Consumers' Guide to the NSW Opioid Treatment Program

Opening the Doors on Opioid Treatment

NUAA
NSW USERS AND AIDS ASSOCIATION

ACKNOWLEDGMENTS

'Consumer's Guide to the NSW Opioid Treatment Program'. *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.

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 in NSW and is not intended for general distribution. To order any booklets in this series, email *MOH-PopulationHealthResources@health.nsw.gov.au* or call NUAA on 1800 644 413.

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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, the *Consumer's Guide to the NSW Opioid Treatment Program*, is made for anyone who is interested in finding out more about the OTP. Whether you're just starting to think about changing the way you use opioids (such as heroin, morphine, oxycontin, fentanyl), or if you've been on the program for decades, this booklet is for you!

We aren't trying to tell you that you should go on the program. It's not the best option for everyone – which is why we talk about other options as well. However, hopefully by reading this book you'll be able to find out a bit more about the OTP and decide whether it might be right 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 Starter Guide

INTRODUCTION

If you use opioids – heroin, oxycodone, fentanyl, codeine or any other – and are having problems with your use and want treatment, there are a number of options available. These include detox programs, rehabilitation programs, self-help groups like Narcotics Anonymous (NA), support groups like Smart Recovery, counselling, and maintenance treatment. Many people try multiple treatments and combinations until they find what works for them.

This document focuses on medium/long-term maintenance programs. People on maintenance programs are prescribed an opioid medication to treat their dependence.

Maintenance isn't the best option for everyone. It's important to find out what the best treatment option is for you, which will depend on your circumstances and what you want to get out of treatment.

Before you decide what treatment is best for you, think about:

- How long you have been using drugs and whether you have a physical dependence and/or psychological dependence
- Whether your use is causing you harm physically, psychologically, financially, socially, or legally
- Whether you have other health conditions to consider
- What treatment best suits your lifestyle; for example, you may need different supports if you are working, if you are homeless, or if you have children
- What your goals and expectations are

You may need a combination of different types of treatment. Ask your GP or a drug and alcohol worker to do an assessment and give you information about what treatments work best and help you work out which treatment is right for you.

TREATMENT OPTIONS

What are my options?

There are several treatment options for opioid dependence, so it's important to decide which one is best for you.

There is no right or wrong choice; what works for one person might not work for another. Many people try multiple treatments and combinations until they find what works best for them.

This document focuses on the Opioid Treatment Program (OTP), which helps people reduce or moderate their illicit opioid use by providing them with a regular dose of a long-acting opioid. When on an OTP, people usually report fewer mood swings, less depression, improved finances and better overall health.

Opioid treatment is effective at reducing drug use, particularly opioid use. A major benefit is that the OTP reduces the intensity and a lot of the stresses of a using lifestyle - even when people continue to use opioids or other drugs from time to time.

If you'd like to find out more about what other treatment options are available to you, both the Opioid Treatment Line (OTL) and the Alcohol and Drug Information Service (ADIS) have large databases of clinics, GPs and pharmacists supporting OTP:

Opioid Treatment Line (OTL)
1800 642 428 (staffed Mon-Fri, 9:30 AM-5:00 PM)

Alcohol and Drug Information Service (ADIS)
1800 422 599 (staffed 24 hours all year round)

OTP - Medium/Long-term maintenance

The Opioid Treatment Program (OTP) is also known as Medically Assisted Treatment for Opioid Dependence (MATOD), Opioid Substitution Treatment (OST), or 'the program', amongst other names. In OTP, you take a synthetic opioid - methadone or buprenorphine - that replaces other opioids such as heroin or non-prescribed pain medication. Usually, you take the replacement opioid every day. OTP can help you break patterns of drug use such as IV injection or smoking, and can lead to gaining more control over your drug use.

Methadone and buprenorphine last for longer in your body than other opioids, which means that when stable on OTP you shouldn't be experiencing opioid withdrawal, because there will be a consistent supply of the drug in your body.

There are a lot of benefits to be gained from being on OTP. Still, it's important to remember that you will become dependent on your prescribed opioids. This means that you will experience withdrawals and cravings if you decide to exit treatment, although they can be reduced by slowly reducing your dose rather than stopping suddenly.

Detox

A lot of people don't like the idea of a long-term program. Fortunately, there are other options such as residential short-term detox, which means staying overnight for a short time, usually 5-14 days. The goal is to stop using heroin or other opioids.

During detox, you are usually watched carefully, assessed, and supported with information and referrals for after you finish detoxing. You often receive a short course of opioids to help with withdrawals, but there are also options for unmedicated detox/withdrawal.

For the 5-14 days of a short-term detox, you usually stay in a residential withdrawal unit or hospital, with staff available 24 hours a day. They'll help you during withdrawal and afterwards to avoid relapse. Some residential units won't allow you to contact your partners, friends or family for a while so you can focus on your treatment instead of worrying about what's happening at home. It also keeps you out of contact with people who use drugs, which may increase cravings.

It is important to note, however, that detox alone rarely results in long-term changes in using patterns. It's just the first leap. Getting ongoing treatment after withdrawal will support you to meet your goals, including changing the way you use drugs and dealing with emotional and health issues in a new way. You should also remember there is an increased risk of overdose following a detox due to your tolerance going down.

Rehab

Rehab (aka Resi Rehab) is short for Residential Rehabilitation Program. Rehabs offer a live-in program for people who want to stop using drugs, but find abstinence hard to achieve without removing themselves from their usual environment.

Rehab programs are medium-term treatment - you usually stay between 3 and 24 months - but take a long-term approach. You live at the service for the bulk of the treatment. There may be steps in the program to ease you back into the community, such as living in half-way houses.

The aim is to help you achieve a life without drug dependency. In rehab, you explore the reasons for your drug use and work on different, drug-free solutions to the problems that you uncover. You visualize a new lifestyle and plan how to achieve it. Some rehab programs focus on employment training. The majority use a twelve steps program along with other counselling. Some are therapeutic communities where activities are peer-led. You often need to detox at a clinic first, although some rehabs have in-house detox programs.

Day Programs

Day programs offer the same kinds of treatment that rehabs offer but only during the daytime, Monday to Friday, so you don't have to sleep there. You do your own thing at night and on the weekend.

Day programs are focused on a stepped approach to abstinence—which may include staying abstinent through a methadone or buprenorphine program—and often last several weeks. They use group work, case management and one-on-one counselling. They may target specific groups, such as people who have recently left jail, are homeless, or are parents.

Counselling

Counselling can be a useful way for people to identify their goals, deal with cravings and resolve past and current emotional issues. Counsellors use various types of therapies and have different life views.

The way to get the best out of a counselling relationship is to choose someone who is aligned with your goals and can provide workable and useful strategies. People often see several counsellors or psychologists before they find one who fits their needs.

OTP Timeframe

How long do you stay on the Opioid Treatment Program?

The clinical guidelines state that being on OTP can "lead to psychological stability, improved control over drug use and eventual abstinence from opioid drugs." People on OTP are likely to get healthier, feel better emotionally, have less money trouble, fewer relationship problems and fewer legal problems.

However, the guidelines note that there is strong evidence that longer-term treatment is needed. Often, you won't start to really benefit from being on the program until at least three months of treatment, and it can take up to one year for you to benefit the most from being on OTP. To sustain these benefits, you may need to continue on treatment because when you go off OTP it can be hard not to relapse.

Self-Help Groups

Self-help groups are support groups made up of peers that focus on assisting each other to meet goals regarding stopping or managing drug use. Self-help groups include:

- Anonymous groups e.g. Narcotics Anonymous that follow a 12-step model. They describe a consecutive set of actions to follow to maintain abstinence and a "spiritual awakening."
- SMART Recovery in which group members support each other to meet their goals of stopping, reducing or managing their drug use. SMART recovery groups are non-religious.

Finding Services: ADIS (Database and Counselling)

Alcohol and Other Drugs Information Service (ADIS) is a free phone line that offers confidential counselling, support, referrals and information for drug users in NSW. It operates 24 hours 7 days a week.

ADIS has a referral database, which they can use to refer you to a suitable service. This includes information on detox services, rehabilitation and counselling services that are local to you. They are also able to put you in touch with other agencies or practitioners who work in drug treatment services.

For information on drug treatment, call Alcohol Drug Information Service (ADIS) at any time on 9361 8000 (Sydney) or free call 1800 422 599 for NSW regional and rural callers.

ABOUT OTP

The Opioid Treatment Program (OTP) has been called one of the "most successful public health programs in NSW," and there is a lot of evidence showing its effectiveness. In OTP, methadone and buprenorphine are prescribed for people who want to stop or cut back on using other opioids.

OTP is a harm reduction program. This means it aims to reduce the health, social and economic harms that come with using drugs.

Choices, Goals, Expectations

Whether to go on OTP is a big decision. It may have long-lasting impacts on your life. When making this decision the things you need to think about include:

- why you want to enter treatment
- what your goals are
- what you expect to get out of OTP

It's important to have goals that are realistic. Goals that are short-term and not too hard to achieve can help keep you on track. These might include staying alive, reducing drug use, reducing risks (e.g. overdose, diseases), getting healthy, having better relationships, saving money, getting or keeping a job, and avoiding jail.

OTP isn't going to be the best option for everyone. You will need to go to a clinic or pharmacy every day, at least at the start of your treatment and often for much longer. This may be hard if you live far from the dosing point, don't have transport or have other things to do such as work, study or a family to look after.

Long-term goals such as giving up using completely can be achieved. However, most people need to stay on OTP for a year or more for it to work properly. That's why it's important not to expect it to be a miracle cure.

Types of medication: methadone, buprenorphine and the differences between them

The two medications that are prescribed for OTP are methadone (aka 'done) and buprenorphine (aka bupe). These are opioid drugs that are almost the same as other opioids like heroin, oxycodone and fentanyl. They have a lot of the same effects on your body as other opioids, but they don't make you feel high. They will stop your body from going into withdrawal and usually work for 24 hours or more.

Some people prefer methadone and others prefer buprenorphine. Both methadone and buprenorphine can cause side effects which will vary between different people. Just because some people have a side effect from the medications, doesn't mean everyone will. Sometimes your dose might need to be changed to help reduce the side effects.

Methadone is more like heroin than bupe is. Lots of people agree that methadone is more likely to affect your thinking and awareness than buprenorphine. Methadone might make you feel more drowsy than bupe does, and is more likely to give you a feeling of wellbeing. Some people like this while others find it annoying. In contrast, many people say that they can think clearer while on bupe. This is good for people who need to stay alert (e.g. those who are working, have kids to look after, are studying or need to drive). A lot of people say that buprenorphine also gives them more energy.

Methadone interferes or clashes with more other medications than buprenorphine does. For example, methadone interacts with some HIV and tuberculosis medicines.

Buprenorphine can be used for short-term opioid detox or for medium- to long-term maintenance treatment. Methadone is usually only used for maintenance.

Most people say that methadone is harder to detox from because it takes longer and feels worse. Bupe withdrawal is shorter and not as intense. You are also less likely to overdose on bupe, because it doesn't affect your breathing in the same way as methadone, heroin or other opioids.

Another good thing about bupe is that you can also be dosed two- or three-days' worth at once (double/ triple dosing) – meaning that it may be a better option if you will have trouble getting to your clinic or pharmacy every day to be dosed. This can be especially useful for parents or for people living in regional and rural areas. Bupe will soon be available as a weekly or monthly injection, which will suit some people better.

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.

Some people on methadone have reported that they have been pushed to swap over to buprenorphine by prescriber or clinic staff. Or, they have been discouraged from swapping to methadone if they are already on buprenorphine.

Some healthcare staff may think that being on methadone means you're still using other drugs or enjoy being stoned, and this might mean you are treated unfairly. Remember: it should be up to you what medication you are on. There are many reasons why some people prefer methadone over buprenorphine, and they are all valid.

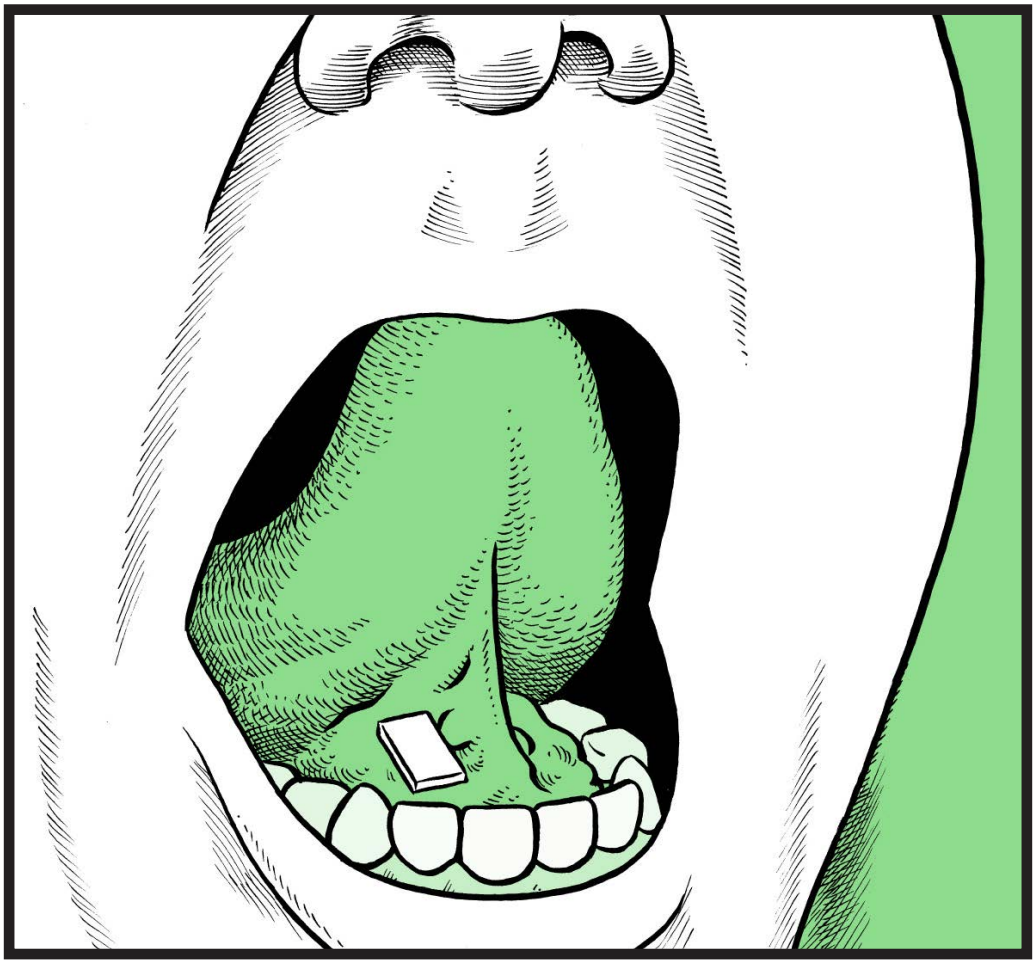
"Methadone took the chaos out of my life. I've been on it for years now and it has meant that I can live life on my own terms. Even though there are the obvious restrictions, I am able to be a fully functioning citizen. There aren't many things I can't do now. I'm heading overseas in a couple of weeks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

"I found it really hard to sleep on Suboxone, and it made me get really sweaty and hyperactive which is why I wanted to switch back to methadone. But when I raised it with my doctor, he acted like I was just doing it so I could start using again" - Ben

Forms of buprenorphine

Suboxone® - Suboxone is a film containing a mix of buprenorphine and naloxone (aka Narcan). It is used short-term to relieve withdrawal symptoms as well as for medium- to long-term treatment. Suboxone comes as a wafer-thin strip that is taken sublingually (dissolved under the tongue). The naloxone has been added to discourage people from injecting buprenorphine. The naloxone has no effect if dissolved in the mouth but can bring on instant withdrawal (known as precipitated withdrawal) if injected.

