

## Methadone and other Opioid Substitution Treatment

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<ul style="list-style-type: none"> <li>• Directorate(s)</li> </ul>	All directorates (excluding Child Health)
<ul style="list-style-type: none"> <li>• Department(s)</li> </ul>	All departments with adults requiring opioid substitution treatment
<ul style="list-style-type: none"> <li>• Used for which patients?</li> </ul>	Adult patients requiring opioid substitution treatment
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<ul style="list-style-type: none"> <li>• Excluded</li> </ul>	Child Health
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## 1. Purpose of guideline

The purpose of this guideline is to ensure staff members are aware of the process to follow when administering methadone or other opioid substitution treatment (OST) to any adult inpatient within Auckland District Health Board (Auckland DHB).

## 2. Definitions

<b>Term</b>	<b>Definition</b>
<b>Opioid substitution treatment (OST)</b>	<p>Opioid in this context refers specifically to the prescribing, dispensing and administering of opioids for the purpose of treatment for opioid dependence. Whilst methadone is the most common treatment option, the second is buprenorphine with naloxone, and alternate opioids are occasionally used, such as morphine, or codeine. OST is highly regulated and each daily dose is managed accordingly.</p> <p>All patients OST prescribing is authorised by a gazetted treatment service. In Auckland this is Auckland Opioid Treatment Service (AOTS).</p> <p>Some patients' OST is prescribed by their GP under written authority from AOTS, whilst others can only be prescribed by a doctor in (AOTS) (e.g. Buprenorphine/Naloxone BNM and methadone for OST).</p> <p>ALL Auckland-based OST clients have an AOTS keyworker. AOTS is a Community Alcohol and Drug Service (CADS) and their contact details are listed below.</p>
<b>Takeaway dose</b>	<p>A takeaway dose is any dose not consumed under observation in the patient's pharmacy, specialist service, primary care practice or any designated place where OST medication can be safely dispensed.</p> <p>On average, patients who are stable in treatment consume four non-consecutive doses per week in the pharmacy, but some consume, more or less often depending on their treatment phase.</p>

### 3. Process for hospital admission

The following describes the process to follow when admitting an OST patient (prescribed methadone or other OST for opioid dependence):

Step	Action
1.	<p>Hospital doctor or pharmacist to inform AOTS and/or GP that the patient has been admitted to hospital (see contact details below). When AOTS is contacted they will stop the patients' community pharmacy prescription for the duration of their hospitalisation. If the GP is contacted, the community pharmacy should also be notified so that supply can be put on hold.</p>
2.	<p><b>Before prescribing and administration in hospital can take place, Hospital doctor or pharmacist to obtain confirmation of the patient's OST dose and timing of last dose.</b> This reduces the risk of overdose if the patient has missed doses recently. Options include:</p> <ul style="list-style-type: none"> <li>• Copy of current prescription sent (via email or fax) to the ward by AOTS after the keyworker or GP confirms the patient's last consumed dose with the patient's pharmacy</li> <li>• Written notification signed by the prescriber (AOTS doctor or GP)</li> <li>• Verbal confirmation from the prescriber (AOTS doctor or GP)</li> <li>• Verbal confirmation from the patient's community pharmacist of their last dispensed dose</li> </ul> <p><b>If the GP or community pharmacist is unavailable, contact AOTS to assist.</b> NOTE: Do not rely on Testsafe on Concerto alone as this information may be out of date.</p>
<p><b>ALWAYS CHART METHADONE DOSE IN MILLIGRAMS AND NOT mLs</b> <b>Due to the different strengths of methadone that are available, charting in mL can lead to an unintentional overdose.</b> <b>The standard strength used in the community is 5 mg/mL – ADHB stocks a range of strengths.</b></p>	
3.	<p>If the patient has missed three or more consecutive doses prior to admission, the regular dose may need reducing. Contact AOTS before prescribing in hospital. AOTS will advise on appropriate dosing.</p>
4.	<p>Ask the patient if they have takeaway doses of OST in their possession. Secure these in the controlled drug cupboard and record in ward controlled drug register. <b>NOTE: TAKEAWAY DOSES MUST NOT BE USED WHILST AN INPATIENT.</b></p>
5.	<p>All information obtained from AOTS, GP or Community Pharmacy must be documented in the patient's clinical notes, electronic medications history (eMH) and electronic medicines reconciliation (eMR). Details about the days doses are for takeaway or consume on site should also be recorded.</p>

### AOTS Contact Details

If the usual keyworker is known, and if possible, ask the patient for the contact details and contact the keyworker directly.

