

Consumers' Guide to the Opioid Treatment Program: **OTP in Regional and Rural Areas**

5



*Opening the Doors
on Opioid Treatment*



ACKNOWLEDGMENTS

'Consumer's Guide to the OTP: OTP in Regional and Rural areas'. 1st edition, 2019

Editor: Leah McLeod

Content: Thomas Capell-Hattam

Illustrations: Ben Hutchings

Layout Design: Thomas Capell-Hattam

The OTP Consumer Guidelines series was produced by the NSW Users and AIDS Association (NUAA). NUAA is governed, staffed and led by people with lived experience of drug use. Since 1989, we have provided innovative harm reduction services, advancing the rights, health and dignity of people who use drugs illicitly in NSW. This includes supporting and advocating for people on the Opioid Treatment Program. This resource has been reviewed and approved by the NSW Ministry of Health (MoH). The MoH provides NUAA with the funding to do this work. Special thanks to all our wonderful peers who helped create this resource.

Distribution: The OTP Consumer Guidelines series is a targeted resource for people who use opioids and are thinking about starting, or are currently on, an Opioid Treatment Program in NSW. The OTP Consumer Guidelines series is distributed to Harm Reduction organisations and Alcohol and Other Drug services throughout NSW and is not intended for general distribution. Hard copies of all the booklets in this series are available. To receive your copy, email MOH-PopulationHealthResources@health.nsw.gov.au, or contact NUAA.

NUAA would like to acknowledge and show respect to the Gadigal people of the Eora Nation as the traditional owners of the land on which we work. We extend this respect to all First Nations groups upon whose land this resource is distributed.

OTP Consumer Guidelines Series Steering Committee:

Ministry of Health:

Tanya Bosch
Lexi Buckfield
Eleen Chiu
Phillipa Jenkins
Debbie Kaplan

NSW OTP Managers:

Lucinda Castaldi
(*United Gardens*)
Julie Dyer
(*Rankin Court*)
Carolyn Stubbley
(*We Help Ourselves*)

NUAA:

Hope Everingham
Dr Mary Ellen Harrod
Lucy Pepolim

Consumer Representatives:

Mel Archer, Rod Warne

Medical professionals:

Dr David Baker (GP), David Bryant (Pharmacy Guild), Dr Apo Demirkol (S.E. Sydney LHD), Cojoint Prof Adrian Dunlop (Hunter/New England LHD), Dr Robert Graham (Western Sydney LHD), Prof Paul Haber (Sydney LHD)

TABLE OF CONTENTS

About this resource	4
Overcoming problems	6
Finding an OTP service in the country	7
Long-distance prescribing	10
Waiting lists	14
In case of emergency	16
Bupe for regional & rural OTP patients	19
Community hospitals	21
Can my GP help?	22
Transport issues	25
Privacy, stigma, and discrimination	26
Relationship with your healthcare staff	28

ABOUT THIS RESOURCE

The *NSW Clinical Guidelines: Treatment of Opioid Dependence - 2018* were written by clinicians and policymakers with input from NUAA and other stakeholders. They exist to give prescribers and dosers the who, what, where, how and why of the Opioid Treatment Program so that they are up to date with what is expected of them.

Anyone can look at the Clinical Guidelines (just search the title online), but they are written for doctors, not consumers. That's why NUAA has put together this set of resources for us - the *Consumer's Guide to the Opioid Treatment Program: Opening the Doors on Opioid Treatment*.

Our version is written by people who use drugs for people who use drugs. To make sure the info we gave you was correct, up to date and relevant, we got together a great Steering Committee, starting with consumers and including doctors, clinic managers, pharmacists and experts from

the Ministry of Health. We asked heaps of people on the program what they wanted to know.

These guides tell you what you can expect on the OTP and what is expected of you. We give you the rules and facts as well as some useful tips and advice from peers. No matter where you are in your treatment journey, you should find information in these booklets to help you make decisions and get where you want to be with your drug use.

