

Consumers' Guide to the
Opioid Treatment Program:

3

Your Rights and Responsibilities on OTP



*Opening the Doors
on Opioid Treatment*



ACKNOWLEDGMENTS

'Consumer's Guide to the OTP: Your Rights & Responsibilities'. 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.

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.

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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, *Your Rights and Responsibilities on the Opioid Treatment Program*, goes through your rights when receiving healthcare generally in Australia, and specifically your rights on the program. It also goes through your responsibilities while on OTP.

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**

YOU HAVE RIGHTS!

When you go on the OTP, you have rights and responsibilities that you need to know about. There are 3 documents that set out what you can expect on the program and what is expected of you.

1. 'The Australian Charter of Healthcare Rights'

Your right to quality health care in Australia is protected by the 7 basic rights in the Australia Charter of Healthcare Rights. These rights apply to everyone under the Australian health system. All healthcare providers must stand by these rights.

The Australian Charter of Healthcare Rights is often put where you can read them in hospitals and clinics.

Australian Charter of Healthcare Rights
What can I expect from the Australian health system?

My Rights	What this means
Access – I have a right to health care.	I can access services to address my healthcare needs.
Safety – I have a right to receive safe and high-quality care.	I receive safe and high-quality health services, provided with professional care, skill and competence.
Respect – I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Communication – I have a right to be informed about services, treatment options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
Participation – I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
Privacy – I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Comment – I have a right to comment on my care and have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

2. The ‘NSW Clinical Guidelines: Treatment of Opioid Dependence’

All people involved with the Opioid Treatment Program (also known as OTP or “the program”) have certain rights and responsibilities. This includes patients (that’s you), prescribers (doctors), dosers (pharmacists and nurses) and other OTP health workers.

Health workers use the Clinical Guidelines prepared by the NSW Ministry of Health. People on the OTP use the Consumer Guidelines (this series) which include the same information written in a way that is more meaningful for people on the OTP. You are also free to look up the Clinical Guidelines on the internet (search ‘Opioid Treatment Clinical Guidelines NSW 2018’) to check out the version your doctor is using.

The Guidelines exist to help you get safe, fair treatment and gives you some protection against stigma and discrimination. They explain how you should be treated as an OTP patient (your rights) as well as how what is expected of you (your responsibilities).

If the Guidelines are not followed by your OTP health care workers or you are treated in an unacceptable way, you have the right to speak up for better treatment. You can point to the sections in the Guidelines that show how you should be treated and request better health care. You can make a formal complaint if you are not listened to.

If you do not meet your responsibilities, you may put your program at risk. Your doctor should help you understand how the program works and the conditions for things like takeaways and longer scripts, so the two of you can negotiate an OTP plan that works for you.

Some parts of the OTP may feel strict and unfair. However, the requirements are designed to make the program safer. The number of deaths caused by opioid overdose is at an all-time high. Methadone and buprenorphine (bupe) are tightly controlled Schedule 8 medications and can kill people such as children, who are not used to opioids. Even people who regularly use opioids can overdose on OTP medications.

The guidelines may also feel rigid at times but with over 22,000 people currently on the OTP in NSW, the program cannot run efficiently without tight organisation.

*Clinic dosing
8am - 1 pm
Doctors days
Thursday
No friends,
kids OK, no pets.*



Your Rights and Responsibilities at your Clinic, Practice and Pharmacy

As well as the guidelines set out by the Ministry of Health, OTP clinics, medical practices and pharmacies usually have their own local rules and processes. These rules are usually about what is expected of you, and what you can expect, while undergoing treatment.

They may ask you to sign a Service Agreement that you will follow their rules. There is no agreement that has been agreed by the Ministry of Health, although the Guidelines suggest having an agreement as good practice.

Your health worker or Peer Worker will explain the rules and/or agreement to you when you start. You have the right to know what the rules are and to get more information about them if you wish. Most places will have these written down and you can ask for them to be read out to you and explained if you prefer. You should get a copy to take away with you.