Subutex® - Subutex are tablets that contain buprenorphine only. They are prescribed for medium to long-term treatment, although they are not given very often any more. It is still available through some prescribers and pharmacists for people who can't take Suboxone because it doesn't agree with them. Subutex is taken sublingually.



Depot buprenorphine

Buvidal® and Sublocade® - Buprenorphine is also now available as a depot injection. These new medications are known as “depot buprenorphine” or “long-acting injectable (LAI) buprenorphine”. The two different brands of depot bupe are Buvidal® and Sublocade®.

Depot buprenorphine is given as a subcutaneous (under the skin) injection. The injected liquid forms a ‘depot’ once it is in your body. The depot then degrades, slowly releasing the bupe into your body over time. Depending on which brand you’re prescribed, you will need to get an injection either weekly or monthly

The main difference between depot bupe and other OTP medications is that, for the first time ever, you won’t have to dose every day, negotiate takeaways, or worry about somebody accidentally taking some of your medicine.

Because you only need a depot buprenorphine injection weekly or monthly, it might be a better option if you live in a regional or rural area. It can also be a good option if you have work or family commitments which don’t suit daily dosing.

You will need to ask your prescriber for more information and to find out whether you can access depot bupe. Your prescriber will also help you decide whether the weekly or monthly injection is best for you.

Depot buprenorphine needs to be injected by a nurse or doctor - you aren’t able take it home and inject it yourself, as there are some significant health risks. If injected into an artery or a vein, depot bupe could cause a dangerous blood clot. It is also likely that you would overdose, as the injections contain enough bupe to last you either a week or a month.

Forms of methadone

Methadone syrup is a straw-coloured liquid that is thicker than water. It contains several additives, including ethanol, sweeteners, colours and dyes.

Biodone® is a light-red coloured liquid and is methadone without the additives. Its only ingredients are methadone, water, and a colour dye. Some people find that Biodone wears off quicker than methadone syrup, even if the doses are the same.

Physeptone® is methadone in tablet form and is usually prescribed only for international travel or if the liquid is not tolerated for some reason.

Medication	What are the different formulations?	Properties
Methadone	• Methadone syrup - Thick, straw-coloured liquid. Contains a range of additives • Biodone - Thin reddish liquid. Only ingredients are methadone, water, colour dye.	• Opioid-like effect, relaxing. • Some say Biodone doesn't hold them as long as methadone • Good option if you are still using opioids illicitly • Needs to be taken every day
Buprenorphine	• Suboxone - Gel-like film/strip containing Buprenorphine + Naloxone • Subutex - Tablets containing buprenorphine alone • Depot bupe – long-lasting weekly/ monthly injection of buprenorphine. This can only be injected under the skin, not into your veins, and only at a clinic or medical centre by a doctor or nurse.	• Likely to make you feel more alert or energetic than methadone. • Longer-acting and safer than methadone – you may be able to dose multiple days at once with Suboxone/Subutex, or can have a slow-release version (depot bupe) • Stops you feeling effects of other opioids so good option if you are trying to achieve abstinence.

Where you can get OTP

You can get onto OTP a few different ways. These are:

- private clinics
- public clinics
- public hospitals, or
- being prescribed by a doctor and dosing at a pharmacy

Depending on where you live, you may have a lot of options for OTP services. But you may only have a public clinic, public hospital dosing point or community pharmacy. Private and public clinics are where most people start on the OTP. After a while, you may be able to get your treatment prescribed by a doctor/GP and dose at a pharmacy.

Getting treatment at a public clinic is free. You might dose at a public clinic or hospital because it is the only option in your area, because you can't afford the costs of private clinics, pharmacies or GPs, or because it is easier for you to get to.

Often, public clinics are better for patients who have complex treatment needs and need additional treatment for their mental or physical health. The public clinics have doctors who are specialists in addiction and nurses who do the dosing and casework. As well as OTP services, public clinics often have services that can help with other issues in your life, such as if you need counselling, are homeless or have money problems.

Private clinics usually have doctors on -site to prescribe and nurses to do the dosing at the clinic. Some private clinics also provide specialist services such as psychiatrists.

Doctors in GP clinics can also prescribe OTP. If they have done special training, they are able to prescribe for up to 200 patients. If they haven't done the training, they can only prescribe for up to 20 buprenorphine patients and 10 methadone patients. Prescribers who haven't done the training can't start people on methadone, but they can start people on buprenorphine and can prescribe to patients already on a stable dose of methadone. Because of these rules, you will need to ask your GP if they can fit you in.

If you have a GP as your prescriber, your dosing point can be a community pharmacy. Pharmacies also have limits on how many people they can dose, so it's worth checking if they can fit you in. This option is available for patients who do not require high levels of supervision and monitoring, or in situations where clinic dosing is unavailable or inaccessible.

Who can access OTP records if you have a 'My Health Record?'

If you have a My Health Record, your OTP records can be seen by any healthcare provider (GPs, specialist doctors, prescribers, nurses etc.) in Australia. This means any health service you go to can see your OTP information. This can be useful if you have very complex health needs but some people may be concerned about being stigmatized, discriminated against or losing their privacy and confidentiality. However, there are ways to limit who can access your information by changing the privacy controls online.

It is worthwhile thinking about these issues when deciding whether to have a My Health Record and/or how you want to set the privacy controls on your record. You should note that, if you are at a public clinic attached to a hospital, you will not have a separate medical record for your OTP; your OTP activities will be on your general hospital record and therefore can be seen by any hospital staff.


JOIN TODAY

Taking your supervised dose

If you're on methadone, it will be given to you in a cup. You are allowed to mix it with water or cordial in the cup.

If you have Suboxone film, the nurse or pharmacist will cut open the foil pack so the film sticks out. You then take it out and put the film under your tongue or inside your cheek. Repeat this if you have more than one film prescribed, and be careful that the films don't overlap. Make sure your fingers are dry so the film doesn't stick to them. Within a minute or two, the film will turn into a sticky gel and start to dissolve. Try not to swallow your saliva until the film has completely dissolved, as you won't get as much of the dose's effect if it is swallowed. If you have dry mouth, it will take longer to dissolve the film. You can have a small sip of water first so your mouth is moist and the film will dissolve quicker.

If you take Subutex, it also needs to be put under your tongue to dissolve. The nurse or pharmacist will usually break the tablets into smaller pieces before giving them to you so that they dissolve faster. They can take up to 8 minutes to dissolve completely. Don't chew or swallow the tablets and try not to swallow your saliva until all the tablets are dissolved. If you have dry mouth, it will take longer to dissolve the tablets so you might want to have a small sip of water first.

Wherever you get your daily dose, the nurse or pharmacist has to watch you to make sure you take it properly. They might check your mouth, or ask you to speak or swallow some water, to make sure you've taken your dose properly. This is to try to stop people spitting out the medicine and injecting it later or selling it. Different clinics have different rules about what they will do if you are caught trying to divert your dose. It is possible that you will be taken off the program.

STARTING OTP

There are three options for accessing OTP in NSW: public clinics and public hospitals, private clinics and through a GP/doctor and pharmacist. The table to the right shows how they differ.

It is important to find a clinic or doctor that you feel comfortable with. This isn't always easy but having a doctor whom you can trust will help you get the most out of your treatment. Your doctor should talk to you about what you want to achieve, develop a treatment plan with you and give you a prescription for your treatment.

	Public clinics and public hospitals	Private clinics	GP/Doctor	Pharmacy
Waiting List	Usually	Not Usually	Possible	Usually. May be able to skip if you are a 'priority patient' (e.g. pregnant, HIV+)
Doctors Fee	No	Usually bulk-billed	Yes, although they may bulk bill. Otherwise costs about $85-150 with around half refunded on Medicare	N/A
Dispensing Fee	No	Usually around $7 per day plus $25 one-off administration fee. Takeaways add around $2	N/A	Can cost $30-50 per week. Some charge a one-off admin fee
Takeaways	Rare but may be given in special circumstances	Yes, once your doctor decides you are stable (around 1-3 months) and you pass your urine tests.	Yes, once your GP decides you are stable (around 1-3 months). Special consideration given to workers, parents etc.	Yes
Urine Test	Yes, usually random tests at least every 1-3 months. May be more often if frequently positive.	Yes, random tests are usually monthly but may be more frequent	Yes but infrequently	N/A
Flexible Hours	No. Morning session starts early. May have short afternoon session.	Yes. Usually have morning and afternoon dosing sessions. Early start for workers.	Usually, although some GPs will limit OTP patients to certain days/hours	Yes, usually dose during all open hours; some may have specific dosing times.

The Process

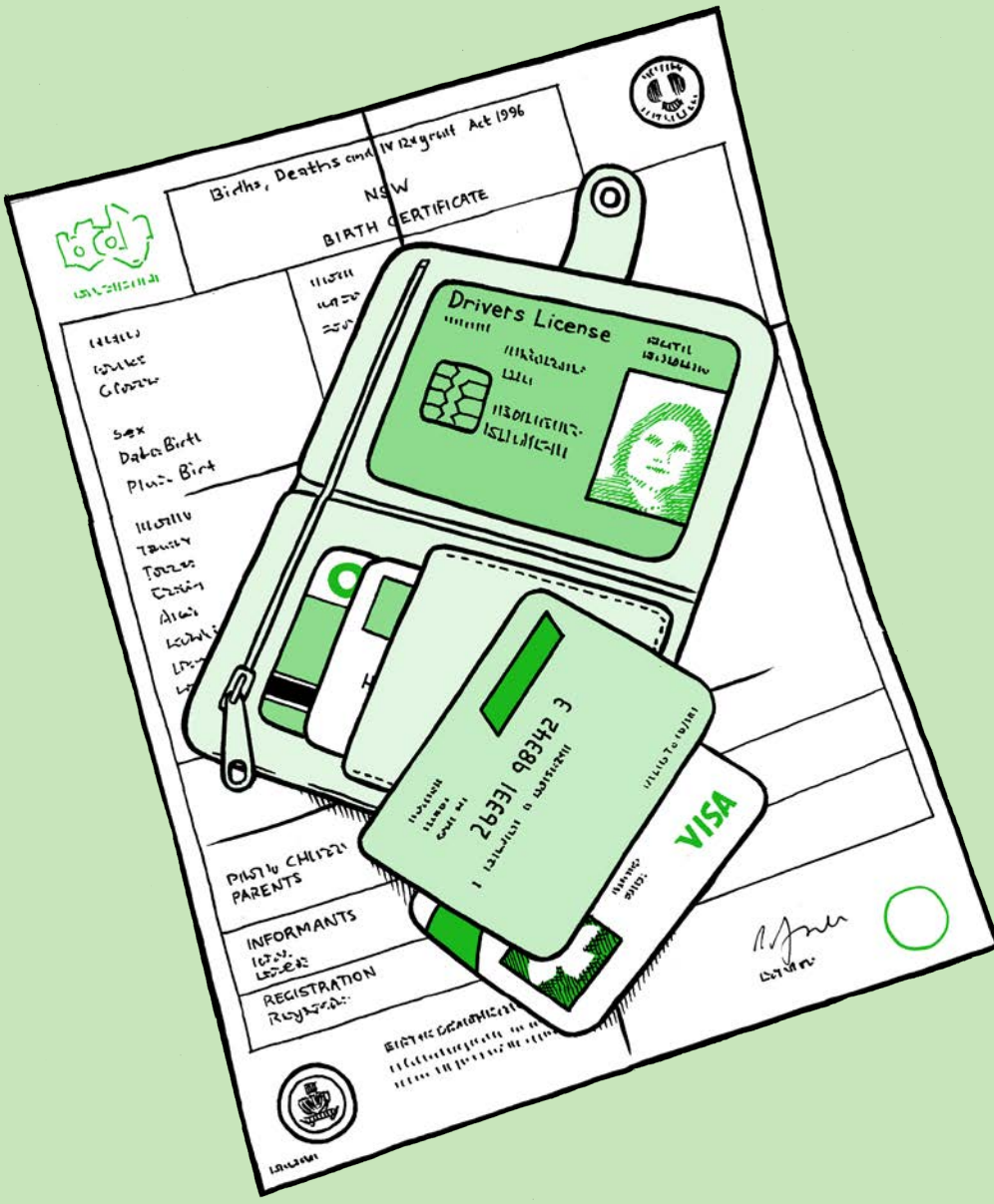
To start on OTP, you will need to make an appointment with a clinic or a prescriber. You can do this in person at some clinics, or you can phone them. There are limits on how many OTP patients can be managed by doctors, pharmacists and clinics. If your first choice is full, you may have to try another provider.

Be prepared to wait. It is rare to start on OTP the same day you decide to go on a program, although it can be quicker if you are pregnant or you are considered a priority patient, such as if you are facing homelessness, are HIV positive, or have just got out of jail. Some clinics also have waiting lists, although this is becoming less common.

Even if there is no waiting list, you may have to wait for an appointment slot. Popular GPs can be booked out a few weeks in advance, and clinics may not have doctors' appointments every day. Clinics often prefer not to start patients just before a weekend – this is so they are available if you have a problem with your new medication. Some clinics and GP practices will want you to see a nurse first or answer some questions over the phone to make sure it's the right service for you.

To start you on OTP your prescriber will need some documents from you, so make sure you ask what to bring so they can complete all the paperwork on the same day. You will most likely need to bring either a passport, a driver's license or proof of age card, or a jail card showing your photo, date of birth, MIN number and signature. Don't worry if you don't have any of these—there are other documents you can use instead, so just ask for help when you make the appointment.

