Consumers' Guide to the Opioid Treatment Program: **Maintenance on the OTP**

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Opening the Doors on Opioid Treatment

NUAA
NSW USERS AND AIDS ASSOCIATION

ACKNOWLEDGMENTS

'Consumer's Guide to the OTP: Maintenance on the OTP'. *1st edition, 2019*

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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.

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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.

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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, *Maintenance on the Opioid Treatment Program,* focuses on what it's like day-to-day on the OTP. If you've just started OTP, or are thinking about starting, this booklet is for you!

OTP CONSUMER GUIDELINES SERIES

- **The Consumer's Guide to the NSW Opioid Treatment Program**
- **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 Starters' Guide**

WHAT IS "MAINTENANCE"?

The Opioid Treatment Program (OTP) is a maintenance program. Maintenance means that you will have a certain level of opioids in your body the entire time you're on the program. If you're taking your dose as prescribed, you shouldn't be going into withdrawals or getting intoxicated, and the result of this is that you'll be healthier and safer. Words that have a similar meaning to "maintenance" are "upkeep", "continuation", "support", "care" and "nurture".

Although you can use OTP medications short-term (e.g. buprenorphine can be used to help you detox off street opioids), you will get more out of the program if you are on it for a longer amount of time. It usually takes at least 12 months to get the most out of your treatment so you can move on and make the changes you are aiming for in your treatment plan.

'Maintenance' is when you commit to the program and are taking a stable dose of your medication for medium- to long-term treatment. Doing this helps you maintain a healthy lifestyle over a long period of time.

The medications prescribed for use in OTP, either methadone ('done) or buprenorphine (bupe), are safe to use over the long term, although they do have some side effects. For most people, the side effects aren't a big deal. You can find more information about the side effects of OTP medication in the first booklet in this series; '*Standalone Guide 1. Starter's Guide to the Opioid Treatment Program*'.

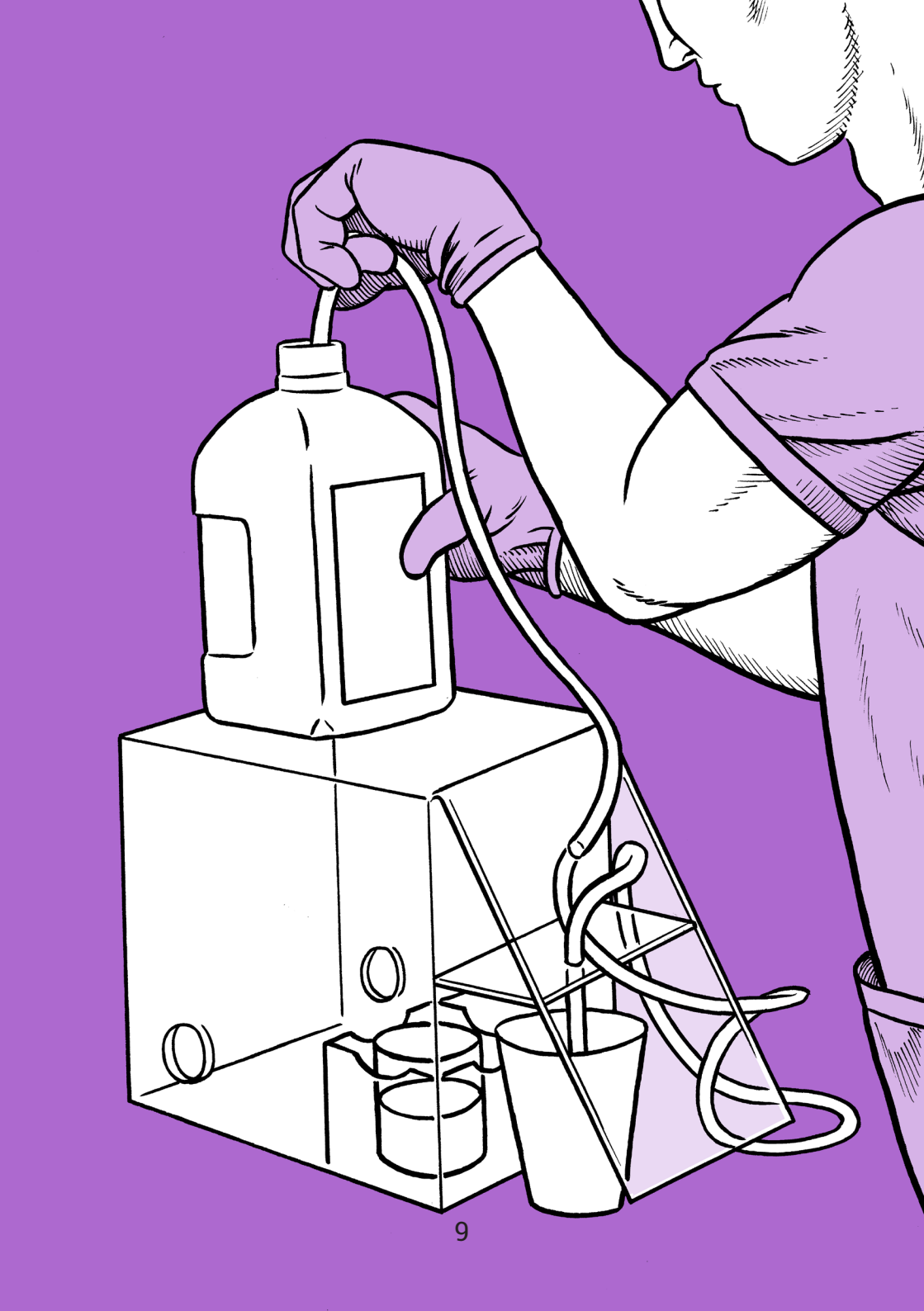
"Going to the clinic every day gives me direction in the morning. Without it, I am looking for a drink or pill to fill the gap." - Gino

Methadone and bupe stay in your system longer than other opioids, so you don't need to take them as often as heroin or most other opioids.

Typically, you take methadone every day. Buprenorphine is a bit more flexible – it can be taken sublingually (under the tongue) daily, or every two or three days. A new form of buprenorphine, called 'depot' (pronounced 'dee-poh') bupe has just come out, which is injected by a doctor or nurse on a weekly or monthly basis.

Maintenance medication helps to prevent withdrawal symptoms and lessen opioid cravings, and people often say they feel more in control, more productive and less depressed. They also find they are better able to take care of themselves and their families, and that it's easier to work or study. Being on the program can also help avoid some of the hassles of illicit drug use, like having to get cash every day; buying gear of unknown quality; and dealing with police.

Maintenance is healthier and safer than using because you are under a doctor's care and, unlike street drugs, the medications always have the same purity and strength. Methadone and bupe are meant to be taken by mouth (or injected into a muscle by a doctor in the case of depot bupe), which cuts the risk of infection or disease from injecting. They are also much safer than illicit drugs for pregnant women and their babies.



People have different expectations of being on OTP. Some are happy to stay on treatment for as long as needed, while other people plan to leave it behind them once they have reached their treatment goals.

You should stay on treatment for as long as you think it's working for you—for as long or short a time as you want. In fact, you usually don't have to exit the program if you don't want to. There are no guidelines about this. It is up to you and your doctor to decide together.

You should remember that methadone and buprenorphine are used as a treatment as part of your health care. There is no shame in being on the program. For some people, staying on the program long-term is what's best for them.

Having said that, it is important that people don't stay on the program simply because they are anxious about withdrawing.

When the time is right for you to come off your OTP medications, your prescriber and doser are there to advise and support you, including providing symptom relief. You can find more information about getting off the OTP in the 7th booklet in this series; *Exiting the Opioid Treatment Program.*

"Methadone and bupe aren't right for every opioid user. It's just another choice. There are lots of ways to use and not use, and many roads to treatment. I had travelled a lot of them without finding what I needed before I eventually got onto methadone. For me, it's been useful. If I think I don't need it any more I'll get off it. But that day isn't today." - Lori

"I really don't want to use anymore. There's a lot of reasons why. When I am on Suboxone, I don't use. When I am off it, I do. It's that simple for me. I'm not on a high dose and I know that eventually I'll be off it for good without needing to use any opioids at all. For me, that will be freedom. In the meantime, I use the help I'm offered." - Jim

STABILISATION: EARLY DAYS

Stabilisation is the process of getting your dose right in the early days of your treatment. This means your dose might go up or down until you find the one that works best for you.