There is a larger document that includes a big range of info about the program called the *Consumer's Guide to the NSW Opioid Treatment Program*. There are also a set of bite-sized booklets that focus on particular situations or stages of life on the OTP.

This booklet, *OTP in Regional and Rural Areas*, was developed in response to some of the specific issues faced by OTP patients who live outside the city.

OTP CONSUMER GUIDELINES SERIES

- **The Consumers' Guide to the NSW Opioid Treatment Program**
- **Standalone Guide 1: Introduction to the Opioid Treatment Program**
- **Standalone Guide 2: Maintenance on the OTP**
- **Standalone Guide 3: Your Rights and Responsibilities on the Opioid Treatment Program**
- **Standalone Guide 4: Pregnancy and Parenting on the Opioid Treatment Program**
- **Standalone Guide 5: Opioid Treatment Program in Regional and Rural Areas**
- **Standalone Guide 6: Pain Management and the Opioid Treatment Program**
- **Standalone Guide 7: Exiting the Opioid Treatment Program**
- **Standalone Guide 8: Depot Buprenorphine Starters' Guide**

OVERCOMING PROBLEMS

Living in regional and rural NSW can make being on the Opioid Treatment Program (OTP) much more difficult. Some problems you might face include:

- Having to travel a long way for treatment
- Increased stigma and discrimination
- Limited options for services
- Longer waiting lists to get on OTP or
- Concerns over confidentiality and privacy

While these issues can be a pain, you will still be able to access OTP while living in regional and rural areas.

There are also more treatment choices available than in the past, so it's getting easier—try not to get discouraged by the difficulties you might face. Think creatively and ask for help. You never know, you might be the person who becomes a trail blazer and persuades a local doctor or chemist to become involved with the OTP!