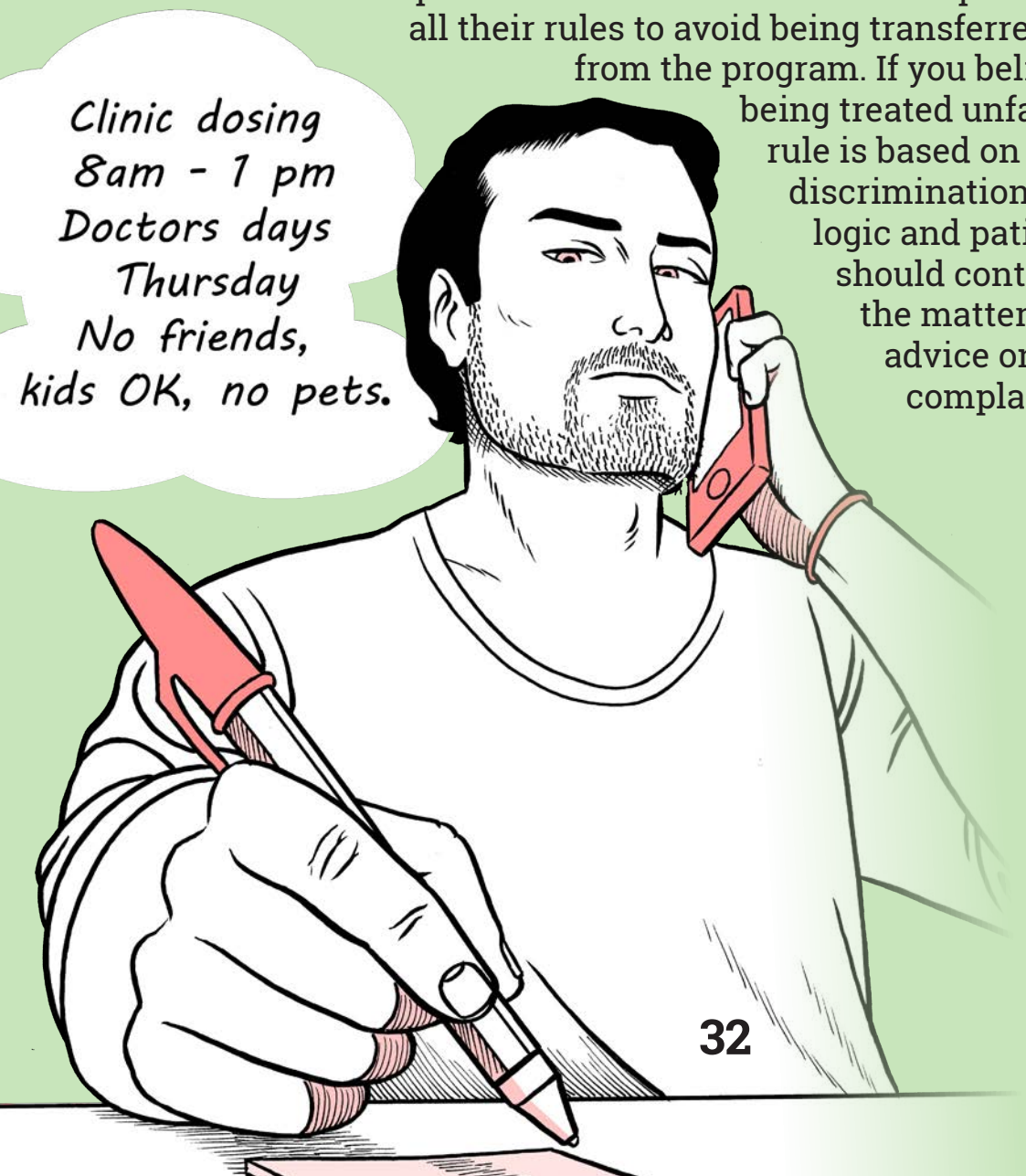
Your prescriber will have to apply to NSW Health for permission to prescribe you methadone or buprenorphine. This is because the government has restricted these drugs as they are very addictive. The application is almost always approved, but it can take a day or two. If everything goes smoothly, you could get your first dose of OTP within 24 hours of your application being submitted.



Rules at your clinic, practice, or pharmacy

Prescribing doctors, pharmacies and clinics must follow the rules and regulations set out by the government, which say how they should treat patients on OTP. As well as these, a lot of OTP services will have their own set of rules you must follow. These could include rules about appointments, behaviour, and how you interact with staff and other patients. Other rules may be about how your healthcare service is perceived in the community; for example, they might restrict loitering outside the building or in drug-dealing hot spots.

Some rules may seem confusing or unfair. If in doubt, ask your service to explain why that rule is in place and try to see things from their point of view. Your service will expect you to follow all their rules to avoid being transferred or discharged from the program. If you believe you are being treated unfairly or that a rule is based on stigma and discrimination rather than logic and patient welfare, you should contact NUAA to talk the matter over and get advice on how to make a complaint.



Treatment Plans

During your first appointment, you and your prescriber should talk about what you want to achieve and develop a treatment plan before they write the prescription script for your medication. However, a lot of people have told us that their prescriber didn't make a treatment plan with them, or that if they did it wasn't followed.

If your prescriber doesn't talk to you about making a treatment plan, you should raise it with them or as early as possible. Your treatment plan should also be updated throughout the course of your treatment. Your treatment plan might start with what medication you'd prefer, and how long you are expecting or hoping to be on OTP.

The clinical guidelines say that your treatment plan should be based on shared decision making between you and your prescriber. This means that you are involved in all decisions about your healthcare. Ask lots of questions and be guided by your prescriber's experience, but remember that it is up to you how you want to manage your health care.

Starting Treatment: Informed Consent

It is the prescriber's responsibility to ensure you provide *informed consent* before you start treatment. Informed consent means that you have understood how OTP works; how it can affect you, including the benefits, risks and side effects; what being on the program will mean day-to-day; and that you still wish to go ahead.


TREATMENT PLAN
Initiated Joe on 30 mg methadone.
His goals include

Things you should think about including in your treatment plan are:

- How do you see your drug use in the future? Do you want to stop completely or just cut down?
- What are your strengths? What do you need to work on?
- What changes to you need/want to make to your living situation? Do you want/need to get housing or change where you live or who you live with?
- Do you have family issues to deal with? What changes do you need to make in your relationships? Do you want to reunite with family, get custody of your children, deal with a domestic violence situation or perhaps get ready to have a child?
- What are your health goals? Have you been tested/treated for hep C, HIV, STDs or other conditions? Do you want to get fitter? Care for your teeth? Do you have a GP, or would you like to see one?
- Do you want to change your diet and lifestyle? Do you want to start exercising more?
- Do you want to study? Get or change your job? Do volunteer work in an area that is important to you?
- Do you need to sort out money issues? Get financial counselling? Pay off fines?
- Do you have mental health issues you want to sort out? Go on anti-depressants? Get counselling to sort out past trauma issues?
- Do you have a passion you always wanted to pursue? Music, art, sport, sewing...the list is endless
- What other support do you want? Counselling? Peer groups?
- When do you see yourself getting off OTP? Is that something you want to plan now or review in a year or so?

Finding the right dose for you: Induction and stabilisation

The first 1 to 3 months of treatment aim to find the right dose of medicine for you, stabilise your drug use, and help with any other health or social issues you may have. During this time, you will be started on a low dose of either methadone or buprenorphine.

The dose will go up or down until it's the right dose for you. It should hold you until your next dose so you don't get cravings or withdrawal symptoms, and it shouldn't make you feel too drowsy.

Sometimes it takes a bit of fiddling to get it right as everyone's needs are different. If you are having any problems with your dose and think it's too high or too low, let your prescriber know.

It is important not to drive during the first few months of OTP as the medication affects how well you can drive. See *Driving* on page 108 for more information.

Ways to find an OTP provider

- The Alcohol and Drug Information Service (ADIS) on 1800 422 599 (staffed 24 hours all year round) and the Opioid Treatment Line (OTL) on 1800 642 428 (staffed Mon - Fri 9:30 AM – 5:00 PM) have large databases of clinics, GPs and pharmacists supporting OTP.

- The Drug and Alcohol intake line at your Local Health District can give you information about what services are available in your local area.

- Some pharmacists are listed at *www.findapharmacy.com.au* (enter "Opioid Dependency Treatment" on the website).

- Any GP can prescribe for up to 20 buprenorphine patients (including starting them) or 10 methadone patients (taking over stable patients) without special training. You might want to let your GP know that they can get support about prescribing for you from the Drug and Alcohol Specialist Advisory Service (DASAS) line on 02 9361 8006 or toll-free 1800 023 687.

For more info, call NUAA on (02) 8354 7300, or toll-free on 1800 644 413 (office hours).

STABILISATION

Getting the right dose for you

Stabilisation is about getting your dose right - finding the sweet spot between feeling your meds too much (being noddy) or too little (hanging out). You can still change your dose later if you choose - stabilisation is just about getting to the place that feels comfortable and helps you stay off illicit drugs and move forward in your life.

People respond differently to OTP medication.
Too much of methadone or buprenorphine can be sedating and can cause overdose, but too little won't reduce cravings or help with withdrawal symptoms. How much you need depends on your metabolism, tolerance, body weight, and treatment goals.

Stabilisation Doses

The NSW Clinical Guidelines: Treatment of Opioid Dependence gives the following information about what doses are commonly needed for stabilisation.

Most patients need methadone doses of between 60 - 100 mg/day, although some patients need higher or lower doses. Doses under 60 mg/day will not be enough to hold most people.

Most patients need daily buprenorphine doses of between 12 - 24mg, although some patients need higher or lower doses.

High doses

Some people will need higher-than-usual doses of methadone or bupe for it to work properly. Doses above 200mg of methadone or 32mg of buprenorphine per day need special approval from NSW Health, which your doctor will need to apply for.

Changing your dose

There are several reasons that you might need to increase or decrease your dose. For example, if you start to feel withdrawal symptoms or are hanging out before your next dose, you may need to go up on your dose.

If you are struggling with side effects, feeling intoxicated following a dose, or reducing or stopping your use of street (illicit) opioids, you may want to decrease your dose. If you think that you might need to change your dose, talk to your prescriber for more information about your options.

PAYMENTS

Fees

Public clinics do not charge any fees, but all other services do.

Prescribers working in any setting other than a public clinic or hospital must be paid like any other doctor. Often prescribers at private clinics will bulk bill, so you don't have to pay for the doctor's appointment. Some GPs or specialists who prescribe will bulk bill if you have a Health Care Card. They might bulk bill during certain hours, like during weekdays but not after regular office hours or on weekends. They might also do so if you request special consideration based on financial hardship. Others may bulk bill the allowable fee for Medicare but then charge a gap fee. Others will expect you to pay the full fee up front for a visit, and then the Medicare allowable fee will be repaid into your account.

Methadone and buprenorphine are paid for by the federal government but in private clinics and pharmacies, you will need to pay a "handling fee" for dosing. These dosing fees can be paid daily or weekly, often with a small discount if you pay weekly. Private clinics also charge an additional fee for takeaway doses.

If you live in an area where there is more than one place to dose, it is worth comparing charges. Pharmacies tend to be cheaper than private clinics. A rough guide is $5 to $10 per day with private clinics charging an additional $2 to $3 for takeaways.

Private clinics and some pharmacies may require a one-time administration fee to set you up as a patient. This is a non-refundable amount. Services that charge a set-up fee will not start dosing until it is paid.

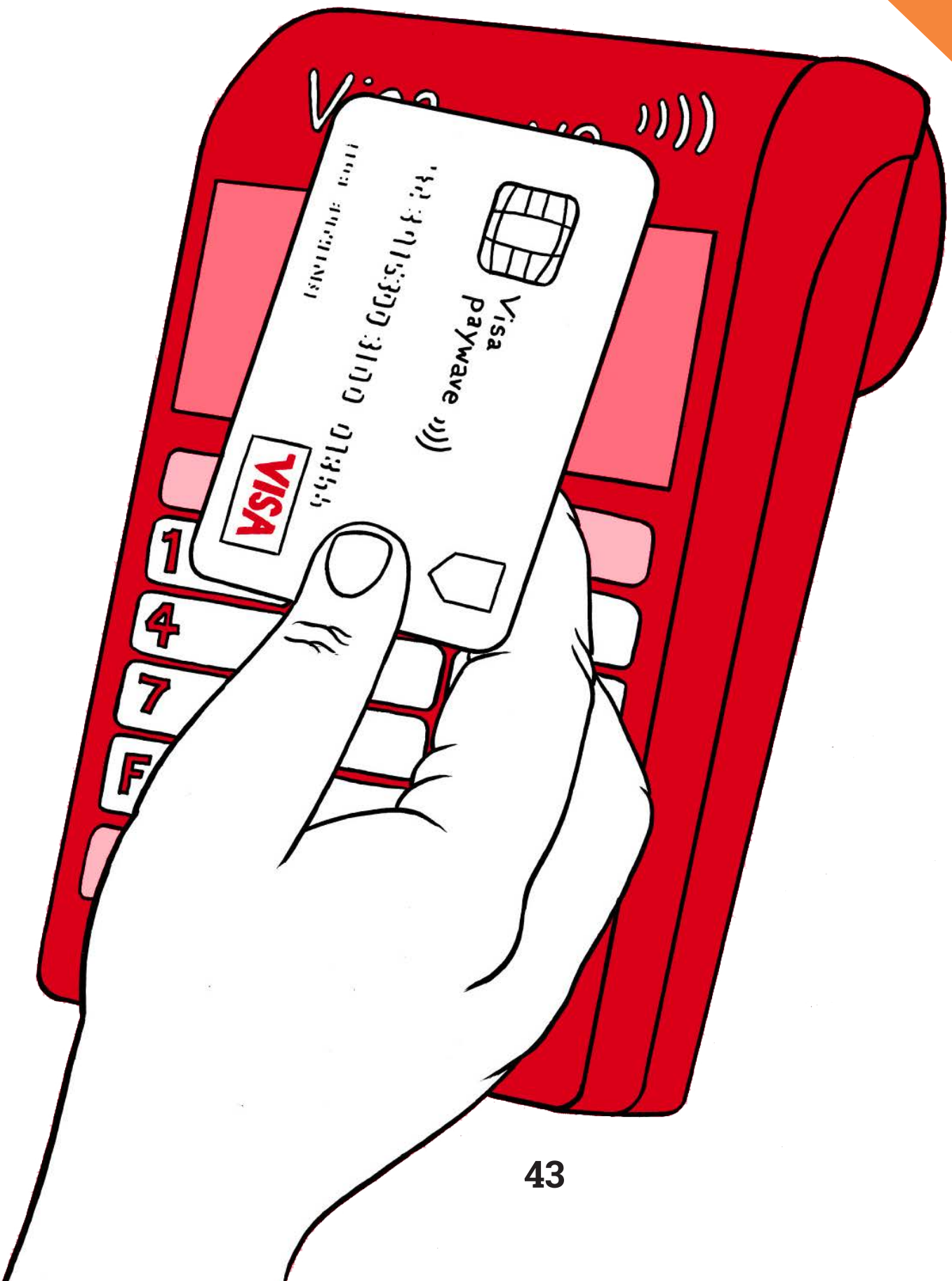
	PUBLIC CLINIC (Prescriber and doser)	**PRIVATE CLINIC** (Prescriber and doser)	**PRIVATE PRESCRIBER** e.g. GP, drug and alcohol specialist	**PRIVATE PHARMACIST**
ADMIN / SET-UP FEE	No	Yes	No	Sometimes
COST FOR PRESCRIBING	No	Yes	Yes, but may bulk bill	N/A
COST FOR DOSING	No	Yes	N/A	Yes
EXTRA COST FOR TAKEAWAYS	N/A	Yes	N/A	No

If price is more important to you than the freedom of takeaways, public clinics are free. If you are at a private clinic or pharmacy 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.

Payment Disputes - Keeping Records

Financial disputes happen with some regularity. 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. You can do this in the following ways:

- 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.
- If you have to pay by cash, ask for a receipt. Fair trading requires businesses to provide proof of transaction to consumers for goods or services valued at $75 (excluding GST) or more. Businesses are also required to provide a receipt for any transaction under $75 within seven days if the consumer asks for one. Clip all the receipts together.
- You could also get a small notebook and write down each payment with the date paid, the dates the payment covers and the amount, making sure the cashier signs and puts a shop stamp against each entry to prove payment.
- Always paying the same amount on the same day/s, such as pay day, will help everyone remember when payments are due and made.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Financial Hardship and Temporary Transfers

If you get behind on your payments, most services will allow a few days' grace. However, there can be consequences to racking up credit at your dosing point. Some clinics and pharmacies may have a limit to how much credit they can give a person and might decide to stop dosing you until you have paid. If you refuse to or are unable to pay, they might decide to stop dosing you completely and you may be transferred to a public clinic. They will usually give you some warning before this happens and should not stop dosing you suddenly.

Make sure that you pay back your debts to your dosing point to avoid any issues. If you are having difficulty with making your payments, you should talk to your prescriber or clinic staff about your options.