Once you have started on the OTP, you and your doctor will work out what the right dose is. Too much methadone or buprenorphine can make you drowsy and can cause overdose, but too little won't help with cravings or withdrawal symptoms. A stable dose is one that will hold you until your next dose but doesn't make you feel stoned or put you on the nod.

"Methadone took the chaos out of my life. I've been on it for years now and it has meant that I can live life on my own terms. Even though there are the obvious restrictions, I am able to be a fully functioning citizen. There aren't many things I can't do now. I'm heading overseas in a couple of weeks for work. That wouldn't have happened for me before the program." - Brian

While you are adjusting, it is best to avoid other depressants so you can work out how your OTP meds are affecting your body.

How much medicine you need depends on your metabolism (how fast your body processes the medication), tolerance, body weight, and treatment goals. If you are having any problems with how your dose makes you feel and think it might be too high or too low, talk to your prescriber about it.

On methadone, most people find that a suitable, long-term stable dose is between 60-100mg per day. You may go up and down over your time on OTP, depending on how your lifestyle and treatment goals change.

For buprenorphine, a stable dose for most people is between 12-24mg per day. Again, some people may require higher or lower doses to reach their treatment goals.

"I'm on methadone at the moment because I have some serious health issues - it's made life a lot easier to get some space and see what is going on." - Darcy

"I know that I need to get stable before I try to stop using again. If you're going to go on the program, do it and stick to it. Don't get swayed by trying to get abstinent. Get stable before you try to do anything else – mentally, emotionally and financially stable. Being on the program isn't the end of the world – it's the beginning of something good." - David

CHANGING YOUR DOSE

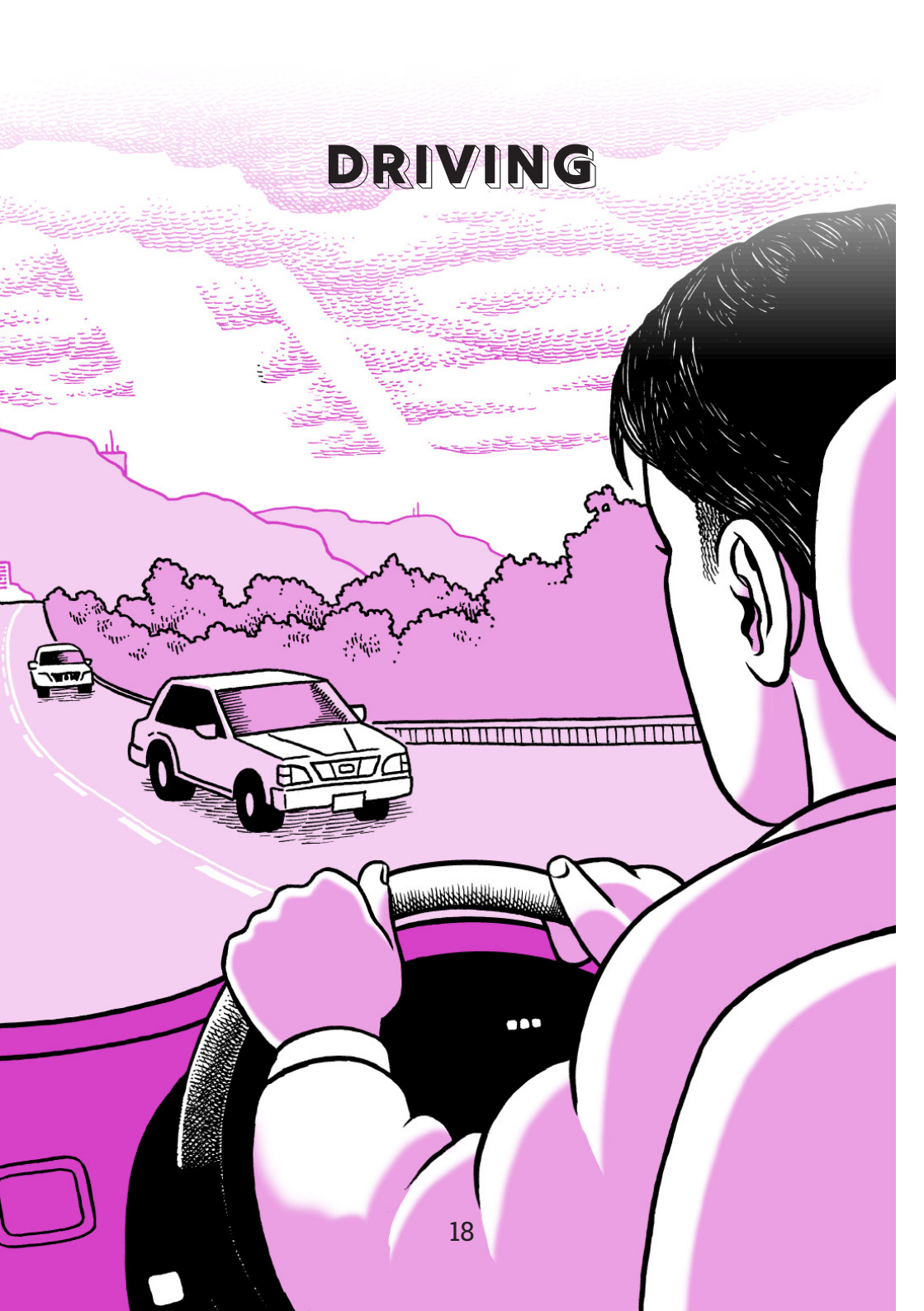
You may need to go up or down on your dose for several reasons. If you are craving opioids, or experience withdrawal symptoms before your next dose, you may need to increase your dose. On the other hand, you may need to decrease your dose if you are struggling with side effects. You also might decrease your dose if the dose you're on makes you too noddy, or if you change how much illicit opioids you are using on top of your dose. In any of these cases, you should talk to your prescriber about changing your dose.

Sometimes if you are stressed out or going through a bad experience, like the death of a friend or family member, it is common to feel like you are hanging out even if your dose and other opioid use is stable. There is nothing wrong with increasing your dose through such a time if it helps to keep your life on track.

You are in charge of your treatment, so going up or down on your dose is your decision. However, methadone and bupe are Schedule 8 medicines, meaning they are strictly controlled. Your prescriber has medical and legal responsibilities when treating you to make sure that you and others are safe. This means they can't prescribe over a certain dose (200mg methadone; 32mg buprenorphine) without extra approval from the government.

"I don't feel bad about going up and down, I figure it's just better I get the help when I need it. Running a heroin habit is a hard way to live. Being on methadone makes life a lot easier and I use my dose amount to keep me even, whatever is going on." - *Maria*

DRIVING



Driving while on the Opioid Treatment Program is generally fine if you are on a stable dose and take your medication exactly as prescribed. Your risk of an accident does not go up if you're driving while on a steady dose of prescribed buprenorphine or methadone.

However, if you are not stable on your treatment or are using other drugs, it isn't safe to drive while on the OTP. Driving while tired, stressed, unwell or emotional can also impact your ability to drive safely, especially when you are on opioid medication. Some people also get drowsy or unfocused for the first few hours after they dose.

It is up to you to know when you're safe to drive. If you notice yourself feeling a bit out of it or intoxicated, don't get behind the wheel, even if you haven't taken any other drugs or alcohol. The safety of yourself and other people depend on it.

Different people are affected differently by drugs. This is true for alcohol, over-the-counter medication, prescribed medication, and illicit drugs. Gender, body size, and general health can all affect how we process drugs and how they affect you.

"At the end of the day, it's my responsibility to ensure I can drive safely. I've used other medications where the chemist advises against driving; it's the same sort of thing. I don't want to cause an accident and hurt myself or someone else. Nobody wants that." - Sunny

Your prescriber is responsible for letting you know whether you are safe to drive, and it is your responsibility to follow this advice. If you have gone up or down on your dose, you should avoid driving in the 3-5 days after your dose change.

