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The BOP Addiction Service Opioid Substitution Treatment (OST) The Maintenance Phase

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

Once you have achieved the main goals that you and your case manager set for the stabilisation phase of treatment you move into the maintenance phase.

What to expect

- Your treatment generally becomes less intensive than it was in stabilisation
- After reviewing your stabilisation treatment goals with your case manager and medical officer, you will update your treatment plan for the maintenance phase

The treatment plan will specify:

- Your new goals
- An action plan on how to achieve those goals
- How often you will see the medical officer and your case manager. This depends on the goals that you have achieved and your circumstances over time. (Please note: It is a legal requirement by the Ministry of Health that you see the medical officer at least once every three months).
- Any ongoing treatment issues:
 - Dose increase/decrease
 - Change in dispensing regime i.e., takeaway
 - Pharmacy feedback
 - Use of other drugs e.g., benzodiazepines, amphetamines

During the maintenance phase you'll continue to receive requests for urine drug screens and in some cases, you may need to do blood tests (e.g., serum levels).

If you have a date to enter hospital for any reason or you unexpectedly end up in hospital, let BOPAS OST know so they can liaise with the medical staff involved in your hospital care. BOPAS will ensure you continue to receive your dose while in hospital and will reorganise scripting so there'll be no interruptions in your dosing when you're discharged from the hospital, especially if you are going to be discharged on a Friday or the weekend.

Three monthly reviews

This is when, with your case manager and a medical officer, you review your treatment plan, your progress, and your goals (have they been achieved and/or you have new goals?). You might identify new or ongoing issues that have an impact on your treatment, develop new strategies (e.g., you might decide to involve family or other support people in your treatment), and explore what other supports and/or services may be appropriate for you.

The purpose of the three-monthly review is to see how OST is working for you, plus it enables BOPAS to gather statistical data to evaluate treatment overall. * How long clients

stay in the maintenance phase of treatment varies: most stay for a minimum of 2 years with the average stay being 5 to 7 years, though some will stay longer.

If your review indicates that you are consistently stable and you don't need this level of treatment planning, review and monitoring, you may have the option to transfer to the GP Shared Care phase. This means receiving your script from an authorised GP and continuing to pick up your OST from your local pharmacy.

Restabilisation

If your situation changes in such a way that you need more supportive and closely monitored treatment your case manager may transfer you to a stabilisation case manager.

For example, if you develop a health problem which affects your treatment or you start using drugs – this includes alcohol – in an unsafe way, i.e., injecting unsafely; getting intoxicated; and/or using more than one substance at a time.

Moving from maintenance to stabilisation is called is referred to as restabilisation. (Information Sheet 8: Restabilisation).

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

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