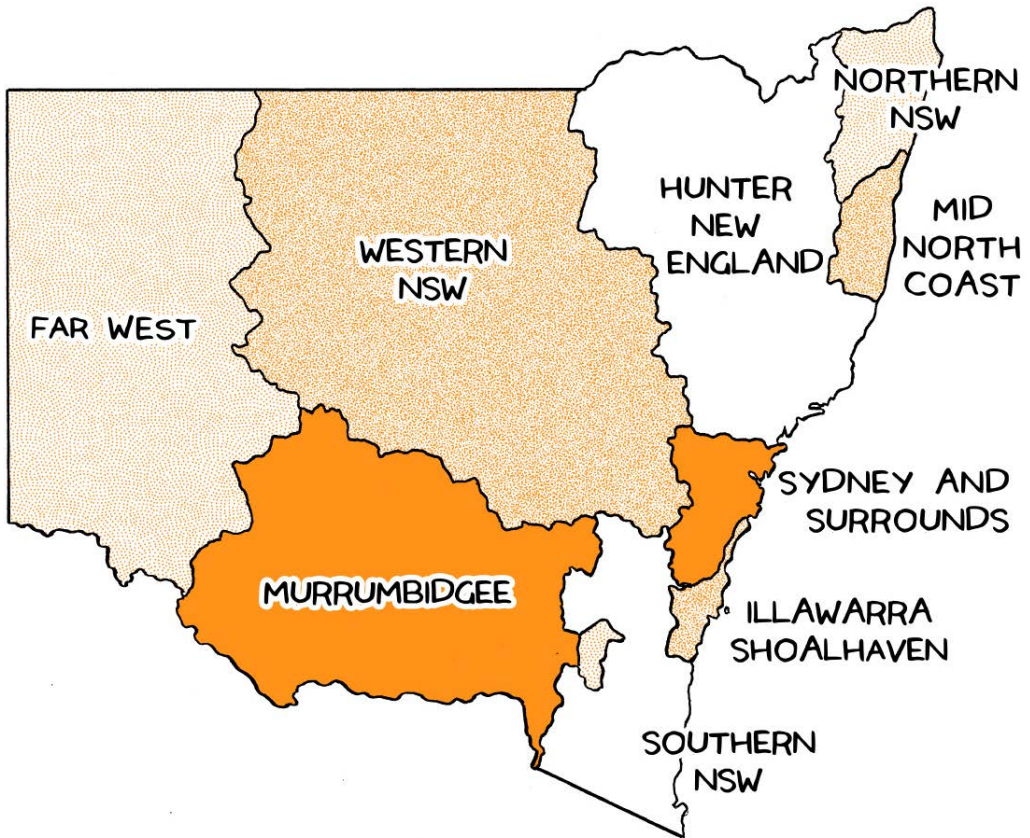
FINDING AN OTP SERVICE IN THE COUNTRY

Sometimes it can be difficult to find what services are available in regional and rural areas. New South Wales is divided into Local Health Districts (LHDs), which are in charge of public hospitals and other public health services like drug and alcohol clinics.

To reach public OTP clinics, you will need to contact your Local Health District; they all have different phone numbers for intake to their services. The 7 regional and rural LHDs and their intake lines are listed in the table on the next page. Call the number of the service for where you live (the map on the next page should make this easier) and explain to them that you would like to access an OTP service.

The Opioid Treatment Line (OTL) can also help you find OTP services in rural and regional areas. You can call the Opioid Treatment Line for free on 1800 642 428 (Monday to Friday, 9:30 AM to 5 PM) to get the details for the public and private clinics, private prescribers and dosing pharmacies in your area.

Finding OTP services in the country



Different towns will have different OTP services available, and you may have limited choice depending on where you live. For example, some areas will have no public clinic, or may not have many (or any) private prescribers. It could be that only one pharmacy in the area does dosing, or that all the pharmacies in a town are owned by the same person.

Local Health Districts and their big towns	Phone Number
Far West LHD Drug and Alcohol Helpline (Broken Hill, Ivanhoe, Wentworth)	1300 887 000
Hunter/New England LHD Drug and Alcohol Intake Line (Tamworth, Moree, Muswellbrook)	1300 660 059
Mid North Coast LHD Drug Intake Line (Coffs Harbour, Kempsey, Port Macquarie)	1300 662 263
Northern NSW LHD Drug and Alcohol Intake Line (Lismore, Grafton, Ballina, Casino)	(02) 6620 7608
Nepean Blue Mountains LHD Drug and Alcohol Line (Kingswood, Katoomba, Lithgow)	1300 661 050
Western NSW LHD Drug and Alcohol Helpline (Orange, Bourke, Dubbo, Parkes)	1300 887 000
Southern NSW LHD Drug and Alcohol Line (Goulburn, Cooma, Bega)	1800 809 423
Central Coast LHD Drug and Alcohol Access Line (Gosford, The Entrance, Wyong, Terrigal)	(02) 4394 4880
Illawarra Shoalhaven LHD Drug and Alcohol Service (Wollongong, Shellharbour, Milton)	1300 652 226
Murrumbidgee LHD Access Line (Wagga Wagga, Deniliquin, Griffith, Temora, Tumut and Young)	(02) 9425 3923

[Note: When you call a 1300 number, you are charged the cost of a local call from a land line but are charged by the minute from a mobile, with the rate depending on your carrier and your plan. You can call 1800 numbers for free from any phone in Australia, including mobiles.]

LONG DISTANCE PRESCRIBING

Unfortunately, there is a shortage of OTP prescribers in regional and rural areas. You may have to travel to see a prescriber. This situation is difficult all-round.

Some LHDs manage a system of doctors and patients meeting half-way. Some areas without public clinics may have a public prescriber go to that area regularly (e.g. once a fortnight) to see patients. You could also look into private prescribers from nearby larger towns, as some will travel to different towns to see patients (sometimes several hours away).

There are people on the program who combine getting dosed at a local chemist with travelling to appointments with a prescriber in Sydney or a large town. It all depends on whether you can find a prescriber who is close enough and is willing to keep visits down to every 3 or 4 months. Only you can decide if this is worthwhile and possible for you.