	Do Not Drive	Be especially careful while driving
Methadone	*First two weeks of treatment*	*3-5 days after a dose change of 5mg+*
Buprenorphine	*First two weeks of treatment*	*3-5 days after any dose change*

If you're drinking alcohol or taking other drugs on top of your dose, then you're more likely to have a car accident. This is especially true if you're using other depressant drugs, such as opioids, alcohol, or cannabis. Some prescription medications (e.g. benzos, some antidepressants, antipsychotics and Lyrica/pregabalin) can also have a negative effect on your ability to drive.

Using these drugs will make you react more slowly to problems on the road. Between a slower reaction time and the effects these drugs have on your ability to make decisions, your risk of a car crash is higher.

Police and Mobile Drug Tests (MDT)

NSW Police can pull over any driver at any time to test for drugs in their system - this is known as a Mobile Drug Test (MDT). MDT is random. However, there are other reasons the police might pull you over, including:

- something about you or your vehicle makes a police officer suspicious of you
- a police officer knows you as a person who uses drugs
- you are driving oddly or dangerously
- you are in an accident

If you are pulled over for a Mobile Drug Test (MDT), you do not have to tell the police you are on the program. MDTs test for cannabis, MDMA (ecstasy), cocaine, and methamphetamine (including speed and ice).

MDTs do not test for opioids, so there is nothing to worry about if you have just had your usual dose.

If pulled over, you do not have to give police anything except your name, date of birth, and address. They also need to see your licence. If they ask you about your drug use, you do not have to tell them anything.

HIGH DOSES

Why you might go on a high dose:

Being on a high dose of methadone or bupe can block or heavily reduce the effects of using other opioids. These are known as blockade doses and can be used to help people stop using illicit opioids completely.

Whether or not a high dose will act as a blockade for other opioids depends on the person, which other opioids they are taking, and how much.

To give an example, many people find that a daily methadone dose above 80mg means they don't feel the effects if they inject ¼ gram of heroin.

Other people need a higher dose of their OTP meds to block the effect, especially if they are injecting a very strong opioid such as fentanyl.

It is very important to remember that just because methadone or buprenorphine block the feelings of any illicit opioids you might use, your OTP dose is not actually stopping the drugs from being absorbed by your body. Instead, you are doubling up. Overdose is a very serious risk when the effect of your OTP meds and illicit drugs are combined in your body.

Paul's Story: Very high doses

I have an ultra-rapid metabolism. My body just processes everything quickly, so I naturally have a high tolerance.

About 20 years ago, my prescriber saw my pupils were as big as golf balls and asked if I had missed a dose. When I said no, he asked about ice and speed. I did a piss test there and then and when it came up negative, he told me that with special authority I could go up on my dose.

A 'peak and trough' test showed that my dose of 200mg had the effects of 50-75mg for most people. Five different specialists went over my results and they all agreed to increase my dose to 420mg.

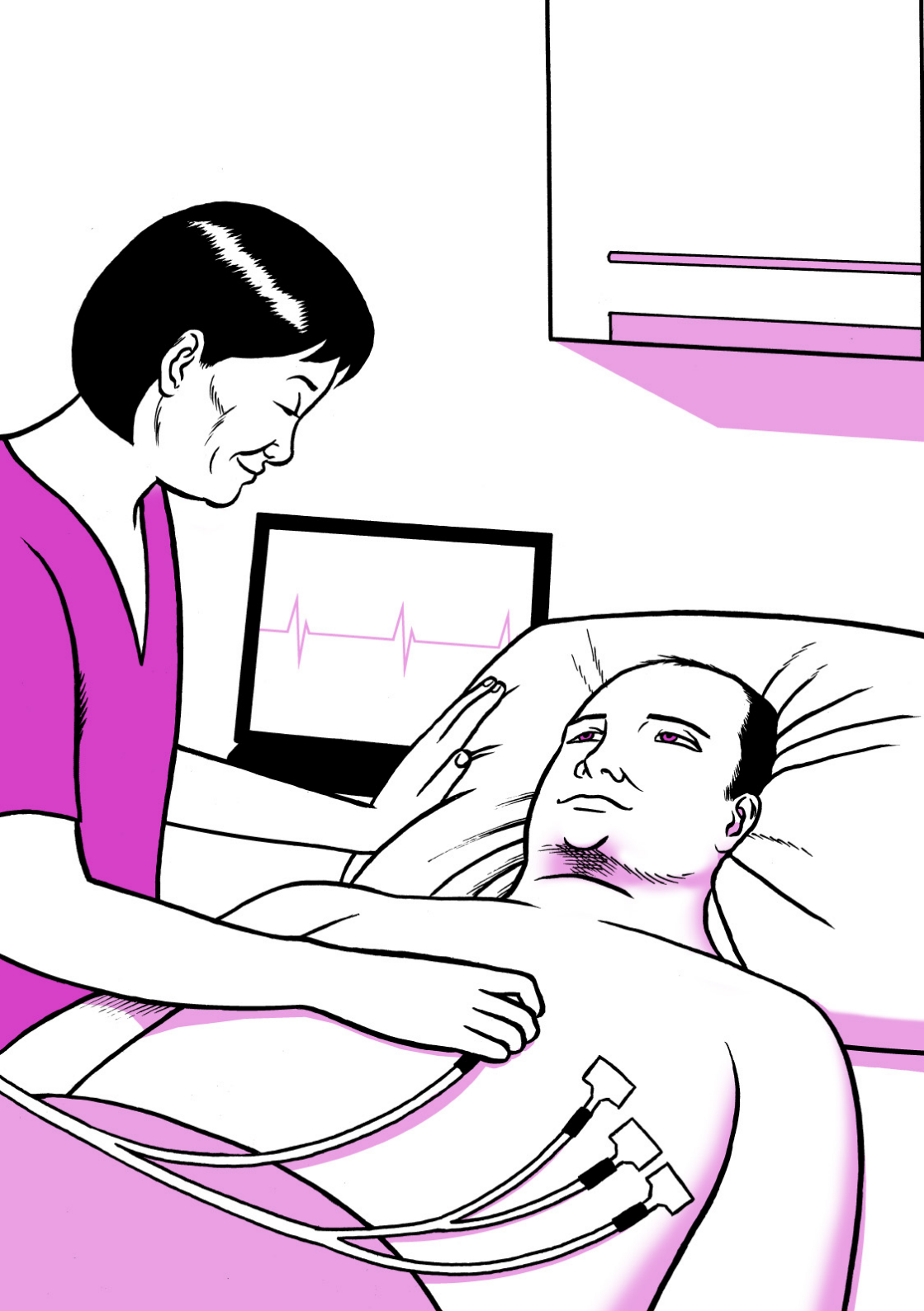
Why a few people are on very high doses:

A small number of people find that regular doses don't work for them and that they need very high doses for their treatment to work properly. A very high dose is considered more than 200mg of methadone or more than 32mg of buprenorphine per day.

Some reasons why some people might need a very high dose include starting to use opioids at a very young age, using large amounts of illicit opioids because of increased tolerance, having a very fast metabolism, or because they suffer from chronic pain.

Very high doses are not prescribed very often, because they are unnecessary for most people can lead to more serious side effects, including heart conditions. If your doctor thinks you need to be prescribed more than 200mg of methadone or 32mg of buprenorphine, they will have to apply for special approval from the Ministry of Health.

Before they do this, you will typically have to do a 'peak-and-trough' test, which shows how quickly your body breaks down methadone or buprenorphine. Your levels are measured before your dose and then 2-4 hours afterwards. Your prescriber will also need at least a second opinion from a doctor who is a specialist in addiction medicine. As well as this, you will have to do an ECG (heart) test and a Urine Drug Screen (UDS).



CHANGING MEDICATION

It's important to decide which medication is best for you. There is no right or wrong choice; what works for one person might not work for another. Different treatments will work at different times in your life, and many people end up trying more than one.

Remember – it should be up to you what medication you are on. If you think you may want to swap from methadone to bupe, or vice-versa, talk to your prescriber about why you feel this way. Often, they will be happy to change your medication.