If the usual keyworker known but contact details are unknown or if the keyworker or unit is unknown, contact AOTS.

<b>Mon – Fri 8.30am – 5pm (Business Hours)</b>	<b>Weekend &amp; Public Holidays 9am – 12pm (AOTS Pharmacy)</b>	<b>Evenings/Sat/Sun/Public Holidays (Outside of AOTS Pharmacy hours)</b>
Phone Keyworker at CADS unit below or (09) 815 5841	DDI (09) 845 7586 or 815 5830 Ext 45006	(09) 815 5830 Ext 45100 or 45039 In-Patient Detox Unit – with access to on-call doctor

AOTS (Pitman House, Pt Chev)	(09) 815 5841	(09) 815 5850	8.30am - 5.00pm
AOTS/CADS North (Takapuna)	(09) 488 2701	(09) 488 2703	8.30am - 5.00pm
AOTS/CADS South (Manukau)	(09) 263 2000	(09) 263 2035	8.30am - 5.00pm
AOTS/CADS West (Henderson)	(09) 837 9400	(09) 837 9408	8.30am - 5.00pm

### Pain Management

Patients on OST still need pain management where indicated. Use non-opioid treatment where suitable. Opioid treatment for pain may need higher doses than normally indicated in non-tolerant populations. Contact the Pain Service for assistance with pain management in OST patients.

## 4. Discharge of a patient on opioid substitution treatment

The following describes the process when discharging a patient who is prescribed OST.

**NOTE:** OST or other medicines (e.g. hypnotics, antidepressants, benzodiazepines, antipsychotics) usually prescribed by AOTS must not be provided as a discharge medication/prescription. These medicines should however still be listed as a discharge medicine on the patient's discharge summary.

Step	Action
1.	Notify AOTS of the patient's discharge date and the last dose administered in hospital (contact details as per admission or as above). Only an AOTS authorised doctor can reactivate dispensing at the patient's usual community pharmacy.
2.	Discuss with AOTS whether any takeaway doses for future use are to be returned to the patient or destroyed appropriately by a hospital pharmacist.
3.	If the patient is discharged on a weekend or public holiday, AOTS can arrange for the patient to collect their dose at their usual community pharmacy if available or at Pitman House, 50 Carrington Road, Pt Chevalier between 0900 hours to 1200 hours if informed in advance.
4.	Ensure that all discharge arrangements are clearly recorded, dated and signed in the patient's clinical record.

## 5. Supporting evidence

- Medsafe. (2019) *New Zealand Data Sheet: Biodone 2 mg/mL Oral solution, Biodone Forte 5 mg/mL Oral solution, Biodone Extra Forte 10 mg/mL Oral solution*. Retrieved from: <https://www.medsafe.govt.nz/profs/Datasheet/b/Biodoneoralsoln.pdf>.
- Medsafe. (2020) *New Zealand Data Sheet: Buprenorphine Naloxone BNM Sublingual tablets 2mg/0.5mg and 8mg/2mg*. Retrieved from: <https://www.medsafe.govt.nz/Profs/Datasheet/b/BuprenorphineNaloxoneBNMsubtab.pdf>.
- Ministry of Health. (2014). *New Zealand Practice Guidelines for Opioid Substitution Treatment*. Retrieved from: <https://www.health.govt.nz/system/files/documents/publications/nz-practice-guidelines-opioid-substitution-treatment-apr14-v2.pdf>.

## 6. Legislation

- Misuse of Drugs Act 1975, Section 24
- Ministry of Health New Zealand Practice Guidelines for Opioid Substitution Treatment 2014

## 7. Associated documents

- Informed Consent
- Medication Administration

- Medications – Controlled Drugs & Restricted Medicines Supply
- Medications – Prescribing
- Pain – Opioids Intravenous in Adults

## 8. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

## 9. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.