Pen's Story: Travelling for a prescriber

“

I live in a regional area and there aren't many choices where I am. I wasn't happy living without takeaways because I work - it was just murder racing around and getting stressed in a queue every day, so I found a doctor and chemist in an outer suburb of Sydney to transfer to.

I've been on OTP for a long time, I work, and my doctor is happy with my urines, so I get the full amount of takeaways. It's worth travelling a couple of days to make life easier on the other days. I mean, heaps of people commute every day for work with a much longer trip than I do, and it takes less time than queuing at the clinic used to.

”



Telehealth: Long-distance video prescribing

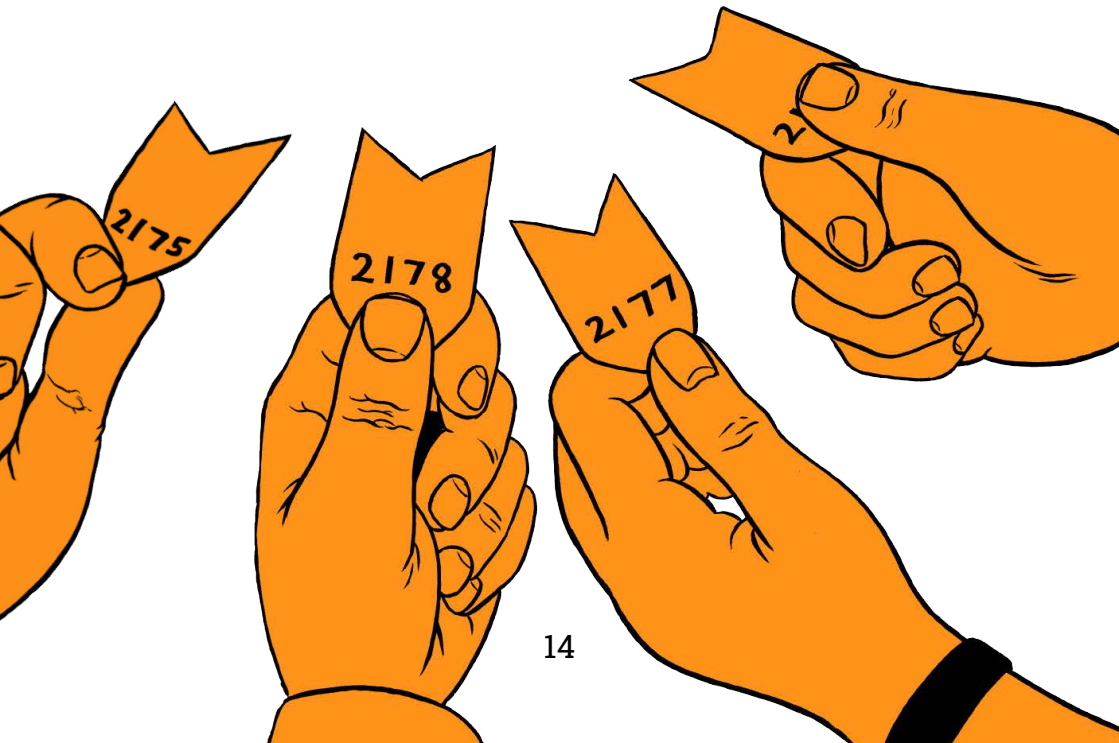
Some LHDs use Telehealth, which is an online video appointment system. With Telehealth, you and your prescriber video-call each other; you'll need to go into your healthcare service for this. The prescriber can write your script and send it to your dosing point.

If you and your prescriber use Telehealth or only have appointments occasionally, clinic staff or nurses at your service play a very important role in your treatment by supporting you and your prescriber. They may do things like book appointments for you, talk to your doser, arrange paperwork for starting OTP, help with takeaways and transfers, and organise urines and hep C tests at the request of you or your doctor.

WAITING LISTS

In regional and rural areas, there are rarely enough drug and alcohol services to meet the demand. This means that most OTP clinics or prescribers will have a waiting list.