There are a lot of valid reasons why you might want to change the medication you're on. For example, methadone works better for some people, while buprenorphine works better for others. Some people prefer one over the other because of side effects, or because of how the medication affects them mentally or physically.

Methadone also clashes with other medications more than buprenorphine – for example, methadone can affect how some HIV and tuberculosis medicines work in your body.

Some people on methadone have told us that their prescriber or staff at their clinic have pushed them to swap to bupe. Other people who are prescribed bupe have been discouraged to swap to methadone. Some healthcare staff might think that you're on methadone because you're still using other drugs or enjoy the 'stoned' feeling of it, which means they might treat you unfairly. You shouldn't let this affect your choice - at the end of the day, it's up to you how you want to manage your treatment.

Swapping from bupe to 'done

When you swap from one OTP medication to another, you will have a few more appointments in the days following to make sure that you're doing alright. You might also have to spend the day at the clinic, especially if you're changing from bupe to methadone.

If you're swapping from buprenorphine over to methadone, you will have to wait at least 24 hours between your last dose of bupe and your first dose of methadone. How long you need to wait depends on when your withdrawal symptoms come on.

Depending on the size of your buprenorphine dose, you will likely start on a methadone dose of 30-60mg.

"I was on methadone then moved to Subutex when my son was born. When I was on bupe, I decided that I didn't want to use anymore. I was confident I could stay abstinent and deal with my issues without using. I went back to methadone when my son was much older because I didn't have any reason to not use. I'm on a small dose of methadone so I can still get a result from having a shot. Things may change again." - *Pat*

"I swapped over to methadone because Suboxone straight up doesn't work for me - I was hanging out every morning before I got my dose." - Stephanie

"I didn't realise how stoned I was on methadone until I moved onto bupe. On bupe, my head seemed a lot clearer and I had more energy. It was a lot more like being straight. I liked being able to think and I ended up doing more – getting out and participating in life more." - Jane

"I swapped from bupe to methadone because when I was on the bupe, if someone offered me a shot, I couldn't stop myself saying no. Methadone is harder to get off, but the risk of using gear is less when you're on it." - Marcus

Swapping from 'done to bupe

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.

If you wish to move to depot bupe from methadone, you will need to swap to Suboxone/Subutex first, and then onto to the injections.

Depending on how severe your withdrawal symptoms are, you might receive additional doses, either on the same day or in the days following. The first 2-5 days might be a bit rough, and you may experience mild withdrawal symptoms during this time. Don't worry though – these symptoms will go away once your body gets used to the medication.

"When I swapped to bupe, it was the best thing I could have done for myself at the time. After years of feeling hazy, I was clearer in the head, my memory was better, and both my boss and kids noticed I was more 'there' - you know, more connected and less stoned. Don't get me wrong though - it still worked for me!" - Asim

"I've been on methadone and bupe. I found that when I was on bupe, it was easier to control my substance intake. You can skip a dose if you want to use, but you have to plan it. If you're on methadone you can use whenever you want, although you need a lot more gear and it's not really worth it." - Alex

YOUR OTP PRESCRIPTION

It's your responsibility to make sure your pharmacy or clinic has a valid script. If your script is out of date, you cannot be dosed, so keep your eye on when it expires.

Some pharmacies and clinics will give you a reminder that you are about to need a new script so you can make an appointment with your doctor. Takeaways should have the script date on the label.

It is useful to make your next appointment with your prescriber for 1 or 2 days before your script expires before you walk out the door of your last appointment. Then put it in your phone as an alarm or make a sign for your fridge. If you're at a clinic, ask them to remind you the day before. Some GPs have SMS reminder services you can use.

Keeping appointments is essential. If you miss too many, your prescriber may decide to exit you, even if you have great excuses. They may update a script by phone in an emergency (like your child is in hospital) but usually they will want proof. This service is often not bulk-billed so be prepared to pay a fee.

You will usually not be given the original prescription. If you are at a private prescriber and pharmacist, your prescriber's office will fax the script to your pharmacy then mail the original. You will be offered a photocopy of the script. Having a copy can be useful as evidence if you are travelling with takeaways, or if you are going straight to the pharmacy as the script may not have reached them in time.

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PAYING FOR YOUR OTP MEDICATION

Chemists and clinics have no obligation to dose you unless you pay their dosing fee. This is a fee you willingly agreed to pay when you began with that dispenser. It doesn't matter that OTP medications are dependence-forming drugs - you doser does not have a 'duty of care' to dose you if you can't pay. If you can't afford to pay for your medication and decide to use instead, that is up to you.

Despite lobbying, the payment issue around OTP is still not sorted. It is your right to add to the debate; you should write to state and/or federal Ministers for Health to ask them to consider dealing with the cost of OTP medication in a different way.

Issues around payments are very common in OTP. We suggest paying with a card (EFTPOS) if you can - that way, you will always have a record of your payments.

If you must pay cash or your service or chemist doesn't do card payments, ask for receipts. According to the Australia Competition & Consumer Commission, they are legally obligated to give you a receipt for any amount over $75 and must give you a receipt on request for any amount. They should provide it no more than one week after you ask for it.

Always collect your receipt, even when you are in a hurry, and keep them in the same place so you can refer back to them if there is a dispute. Ask for a photocopy if your service uses an ink on their receipts that fades quickly. You could also get a book and write down the dates and payments, asking the clinic or chemist to sign or initial each entry.

"I think about it like this: I have two main priorities – my rent and my dose. Everything else is negotiable. I figure as long as I have a roof over my head, and my methadone so I'm not sick, I can manage the rest." - Sara

Financial troubles

If you are at a private clinic or chemist and are having financial problems, you may be able to do a temporary transfer to your local public clinic for 'financial respite'.

Unfortunately, they will not usually take you permanently just because you are having trouble paying. However, in some situations they may do so, such as if you are pregnant or have complex health needs.

'Financial respite' can be a helpful option if you're struggling with money. Your dosing will be free for this period, so it can be a good chance to get on top of your finances. However, you will not be able to access takeaways for that period.

Some private pharmacies or clinics will give you a few days' credit, but try not to use it very often - it can be surprising how quickly the amounts build up.

You can also be charged for missed doses, so even if you miss a dose because you can't afford it at the time, you may still owe for it. Some services (e.g. private clinics) might also charge more for takeaways.

TAKEAWAYS

Generally, being on OTP requires daily supervised dosing at a pharmacy or a clinic. Once you are on a stable dose, which usually takes about 3 months, you might be able to get takeaway doses. Takeaways are doses of methadone or bupe that you can bring with you to have at home or when you're travelling, so you don't have to go to the clinic or pharmacy every day.

Getting takeaway doses allows for flexibility, reduces the inconvenience and stigma around daily dosing, reduces travel costs, and can allow you to feel more in control of your life and treatment. However, daily supervised dosing also has its benefits. It helps you stay on track, gets you into a routine, and lets clinic staff see how you're doing each day. This can mean better treatment outcomes and reduces your risk of overdose.

Lexi's thoughts on takeaways

> *I simply have to have takeaways. I work, I have a partner and kids, I have a mortgage, I have a life. Spending every day in a clinic was ok when I started on methadone, but my life is heaps busier 5 years later.*
>
> *I have a job because I'm on the program, but I couldn't keep that job if I didn't get takeaways. So I do what it takes to keep my takeaways and keep it all rolling. I really like where I am compared to where I was and I want to keep it.*

Your doctor/clinic will decide whether you can have takeaways based on things like:

- Your physical and mental health
- How regularly you collect methadone or buprenorphine
- How regularly you come to your clinic appointments
- If you have recently used heroin or other drugs
- If you can safely store your medication at your home
- Your work/study/life schedule
- Travel to and from the clinic and associated costs
- Accessibility of dosing and/or transport options (e.g. pharmacies or transport may not be available 7 days a week)

Your prescriber will decide whether you can get takeaways by assessing these factors, your needs and the risks associated with takeaways.

It is up to your doctor how many takeaways you get. You will usually start with 1 or 2 and increase as you prove yourself reliable and as your needs grow with your changing lifestyle (e.g. you start work or study or take on family responsibilities).