Remember that OTP medication (especially methadone) can affect your memory, which could make it hard to remember what payments you owe your dosing point.

Some public clinics allow people in financial hardship who are usually dosed privately to transfer temporarily (usually up to a month) to help them catch up. Ask the staff where you dose to try and arrange this.

If your clinic or pharmacy refuses to dose you for financial reasons and you are unable to transfer to a public clinic (temporarily or permanently), contact the Opioid Treatment Line on 1800 642 428 (Mon-Fri, 9:30 AM – 5:00 PM) and explain your situation. If they are unable or unwilling to help you, you can contact NUAA on (02) 8354 7300 or toll-free 1800 644 413 (office hours). They will be able to advise you what to do next, and may be able to advocate on your behalf.

"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

"My chemist will give me a bit of credit for a few days if I need it, but I try not to do it. It's amazing how quickly it adds up. They tell you what you owe and you think "It couldn't possibly be that much" but when you check it, it's true." - Tim

PATIENT PROFILES

Everyone has different treatment needs because everyone is different! Your treatment on the OTP will be personalised, taking into account factors such as your age, health, education, and culture.

Language and Culture

If English isn't your first language and you aren't fluent in it, you have the right to an interpreter when you go to medical appointments. This should be offered to you, but you may need to ask for one. 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.

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.

You can also ask for culturally-appropriate support. This might mean having a support person come with you to your appointments; you can bring someone you know and trust, or you could see if your clinic/prescriber can arrange someone for you.

Aboriginal and Torres Strait Islander people

If you are a First Nations person, you'll know that not all doctors or clinics are good at treating you in a way that makes you feel comfortable and meets your needs.

It is your right to be treated in a way that is considerate to your culture. You can ask for support from your community, including having a community representative attend appointments and meetings with you. You can organise that support or ask your clinic or doctor to arrange it for you.

There are some services that are designed and run by Aboriginal organisations, like Aboriginal Medical Services. You might find that they that are more aware of cultural issues and have staff who won't discriminate against you. These services can often help with your health and wellbeing more generally, rather than your drug use alone, although not all of them offer an OTP service. The goal of these types of treatment is to make sure that you are given the option for healthcare which is grounded in your culture and community.

If you are an Aboriginal person or a Torres Strait Islander, you don't have to use Aboriginal services if you don't want to. You might worry that if you go to an Aboriginal service, other people in the community will know your business. You have the choice to go to a mainstream service if you prefer. It's just good to know that these types of services are there if you want them.

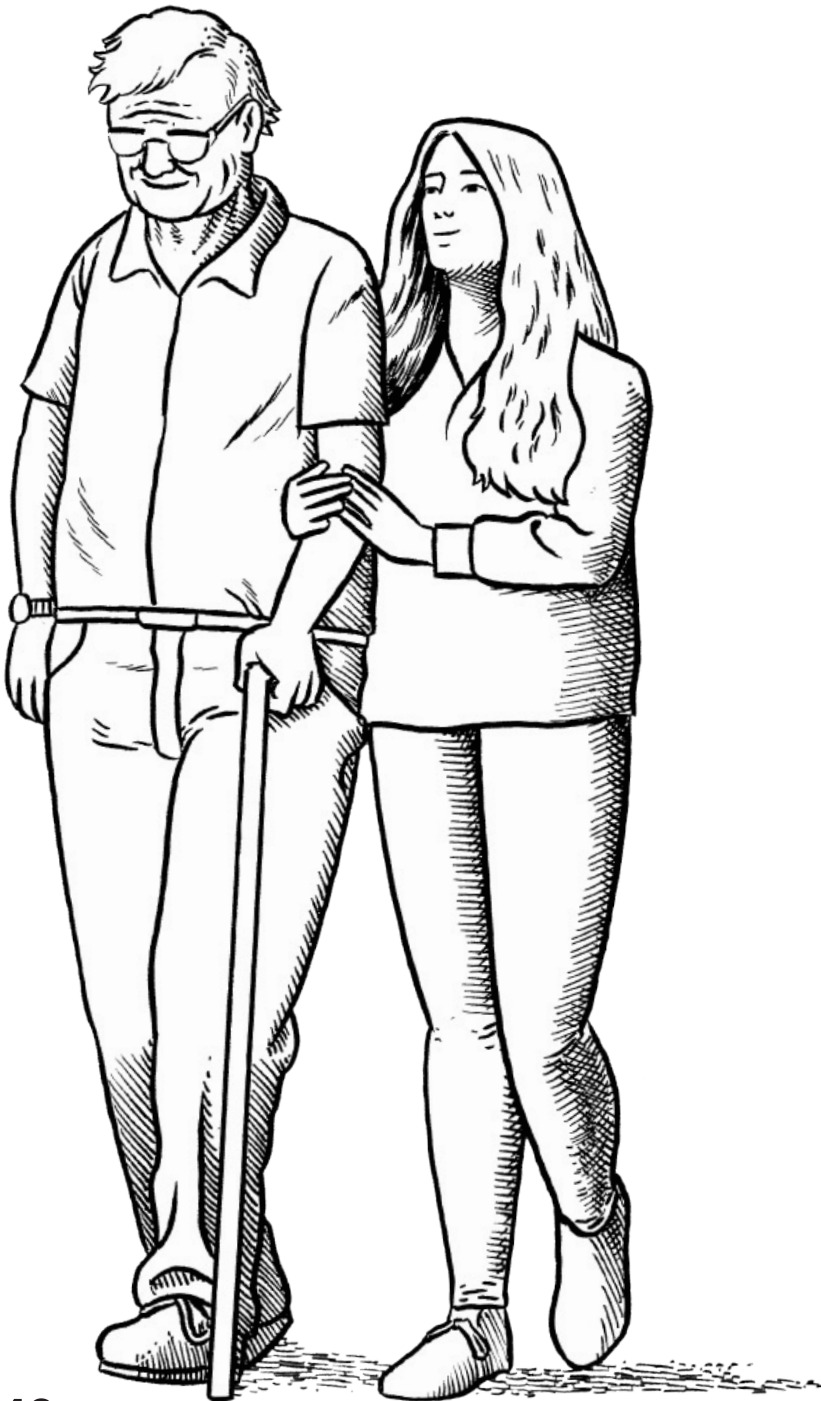
For more information about what drug and alcohol services are available for Aboriginal and Torres Strait Islander people, you can contact the Alcohol and Drug Information Service (ADIS) on (02) 9361 8000 or free call 1800 422 599. The Network of Alcohol and Other Drug Agencies (NADA), an organisation that supports services (like OTP clinics), has developed an audit for services to check how well they are doing in supporting their Aboriginal consumers. You could suggest your service undergo the audit. NADA's website is *www.nada.org.au* and their phone number is 02 9698 8669.

Age

If you are under the age of 18, doctors will be hesitant in starting you on an OTP. Instead, they might try harm reduction education, family intervention, and/or counselling. However, if you meet some specific criteria and your doctor has the support of an addiction medicine specialist, you can start on an OTP.

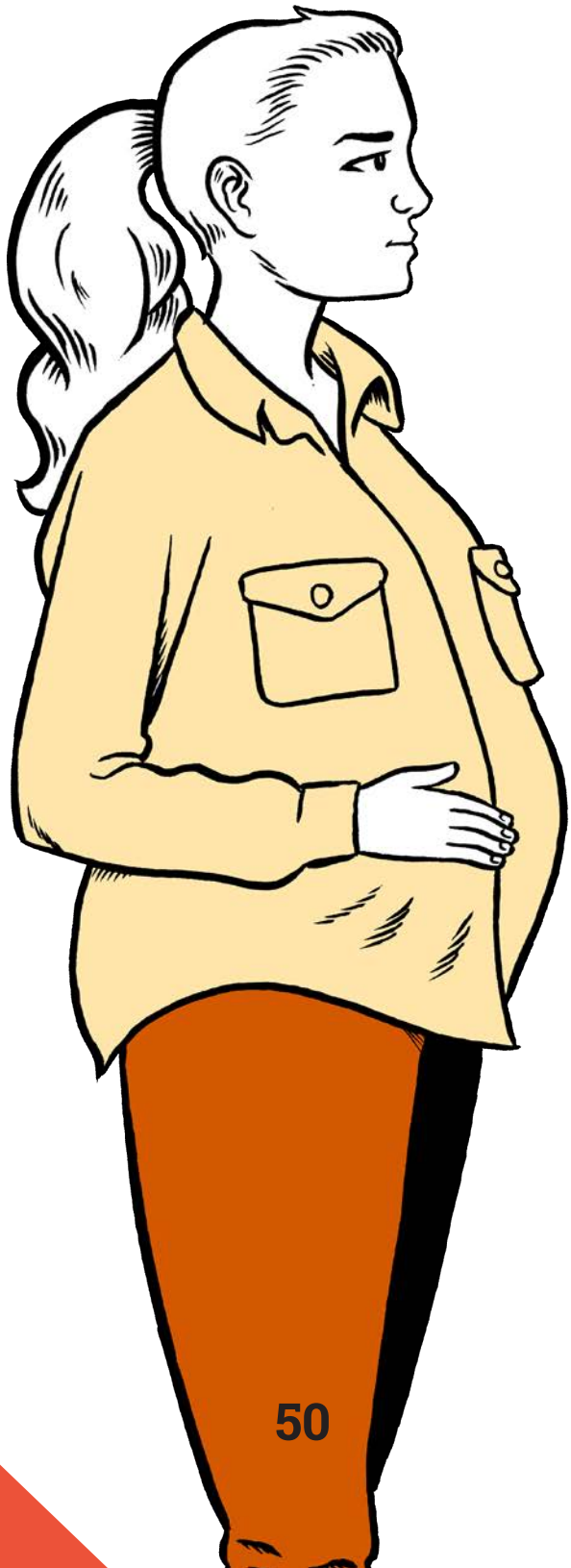
If you are an older patient (50+ years old), you may have more complex treatment needs. These could be related to previous or long-term drug use or could be caused by health or lifestyle factors.

Certain side effects of opioid medication will affect older patients more, such as osteoporosis and sex hormone deficiency. It is important for you to keep this in mind when looking at your treatment options.



Pregnant

If you are pregnant, now is a good time to think about making important health and lifestyle changes, which may include reducing your level of drug use or cutting illicit drugs out completely. Alcohol, tobacco, medication not taken as prescribed, and illicit drugs can all pose risks to the foetus.



If you are pregnant and dependent on opioids and choose to go ahead with the pregnancy, there is no reason you can't become a fantastic mother to a fantastic child. However, when you use a dependent drug, you go in and out of withdrawals repeatedly. If you are pregnant, your foetus will experience that with you, and this increases the risk of miscarriage, foetal distress, and premature labour. For that reason, doctors recommend you go on OTP to give you and your baby the best possible chance.

Starting on OTP during pregnancy leads to better outcomes for both the mother and baby, compared to continuing to use street drugs or not accessing treatment.

There are also many support services you can access if you're pregnant and are using alcohol and other drugs. These services are known as Substance Use in Pregnancy and Parenting Services (SUPPS), although they may be called something else depending on where you live e.g. Chemical Use in Pregnancy Services (CUPS) or Drugs in Pregnancy Services (DIPS).

SUPPS services can help you manage your drug use and support you with other issues in your life. They can support you throughout your pregnancy and up until your child is five years old.

For more information about OTP during pregnancy and SUPPS, see *Pregnancy and Parenting* on page 64. There is also a booklet as part of this series which deals specifically with being on the OTP while pregnant or as a parent - *Standalone Guide 4: Pregnancy and Parenting on the Opioid Treatment Program*.

Jail/Correctional Centres

If you are on OTP and are sentenced to jail in NSW, your treatment should be continued unless there is a valid medical reason for it not to be. Under some circumstances, such as if you are pregnant, you may be able to start on the program when you enter custody, however it is not usually done.

If you are on OTP when you leave jail, the doctor there should send a prescription for OTP to your dosing point so that it's there for you when you get out. These prescriptions are generally only for 3-4 weeks, so you'll need to see a prescriber when you get out.

For more information, see *Jail* on page 80.

Mental Health

People who have mental health issues are more likely to use alcohol and other drugs, and vice versa. Opioid dependence can have a negative impact on your mental health and your social and emotional wellbeing. If you are experiencing mental health issues, you should talk to your prescriber or GP about it. They can help develop a mental health plan with you.

Public OTP clinics often have a range of specialist services including psychiatrists and psychologists who can help you with your mental health issues. Patients with mental health issues may benefit from treatment in a residential rehabilitation setting. Contact ADIS to find a rehabilitation service that accepts people who are staying on OTP.

There are also several support groups available if you are experiencing mental health issues. These can be accessed through sites such as *www.beyondblue.org.au* and *www.blackdoginstitute.org.au*.

OTP Clinical Guidelines: Mental Health

The clinical guidelines note that sometimes it can be hard to tell which comes first: dependence on opioids or mental health issues. It certainly seems that while not everyone with a drug dependency has a mental health issue, there is a lot of crossover. This is also true for using other drugs like stimulants and alcohol.

The guidelines state that your prescriber should talk to you about your mental health from time to time. You should let them know if you have problems that are interfering in having a happy, healthy life – things like depression or wanting to harm yourself or others. Your prescriber might want you to talk to a mental health expert if they're worried about how you're doing.

TAKEAWAYS

Because of the risks that come along with opioid treatment, starting an opioid treatment program requires daily supervised dosing at a pharmacy or a clinic. Once you have got past the induction and stabilisation period of your treatment (1-3 months), you may be able to get takeaways. These are doses of methadone or buprenorphine that you can take with you to have at home or when you're travelling.

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, gives you a daily routine and lets the clinic staff see how you're doing each day. This can mean better treatment outcomes, as well as reducing your risk of overdose.

Takeaway doses are usually given to people who are on a stable dose because then they are at low risk of overdose. It is also important that you are taking your dose every day as prescribed and have made changes in your use of illicit drugs.

Qualifying for Takeaways

Your prescriber will decide whether you can get takeaways and, if so, under what conditions, by assessing your needs and the risks associated with takeaways, such as:

- Your physical and mental health
- How regularly you collect methadone or buprenorphine
- How regularly you come to your clinic appointments
- Whether you have recently used heroin or other drugs
- Whether you can safely store your medication at 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).

You should also get takeaway doses to cover public holidays or any day that your clinic/dosing point is closed. If you are prescribed Suboxone, you might be given a double dose the day before instead. Clinics will have their own policies about this, so make sure you ask a staff member there and find out in advance.

Losing Doses (Replacement Policy)

Because methadone and buprenorphine are very strong and restricted medications, losing takeaway doses is taken very seriously. If you have lost a takeaway dose, it will generally not be replaced. Your prescriber may decide to replace it if you have been on the program for a while and it's a once-off.

Losing takeaways may affect your treatment. It may be seen as a sign that you cannot care for your takeaways because you have nowhere safe to keep them. Or it may seem that you are doubling up on your doses or diverting them. This could mean a reduction of total takeaways, having to go for more appointments, or returning to supervised dosing.

Returns and Disposal of Takeaway Bottles

Different dispensers (clinics, pharmacists etc.) will have different policies about the return and disposal of bottles. The cost of the bottles might be covered by the dispensing fee you pay, or you may have to return your bottles every time you pick up your takeaway doses. Talk to the staff at your dosing point and find out their policy.

If you are disposing of your bottles at home, you should make sure that you rinse them out with water and remove or black out the attached labels. This is for security purposes, and to avoid them being used illegally. It also helps protect your privacy.