If you are thinking of moving to a new area and need to transfer, find out if there is an OTP service available to suit you and if they have places. You may want to put in for a transfer well ahead of your moving date to confirm a place on the OTP. Get your prescriber and doser to call with your health information.



Unfortunately having a waiting list means you will probably have to wait before starting treatment, and there isn't much that can be done to speed up the process. It may help if you call the clinic or practice regularly so they know you are ready to go on the program as soon as a place becomes available.

Ask the clinic or practice what you will need to bring to your first appointment (e.g. 100 points of ID) and have everything organised for when they call you in for an appointment. Also make sure they have your current contact details and update them if they change. If the clinic can't contact you when a place becomes available, they will contact the next person on the list.

If you have complex health needs or are considered to be at risk, you may be seen more quickly as you are considered to be a high-priority patient. Having HIV, not having anywhere to live, being pregnant, or living with domestic and family violence are all examples of risks that will make you a high-priority patient.

IN CASE OF EMERGENCY

Most people currently on OTP medications rely on having their dose every day. If you don't get your dose, you feel sick. That means that many people worry about what might happen if they could not get dosed for some reason.

The wise thing to do is to manage the risks around not getting your planned dose. That means planning for emergencies.

If you live in an area at risk of natural disasters, you might have a problem getting dosed from time to time. It might be that you can't get into town for dosing because the bridge is flooded or perhaps you are evacuated because a bushfire is threatening your home. It's important to have a plan in place so you can get your dose.

It's important to talk through likely scenarios with clinic staff or your prescriber at a safe time than try to work out a solution when you are sick and your world is upside down.

Together you can come up with ideas about how to manage your treatment in emergency situations and get those options written up in your file.

You could start by asking if your doctor is willing to prescribe extra takeaways at key times or if they might renew or amend your prescription over the phone if necessary. You might also ask if it would be possible to transfer to a different place - pharmacy, clinic or hospital. This would mean your prescriber would need to enter an agreement with other services or businesses beforehand so that you are not trying to set these things up in the middle of an emergency.

Some emergencies will affect a large group of people on the program in a particular area (and sometimes all of them), such as during a major cyclone, flood or fire. The local public clinic should have a plan in place in case of emergencies (e.g. flooding, bushfire). If you are at a clinic, ask to see their plan so you know where you stand.

Remember - even if you haven't been able to make alternative arrangements for OTP in time, you should do everything you can to keep you and your family safe first. Then call your prescriber, chemist or clinic for help. If you don't get the support you need, call OTL on 1800 642 428 (business hours)



Doctor's
surgery 30

BUPE FOR REGIONAL & RURAL OTP PATIENTS

If you are living in regional or rural NSW, you may find buprenorphine to be more convenient than methadone. Because bupe is a safer medication, there are fewer restrictions around takeaways and dosing which can make your treatment a lot easier.

There are various bupe products that support people better who have transport and distance issues; privacy and discrimination concerns; and work or family commitments.

When prescribed Suboxone® (buprenorphine with naloxone), you can be double- or triple-dosed, which means only coming into the clinic every second or third day. It is also possible to get up to a month's takeaways on Suboxone®.

Buprenorphine is also now available in an extended release form under the brand names Buvidal® and Sublocade®. This is known as depot buprenorphine.

If you are prescribed depot buprenorphine, you will have an subcutaneous injection (under the skin) either weekly or monthly. The dose turns into a gel-like ball known as a depot which will then break down over time, slowly releasing the bupe into your body.

For more information and to find out if you can access depot buprenorphine, talk to your prescriber.

If you would like to try depot buprenorphine, you will need to be dosed on Suboxone for at least a week to make sure bupe is right for you. If bupe is suitable, you can then move on to a longer-lasting dose.

If you're swapping from 'done over to bupe, you'll have to wait until withdrawal symptoms start after your last dose of methadone before having your first dose of buprenorphine – this will usually be more than 24 hours. When you go into the clinic, you'll have to stay there for at least a few hours – they give you 2mg of bupe to start, and then another 6mg dose one hour later.