As well as rules of behaviour, the agreement may include information about how the service operates, including how to contact staff, operating hours, and any facilities or services available (like counselling, social work support or hep C testing) and how to access them. You should also be informed about the complaints process.

Most clinic agreements cover such topics as respectful personal behaviour. For example, they ban fighting, theft, swearing, yelling, and hanging around the clinic. Clinic agreements list house rules about opening and closing hours; queuing; using the toilet; and taking children, friends, or pets into the clinic. They also list medical requirements such as managing missed appointments, urine testing, and breathalysing.

If you don't follow the rules, there may be consequences. You could have your takeaways restricted, or you might have to find another prescriber or doser.

While some rules might seem strange, harsh, or just plain unfair, they are usually there for a reason. Many rules help with the smooth running of a service that has to find the best, safest and quickest way to treat hundreds of busy and sometimes stressed patients every day with a restricted drug of dependence requiring lots of rules and paperwork.

The rules are also there because healthcare staff have the right to a safe and healthy workplace. They are often under stress to follow the clinical guidelines properly while they care for many patients in a day. They remember your name, sometimes dose you with other medication as well as your methadone or bupe, remind you of upcoming appointments, tell you when you're up for a urine test, keep an eye on your general health and may even ask after your children and pets.

Adding to their stress is the stigma of working in drug and alcohol services; they suffer from discrimination associated with drugs too. This problem can make it hard to get and keep staff at OTP services. As a result, many clinics are short-staffed, adding even more stress.

If you do not understand the reason for a rule, ask for more information. Many clinics have ways that you can give your opinion on the way the clinic runs such as opinion surveys, suggestion boxes, consumer groups and consumer representatives. Most clinic staff simply want to give you the best treatment possible and keep everyone healthy and safe.

Having said all that, healthcare providers have to follow the rules just like you do. It is their responsibility to follow the NSW OTP Clinical Guidelines or the Australian Charter of Healthcare Rights. If you feel that some service rules are not in the spirit of the NSW Guidelines or feel unfair or discriminatory, you should stand up for your rights. For example, you should question any rule that uses the OTP to restrict your movements or insists you act in ways that make you feel uncomfortable especially if these things are used to threaten your place on the program.