Storing Takeaways

You must always store your takeaways in a safe place out of the reach of children. This is because of the risk of overdose: if a child takes methadone or buprenorphine it can be fatal. Be aware of the particular risks of methadone/buprenorphine overdose to children, especially if you have children who live at home or visit regularly.

When you get takeaway doses, they should be correctly labelled, including a warning that says "KEEP OUT OF REACH OF CHILDREN" written in red. Liquid takeaway doses must be supplied in a container with a child-resistant lid. You should store your takeaways in a locked location, such as a safe or a cash-box.

It is not okay to keep your takeaways in easy-to-reach places like the fridge, cupboard, medicine cabinet, or in a handbag or jacket pocket. Children have died after mistaking methadone for a drink or buprenorphine for lollies. Never put doses into different containers that may lead you or someone else to mistake them for something else.

If you think your child may have had some of your medication, call 000 immediately, and give them naloxone if it looks like they are overdosing. You should talk to your pharmacist about getting some naloxone, so you always have some on hand.

Takeaways: Clinical Guidelines

The clinical guidelines provide suggestions for how doctors can prescribe takeaway doses to patients once they are stable on an opioid treatment program. Your doctor is supposed to follow this, but might do it differently if they think it's appropriate. They make decisions about takeaways based on how risky they think it is.

Methadone

- Low risk – 2-4 takeaways per week
- Moderate risk – 0-2 takeaways per week
- High risk – Supervised dosing. No takeaways except special circumstances

Buprenorphine + Naloxone (Suboxone)

- Low risk – Unsupervised dosing. 1-4 weeks dispensed at a time
- Moderate risk – 0-4 takeaways per week
- High risk - Supervised dosing. No takeaways except special circumstances

Buprenorphine (Subutex)

- Low/Moderate risk – 0-4 takeaways per week
- High risk - Supervised dosing. No takeaways except special circumstances


FIRST AID

TRAVELLING

Planning/Evidence

You might have heard methadone being referred to as “liquid handcuffs.” Many people think that they can’t travel while on OTP. However, this is a myth; once you’re stable on your treatment, you can absolutely travel if you want or need to spend time away from where you usually dose. It just means you need to plan ahead so you can get your dose at the place you’re travelling to or get extra takeaway doses.

Let your prescriber know of your plans well ahead of time so they can help sort out your dosing for the trip.

Whether you get extra takeaways or a temporary transfer in dosing points will depend on where you’re travelling to, for how long, how long you’ve been on the program and how you’ve responded to treatment.

Within Australia

If you're travelling inside of NSW or interstate, you may be prescribed extra takeaway doses or have your dosing transferred. Make sure you give your prescriber as much notice as possible about your travel plans, so they can arrange extra takeaways or a temporary transfer.

The laws and rules surrounding OTP differ from state to state so your doctor will let you know what to do regarding your individual plans. For example, the Northern Territory requires you to see a prescriber registered there before you can dose there.

Overseas

If you're going overseas, you have several options to choose from for your treatment. If you're on methadone, you may be temporarily prescribed methadone tablets (Physeptone®) to reduce the chance of your bottles breaking or spilling.

Because methadone and buprenorphine are controlled medications, your doctor will need to check that you can legally possess them in your destination country. Not all countries will allow you to enter with these medications and some countries have special conditions of entry if you have these medications. Your doctor will need to write a letter saying you are legally allowed to possess methadone or buprenorphine, and you need to take a copy of your script with you.

Flying with your dose

Keep your takeaway doses in your hand luggage instead of in your checked-in luggage. For one thing, liquids like methadone syrup or Biodone can evaporate because of the different air pressures in the luggage compartment of the plane. Checked-in luggage can sometimes also get lost, or end up at the wrong destination. Keeping your takeaway doses in your hand luggage is the way to keep them from evaporating, breaking, spilling, or getting lost.

When you're travelling, your takeaway doses should be in their original packaging with original labelling. Make sure to declare prescription medication at customs to avoid any issues.

Info about OTP and travelling

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/

PREGNANCY AND PARENTING

Pregnancy

If you are pregnant or trying for a baby and are dependent on opioids, your best option is to start or stay on the OTP. Studies show that OTP is better for opioid-dependent women and their babies, compared to trying to quit cold turkey, going through managed withdrawal, or continuing to use. It is important to remember that all drug use while you are pregnant will impact your baby's development, both in utero and after birth. Binge use can be just as risky as daily use.

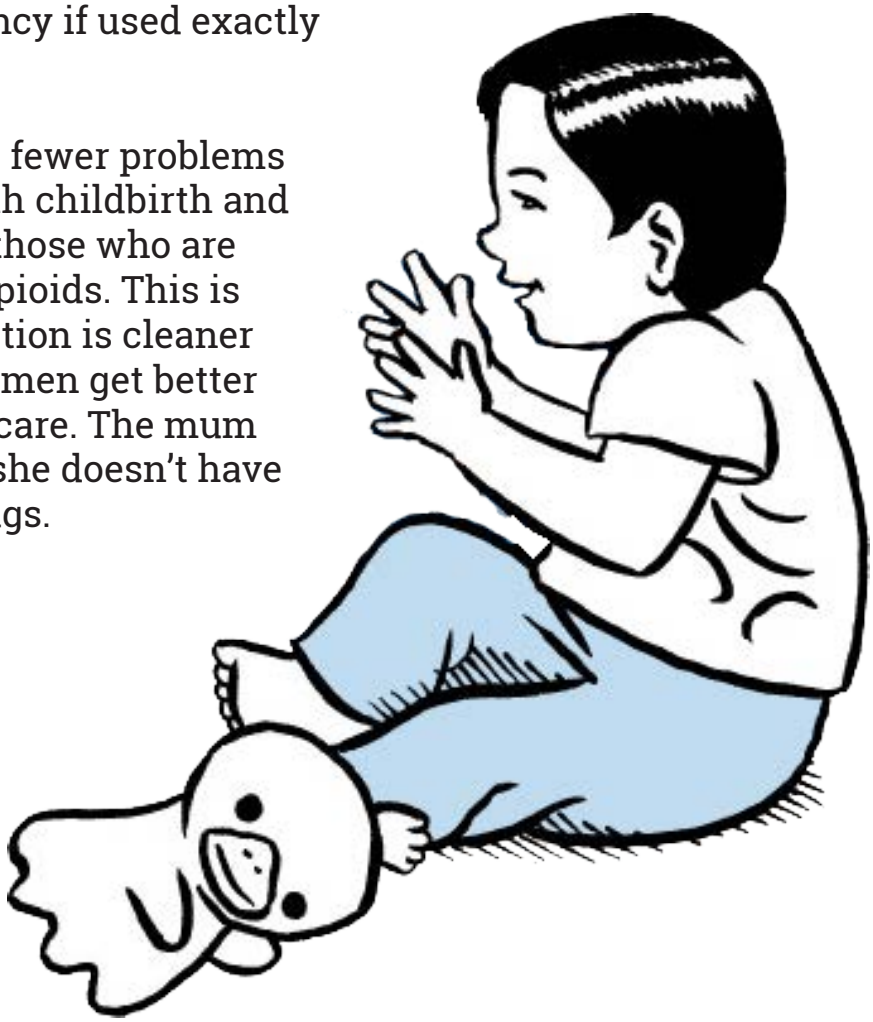
There is no evidence that being pregnant while stable on treatment carries any extra risk to the mother or baby. It isn't a good idea to try to quit opioids or other drugs completely if you are already pregnant, because going through withdrawal while pregnant increases the risk of miscarriage, foetal distress, and premature labour.

"My partner and I have a better life now because of treatment and we have each other for support. The kids have changed us in a good way. Without our kids, we would probably still be using and in and out of prison. For now, we are not hoping anything for ourselves. We just want a good future for our kids." – Tina

Maintenance treatment with buprenorphine or methadone will prevent the baby from going through the trauma of repeated withdrawal and intoxication. This is because some of the methadone and buprenorphine will get to the baby and prevent it from going into withdrawal. Both methadone and buprenorphine work well pregnancy. You might have read or been told by your doctor that Suboxone isn't safe to take in pregnancy because of the naloxone in it. This is no longer considered the case; recent studies have shown that Suboxone is safe to take during pregnancy if used exactly as prescribed.

Women who are on OTP have fewer problems with their pregnancy and with childbirth and are generally healthier than those who are using heroin or other illicit opioids. This is probably because the medication is cleaner than street drugs, and the women get better access to medical/antenatal care. The mum also has less stress because she doesn't have to raise the money to buy drugs.

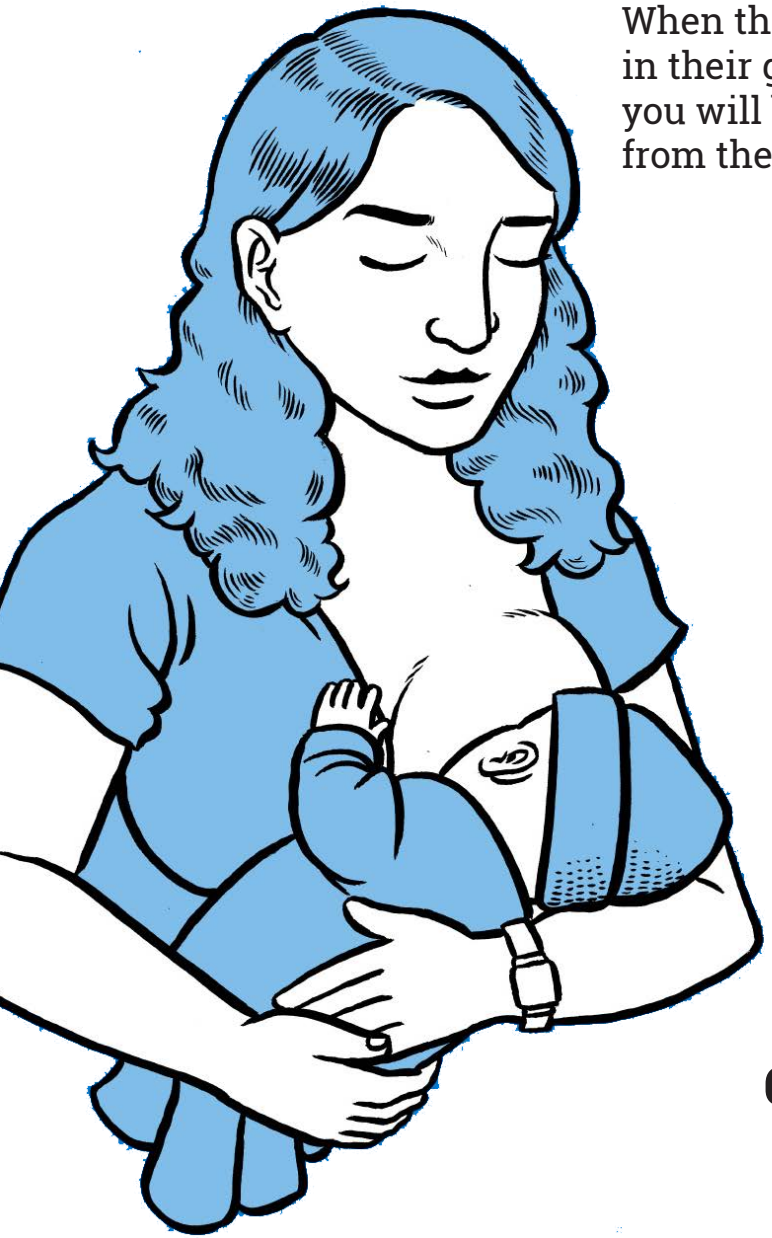
Complications are less likely to occur if you start treatment early in the pregnancy. Speak to your doctor or health worker early in the pregnancy about starting on OTP.



Withdrawal for your baby

When a child is born to an opioid-using mother, the baby will have been exposed to opioids throughout the pregnancy. This is true for any opioids, including OTP medication and street opioids such as heroin. This means that your baby may go through withdrawal after they are born.

Newborns in withdrawal can be treated either with supportive care to allow them to detox, or with medication to ease the withdrawal symptoms, depending on how severe the withdrawals are. If they are medicated, the baby's medication will be slowly reduced while in hospital.



When the baby is progressing well both in their general health and withdrawal, you will be able to take your baby home from the hospital.

Breastfeeding

If you are breastfeeding and using opioids, your breast milk will contain small amounts of opioids which will be passed on to your child; this is true for both opioid medication and street opioids. If you were on OTP medication while pregnant, breastfeeding your child can help ease their withdrawal symptoms.

If you are drinking alcohol or using other drugs while breastfeeding, you should develop a breastfeeding safety plan for the baby. A safety plan will usually involve expressing and storing breastmilk before using or drinking, or making sure you have baby formula available.

If you breastfeed after drinking alcohol or using drugs, be very careful not to fall asleep with your baby. It can be easy to accidentally roll onto and smother the baby while you are intoxicated.

You should always be given the choice as to whether you breastfeed or use formula. If you do decide to breastfeed, and you are still using other drugs or drinking, it is important to talk to a doctor or nurse, (such as a SUPPS nurse) about what support you need, and what you should do to minimise the risks to your baby.

Both buprenorphine and methadone reach their maximum level in breastmilk between 2 and 6 hours after a dose. Feeding your baby just before you have your dose or having your dose just before you put your baby to sleep will reduce the amount available to the baby. You should ask your medical team to advise you on breastfeeding, although it is generally safe.

Choice of Medication

Many people say that being on bupe doesn't have all the same opioid-like effects of methadone. For some, this means not feeling stoned/tired in the afternoons, having more energy overall, and having a clearer mind. For these reasons, it might be worth considering transferring over to buprenorphine if you are on methadone and are a parent or are expecting a child.

Being on Suboxone can also mean you might be able to access double- or triple-day dosing. This is when you dose with two- or three-days' worth of Suboxone in one go, which will hold you until your next clinic appointment. If you can't get takeaways, this might be a good option for your lifestyle as a parent, as you will not have to go to the clinic every day.

Similarly, you might be able to access depot buprenorphine, which is a weekly or monthly injection of long-lasting buprenorphine. This could mean you would only have to attend your dosing point/clinic once a week or once a month, which removes the inconvenience of daily dosing and might help with the stresses of parenting.

Access to depot buprenorphine is currently limited because the medications are new. They should become more widely available from early-2020. Talk to your prescriber for more information and to find out if it is available for you.

