and support to your GP.

AOTS Key workers (previously known as case managers): co-ordinate and support each client's treatment and recovery. The key worker may provide some or all of the interventions required by the client.

AOTS Clinical team leaders/Charge nurses: each AOTS team has a leader 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 Clinical nurse specialist: leads and co-ordinates training in methadone treatment for AOTS staff and for GPs, practice nurses etc.

AOTS Consumer Liaison and CADS Consumer Advisor: act as conduits for consumer feedback and present consumer perspectives at various forums within AOTS. Clients are encouraged to take an active role in their own treatment and to participate in service evaluation.

AOTS Manager and Lead Clinician: in partnership the manager oversees the administrative aspects of the programme and the Lead Clinician (doctor) oversees all the clinical aspects of the service.

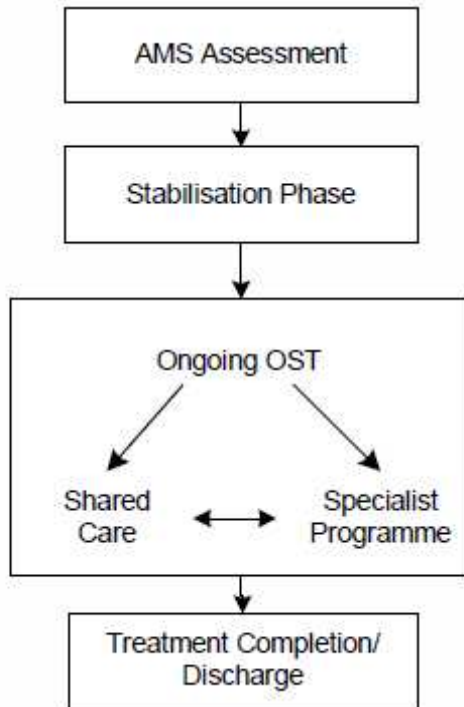
Administration Officers (AO): skilled clerical workers provide the administrative back up needed to run the service.

Your clinical team: discussions and decisions primarily involve your key worker/s and doctor and can include the team leader/charge nurse and pharmacist.

Clinical governance team: oversight of the service and the overall strategic direction of AOTS is managed by a group which includes the manager, team leaders, pharmacist, clinical nurse specialist, lead clinician (doctor), and Consumer Advisor and/or Consumer Liaison.

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Stages of treatment



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

Assessment: Everyone seeking treatment for an opioid dependence with the Auckland Opioid Treatment Service (apart from those transferring from elsewhere) goes through the following assessments:

1. an admission assessment by a key worker (usually a nurse) which includes questions about your drug use as well as your psychosocial situation (your living situation, relationships, etc), and
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'll be asked about your health and your drug taking (it's really important to give accurate information about your drug use so you receive appropriate treatment), other personal circumstances relevant to OST, and you'll receive forms for you to complete blood and/or urine samples. (Information about testing is available on Information sheet 7 *Clinical tests: blood, urine, etc.*).

Together the key worker and doctor ensure you have the information and resources necessary for you to give your informed consent for treatment. 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, do 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: after you've been through the assessment and admissions process and you have received your first medication dose, the focus goes on stabilising the dose appropriate to you.

For the first 3 weeks you will need to be seen by AOTS at least once a week; the key worker will also help you work out what other relevant services you may need and will co-ordinate your overall OST. (For more info see Information Sheet 4 *First methadone dose and stabilisation*)

Time spent in the stabilisation phase varies from person to person, because it depends on individual circumstances but you can expect to attend an appointment with AOTS not less than monthly in the first four months of treatment.

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.

Ongoing OST can be provided in 2 environments: the specialist service or primary care. In either environment you will need to see a doctor approximately every 3 months but sometimes more or less frequently depending on how you are.

(1) Shared Care with your GP/General Practitioner: most clients will move to a community GP once they've reached a suitable degree of stability (see Information Sheet 6 *Indicators of stability*).



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It is expected that this will occur within 12 months of admission to the service. (For more information see Information Sheet 14 *Shared Care with your GP.*)

Key workers actively support clients through the transfer process and remain available to you and your GP and will be in contact with you to ensure you receive the treatment and support you need.

(2) Specialist Service: some clients, after a year with AOTS, may be on a stable dose of OST but not be appropriate for Shared Care so, until they are, they will continue to receive ongoing OST with AOTS. Clients either continue with their current key worker or transfer to another key worker during this time (depends on key worker availability), and undergo comprehensive treatment and recovery planning, encompassing both client and service goals.

Treatment Completion/ Discharge: when clients leave treatment. Planning to finish OST is undertaken with support from your prescriber and/or key worker.



Privacy and Informed Consent

AOTS follows the principles of the Privacy Act (1993), the Health Information Privacy Code (1994) and the Code of Health and Disability Services Consumer Rights Act (1996).

Clients are given full and ongoing information regarding treatment, including any associated risks or negative consequences, and disclosure of information – what this means is: if the service is going to share your health information with anyone, it is AOTS' policy to let you know unless it would be a risk to do so.

There are brochures available in reception areas describing what happens to your health information.

Please note: Opioid substitution treatment is highly regulated, being governed by the law and by National Guidelines. Also, the safety of clients and those with whom they come into contact is of primary concern.

As a result AOTS has expectations regarding client behaviour, attendance at appointments and attendance at pharmacies for collection of medication.

If these expectations are not met the client's treatment is reviewed, preferably with the client's involvement.

These expectations are discussed with the client and agreed to before admission to AOTS.

If you need more information contact your key worker, the AOTS nurse at your local CADS unit, 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