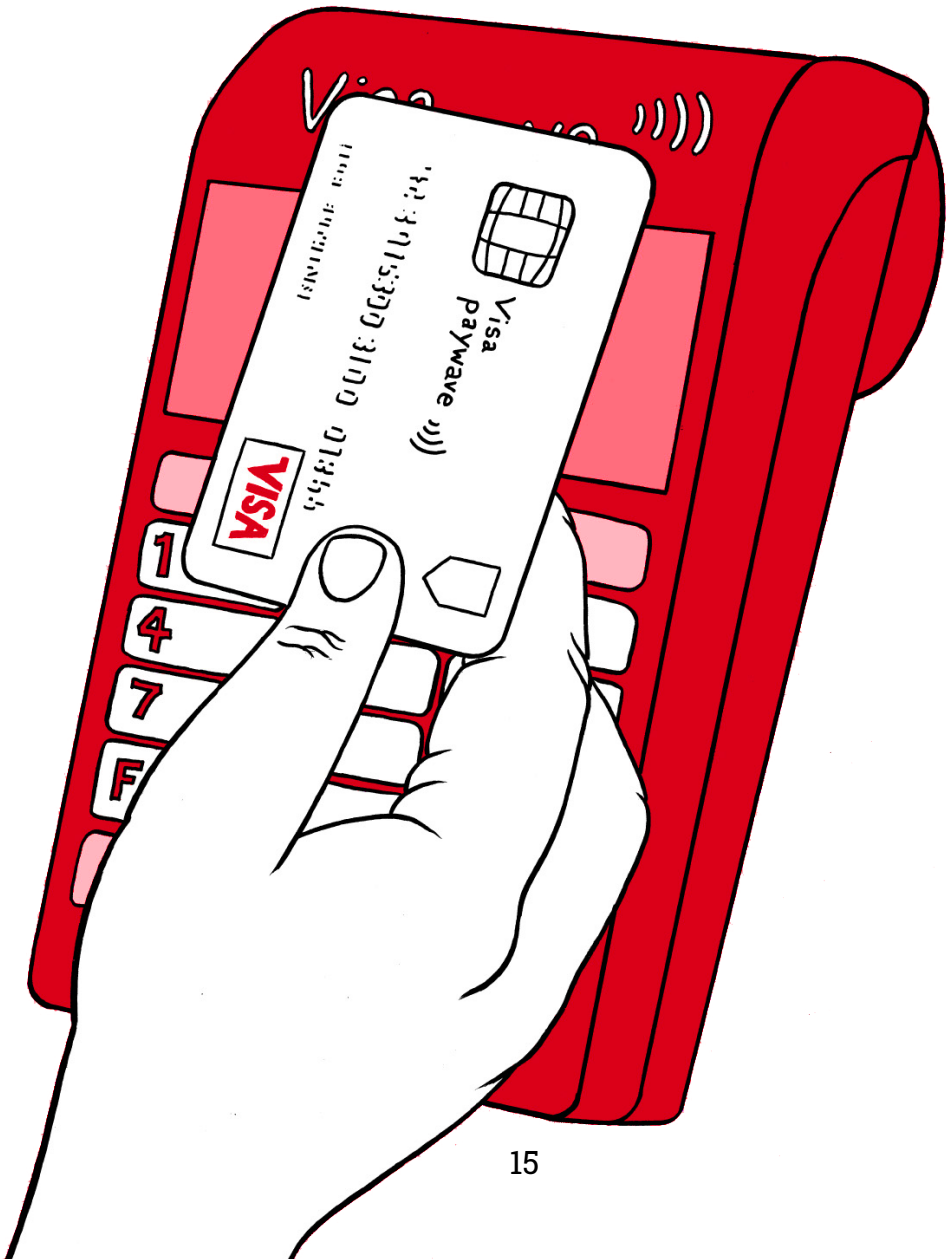
Ask the service why the rule is in place and explain why you feel it should be changed. You can also make a formal complaint.

PAYMENTS

In NSW, pharmacies and private clinics are able to set a dosing fee for your medication. When you started with those services, you agreed to pay the rate they set and keep up with any increases after that. It is your responsibility to stay up-to-date in your payments if you are dosed privately. You can pay daily or weekly (usually with a discount).

Chemists and clinics have no obligation to dose you unless you pay their dosing fee. It doesn't matter that OTP medications are drugs of addiction. Private services do not have a duty of care to dose you just because you will be sick if you do not have your dose. While many services offer a few days' credit if you are in financial hardship, they are within their rights to refuse to dose you if you have not paid for the dose.

Services can charge you an additional amount for takeaways. You can also be charged for missed doses.



If you are at a private clinic or chemist and are having financial problems, your local public clinic may take you for a few weeks of financial respite. Your dosing will be free however you will not be able to access takeaways for that period.

Financial disputes between OTP services and patients are common. It is extremely important that you keep good records of your payments in case there's a dispute so you can produce evidence of your payment history.

If you pay by EFTPOS you will always have a record of payment in case of disputes. You can keep the receipts or use your bank statement in case of any dispute.

Under Australian consumer law, businesses must always give you a receipt (or similar proof of payment) for any payment over \$75. If they don't, you have the right to ask for a receipt for any amount and they must give it to you within a week. The receipt must include:

- the suppliers name,
- their Australian Business Number (ABN) or their Australian Company Number (ANC),
- date of supply,
- product, service, and cost.

In the case of a payment dispute, you have the right to a meeting to address the problem and to have a support person at that meeting.



KEEPING YOUR PRESCRIPTION UP TO DATE

It's your responsibility to make sure your pharmacy or clinic has an up-to-date script. If your script is out of date, you cannot be dosed, so keep a track of when it expires as you'll need a new one.