On methadone or Subutex, it's typical to be prescribed between up to 4 takeaways per week if you aren't considered a high-risk patient.

If you are on Suboxone, you might be able to get up to 1-4 weeks of takeaways dispensed at a time, but more typically up to 4 takeaways per week.

In practice, prescribers are able to give you up to 6 methadone takeaways a week, with greater flexibility for buprenorphine, as long as they have documented good reasons in your medical notes. These reasons are usually related to a combination of full-time work, poor health, family responsibilities and travel requirements. However, doctors who prescribe the maximum of 6 to many of their patients are liable to be reviewed .

Most public clinics have limits on takeaways, so if you are being dosed in the community (i.e. prescriber/pharmacy) it's likely that you'll have a bit more flexibility with your dosing.

Takeaways aren't right for everyone. If you are still using illicit drugs, have other ongoing health issues, or don't have stable housing, your doctor may decide to not prescribe you any takeaways. Not being prescribed takeaways isn't a punishment; generally, prescribers are acting with your best interests in mind, and they may decide it's safer for you to be dosed daily.

In some cases you may decide it is better to be dosed daily, like if someone is pressuring you to sell or give them your takeaway doses; you are doubling up and finding it hard to keep your doses for the right day; you find it hard to not inject your dose; or don't have anywhere safe to keep your dose.

If getting to the clinic is very difficult for you and you are unable to get the number of takeaways you want, you might like to talk to your doctor about depot (pronounced 'dee-poh') buprenorphine. Depot bupe is a new formula, which is injected weekly or monthly, so it means you won't have to go in for daily dosing.

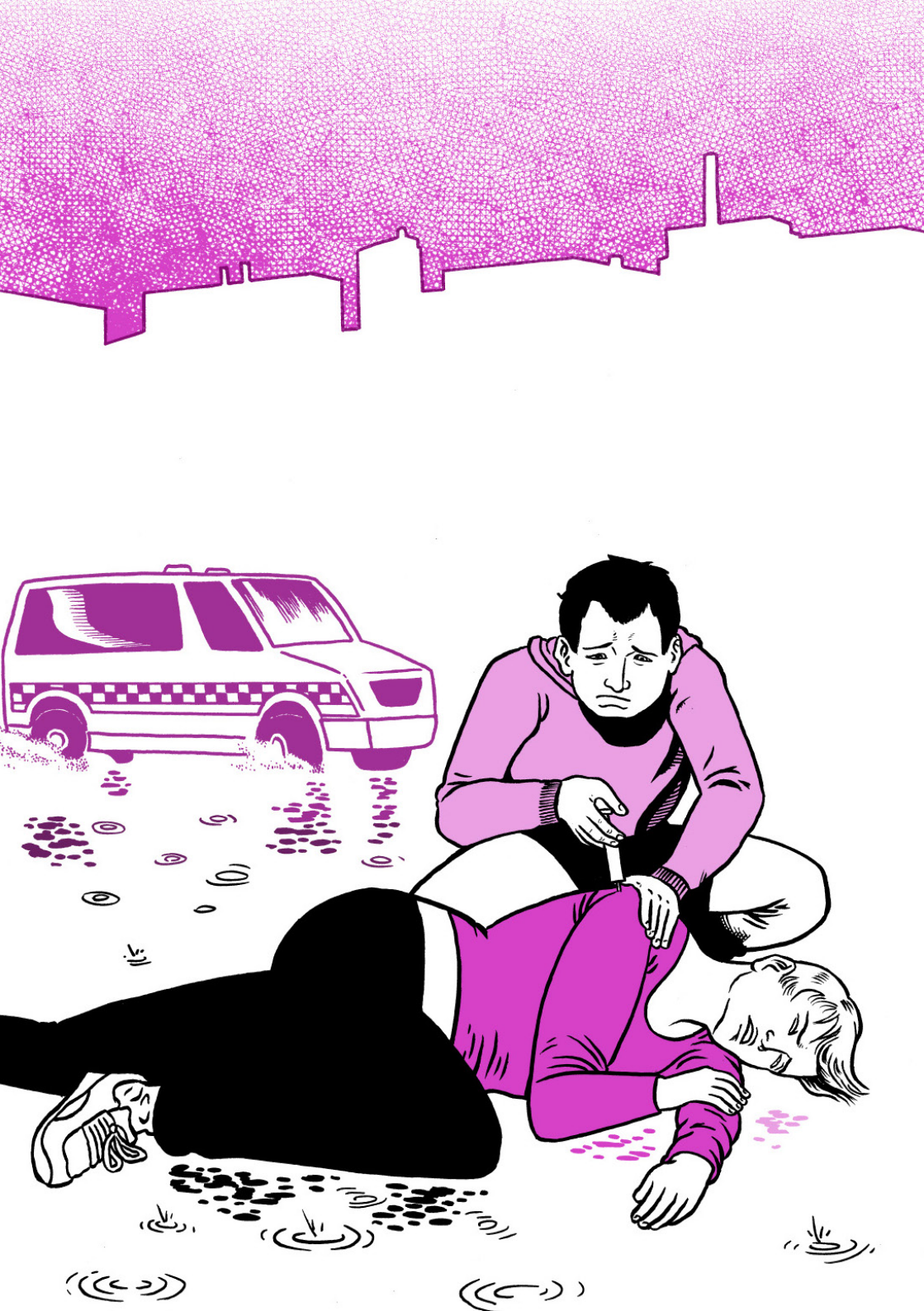
"I have been at a public clinic for 13 years. They're trying to get all the people who've been there a long time to switch to a pharmacy, but I'm resisting - I can't afford it. The staff are really great and my doctor is fantastic. Takeaways would be good, but it's an option I can't afford." - Bill

TAKING CARE OF YOUR TAKEAWAYS

If anyone who is not used to opioids has some of your takeaway dose, it could kill them - even a small sip can be fatal. You should store your takeaways somewhere a child can't reach, preferably in a locked location such as a safe or a cash box.

When you get takeaway doses, they should be correctly labelled, including a warning that says KEEP OUT OF REACH OF CHILDREN written in red. When you get takeaway doses of methadone, they should be supplied to you in a bottle with a child-resistant lid. They do NOT need to be refrigerated.

You should be aware of the risks of methadone/buprenorphine overdose, especially if you have children who live at home or visit regularly. These medications are also dangerous or fatal to pets.



If you think your child may have had some of your medication, call 000 immediately. Give them naloxone if you think they are overdosing. You should talk to your doctor about getting a script for take-home naloxone, so you always have some on hand in case of emergency. You can also get naloxone over-the-counter at some pharmacists (although it will be more expensive without a script).

Keeping your takeaways safe is your responsibility. You need to store your takeaways properly, keep them safe from loss or theft, and make sure they don't leak (check for loose lids when you pick them up).

If you're travelling with your takeaways, you should keep them with you in your hand luggage - the air pressure in a plane's baggage compartment can cause them to leak, and your trip won't be very pleasant if your bags get lost along with your takeaways.

If you lose or misplace a takeaway dose, it will generally not be replaced. Your prescriber may also decide to cut back the number of takeaways you get.

Jen's thoughts on takeaways

> *I treat my takeaways as something precious – because to me they are. If I lose even one it can make me sick, and if I lose more, I am really up shit creek. Not to mention the lecture my doctor would give me!*
>
> *Even if I could see her at short notice (nearly impossible) and she agreed to write another script to replace them, I'd have to pay for them again. So I'm careful when I'm carrying them that someone doesn't steal them, or I don't leave them on a bus seat or whatever.*
>
> *At home, I store them properly. The big disaster would be if my sister's kids got into them. I can be absent-minded, but I look after my takeaways like a wallet full of money!*


FIRST AID

TRAVEL

At some point during your treatment, you may want to take a holiday or go travelling. There will also be times you need to travel for family or work responsibilities.

Despite what you may have heard, you should be able to travel while on the program - you're just going to need to do some extra planning. Because the OTP is a daily program for most people, you'll need to work out a way to continue taking your dose while you're away.

It's important to give yourself plenty of time to do your research and arrange everything. Before you spend any money on accommodation or flights, talk to your prescriber about travelling. They can help you arrange a way to get dosed while travelling.

