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The BOP Addiction Service Opioid Substitution Treatment (OST) First Dose and Stabilisation for Methadone

Te Whatu Ora
 Health New Zealand
 Hauora a Toi Bay of Plenty

Everyone who enters BOPAS OST (apart from those transferring from elsewhere) will go through the following processes.

An OST staff member will send an appointment letter, informing you of the following:

- initial/comprehensive assessment appointment time
- allocated case manager's name
- what to bring with to the initial/comprehensive assessment appointment:
 - proof of address e.g., power or telephone bill,
 - 2 x forms of identification e.g., driver's licence, or community services card.

Case manager assessment or initial assessment (one or more appointments) to discuss:

- Pharmacy: identify a seven-day pharmacy who will be willing to dispense your OST – preferably one that is close to where you live
- GP: identify a GP that can be authorised by the BOPAS Medical Officer to prescribe OST (this is for clients who are eligible for GP Shared Care)
- Urine drug screen: you will be asked to give a urine sample for testing (this may need to be observed). An appointment to see the Medical Officer can be made once the results from the urine drug screen have been received.
- Relevant Client Information Sheets will be discussed with you.
- Your case manager ensures that you have the necessary information for you to give your informed consent for OST. You will be given a contract/consent to read and sign. If you have any questions or are unclear about anything, ask your case manager to explain before you sign it.

Medical assessment – Medical Officer

- You must see the Medical Officer at BOPAS before you can start OST with BOPAS.
- The medical assessment will take approximately one hour.
- During the first month you may have more than one appointment with the Medical Officer.

The first dose process

After you have completed the Case Manager and Medical Officer assessments, your Case Manager will present your case at the weekly OST team meeting. If OST treatment is assessed as being appropriate for you and you have given your consent, a date will be determined for you to receive your first dose.

- BOPAS will determine a starting dose, you are welcome to suggest a dose however

your initial dose will not exceed methadone 40mg or (see the current NZ Opioid Substitution Treatment Practice Guidelines).

- After taking your first dose of methadone you are required to remain at BOPAS for approximately 20 minutes so that the BOPAS Medical Officer/ case manager can observe for signs of intoxication, allergic reactions, and methadone side effects, you may also be required to return to BOPAS four hours after taking your first dose.

The reason for having to be observed twice after taking your first dose is because methadone reaches its highest level in your body after about 3-4 hours and the Medical Officer needs to see how you're doing on the first dose at that point in time.

Things you need to be aware of when you have your first dose

- Because of the risk of overdose, methadone can't be administered to you if you're intoxicated or stoned
- There may be an increased risk of overdose if you use illicit sedative drugs (downers) or alcohol on the day of your first dose. (See Information Sheet 4 Accidental Overdose) If you have any concerns discuss this with the Medical Officer.
- When stabilising on your dose it's not advisable to operate heavy machinery or to drive because of the potential for increased sedation i.e., going on the nod. However, once a stable level has been achieved, methadone is unlikely to cause any problem or impairment.

What happens on Day 4

- During the first 3-4 days of your treatment the case manager will keep in contact with you and the pharmacist to see how you're doing on your initial dose.
- On day 4 you will need to come into BOPAS 3-4 hours after you have had your dose of methadone so that your case manager can assess your response to the methadone i.e., to exclude intoxication at the peak plasma level; any withdrawal symptoms and whether your dose needs adjusting. The case manager will also discuss your treatment plan during this stabilisation phase. It is recommended that the methadone dose not be increased in the first 3-4 days as methadone accumulates in your body over this time (current Opioid Substitution Treatment New Zealand Practice Guidelines).

The stabilisation phase

- The people who will be involved in the stabilisation phase of your treatment include: case manager, BOPAS medical officer, pharmacist and the OST administrator.
- At the stabilisation phase of treatment your case manager will work with you to set goals, develop a treatment plan and monitor your methadone. At this stage your treatment planning will include issues such as:
 - harm reduction strategies i.e., look at injecting drug use (IDU) and other drug use,
 - identifying barriers to stabilisation (e.g., legal, financial etc.), assisting clients to access appropriate support/ resources,
 - relapse prevention strategies e.g., identifying triggers/cravings and developing a plan,
 - care co-ordination e.g., GP, pharmacist, and other community organisations (budget advice, Providing Access to Health Solutions (PATHS)).

During this phase your case manager also:

- Advocates on your behalf at OST case management meetings and with other services/community agencies to support you in achieving your treatment goals.

- Promotes the involvement of support people in your treatment.
- Seeks to ensure the safety and protection of children and other dependents.
- On first entering treatment your case manager will see you at least:
 - weekly for the first month,
 - then monthly once stabilised

When you've reached an optimal dose of OST and have achieved most or all the stabilisation goals in your treatment plan, you will review your goals and develop a new plan with your case manager, this will also mean that you will be going onto the next phase, maintenance (See: Information Sheet 5. The Maintenance Phase).

Risks associated with stabilisation on Methadone

- International research shows that most deaths in OST treatment occur in the first week of treatment. Usually this is a result of additional use of benzodiazepines and/or alcohol.

If you think that you could be at risk, discuss this with your case manager and/or medical officer. It may also be useful to refer to Information Sheets (2a) Methadone Facts and (4) Accidental Overdose.

If you need more information about the stabilisation phase of your treatment or any other aspect of BOPAS OST, ask your case manager or discuss this with the Medical Officer at your next medical assessment/ appointment.

*Te Whatu Ora Hauora a Toi Bay of Plenty has an active commitment
to the Treaty of Waitangi and the improvement of Māori health.*

**Tauranga Hospital 07 579 8000, Whakatāne Hospital 07 306 0999
www.bopdhb.health.nz**

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