“

“I would absolutely recommend the monthly bupe injections, especially if you want to not use and/or you've got a job or things to do in your day and don't want to be tied to having to pick up a dose every day or even every few days.

I don't regret it for a moment.” - Gary

”

COMMUNITY HOSPITALS

In remote areas, OTP is sometimes available at the local community hospital. However, these small hospitals usually only have a handful of clients.

Community hospitals are very similar to public clinics in how they operate. You shouldn't be charged a dosing or dispensing fee for your OTP meds.

If you are transferring to a community hospital, they will need at least a week's notice from your prescriber for them to stock your medication. Usually, community hospitals will have a waiting list before you can start treatment.

CAN MY GP HELP?

Not only can your GP speak up for you and help you get into an OTP service, they can actually prescribe for you. You may want to ask your usual GP or doctor (the person you see when you are sick or have a health problem) if they will take over your OTP prescribing.

Even if they don't specialise in drug and alcohol treatment, your doctor may be willing to apply for Authority to Prescribe for you. Any GP can prescribe for you, but they are more likely to agree if they have already been seeing you for some time.

Doctors who want to treat OTP patients are required to do the Opioid Treatment Accreditation Course (OTAC).

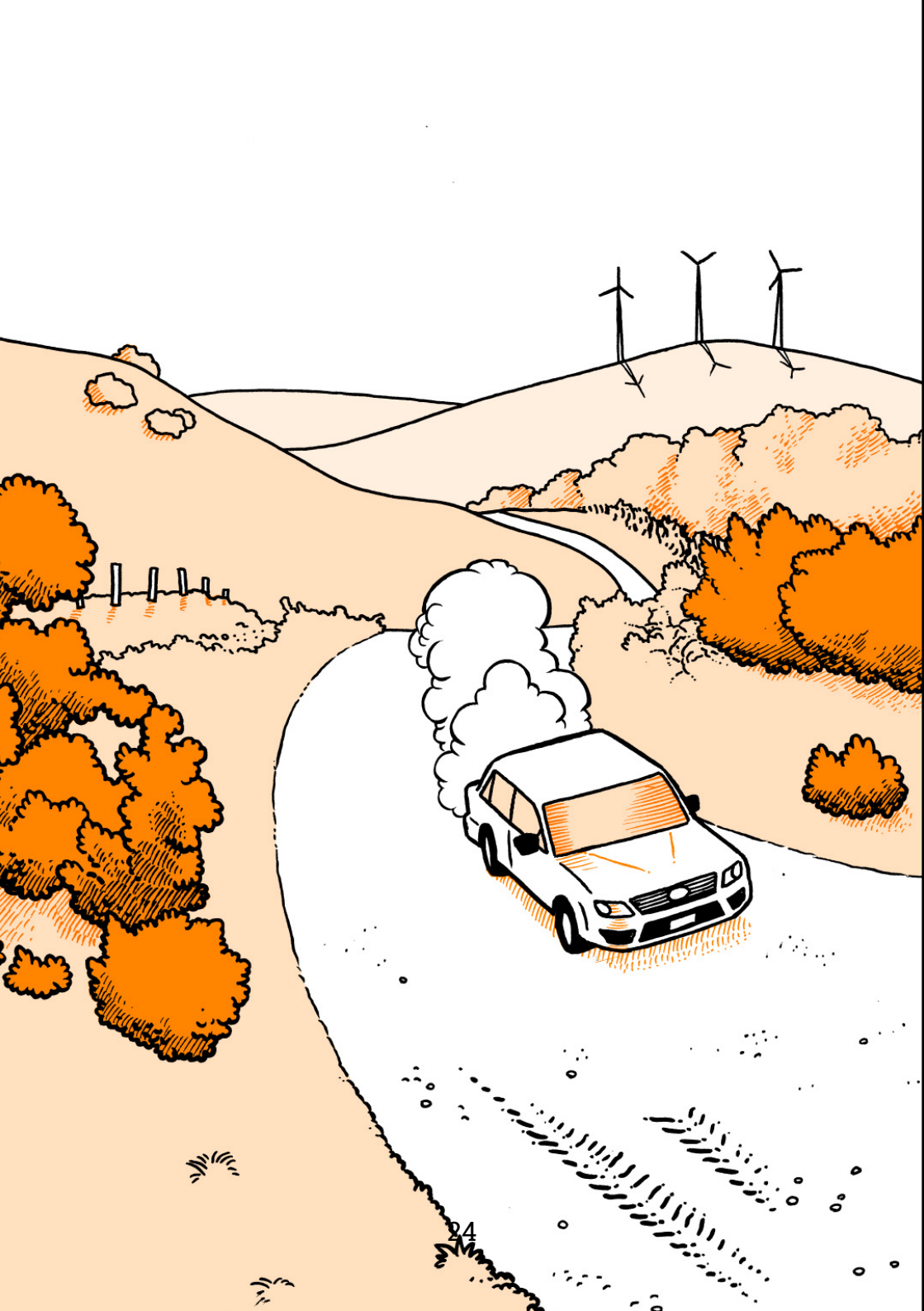
However, any GP can prescribe under certain conditions without doing the OTAC. The rules around GPs prescribing for OTP without having done the OTAC are in the table to the right.