Most services are very helpful and will support you as much as they can to make sure you have a current script. 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 so you can keep track. However, it is best to make your next appointment with your prescriber as you are leaving your last appointment. Make it for a few days before your script runs out.

Many clinics will automatically give you your next appointment time when you see your prescriber. Ask your doctor or service if they have an SMS service to remind you of your appointment and make sure they have your most recent phone number.

You could also put a reminder in your phone or write a big note and put it somewhere you won't miss it, like on your fridge.

THE POLICE, JAIL AND YOUR RIGHTS

While police are not supposed to hang around an OTP service, they have the right to come into the service and see the list of patients. The staff at the service must cooperate with the police. This may include information about whether you have attended that day or recently. Police cannot see your individual file unless they have a court order.

If you are arrested by the police and have takeaway doses on you, they will take them off you. When you are released, you won't get your takeaways back. It is likely your meds will be destroyed as they don't have a way to store S8 medications. You should be getting dosed while you are in custody, so you won't need your takeaways.

If you don't get dosed for 3 days or more, your tolerance will be down and you may be at risk of overdose. You will need to see a prescriber before getting dosed again.

If you had your takeaway doses (or anything else) taken by the police, make sure to get a receipt from them for whatever they take. While you can usually get your items back from the police, they may not return your OTP medication.

If you are released, you will need to see your prescriber if you want your takeaways replaced. They may replace them; however, you will usually have to pay for them again. Note that this may affect your prescriber's opinion of whether you can keep your takeaway doses safe.

If you are in custody for a while or go to jail, it is your right to continue on OTP. You will be transferred to a jail that allows methadone or bupe dosing. A new prescriber will take over your OTP care. If you are in a jail run by NSW Corrective Services, your doctor will work for the Justice Health and Forensic Mental Health Network. Private jails will provide a doctor contracted to them.

It's rare to be able to start OTP once you are in custody. If you are considered a 'priority patient' - for example, if you are pregnant or have complex health needs - you may be able to start OTP in jail.



When you are released from jail, you should continue with your treatment. Stopping your OTP or using illicit drugs both put you at higher risk of overdose and death. If you haven't been on OTP in jail you will probably have a much lower tolerance when you are released.

The first two weeks after getting out of jail are when many people overdose and sometimes die because their bodies aren't used to strong opioids any more.

Once you get out of jail, you should be given priority for dosing in a public clinic. Often, public clinics work closely with other alcohol and other drug services and can provide you with referrals. These services may be able to help you with other substance use issues. They can also help with medical, psychiatric or social issues, including homelessness, domestic violence, and child protection matters.

Depending on your situation you might do better with a community-based (GP/pharmacy) or private clinic provider. Before you are released, discuss your options with the prison health provider (in private correction facilities) or Justice Health (in public correction facilities).

LOCUMS (REPLACEMENT DOCTORS)

If your prescriber is going on leave and will be unavailable, they must arrange for a replacement prescriber for the time they are away. A replacement doctor is known as a locum (pronounced loke-em).

Your prescriber should always give you the details of their locum.

Ask to be informed about any time your prescriber will be away from the office. Make sure you get the name and number of their locum, even if you don't have an appointment scheduled while they are away – just in case.



"My doctor wrote the wrong dates on my script, and I accidentally was prescribed for 4 days instead of 34. On day 5, my chemist refused to dose me because I didn't have a valid script. When I explained what happened, he tried to contact my doctor for a new script but the phone rang out. I live rurally and travel to see my prescriber, so after a few days of no 'done and no word from him, I went up to Sydney to try and sort things out, only to find his practice was locked - he'd gone on holiday!" - Gene

You use the locum just like your regular prescriber. Locums should continue treatment according to your treatment plan and be available for emergencies. Chances are you won't need them, but because OTP meds are drugs of dependence, you always need to be able to get in touch with a prescriber in case there is a problem.