There may be some cases when your prescriber may not support you travelling while on OTP (e.g. if it is very early in your program or if you are having mental health issues).

Once you have talked through how you will be dosed while you are away, you can book your trip. You will need to provide your prescriber with copies of your tickets and itinerary.

Getting dosed away from home

Don't assume you will get takeaways if you are going away. Depending on your circumstances and how long you will be away for, your prescriber may prefer to do a transfer to another service instead. Within NSW, this means going to a new chemist or clinic, that has already been sent a prescription from your usual prescriber.

The rules may be different interstate. For example, if you are going to Tasmania or the Northern Territory you must first see a prescriber registered in that particular state/territory and be dosed under their prescription. This means appointments and paperwork. Make sure you take ID with you.

If you are going overseas, do your research about the countries where you are going. Different countries have different rules. For example, you can't take methadone into Japan, only buprenorphine. You can't take any OTP medications to Singapore and Russia – they are illegal even on a script. And Lebanon will only allow 5 days' worth of a restricted medication.

No matter how you travel, you should carry all your medication in a bag you keep with you to guard against loss or theft.

If travelling with liquid methadone, make sure it's tightly sealed. If flying, remember that temperatures and air pressure in plane luggage compartments have been known to cause leakages or evaporation.

Consider Physeptone. These are methadone tablets and a great option for travelling because they take up less room, are less obvious and won't spill or evaporate. You'll need to ask your prescriber for more details about Physeptone.

Unfortunately, Physeptone is an expensive medication and is not on the Pharmaceutical Benefits Scheme (PBS). It's not considered part of your regular funding arrangement with your dosing clinic or chemist, which means you will be charged full price for the prescription. Ask your chemist for a quote so you have all the facts. Your chemist will have to order Physeptone in, so make sure you allow enough time.

Paperwork for travelling

If you do get extra takeaways to go away, you will need to give your clinic or pharmacy plenty of notice. Even if you are travelling in Australia, there are forms that need to be completed.

When traveling overseas, it is essential to have the right paperwork with you to avoid having your doses confiscated or getting in trouble with the law. If travelling overseas, you should:

- Get a letter from your prescriber (on letterhead) detailing all your medications with the dose. It should state that your methadone or bupe is for personal use for a “medical condition”. (It’s best to not refer to illegal drug use, drug dependency or the OTP).
- Take a copy of the script that has been certified (stamped / initialled) by your doctor
- Keep your doses in their original packaging with your name on it.

You may also need to fill out a special form to carry a “Drug of Addiction” overseas depending on where you go.

Medication issues can depend on purely subjective opinions of the customs official on duty that day so make sure you have everything you need.

Looking for more info about OTP overseas?

Different countries have their own laws around OTP medications. In some cases, these are quite different to the laws in Australia. Some countries will only let you take up to a certain amount of day’s worth of medication. In other countries, you can have bupe but not methadone.

If you’re planning on travelling overseas while on the OTP, you’re going to need to find out what the laws are in the country you’re going to. Thankfully, there is a great website that has the laws from lots of countries, explaining what they will allow and won’t allow. Plus, they will help you if you email them. Google “methadone worldwide travel guide” or head to the website below!

https://indro-online.de/en/methadone-worldwide-travel-guide/

WORK

The OTP is designed to help people sort out their lives. An important part of that for some can be entering or re-entering the workforce, or reaching their potential at work.

Pauline's story: Balancing OTP & work

I'm on methadone and I didn't want people at work to know because I knew their opinion of me would change. I didn't want the trust to go – I just couldn't see them letting me keep my corporate credit card if they knew my past. I had to work out how to mix being on the program with being a good worker and people not finding out.

I found a chemist near my work that was open long hours and took rostered days off to see my doctor. I got my dose down to the "sweet spot" where I had the safety net I needed but I didn't look stoned.

I had learned that on a higher dose I would sometimes nod off without realising it. I decided to take my dose after work so I wasn't noddy or looking stoned. It meant I was clear headed at work and was treated like anyone else.

Stigma and discrimination at work

Employers cannot discriminate against someone on the OTP. There are only 2 professions who cannot be on OTP: pilots and doctors. However if you are on the program, you may come across stigma and discrimination in the workplace.

Your health issues are private and confidential and you do not need to disclose any drug use history to an employer. You also do not have to tell your employer that you are on the OTP. Workplace urine tests do not usually test for OTP medications. If you are challenged about having opioids in your system, get a letter from your doctor saying you are prescribed methadone or buprenorphine for "a medical condition".

"When I went on the OTP, I told my boss - we got on well and I wanted her to know that for a while I might need to start later than I would usually, but I would still work my standard hours.

The change was instant. I was immediately sent home on 2 weeks forced leave. They even checked if I had been engaged in fraud. I genuinely thought I my work would be understanding, but didn't realise how many people think it is okay to discriminate against you if you use drugs. My advice? Keep your private life private." - Lina

GETTING YOUR FINES PAID

One of the benefits of the OTP is that you have the chance to get your finances sorted out.

Work Development Orders (WDO) were brought in to help people having trouble paying their fines. Instead of paying cash, you can pay with activity.

If your clinic, prescriber or other service is registered with Revenue NSW for WDO, your drug and alcohol treatment (e.g. being on the OTP and going to counselling) can help you pay off fines. You can also pay off fines with volunteering. It is worth asking your clinic and prescriber if they are registered for Work Development Orders..

INJECTING YOUR DOSE

OTP medications are not meant to be injected and injecting your dose is not recommended. Injecting OTP medication can cause serious vein damage.

However, there are many reasons that some people on OTP choose to inject their doses. It may simply be a sign that you need to increase your methadone or buprenorphine dose, or you may need to change the meds you are on. If you are looking for more of an opioid-like feeling, you may be more comfortable on methadone rather than bupe.

Quite often, the reason people decide to inject is related to their treatment goals. For example, they might inject their doses occasionally as a replacement for injecting illicit opioids because it is cheaper and easier than getting street drugs. They may also feel like it is less likely to lead them back to regular use of street drugs. Other people have told us that they inject their methadone because taking it orally gives them nausea (makes them feel sick to the stomach).

"Injecting methadone has helped me to stop using heroin, so much so that these days I don't even have a heroin dealer... Not being able to pay bills and rent, really freaking about getting evicted; those worries have been taken away because I've been injecting methadone rather than heroin." - Samantha