Medication	Number of patients	Conditions
Buprenorphine	Up to 20	Can start patients on the OTP AND take over patients on a stable program
Methadone	Up to 10	Can only take over settled patients on a stable program

Some GPs refuse because they don't feel like they have the right experience and knowledge. You can reassure your GP that they can get support from the Drug and Alcohol Specialist Advisory Service (DASAS) line on 02 9361 8006 or toll-free 1800 023 687. This line is answered by experienced drug and alcohol specialists (Fellows of the Chapter of Addiction Medicine of the Royal Australasian College of Physicians) who are organised on a roster.

In addition, most OTP specialists are willing to provide ongoing, personal support to GPs with OTP patients. Your GP can get once-off support, or ongoing mentorship.

There is also a short, free, online introductory course called the OTAC Fundamentals which may help your GP - tell them to check it out at www.otac.org.au



TRANSPORT ISSUES

Getting to and from your appointments or dosing point can be difficult when living outside of a big city. If you don't have a car, it can be hard to get around, and a lot of regional areas have poor public transport options. There are also times on your treatment when you are not supposed to be driving, such as in the first few weeks of starting treatment or within 3 - 5 days of changing your dose.

Starting treatment is a major step in people's lives, and often our friends and family are willing to support us, so it's worth asking them to help you get around. You might also want to ask your clinic if they can help arrange transport. Charities, church groups, community groups (like Rotary or the Men's Shed) are also able to help sometimes.

A lot of people choose to carpool with other people on the program. It might be worth putting up a notice or talking to staff at your dosing point to see if you can arrange getting lifts. You should also make sure that your prescriber knows that you have limited transport options, as they may be willing to prescribe you more takeaways to ease the stress.

PRIVACY, STIGMA, AND DISCRIMINATION

We know that people who use drugs face stigma and discrimination often, especially in rural or regional areas. In general, country people hold conservative views around drug use, especially injecting drug use. It can be difficult to find non-judgmental healthcare in rural or remote areas.

There is a shortage of drug and alcohol specialist medical staff and trained drug and alcohol workers in rural and remote areas, so you may wind up seeing people for your health care who don't understand opioid dependence. Not only might they jump to wrong conclusions that are hurtful, you may find it much harder to get the right treatment for pain and medical problems.

You have the same right to medical treatment as every other Australian. You have a right to be treated with dignity and respect. For more on this, read the resource on [Your Rights and Your Responsibilities](#) and learn how you can protect your rights.

You might also be worried about privacy. Living in a small town can be hard, because everybody knows everyone else, including your family.

You might not want to talk about your drug use to a healthcare professional because you are worried people will find out. And if you are on OTP and have daily dosing, you might worry about people seeing you every day at the clinic, pharmacy or hospital and word getting around.