If your doctor is unavailable for more than 2 weeks, the locum is responsible for all decisions related to your care, including dose changes, takeaways and transfers. If you are worried, get things sorted with your prescriber before they go.

If you are due to have a review while your prescriber is away, try to get an earlier appointment so you don't have to deal with the locum. You can also talk to your doctor and ask that they tell the locum about you and any special circumstances related to your program. You can also ask your prescriber to put off any reviews or urine tests until you get back. You'll need to catch up with your regular doctor when they come back to work.

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. If there are no other practitioners available to prescribe opioid medication for OTP due to unforeseen circumstances, another GP in the practice can write a prescription to cover the period while your prescriber is away - even if they haven't done the prescriber's course

If your prescriber works alone and they go away without telling you who their locum is, you can call your closest public clinic for help. Just be aware that they will need to see you to treat you, and that depends on a prescriber having an available appointment.

Liza's story

“

I missed my dose a few days in a row because I had gastro and was vomiting – even if I went to the chemist, I wouldn't have kept my dose down. Once I was well, I went back to the pharmacy, but they said they wouldn't dose me after missing 3 days because of the overdose risk - I needed to see my prescriber.

When I rang my prescriber, I found she was away at a conference and out of contact. I called OTL who told me the other doctor at her practice could write a script for me – he was at the conference too! I was told to go to the nearest public OTP clinic, but their earliest appointment was after my doctor returned.

I rang NUAA and found my doctor's locum, who then sent a new script to my chemist. I thought I wouldn't need my doctor for another month, and obviously neither did she. I know now how important it is to have your prescriber's details, just in case - I spent a whole week hanging out (although my doctor was dreadfully sorry when she got back!)

”

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 disaster plan already. If you are at a clinic, ask to see their disaster plan so you know where you stand. If not, suggest your prescriber get a copy to help you develop your own plan.

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.

YOUR RIGHT TO SUPPORT: UNDERSTANDING YOUR HEALTH CARE



It is important that you are able to tell your doctor your drug use and your goals so that you are given the right sort of help and that you understand the treatment choices they suggest.

In order to stay safe, you need to know about any medication you are going to take, including how it should work, how much and when to take it. You have the right to ask questions about your treatment to any of your healthcare workers. Remember: there's no such thing as a dumb question. While on the OTP, it is common to be given a lot of information about your treatment in a single appointment. There is no shame in asking questions, because it's important to understand your treatment.

For the same reason, you are encouraged to get an interpreter if your first language is not English. You can get an interpreter even if you have some English or simply if you are not comfortable talking about your health in English. Many people find it much easier to understand important issues like medication and service agreements using a qualified interpreter who speaks their language.

You should also get an interpreter if you are deaf or hard of hearing. A person who can sign to you what the doctor is saying will help you communicate better. This is true even if you read lips in addition to signing. Plus, the sign language interpreter can speak to the doctor on your behalf if necessary.

It is also vital that you understand all the written information related to your care. Importantly, if you are signing an agreement, you must know exactly what you have agreed to. If you have vision issues or have trouble reading the material you are given for any reason, you should ask for a support person to read it through with you. You can also use the support person to help ask any questions you might have about an agreement.

You can use a friend or relative to interpret for you or support you, but it is best to use an accredited interpreter. This way you can make sure that your privacy will be respected and you can be free to be honest and open.

If you use on top of your dose, you risk overdose.

Nếu bạn sử dụng với heroin, bạn sẽ chết. *



*If you use heroin as well, you will die.

If you use on top of your dose, you risk overdose.

Nếu bạn sử dụng trên liều của bạn, bạn sẽ bị quá liều. *



*If you use on top of your dose, you risk overdose.

Interpreters should tell you what the doctor says in a way that doesn't blame or judge. Accredited interpreters must agree to client confidentiality and are not allowed to discuss your case with anyone. Also, a qualified health interpreter will be able to convey your information accurately, which is important if you have complicated issues.

It is free for you to use an interpreter. It is the responsibility of your health provider to book an interpreter if you request it. You can choose the gender of your interpreter if you want.