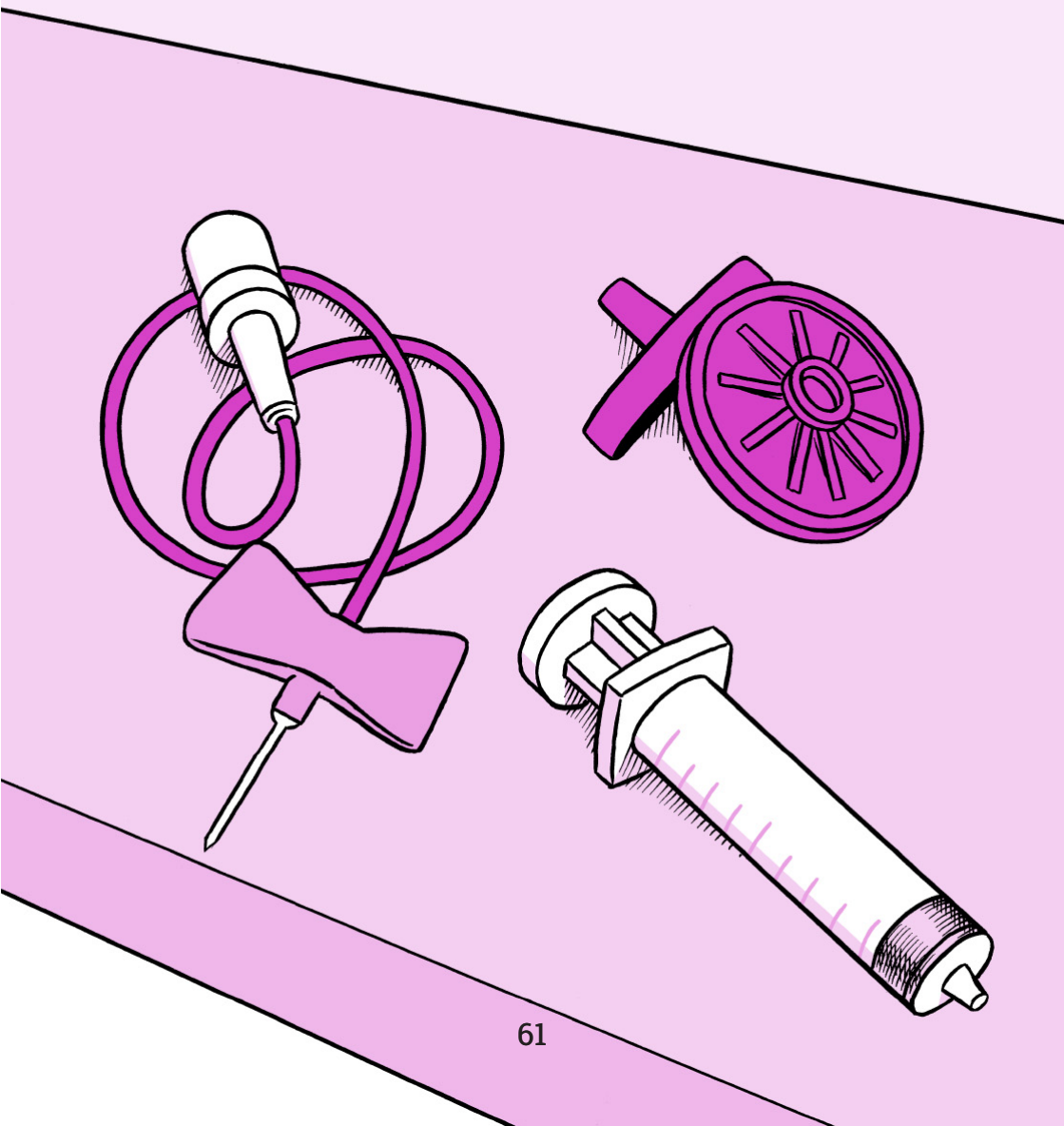
"Injecting has such a bad reputation that you just have to hide it. If you're sharing that information in a medical setting, you're not necessarily going to be helping yourself. Because you can't talk about it anywhere else, talking about injecting your dose with your peers is important. How else can you share safety tips? No doctor will help you with it." - Clarrie

Accessing Specialty Injecting Equipment

To reduce the risks associated with injecting your OTP meds, you'll need to use special injecting equipment as shown on the page to the left. You'll need wheel filters, and if you're injecting methadone syrup you'll also need larger-barreled syringes or a winged infusion set (AKA 'butterfly')

NSPs won't usually stock specialty equipment, although some NSPs do stock wheel filters. Some chemists stock larger-barreled syringes and winged infusion sets, but the easiest option for most people is to buy it online.

If you have trouble getting the equipment you need, or if you need more information on how to use specialist injecting equipment, contact the NSW Users and AIDS Association (NUAA) on (02) 8354 7300, 9:00 AM - 6:00 PM weekdays.



Tips for staying safe when injecting OTP medication.

Methadone syrup includes fillers which can cause serious problems if injected. The machines used to dispense methadone syrup and Biodone are not sterile, which means there may be bacteria in your dose which can lead to abscesses, endocarditis, or a dirty hit if injected. If the dose has been in someone's mouth, you will have a very dirty hit if you do not filter out the bacteria. Use both a blue (for bacteria) and a red (for particles) wheel filter.

Biodone is less harmful to inject than methadone syrup, because it's water-based and doesn't have all the additives that methadone syrup does. That makes it a healthier choice all round, and if you inject your dose will be less damaging to your veins. If you are going to inject your dose regularly, it would be safer to get dosed somewhere that has Biodone.

Remember that injecting will make your OTP meds come on more quickly so you should be overdose aware. When doing it for the first few times, inject a smaller amount than your prescribed dose until you know how injecting the dose will affect you.

While we don't suggest or encourage injecting your OTP medication, it's important to talk about, because we know that some people will still choose to do it. If you're going to be injecting your methadone or buprenorphine, it's important to do so as safely as possible.

Regardless of which medication you are injecting, follow these harm reduction techniques every time.

- Before starting, always wash your hands thoroughly with warm running water and soap.
- Taking your time is important.
- Swab your injection site and utensils such as your spoon.
- Mix up and shoot up in the most hygienic space possible.

The next two pages have some specific information about reducing the harms from injecting methadone or buprenorphine.

If you're injecting methadone syrup:

1. Collect your equipment

You will need to use specialist injecting equipment such a larger barrel syringe and winged infusion set (butterfly). In NSW, winged infusion sets come in 23g and 25g; the 25g will do less damage to your veins.

2. Dilute your dose

Methadone syrup must be diluted with 50% (half) water to avoid your veins hardening which may lead to amputation. You do not have to dilute Biodone.

3. Filter your mix

Use both a blue (for bacteria) and a red (for particles) wheel filter to avoid vein damage or bacterial infections.

4. Injecting

You should inject very slowly, especially when you are injecting a large amount of liquid to avoid blowing out your vein. It's best to avoid injecting methadone in your groin or neck as this is particularly harmful.

If you're injecting buprenorphine:

1. Prepare your mix

If injecting Suboxone: Dissolve the film in warm/hot water in something as clean as possible, such as a Stericup®, or a sterilised spoon. Once it's dissolved, wait for your mix to cool down.

If injecting Subutex: Crush the tablets as fine as possible and soak in cold water. Do not soak in hot water.

2. Filter your mix using a particle (red) wheel filter.

The gums, starches and additives in Suboxone will thicken in your blood and the chalk/binders in Subutex can get inside your lungs or harden your veins. Using a particle wheel filter (red) will get rid of the fillers.

3. Filter your mix using a bacterial (blue) wheel filter.

Even though your OTP meds are pharmaceutical grade, they are not sterile because they are not meant to be injected. The blue wheel filters are very fine and will get rid of any bacteria in your shot. Using a blue wheel filter is extra important if the film or tablet has been in someone's mouth.

4. If your mix is still gluggy or too thick, add some more water and re-filter.

USING ON OTP

People have all sorts of goals on OTP. Many people still use drugs while on OTP, but usually a lot less than when they were before they went on the program. If you do choose to use drugs while on the program, remember to be harm reduction aware. To avoid blood-borne viruses and vein damage, you should always:

- Using new, sterile fits and other equipment;
- Swab your spoon and your body where you're injecting;
- Washing your hands with soap and warm water;
- Use sterile water from the NSP or tap water that's been boiled to mix up; and
- Filter your drugs as best you can (we suggest using a SteriFilt® single-use filter or a red and blue wheel filter).

If you want to review your technique for better vein care, call NUAA or talk to your local NSP.

Remember – using depressant drugs (especially alcohol, benzos and other opioids) on top of your dose increases your risk of overdose, especially if you use more than normal, have recently started OTP, or have recently gone up on your dose.

If you're using on top of your dose, make sure that you and those around you (such as friends, family, and people you use with) know how to recognise and respond to an overdose.

We suggest talking to your GP or prescriber about getting a script for take-home naloxone. You can also buy naloxone over the counter of a pharmacy that stocks it; the pharmacist will teach you how to use it and provide you with the equipment you need. Call NUAA if you have trouble locating naloxone or want to learn how to use it.

Selective Detox

While you're on the OTP, you may find that you are using more than you would like. This might be heroin, prescribed opioids, benzos, cannabis, alcohol, or any other drug. If you want to cut down or stop using other drugs completely, while remaining on methadone or buprenorphine, you have a few different options.

If you want to manage your drug use at home, it can be useful to get help from your prescriber, your GP, and/or a counsellor. Some drug and alcohol services have a 'home detox' care package which may include tips and medication to help manage withdrawal symptoms. Staff can help you through this by calling you daily to check up on how you are going or acting as a support for you to call if you want someone to talk to. You should also get support from your friends and family.