Another issue can be dealing with gossip from people who work in health services but aren't trained as health professionals, like the assistant at the pharmacy or the cleaner at the hospital. These people may not understand how important it is to keep information about patients private.

It is always better to work out a problem by talking with the service directly in a way that respects their point of view. Taking a representative to your appointments or when you are dosed will help you get another point of view. They can tell you if you are being over-sensitive or if a health worker is actually discriminating against you and/or giving you sub-standard care.

If there is a major break-down in your relationship with your doctor, make your support person some sort of professional, like a community worker or even a church worker. If you are lucky enough to have a peer worker at your clinic, use them.

You can register that a service has problems by calling the Opioid Treatment Line (OTL) on 1800 642 428. You can also get advice as to how to handle a situation from the NSW Users and AIDS Association (NUAA), the not-for-profit NSW-based organisation advocating for people who use drugs. You can get in touch with NUAA by calling them within business hours on (02) 8354 7300, or toll-free on 1800 644 413.

RELATIONSHIP WITH YOUR HEALTHCARE STAFF

If you live in a regional or rural area, it is especially important to maintain a good relationship with your prescriber and doser, because chances are there aren't many of them in your area.

The risk of falling out with your OTP providers is that you may be exited from the program without being able to reduce or get support for symptom relief. This may leave you desperately trying to get supported.

It is equally as important to keep a good relationship with your clinic/dosing staff, and your case manager if you have one. These relationships will already be stronger, given that you see them much more often.

They can also be your best advocate if you have any issues with your prescriber. They are often the first people prescribers talk to if there are issues with your treatment.



Tips for building and keeping a positive relationship with your OTP healthcare staff

- Over time, show them you are responsible and trustworthy by meeting your responsibilities on the program.
- Check in with them regularly to see if they are happy with your relationship and the way you are working with them. Let them know how they could support you better. If they don't know what you need, they can't give it to you.
- Let them know you are all about solving problems and having a better relationship. Make it clear you are not into blaming or being a victim.
- Be calm, courteous and patient, even when things aren't going your way. Be respectful with manner and language. Losing your cool will only set you back.
- Get to appointments on time, listen to their suggestions and concerns about your treatment, and be generally courteous

- Mend any disagreements that do happen quickly by owning your bit and apologising for it.
- Let your health workers know you better by telling them your story. Talk about your family, your job, your hobbies during your appointments. The better they know you, the more supportive they are likely to be.
- Gently challenge them from time to time with clear arguments e.g. tell them why 2 weekly appointments stops you moving ahead in your life, why you don't need regular monitoring (on a stable dose for a long time, clear urines) and suggest trying 3 weekly appointments for 3 months to see if it works for you both. Go for small changes made gradually but bring it up every time you see them.
- Remember to thank your service providers for the services they perform for you.

Looking to find out more about the Opioid Treatment Program?

Look no further!

In your hands right now is the Consumer's Guide to the Opioid Treatment Program (OTP) - written by people who use drugs, for people who use drugs! This booklet looks at the specific issues around OTP for people living outside of the big cities. Whether you're just starting to think about treatment or have been on the program for years, there's something in this series for everyone!

OTP Consumer Guidelines Series:

- Opioid Treatment Program Consumer Guidelines – Full resource
- Standalone Guide 1 – Introduction to the Opioid Treatment Program
- Standalone Guide 2 – Maintenance on the Opioid Treatment Program
- Standalone Guide 3 – Your Rights and Responsibilities on the Opioid Treatment Program
- Standalone Guide 4 – Pregnancy and Parenting on the Opioid Treatment Program
- Standalone Guide 5 – Opioid Treatment Program in Regional and Rural Areas
- Standalone Guide 6 – Pain Management and the Opioid Treatment Program
- Standalone Guide 7 – Exiting the Opioid Treatment Program
- Standalone Guide 8 – Depot Buprenorphine Starter's Guide

Proudly funded by