Remember it can take time to organise an interpreter so allow for that. Sometimes a doctor or health worker may use a phone interpreter if they can't get an interpreter to visit in person.

Services you may find useful

There are various interpreter services in NSW, depending on where you live. The NSW Ministry of Health have all the details on their website www.health.nsw.gov.au (search for “interpreters”).

If you live in Western or South Western Sydney and would like to speak to an alcohol and other drug counsellor who speaks your language, you can contact DAMEC on (02) 8706 0150 or www.damec.org.au. DAMEC have staff that speak Arabic, Farsi, Tongan, Vietnamese, Cantonese, Mandarin, Khmer and some African languages.

If you have hearing issues and are having trouble getting support, contact the Deaf Society on (02) 8833 3611 or online at deafsociety.org.au. You can also ask your service to contact them for you

YOUR RIGHT TO ACCESSIBLE SERVICES

Everyone has the right to accessible healthcare services, whether or not you are differently-abled.

Physical disabilities include problems with getting around (mobility), limited use of hands and arms, back and joint problems, chronic pain, and speech difficulties.

If you have a physical disability making it hard for you to get around, your service should support you with accessible structures (e.g. ramps and lifts) or by working out another solution, such as getting dosed somewhere more accessible.

If standing in a queue while waiting to be dosed is difficult for you, your clinic should allow you to stay in the seated area while still moving forward in the queue (by remembering who the person immediately before you was).

Accessibility isn't just about considering people's physical needs. Some people have other conditions that need to be considered while on OTP. These include having limited sight or hearing, migraines, Tourette syndrome, mental health issues, and many more.

Healthcare providers must make sure you can access their services. For example, if you feel anxious or are in pain while waiting for your dose, your clinic should work with you so that you feel safe and comfortable.

You also have a right to have a service animal accompany you. Your service animal must be trained to help you in your disability, and should be clean and well-behaved.

If issues with accessibility are affecting your treatment, talk to your doctor, clinic or chemist about how you can sort it out. If you're unhappy with the result, you may want to contact the Australian Human Rights Commission. They have complaints advice and forms on their website at www.humanrights.gov.au. You can also talk to OTL or NUAA for support.

PEER WORKERS AND GETTING INVOLVED

More and more services are putting on paid peer workers either part-time or full-time. Peer workers are staff members who are on OTP, or have been.

It is the job of the peer worker to help newbies get all the info they need, take complaints and contribute to solving any problems. If you are lucky enough to have a peer worker at your service, use them. If you don't, suggest your service get one!

There are different models. Some services like their worker to dose at the service they work at, others prefer it if they don't. Some employ their workers directly, others are employed and supervised by NUAA. However they are employed, services with Peer Workers tend to run better and be calmer places to dose.

Some clinics have consumer representatives, whereby one or more people who dose there are invited to meetings along with the management of the clinic to share their views and give feedback. These are often, but not always, unpaid positions.

If your clinic invites consumers to a meeting, consider going to share your experience. It's a great way to contribute to your community and have an important role in keeping everything running smoothly.

MAKING SUGGESTIONS

You can make suggestions to improve the quality of care that you and other patients get at your OTP service. These could be anything from suggesting they re-paint the walls, stock NUAA's harm reduction magazine *User's News*, hire a peer worker, put up artwork by consumers' kids, do naloxone training, or bring in a new way to queue (e.g. workers go to the front of the queue).

You can also raise concerns with your service if you see that someone else is not treated properly. Many clinics have suggestions boxes. If you write it down (or ask a staff member to write it down for you) it is more likely to get remembered and actioned.

YOUR RIGHT TO MAKE A FORMAL COMPLAINT

If your OTP service is not respecting your rights, you have some options. You have the right to change services. A prescriber must exit you from their care before you start with a new prescriber, but they cannot refuse to do it.