"I reckon switching to Suboxone was the best choice I made in my treatment. It gave me my energy back and cleared my head, which is what I needed for my daughter."- Jake

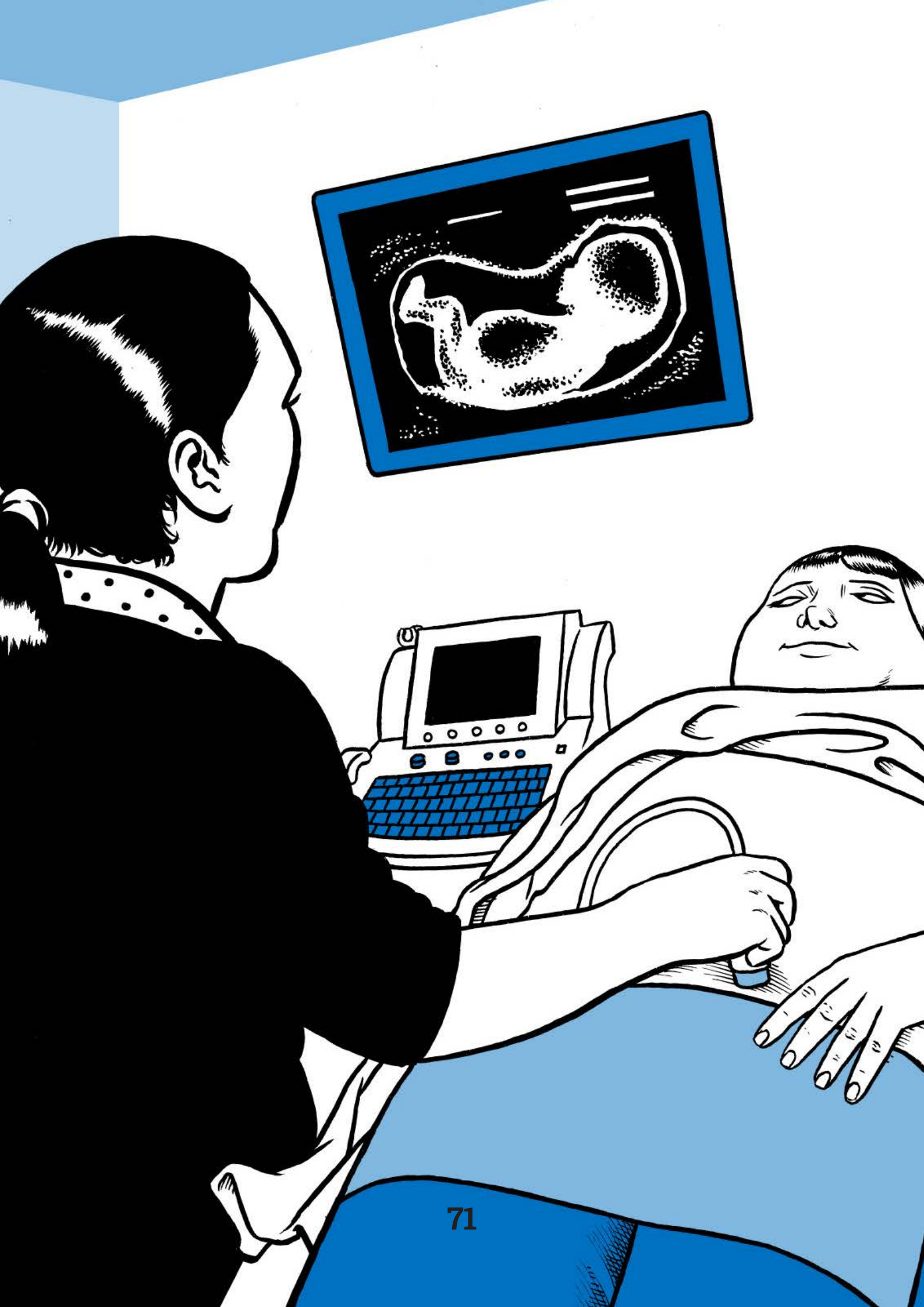
Substance Use in Pregnancy and Parenting Services (SUPPS)

There are several specialist support services in NSW for women who use drugs (including OTP medication) and are pregnant or trying to conceive. These services aim to support you, making sure that both you and your baby get all the tests, care and treatment you need before and immediately after birth. Most Local Health Districts (LHD) in NSW have a service for pregnant women who use drugs.

These services are called Substance Use in Pregnancy and Parenting Services (SUPPS). SUPPS programs are non-judgmental, and can support you and your family throughout pregnancy and until your child is five years old.

For specific information about what service is available in your area, call the Alcohol Drug and Information Service on 02 9361 8000 (if calling from Sydney) or 1800 422 599 (if calling from country areas). You can also get a referral to SUPPS by pregnancy services and Alcohol and Other Drug services.

Many women who use drugs are worried about the attention of the Department of Communities and Justice (DCJ, formerly known as FACS or DOCS). They are scared of having their child taken away if they admit their drug use to health professionals or through services like SUPPS. However, working with these services can actually help you – not accessing care while pregnant can be a reason for DCJ to get involved. Using these services shows that you are making changes to your life and have your child's best interests at heart.



Child Safety and the Department of Communities and Justice

We know that there are many incredible and loving parents who use opioids, both legally and illegally. But there are risks that come with drug use. These include mental health problems, domestic violence, single/unsupported parents, homelessness, contact with police and courts, social isolation and poverty. All of these can affect parenting ability and lead to poor health and wellbeing in children.

Parents of children younger than 5 have contact with their OTP clinic; however, they might not be involved in organisations other than those for alcohol and drug treatment. So the doctors and nurses at these agencies have a responsibility to talk to you about children in your care and identify if they are at risk.

If a health worker suspects that a child might be in harm's way, they legally must report it to the Department of Communities and Justice (DCJ, formerly known as FACS or DOCS). DCJ is a government department that investigates reports or concerns of child abuse and neglect, which are reasons for separating a parent from their child. DCJ is supposed to get involved when there are family and domestic violence, drug use that affects your child's safety, or signs that you can't support your family financially.

Your child will not be removed just because you're on OTP or using drugs. Have regular check-ups during your pregnancy—it's the best way to avoid problems with DCJ. Then, get regular check-ups for yourself and your baby after the birth.

The Substance Use in Pregnancy and Parenting services (SUPPS) can work with you. They can put you in touch with a case manager and care team who will remain consistent. Using services such as SUPPS throughout your pregnancy can also show DCJ that you have your child's best interests at heart. These services can help make sure your baby is getting the best care possible.

Postnatal Depression

A lot of parents and parents-to-be have trouble coping with the stresses of pregnancy and raising a child. Both mothers and fathers can experience what is known as postnatal depression, or depression after the baby is born. You might experience postnatal depression at the same time as your partner, or separately. If you are feeling anxious, depressed, stressed, or angry after the birth of your child, you should talk to your GP, who will be able to help and refer you to relevant services.

Accidental Overdose

Because they are small, there is no safe amount of methadone or buprenorphine for a child or a baby. You must never give your child any of your OTP medication. Even a tiny amount of methadone or buprenorphine can be enough to kill a child. Never think you can give a small amount to child or baby to settle them or help get them to sleep.

To avoid accidental overdose, store your takeaways properly. Never store your takeaways anywhere that a child can get to them or even see them. Don't store them in the fridge, a cupboard, or the medicine cabinet. You must always store your OTP medication somewhere safe and preferably locked, such as in a mini-safe, lock-box, or ammunition container (from army disposal stores). These should be kept out of reach of children, and the key kept on you at all times.

Information for Dads

Dads, you might think that most of this information applies only to pregnant women and mothers, but having and raising a child is a significant life event for men. There are a lot of ways you can support the mother of your child throughout pregnancy and beyond. Even if you are no longer together, you have the right, and a responsibility, to be a positive influence in your child's life.

If your partner is still using drugs, smoking, or drinking alcohol, ask her how you can support her to quit and/or start on OTP. If your partner is pregnant and an opioid user, you should think about starting on OTP as well. It can be very hard for a person to stop using alcohol, tobacco, and other drugs if their partner is still using. The best way to encourage and support your pregnant partner to start treatment is to do it together. You may instead want to quit using opioids altogether, but you are more likely to succeed by starting on OTP.

Throughout pregnancy, you can also support your partner by being involved in her health care. This could mean going to appointments with your partner and asking questions about the pregnancy. It might mean helping to arrange transport to and from these appointments. The SUPPS services are for the whole family, not just mums and bubs. They can provide a range of services to you as well, including parenting support programs.

Parenting will be a lot easier to manage on OTP, compared to continuing to use other drugs. Parenting can be expensive and stressful enough as it is without having the added worry of getting money for drugs regularly. Being on the program can help you find and hold down a job, which means you can financially support your family. And you're less likely to end up in jail.

OTHER SUPPORT SERVICES AVAILABLE

Many pregnancy support services are now linked and able to provide support from the start of the pregnancy up until your child is 5 years old. As well as Substance Use in Pregnancy and Parenting Services (SUPPS), you might find the following services useful.

Mothersafe

Mothersafe provides over-the-phone counselling about how medication and other drugs can affect your baby during pregnancy and breastfeeding.
Phone 02 9382 6539 (if calling from Sydney) or 1800 647 848 (if calling from country areas) from 9:00 AM – 5:00 PM weekdays.

PANDA (Post and Antenatal Depression Association)

If during or after your pregnancy you find that you are feeling depressed or anxious, you may be experiencing antenatal or postnatal depression. PANDA (Post and Antenatal Depression Association) is a service that offers information, support and referrals to mothers and fathers who are experiencing post and antenatal depression. Phone 1300 726 306 from 9:00 AM-7.30 PM weekdays.

Tresillian

Tresillian has a support line for parents who need advice on settling babies and breastfeeding.
Phone 1300 272 736 from 7AM-11PM, 7 days a week.

Parentline

Parentline can also give you advice about your child's development, behaviour, and how best to care for them.
Phone 1300 1300 52, 9AM-9PM weekdays, 4PM-9PM weekends.

MensLine Australia

MensLine Australia is the national telephone and online support, information and referral service for men with family and relationship concerns. The service is available from anywhere in Australia and is staffed by professional counsellors, experienced in men's issues.
Phone 1300 78 99 78, 24 hours a day, 7 days a week.

The Raising Children Network

The Raising Children Network provides free, up-to-date, evidence-based information about raising children and caring for yourself as a parent or carer. You can access their articles, videos and interactive resources at *https://raisingchildren.net.au/*

JAIL

Getting Dosed in Custody

If you are on OTP and are sentenced to jail or a correctional centre in NSW, your treatment should be continued unless there is a valid medical reason for it not to be. Laws vary in different states, however. For example, in Queensland prisons, they will take you off your dose.

Most people put in jail while on the NSW OTP program tend to receive a short sentence – less than three months. For this reason, you may only require a temporary transfer of dosing point and will keep your original prescribing doctor. This means that when you are released you will not have to change clinics or doctors.

If you were on the program before going into custody, your treatment should be continued when you go to prison. In some cases, your new prescriber may recommend changes in your treatment plan, such as a change in medicine or dose. If you wish to detox in prison, that is an option too. You should be included in all decisions about your choice of medicine and dose.

Legal Contacts

Legal Aid

If you have a court date coming up and think you may be sentenced, you can access *Legal Aid* by calling LawAcess NSW on 1300 888 529 (open 9:00 AM - 5:00 PM business days). Anyone can access this service – you don't have to currently be on the OTP program.

Prisoners Legal Service

All prisoners in NSW can contact the *Prisoners Legal Service* on the jail CADL phone system as a free call. Just press 11# (Legal Aid) and ask for the Prisoners Legal Service.

These services can support you through sentencing, bail applications and court dates, and advise you on how best to proceed with your case.

Other legal contacts:

Aboriginal Legal Service NSW/ACT

1800 765 767 | 9:00 AM - 5:30 PM weekdays.

Legal AID NSW Youth hotline

1800 10 18 10 | 9:00 AM – Midnight weekdays, plus a 24-hour service on public holidays and weekends from Friday 9:00 AM until Sunday midnight.

Starting treatment in jail

If you have a dependency on opioids, you may be able to start OTP while in jail, although this is uncommon. OTP can lessen the problems that come with using street drugs in jail, and being on the program lessens the chance of relapsing once you're out.

Starting OTP in prison is rare because dosing takes up staff time. There aren't that many specialist nurses in NSW prisons. If it is possible to start OTP in prison, the few spots are usually held for people who are pregnant or have health problems.

Prescribers in prison have to consider the same factors as prescribers in the community. They weigh the risks and benefits of having you start treatment and take your circumstances into account. If the prescriber thinks that you will stop treatment once you're out of jail, they won't want to start you on OTP. Stopping OTP makes your risk of overdose high because your body is no longer used to strong opioids.

"Last time I got out of jail I ended up at a private clinic because I wanted takeaways. Worst decision I ever made. Now I can't get back to the public clinic where I have been dosed over 10 years. I felt really safe and supported there. It wasn't worth it to move." - Emma

Getting out of jail - Referrals

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 die of overdose 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).

SIDE EFFECTS

When you take methadone or buprenorphine you might get some unwanted side effects. People who have been using heroin or other opioids will be used to many of these side effects, and might not notice or even experience them.

Some of the most common side effects are sweating, dental problems, constipation, trouble sleeping, headaches, nausea, painful joints and bones, withdrawal symptoms, and reduced sex drive.

Side effects are most common in the first four weeks of treatment and will often go away. They can also happen when you increase your dose. Some side effects, like constipation, sexual dysfunction and sweating can continue throughout the course of your treatment.

If these are ongoing issues for you, you should talk to your doctor/prescriber about them. You might need to adjust your dose or change medication.

Clinical Guidelines: Side Effects

The clinical guidelines stress that the side effects experienced from OTP medication will vary between different people. If you are having side effects with one medication, you could try another. Some longer-term side effects are more common with methadone – things like impact on sex hormones, sleep apnoea and heart issues (i.e. *prolonged corrected QT interval)*.

Understanding and dealing with common side effects from OTP medication

Side effect	Common causes and what to do
Feeling drowsy after your dose	• Dose too high: talk to your prescriber as you may benefit from reducing your dose. • Using other drugs/medications: think about what else you're taking and consider limiting your intake of other downers (opioids, benzos, alcohol)
Withdrawal symptoms	• Dose too low: talk to your prescriber • Other drugs affecting you: think about what else you're taking • Buprenorphine can trigger withdrawal if taken too soon after the last dose of another opioid
Headache	• Common early on in treatment. • Drink lots of water and maybe try Panadol® or aspirin
Nausea	• Can be from hanging out. Will usually pass • Avoid rapid dose increase. Consider dose reduction or talk to prescriber if it is an ongoing problem
Weight Gain	• Opioids can cause your body to retain more fluid–more common in women • Might be from eating unhealthily. Reduce the amount of unhealthy food you're eating and start exercising • Talk to your doctor about how to deal with weight gain

Side effect	Common causes and what to do
Dental problems	• All opioids dry your mouth out (not just OTP medication) • Brush and floss at least twice a day, chew sugar-free gum after eating. Have a dental check-up. Reduce intake of sugary/acidic foods/drinks
Poor sleep	• Dose may be too low, causing withdrawals at night • You may be having your dose too late at night which could be overly stimulating • Other drugs (coffee, nicotine, amphetamines) could be stimulating you too much • Anxiety/depression/stress - talk to your doctor about your mental health • Dosing too late or using other downers could lead to sleep apnoea
Stop menstruating (having your period)	• High doses can affect sex hormones; all opioids can do this • Might be related to other things (poor diet, lifestyle, stressors, general poor health)
Lower sex drive	• High doses of all opioids can affect sex hormones • Some prescribers will prescribe hormone replacement or refer you to a specialist • May be related to age, or may stem from psychological/stress/ relationship issues • Make time to spend with your partner - run a bath and light some candles...

INJECTING ON OTP

When you dose at a clinic, you are supervised by staff members who make sure that you always take your medicine as prescribed. However, some people choose to inject their doses if they get takeaways. People do this for several reasons; they prefer the faster come-up, want to avoid the nausea of oral dosing, or are trying to move away from injecting other opioids. If you are injecting your dose or are planning to, there are some significant risks which you need to consider.

The clinical guidelines list several safety concerns around injecting your dose. Injecting means that you have a higher concentration of drug in your system when its effects are at their peak. This means you're more likely to feel intoxicated and are at a higher risk of overdose.