Many detox units will accept patients for selective withdrawal, which means that you can stay on methadone or buprenorphine while detoxing off another drug. Talk to your prescriber about this, as they will have to transfer your treatment to the detox while you are there. Some people find it useful to go up on their dose for the period of their detox to help with withdrawal symptoms.

There are also residential rehabilitation programs that help you get used to an abstinent life while being on the OTP. Some people choose to take their rehabilitation a step further by remaining in rehab to withdraw from their methadone or buprenorphine, but you don't have to do that.

The Alcohol and Drug Information Service (ADIS) have trained counsellors on hand 24 hours a day, every day, who can offer you support with managing your drug use. You can call ADIS on 1800 250 015. For peer support, call NUAA on 02 8354 7300 or 1800 644 413 during office hours.

"I had to deal with someone's death and got very depressed, and my pay-day shots turned into daily shots. I couldn't break the pattern, so I took some time off work and went into detox for a couple of weeks. It was a really good decision. I went up on my methadone dose again and was prescribed a short course of benzos while I was in there to help with any withdrawal symptoms.

They were great in the detox and it gave me the space to push it all out of my body and head and just get a bit of distance from it again. Since then I am back down on my usual dose again and feeling good. Because I've been really open with my prescriber, he hasn't punished me by stripping my takeaways and I'm back on track." - Nell

URINE DRUG SCREENS (UDS) AND OTHER TESTS

Before you start your treatment and throughout the course of it, you will need to do some Urine Drug Screens (UDS, aka urine drug tests). This is considered part of “good clinical management” for people on OTP.

Prescribers use these tests to find out about your substance use. The results help them decide if you can go up or down on your dose, if you need other help (like a selective detox) and if they should give you takeaways.

Having a UDS may feel like a breach of your privacy, especially if someone is supervising while you do it, but you will have to do one.

A good way to think of it is that urine drug screens are a tool to help show you and your doctor how you are doing on the program – they should never be used as a punishment.

Urine drug screens for OTP patients are covered by Medicare, so you won’t have to pay extra for them as part of your treatment.


TAINER

What are the rules around Urine Drug Screens?

There are no 'rules' as to how often you have to do urine drug screens, and the OTP clinical guidelines say that you shouldn't have to do them regularly without reason. That means, it is not okay for clinics to make you do a urine because "clinic rules" say you need to do a certain number, e.g. once a month. That is against clinical guidelines.

UDS should be based on "clinical observations", if you appear to be using street drugs and your doctor is concerned about overdose or wants guidance to help work out your best dose. However, it is up to your prescriber or clinic to decide how often you should be tested, and you may have to do more tests depending on your circumstances. It usually ranges from once a month to once every 6 months, depending on how your doctor thinks you are going.

If you feel like you're being unfairly targeted, take note of it, recording the date and situation. You can use this if you ever need to make a complaint.

Doing regular UDS can be a useful record to show that you are not using street drugs, such as for a court case. Talk to your doctor if you want to request frequent UDS for any reason.

What do they test for in a Urine Drug Screen?

According to the *NSW Clinical Guidelines: Treatment of Opioid Dependence - 2018*, urine drug screens usually test for the presence of:

> Some opioids (heroin, morphine, codeine), methadone, amphetamine-like substances (speed, meth, pseudoephedrine, MDMA), cannabis, most benzos (such as Valium/diazepam, oxazepam, temazepam), and cocaine.

Urine drug screens usually don't test for:

> Synthetic opioids (oxycodone, hydrocodone, fentanyl), some benzos (Xanax/alprazolam, clonazepam), LSD, synthetic cannabinoids and other new psychoactive drugs.

This is just a guide as to what is commonly tested for - you can't guarantee they won't test for any of the above drugs, or any that aren't mentioned! It is also important to think about how these drugs interact with opioids.

Do I have to do a Urine Drug Screen (UDS)?

Despite what you may have been told, your doctor/clinic is not obliged to get you to do urines. Your doctor can decide that you should not have to do urines once they balance the benefits against the concerns.

The Clinical Guidelines say that issues of false-negative and false-positive results; costs; your loss of privacy; and "damage to the therapeutic relationship" (e.g. if your anxiety/ stress harms the way you and your doctor work together towards a better life for you) can all be used as reasons for not doing urines.

In addition, the Clinical Guidelines don't support supervised or directly observed urines (that is when someone watches you actually peeing in the test jar). The Guidelines say that this kind of testing is intrusive and usually unnecessary. If your doctor suspects you may be using someone else's urine they should check in other ways, for example looking for inconsistencies, checking the temperature, dilution (watering down) or other drugs present.

Your doctor may want you to undergo some other testing as well during your treatment. This testing should directly relate to your health condition or to your drug use. For example, you may be asked to undertake a test for blood-borne viruses such as hepatitis C or HIV, or a liver disease/liver function test. You do not have to do these tests - it is up to you - but it is a good idea for all people who inject drugs to be tested for blood-borne viruses.

How long can drugs be detected in your urine?

There are many things that influence how long drugs stay in your body. They include things like weight, health concerns, how long you've used drugs for, and how much you have been using.

For example, if you use a large amount every day, the drugs will stay detectable in your urine for longer than if you only use occasionally.

In general UDS can detect use of:

- heroin or amphetamines in the prior 3–7 days;
- benzodiazepines in the prior 3–14 days (UDS can remain positive for benzodiazepines for longer than 2 weeks if patients are taking high doses of long acting benzodiazepines such as diazepam)
- cocaine in the prior 2–3 days;
- and cannabis usually for 3–14 days, although UDS can remain positive for cannabis beyond this period in frequent and regular cannabis users (e.g. 4–8 weeks).

It's important to remember that the above is a guide only. If your job, your license, your children or your freedom are at stake, you may want to give yourself a bit more time to make sure you will provide a negative UDS.

LOCUMS (REPLACEMENT DOCTORS)

Because OTP meds are drugs of dependence, you always need to be able to get in touch with your prescriber or their replacement. It is your doctor's responsibility to nominate a locum (replacement doctor), and to make sure that your health records are up-to-date, including any specific arrangements you may have with them about your treatment.

Ask to be informed about when your prescriber will be away from the office and make sure you get the name and number of their locum (replacement doctor). Also ask your prescriber who you should call in an emergency if you can't get hold of them.

Usually, if you are at a clinic or a big GP practice, you will be given another doctor there, or you can ask to see one. Any other prescriber at the practice can act as a locum if there's an emergency and you get caught out.

If your prescriber works alone and they haven't told you who to contact, call your closest public clinic for help. Just be aware that they will need to see you, and that depends on a prescriber having an available appointment.

"My doctor has known me since my full-on using days, so he gets that it's actually progress when I only use a few times a week now. We have a deal – I tell him when I use and I don't do piss tests. But last time he went away, his locum not only made me do a supervised urine before she would write a new script for me, she threatened to stop all my takeaways if it came back "dirty". Luckily, my doctor came back before my next appointment - but not before I'd totally stressed out about it!" - Kat

WORKING THROUGH PROBLEMS

Making changes in OTP involves lining up people, technology and approval processes. It all takes time.

If you are having a problem or dispute that may threaten your program, reach out for help straight away. Make appointments with time to spare, organise holidays and transfers as soon as possible and build in extra time in case something goes wrong.

As a rule, get onto things as early in the week and as early in the day as you can. Here's a tip: it's almost impossible to get something sorted on a Friday afternoon for the weekend.

BEING EXITED FROM THE PROGRAM

In a few rare situations your doctor may exit you from the program against your will. This should only happen over very serious issues, such as if you are violent or threatening towards your healthcare staff or other patients.

You will also be exited from the program if you stop going to your dosing point or the clinic. You will likely be exited from the program if your service hasn't had contact with you in 4 weeks or more. If this happens, you will need to book an appointment with your prescriber if you want to continue treatment - they will have to apply for a new Authority to Prescribe for you.

It is preferable that your doctor come to different dosing arrangements than exit you. No matter what you have done, you should be provided with the opportunity to reduce or find a new service rather than simply stopping your medication altogether.

If you are exited without reducing your dose first, call the Opiate Treatment Line on 1800 642 428 or NUAA on 1800 644 413 to advocate 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, *Maintenance on the OTP*, looks at the day-to-day of being on the program. 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

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