If you are not in the position to change services because of the shortage of OTP providers (especially in rural areas), you have the right to meet with your healthcare workers and/or their employers or managers to discuss your concerns. You have the right to have a support person with you. Talk to NUAA or OTL to get some tips.

If this option doesn't work, you have the right to a formal complaint. Even if you go on to make a formal complaint, it helps if you can show how you have tried to fix things in a less formal way.



You can't be thrown off the program for making a formal complaint. In fact, sometimes it will protect you by shining a light on the prescriber, doser, other healthcare worker or service that is not following the Australian Charter of Healthcare Rights and/or the NSW OTP Clinical Guidelines.

Before you start making a formal complaint, it's a good idea to get some advice about your particular situation by:

- talking to a peer at NUAA (8354 7300 or free-call 1800 644 413); or
- calling the Opioid Treatment Line (OTL) (free-call 1800 642 428).

Every service has a complaints process. You have the right to be told about that process when you start at the clinic and any other time you ask about it. It will include who you must address a complaint to, the process they will take to sort things out and how quickly they will get back to you.

A formal complaint is usually made in writing. Not only is a written complaint taken more seriously, no-one can add in words you don't mean. NUAA can give you advice about how to make a complaint and request a peer mentor to help you prepare your complaint.

The important thing about making a complaint is that this is a way to contribute to real change – for the health system, the OTP, the people involved, others on the program and all those to come. You can bet on it that if something is not working for you, it is also affecting others. So speak up and help make the NSW OTP better for everyone.

Although the OTP is not perfect, many people benefit from the program. They feel better and find that following the guidelines is worth it. The better you carry out your responsibilities, stick up for your rights and try to keep improving things, the better the OTP can work for you.

Your right to complain about your medication

You can make a complaint about your medication, its effectiveness and any side effects you experience. For example, you decide to make a complaint if your medication changed and you are not happy with the new formulation.

The Australian Therapeutic Goods Administration (TGA) is the Commonwealth agency that approves all medication as effective and safe. To report any issues or problems with your medication, visit www.tga.gov.au/reporting-problems.

You can also make a complaint to the Adverse Medicine Events Hotline on 1300 134 237.

If you don't get a reasonable response when you complained to the service or if the care you received from your prescriber was particularly bad or harmful, you can file a formal complaint with the office of the NSW Health Care Complaints Commission (HCCC) (1800 043 159 or www.hccc.nsw.gov.au).

The HCCC gives you a voice and provides some protection against a service making things harder for you if you complain about them. In general, you can complain to the HCCC about the professional conduct of a health practitioner and/or the clinical care and treatment provided by an individual or organisation. Note that they can't make a healthcare provider treat you if they don't want to, nor can they make a provider change their fees.

You should talk to staff at the HCCC first as they can tell you how to lodge a complaint. There is a form to use and they will even help you write your complaint.

YOUR RIGHT TO LOBBY FOR CHANGE



Your lived experience is valuable and you can use it to make the system work better for you and for others.

You have the right to lobby politicians for changes to the OTP. For example, you may wish to request a review of the takeaway system or a change in payment arrangements or ask for people to be initiated on the OTP in NSW jails. You can also lobby for change by writing a Letter to the Editor to newspapers or online media services.

Different government departments are responsible for different aspects of the OTP. If you are going to try lobby for change, you will get better results by writing to the people responsible for the issue you are worried about.

The NSW state government's Ministry of Health prepares the Regulations governing the program, approves new patients and dosing amounts, funds public clinics, oversees prescribers and dosers (including training) and funds the Opiate Treatment Line (OTL). The state government is also responsible for Policing and Corrections.

The Commonwealth government's Department of Health provides the legal infrastructure, oversees patient rights, funds Medicare, approves medications (through the Therapeutic Goods Administration [TGA]) and fully funds methadone and buprenorphine.

Local Councils approve the site of individual clinics and other services (including Needle and Syringe Programs [NSPs] and vending machines for injecting equipment).

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 focuses on your rights and responsibilities while on the OTP - what you should expect, and what is expected of you. 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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