Injecting your dose also increases the likelihood of vein damage, vein inflammation (phlebitis) and a dirty shot. You are also putting yourself at risk of infections such as blood poisoning (septicaemia), endocarditis (infection of your heart lining), and blood-borne viruses like HIV and hepatitis C.

Risks to takeaways

If you are found to be injecting your doses, you will most likely face some consequences. These could include having your takeaways restricted or taken away entirely, as well as being made to have more regular appointments with your prescriber.

If you are on Subutex, you may have to transfer to Suboxone or methadone if you want to keep getting takeaway doses. If you are on methadone syrup, you may have your takeaway doses diluted to discourage injecting.

Filtering

The gums, starches and additives in Suboxone will thicken in your blood if you don't filter properly, and the chalk/binders in Subutex can get inside your lungs or harden your veins. Similarly, methadone syrup is thick and contains ethanol, sweeteners, colours and other assorted ingredients. OTP medications are not made to be injected, so if you are going to inject your dose you need to make sure you filter all the fillers and junk out to avoid getting it in your veins and lungs.

Biodone, on the other hand, doesn't contain all the additives that methadone syrup does. Its only ingredients are methadone, water, and a colour dye. Therefore, injecting Biodone is less risky than injecting methadone syrup, although still strongly discouraged.

If injecting Suboxone, you need to dissolve the film in water, preferably cold water. If using warm water, wait for it to cool before filtering it. Similarly, finely crush your Subutex and soak it in cold water before filtering.

The safest filtering method is to filter through a particle wheel filter (red), followed by a bacterial wheel filter (blue). The red wheel filter will remove dyes and other additives, and the blue wheel filter will remove bacteria and other germs from your mix. Because the dispensing equipment for methadone syrup and Biodone isn't sterile, you're at risk of having a dirty shot if you don't filter.

Vein damage

Injecting methadone syrup carries the additional risk of vein damage. The sticky, thick syrup is bad for your veins, so you should dilute your shot before you inject (recommended minimum 50% water). This is not necessary with Biodone. You may have a lot of liquid to inject, depending on your dose size and how much you diluted it.

Some people on OTP have reported that their clinics/pharmacies dilute their takeaways with water, either at the direction of their prescriber or on their own accord, presumably to discourage injecting. This can also lead to having lots of liquid to inject but might mean you don't have to dilute your own shot.

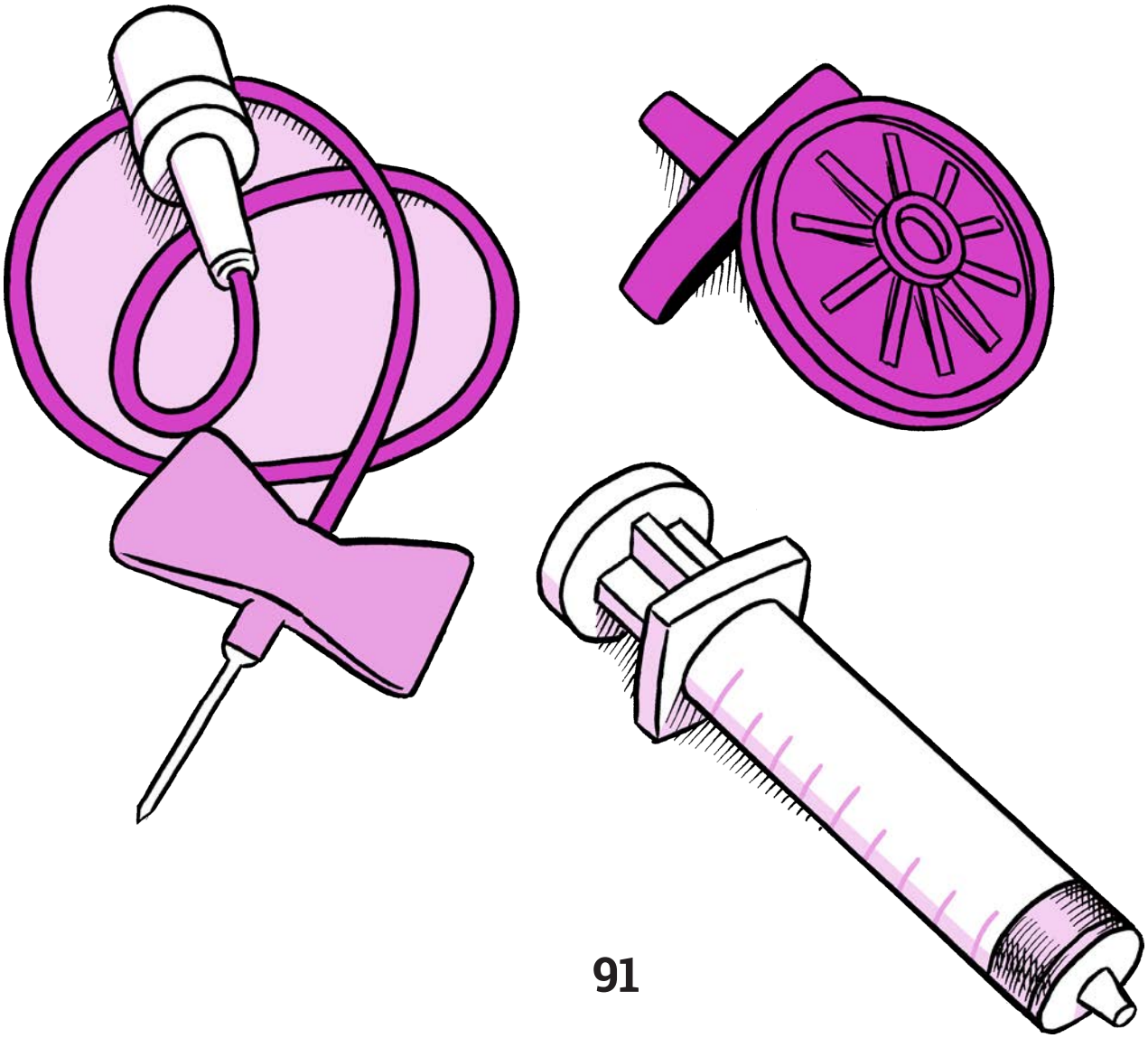
If your clinic/pharmacy makes up all their takeaways in advance, then the water in the takeaway dose might have been sitting for a few days, which increases the likelihood of bacteria growing. If you inject these doses, you are more at risk of a dirty shot than you would be otherwise, so it's all the more important to filter with both a red and a blue wheel filter.

Using a syringe with a larger barrel or a butterfly infusion set means you can inject your shot without having to keep changing your fit. NSPs in NSW are not allowed to provide such equipment but they are still available from chemists or online at a reasonable price.

Accessing injecting equipment

For whatever reasons, you may have trouble getting hold of unused injecting equipment. For example, in some regional and rural areas, Needle Syringe Programs (NSPs) are attached to OTP clinics. This has stopped people accessing unused syringes and needles out of fear of having clinic staff find out that they are still using drugs or injecting their takeaways doses.

It is always better to access new injecting equipment rather than reuse or share with others. While NUAA doesn't support injecting your OTP medication, they will always send you unused injecting equipment if you can't access it otherwise. You can contact NUAA on (02) 8354 7300 or toll-free 1800 644 413 (office hours).



Specific risks with injecting buprenorphine: Precipitated withdrawal

Taking buprenorphine while you already have other opioids on board can cause precipitated withdrawals. That means you will instantly be in detox, with all the pain that brings. Imagine having a shot and instantly getting dope sick! This is true for both buprenorphine alone (Subutex) or buprenorphine with naloxone (Suboxone).

Precipitated withdrawal happens because of the way that opioids work on the brain - specifically, what's going on at the mu opioid receptors. Most opioids (e.g. heroin, fentanyl, morphine) are 'full agonists' at this receptor, meaning they fully trigger them. Buprenorphine is different to these opioids in a few ways.

Bupe is a strong 'partial agonist' at the mu receptor, which gives it a lot of its unique effects. It binds to these receptors much more tightly than other opioids, and can even 'kick off' other opioids from this receptor. However, because it is only a 'partial agonist', bupe won't give you the same opioid-like effects as methadone, heroin, or other opioids.

If you take buprenorphine while dependent on full agonist opioids, the bupe will kick them off your mu receptors. However, because bupe doesn't activate the receptors as strongly as other opioids, you can go into instant withdrawals. If you have fully detoxed, there won't be any other opioids in your brain for buprenorphine to displace, so you won't get sick.

Precipitated withdrawal can occur however you take bupe although buprenorphine binds to your receptors more tightly when it is injected than taken sublingually (under the tongue).

You can also get precipitated withdrawal from injecting Suboxone. Suboxone has naloxone added to stop people from injecting the buprenorphine. Naloxone is the drug used to reverse opioid overdoses. If you inject Suboxone, the naloxone takes effect and blocks all opioid effects for up to 2 hours. If you have an opioid dependency, this will bring on precipitated withdrawal. If you do not have an opioid dependency (that is, you don't have a habit on any opioid, you are not on the OTP and you are injecting the Suboxone illicitly), it will simply delay the effect of the buprenorphine.

Many people think that if they use another opioid on top of their usual dose of buprenorphine, then will also start to hang out. This is a commonly-repeated myth. What usually happens is that the other opioid has little to no effect because the bupe blocks it at the receptors in your brain. Having a shot and not getting a result could make you upset for sure, but at least you won't be in withdrawals.

URINE DRUG SCREENS AND OTHER TESTING

Urine Drug Screens

Before you start treatment and throughout your time on the OTP you will need to do urine drug screens, aka urine drug tests. This is an essential component of an opioid treatment program. Prescribers use these tests to identify your substance use, which will help with diagnosis, treatment, and determining whether you are eligible for takeaway doses. Even though urine drug screens might feel like a breach of your privacy, you will still 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.

Supervised Urine

You might have to do random urine tests, but you shouldn't have to be observed while providing a sample—this is intrusive and unnecessary.

Your urine sample's temperature may be checked when you provide it to make sure it's fresh and genuine. Urine drug screens also test for creatine levels to make sure it's not diluted, so watering your sample down won't work. However, some legal situations may require you to provide a supervised sample, e.g. if the results are to be used as evidence in court.

What do they test for?

Drugs that are usually tested for are opiates (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 check for synthetic opioids (oxycodone, hydrocodone, fentanyl), some benzos (Xanax/alprazolam, clonazepam), LSD, synthetic cannabinoids and other new psychoactive drugs. However, you can't guarantee they won't test for these.

According to the clinical OTP guidelines, urine drug screens should not be performed routinely due to program rules. However, you may be subject to more tests depending on your circumstances. If you feel like you're being unfairly targeted, take note of it, recording the date and situation. You can use this info if you ever need to make a complaint.

Other testing - Blood tests

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 have to undertake a test for blood-borne viruses such as hepatitis C or HIV, or you may be tested for liver disease/liver function.


TAINER

How long can they test for drugs in my urine?

Below is a table, taken from the clinical guidelines, which shows approximately how long different drugs are detectable in your urine. Remember: these times are estimates only. Detection times for each person will vary between specific drug, dose and metabolism.

Drug	Time detectable in urine drug screen
Alcohol	4-24 hours
Amphetamine-like substances (including speed, meth, MDMA)	2-4 days
Benzodiazepines	Short acting: 1-3 days Long-acting: 1-2 weeks (up to 6 weeks
Sublingual buprenorphine (Suboxone, Subutex)	1-2 weeks when taken as prescribed
Cannabis	Occasional use: 1-3 weeks Heavy use: Generally 4-6 weeks (may be up to 12 weeks)
Cocaine	2-4 days
Heroin	12-24 hours
Methadone	3-4 days
Codeine, morphine	2-6 days
Oxycodone	1-2 days

USING OTHER DRUGS AND ALCOHOL

While a lot of people aim to stop using opioids and/or other drugs completely while on OTP, others choose to still use drugs during their treatment. For some, being on OTP helps them gain control over their drug use. Many other people stop using street drugs but start drinking more alcohol while on OTP.

So long as you are doing it as safely as possible, it's still better to continue treatment even if you are using illicit or non-prescribed drugs. On the other hand, the risks can outweigh the benefits of staying on OTP, depending on which drugs you're using. The risks of mixing them with methadone or buprenorphine might be too high. If this is the case, you may need to either discontinue treatment or stop using other drugs.

Continuing to use drugs can put you at risk of health and social problems. If you are using other drugs, you may benefit from seeing a specialist service or multidisciplinary team, such as those that are available at public clinics. For this reason, your prescriber may want to transfer you to a public clinic if they think you will have better treatment outcomes there.

Overdose

The more depressant drugs you take, the higher the risk of overdose. Opioids are depressants, as are benzodiazepines, alcohol, some antidepressants, and antipsychotics. If you take any of these along with methadone or buprenorphine, you are raising the overdose risk. This is especially the case in the first few months of treatment because you don't have a tolerance built up yet to the OTP medication.

You are also at a higher risk of overdose if you sometimes use benzos or alcohol, rather than regularly, or if you use them at high doses. If you use benzos a lot, it's a lot safer to be on buprenorphine, as it has a lower risk of overdose. Make sure that you, your family, and your friends all know how to recognise and respond to an overdose. For more information, see the *Overdoses* section on page 104.

Alcohol

Alcohol and opioids work together and increase each other's effects, so be careful when combining these. Because they both slow your breathing and heart rate, mixing alcohol and opioids means an increased risk of overdose. They also affect your memory and ability to think clearly.

Drinking while on the program can be especially dangerous if you have liver disease as both alcohol and opioids are processed by the liver.

Cannabis

People often smoke cannabis while on OTP. Approximately 45% of people on OTP in NSW say they have used cannabis in the last month. People may use cannabis to help with lowering their dose, getting to sleep, or managing pain; some use it just for enjoyment. Although a lot of people view cannabis as a relatively harmless drug, there are a few significant issues around using it while on OTP.

If you've recently smoked cannabis, you are more in danger of having an accident while you're driving (regardless of being on or off the program). If you have a car accident and test positive for cannabis (or any other drug), you are considered automatically at fault. For 12 hours after you use, a mobile drug test (MDT) can detect it in your saliva. But if you smoke regularly, you can test positive for much longer, sometimes almost two weeks. This means that, even if you are sober and feel safe to drive, you risk losing your license and being fined if you are tested.

Cannabis use can also lead to problems with your breathing, especially if you mix it with tobacco. Cannabis has also been linked to anxiety, memory loss, paranoia, and psychosis.

Stimulants

Sometimes people on OTP use speed, ice (methamphetamine) or, less often, cocaine. These stimulants carry their own risks. Using methamphetamine regularly or a lot at once can cause a range of health and social problems; it can cause serious mental problems such as psychosis.

Think about what is happening in your life if you use stimulants or other street drugs. They might be affecting your physical and mental health, not to mention your relationships, your treatment, and your general wellbeing. They might be causing problems with your housing and finances as well.

Co-dosing (Other prescribed medications)

If you are prescribed other medication, it's important to let your pharmacist, dentist or doctor know that you're also on the OTP.

Letting your healthcare staff know about your medication is especially important if you are being treated for alcohol dependence, chronic pain, epilepsy, depression, anxiety, or HIV. The medications for these and other conditions could interact dangerously with methadone or buprenorphine.

Examples of prescribed medications that don't mix safely are acamprosate, disulfiram, other opioids, or benzos.

Drug and Alcohol Use - Risk to takeaways

Problems often arise if you get takeaway doses and use other drugs. These include intoxication, sedation, or overdose. For this reason, if you are using other drugs, your prescriber or doser may restrict your number of takeaways.

If they think that you have been drinking, they may ask you to take an alcohol breath test, like the ones used by police. If this shows that you're drunk, they might reduce your dose that day. They might refuse to give it to you at all if they are worried about overdose.

If they think you've been drinking too much too often, dosing staff might:

- offer you treatment for alcohol use
- review your OTP to make sure it's right for you
- increase their monitoring of you (breathalyse you before dosing)
- ask you to do more urine drug screens, or
- restrict your takeaway doses

Selective Detox

If you find that you would like to stop using other drugs and alcohol, many detox units will now allow a selective detox whereby you can stay on your OTP medications. There are also residential rehabs and day programs that let you stay on OTP. Call ADIS for more information.

Accessing injecting equipment

For whatever reasons, you may have trouble getting unused injecting equipment. In some regional and rural areas, Needle Syringe Programs (NSPs) are attached to OTP clinics. This connection makes some people not want to use the NSPs, because they don't want clinic staff to find out that they are still using drugs or injecting their takeaway doses.

You can access an interactive NSW Health website showing all the locations of NPSs here -

www.health.nsw.gov.au/hepatitis/Pages/nsp-outlets.aspx

It is always better to use new injecting equipment rather than reuse or share with others. While NUAA doesn't support injecting your OTP medication, they will always send you unused injecting equipment if you can't access it otherwise. You can contact NUAA on (02) 8354 7300 or toll-free 1800 644 413 (office hours).

OVERDOSE

As with other opioids, you can overdose on buprenorphine and methadone. If you aren't using them exactly how they are prescribed, the risk of overdose is increased.

Using other depressant or "downer" drugs makes the risk of overdose much higher, especially in the first few months of treatment. This includes using other opioids like heroin on top of your dose, taking benzos like Valium or Xanax, or drinking a lot of alcohol. It is even riskier if you are using a lot of these drugs every day or having big doses all at once (binging). It's safest not to use benzos if you're on OTP, but if you do, buprenorphine is safer than methadone.

For more information about the risk of overdose when mixing OTP medication with other drugs and alcohol, see *Using Other Drugs or Alcohol* on page 98.

Missed Doses

If you've missed more than 4 of your doses of OTP medication in a row, your body stops being used to opioids. This increases your risk of overdose. For this reason, you will have to start again on a lower dose if you miss 4 or more days of dosing. Overdose is even more likely if you've been using other downers (including alcohol.

If your OTP prescriber or other healthcare workers don't hear from you in 4 weeks, you will be exited from the program completely. If this happens, you will need to see a prescriber and re-start treatment before getting dosed. Your prescriber will also need to apply for a new letter of Authority to Prescribe.

Leaving Treatment

If you leave the program you are at risk of overdose if you relapse and start using again. If you are thinking of stopping treatment, you can get a script for take-home naloxone from your prescriber in case you do decide to start using again.

Incorrect Dosing

Although it doesn't happen very often, occasionally your doser/clinic may accidentally give you a higher or lower dose than you're prescribed. If this happens, your doser should inform you about it straight away, or get in contact with you if you've already left the clinic. If you've stabilised on your dose, it shouldn't be a major health concern, but if it's early days there may be some problems.

If you have dosed and you feel more intoxicated than usual, you may have been dosed incorrectly. Seek medical assistance if you have already left your dosing point and are feeling intoxicated.

Injecting

Overdose risk is increased if you have injected your dose, although fatal overdose can happen no matter how you're taking your dose. It's best not to inject your dose. That way, your chance of overdose is lower and you don't run the risk of many other health complications. For more information, see *Injecting on OTP* on page 88.

Recognising and Responding to an Overdose

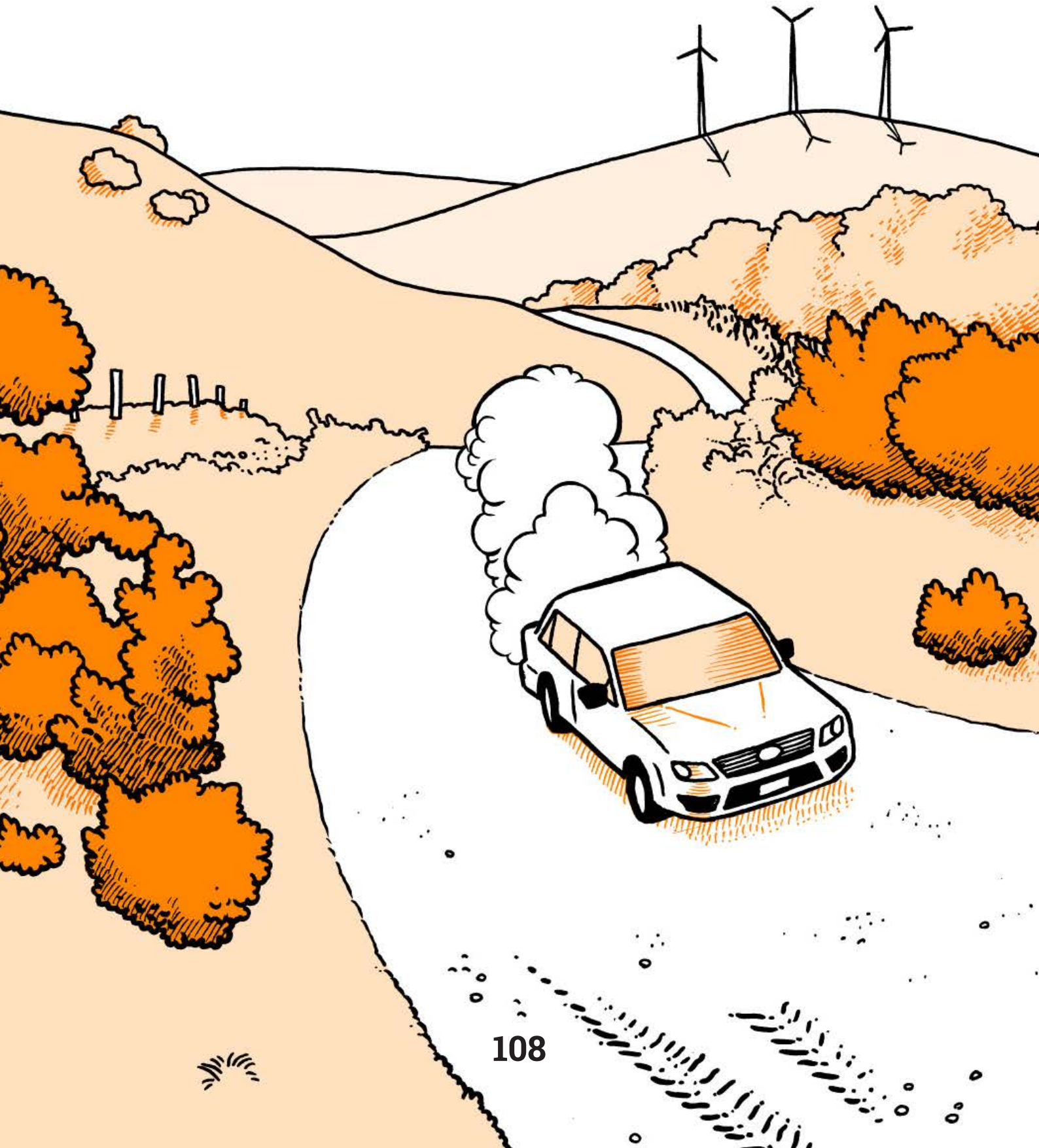
Make sure that the people around you know how to recognise and respond to an opioid overdose. This includes your friends, partner, relatives and those you live with. You should also get a take-home naloxone kit, and make sure you (and those around you) know how to use it.

Signs of opioid overdose:

- confusion
- lack of physical coordination
- slow movement
- slow thinking
- breathing problems
- lips and fingertips turning blue (if light-skinned) or ashen (with dark skin)
- unfamiliar noises while sleeping
- pinpoint pupils
- nausea or vomiting

If you suspect someone is overdosing, call 000 immediately and place them in the recovery position. If possible, administer naloxone, and if they have stopped breathing start giving them CPR. Don't worry if you don't know CPR - the 000 operator will be able to walk you through how to do it.

DRIVING



Driving while on the Opioid Treatment Program is 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 is dangerous to drive.

The danger of driving while taking opioids is only lower once your body and brain get used to taking the same dose over a long period of time. For this reason, you should be extra careful when you are driving if you've recently changed your dose, or avoid driving completely if possible.

Your prescriber is responsible for letting you know whether you are safe to drive, and it is your responsibility to follow this advice.

The best thing you can do is to talk honestly with your doctors about your fitness to drive. You should make them aware of all your current stresses and challenges, as well as any the medications you are taking - especially if your doctor didn't prescribe them. Then you should ask them to explain the effects those drugs may have on your ability to drive and offer some advice about when you should or shouldn't be driving

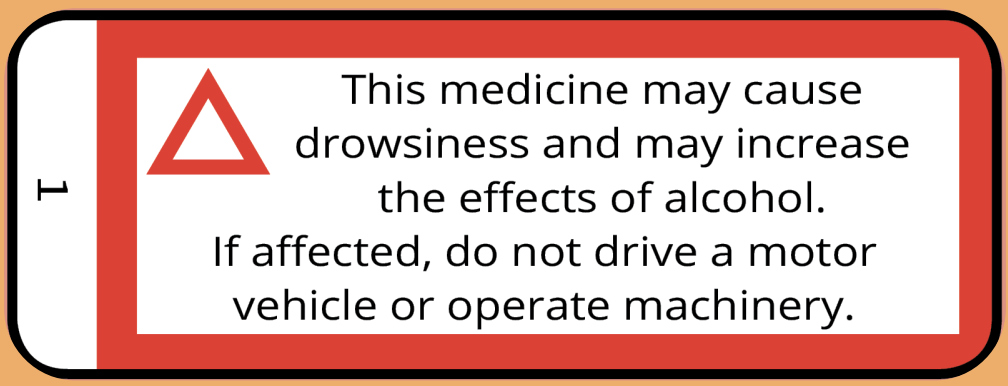
The *NSW Clinical Guidelines: Treatment of Opioid Dependence* (2018) recommends not driving 4 weeks after you begin a methadone program and being especially careful for 3-5 days if you change your dose by 5mg or more. With buprenorphine, you should not drive for 2 weeks after you begin a program and being especially careful for 3-5 days after any change of dose.

	Do Not Drive	**Be especially careful while driving**
Methadone	***First four 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***

Even if you are not using drugs on top of your OTP medication, it still might not be safe for you to drive sometimes. Driving while tired, stressed, unwell or emotional can really impact your ability to drive safely, especially when you are on opioid medication. Some people also get drowsy or unfocused for the 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.

Many medications that cause sedation or drowsiness are required to have labels by the Therapeutic Goods Administration (TGA). The TGA is part of the Commonwealth Department of Health and its role is to keep Australians safe through regulating medications. You may notice that methadone and buprenorphine are labelled with the following:



If you get takeaways you would have seen this label on your medication bottles or packs. Other medications that you are prescribed may also have similar labels on them. This labelling means that it is your responsibility to think about how the medication affects you, to not mix it with alcohol, and not to drive if you are feeling drowsy.

If your prescriber tells you that you shouldn't be driving and you ignore their advice, they they may have to report you to the Roads and Maritime Service (RMS). The RMS will then decide what to do - they may put conditions on your licence, or stop you from driving completely. These decisions are made by the RMS with input from your doctor and other healthcare providers.

Using Other Drugs

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.

If you're drinking alcohol or taking other drugs on top of your dose, then you're more likely to have a car accident. Alcohol and other drugs change how we perceive the world around us and react to it. This is especially true if you're using other depressant drugs, such as opioids, alcohol, cannabis, or benzos.

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.

Even adding medication that is prescribed to you, such as benzos, antidepressants, antipsychotics and Lyrica (for epilepsy, bipolar or anxiety) can have a negative effect on your ability to drive.

If you attend treatment while intoxicated and intend to drive, the clinic nurses, doctors, and/or pharmacists also have a duty of care to ensure your safety and the safety of the community. This means they might even contact the police. It will also result in either a reduced dose, your dose being withheld, or being asked to return later in the day.

Police and Mobile Drug Testing

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.

TRANSFERS

Transfer of care

Being on an Opioid Treatment Program is usually a long-term commitment across many months or years. During this time, you will most likely change healthcare providers. Maybe your treatment needs will change, or you will move to a new house. You can transfer between dosing sites without changing prescribers, or you may transfer between prescribers while keeping the same dosing point.

When you transfer between treatment providers, your new prescriber/clinic will receive the information needed to continue treatment. They need your identification, treatment history, and information about recent substance use. They will also receive relevant details about your physical and mental health. They will be informed of any important facts about your situation as well, such as whether you are a parent, are employed, and have a place to live. If the change is just to a new dosing site, the clinic will be notified of your recent dosing history (including the amount you are dosed in milligrams and the date of your last dose).

If you're moving within Australia, you'll also need to give your prescriber as much notice as possible. This will let them arrange for your treatment to be transferred to another prescriber and/or dosing point. This can occur within NSW or between states. Your prescriber should be able to arrange your transfer. They can help you find a new treatment provider and can then provide the necessary transfer documentation to your new prescriber.

Paperwork required

When you transfer between prescribers or exit the Opioid Treatment Program, your prescriber will have to complete a “treatment exit form” and send it to NSW Health. You must be exited from treatment with one prescriber before starting treatment with another. This is to prevent you from being registered in two programs at the same time and getting double dosed.

When you have been transferred, make sure you bring your photo ID and your Medicare card along to your first appointment.

Locums

If your prescriber is going on leave and will be unavailable, they must arrange for a replacement prescriber, also known as a locum, for the time they are away. Locums should continue treatment according to your treatment plan, and you will be reviewed by your regular prescriber when they return to work. If your prescriber is unavailable for more than 2 weeks, the locum is responsible for all decisions related to your care, which includes dose changes, takeaways, and transfers.

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.

Financial hardship

If you dose at a private clinic and are unable to make your payments, you may be able to temporarily transfer to a public clinic (usually up to a month).

If you were previously a client at the public clinic, it's more likely that you can be temporarily transferred there. Ask the staff where you dose to try and arrange this if necessary.

Temporary Transfers

If you are going on holiday, you may need to be temporarily transferred to a new dosing point. Remember to let your prescriber know well in advance so they can organise it for you. More information about *Travelling* on page 61.

If you are arrested or locked up, you may also need to be transferred. For more information, see our section on *Jail*, page 80.

Clinical Guidelines: Dosing in Hospital

If you are admitted to a hospital or a private health facility, the clinical guidelines state that you should continue your treatment as per usual. They should not withhold your medication without your specific consent. If you are in hospital for less than 14 days, you can continue to be dosed without requiring an official transfer. For longer stays, your treatment will have to be officially transferred to the hospital's pharmacy.

If the hospital is unable to confirm that you are on OTP—for example, if they can't contact your prescriber—they will decide what to do depending on the situation. If you are in withdrawal, they might administer you a small dose of methadone or buprenorphine to help your withdrawal symptoms, until they can get in contact with your prescriber or dosing point.

If you already have takeaway doses for the days you are in hospital, you will need to let the hospital staff know, so they can store them appropriately. The methadone or buprenorphine given to you in hospital must be dispensed through the hospital pharmacy.

PAIN MANAGEMENT

If you've had surgery, been in an accident, or suffer from chronic pain, you may be prescribed opioids. They are very effective for managing pain, and this is how some people end up with an opioid dependency.

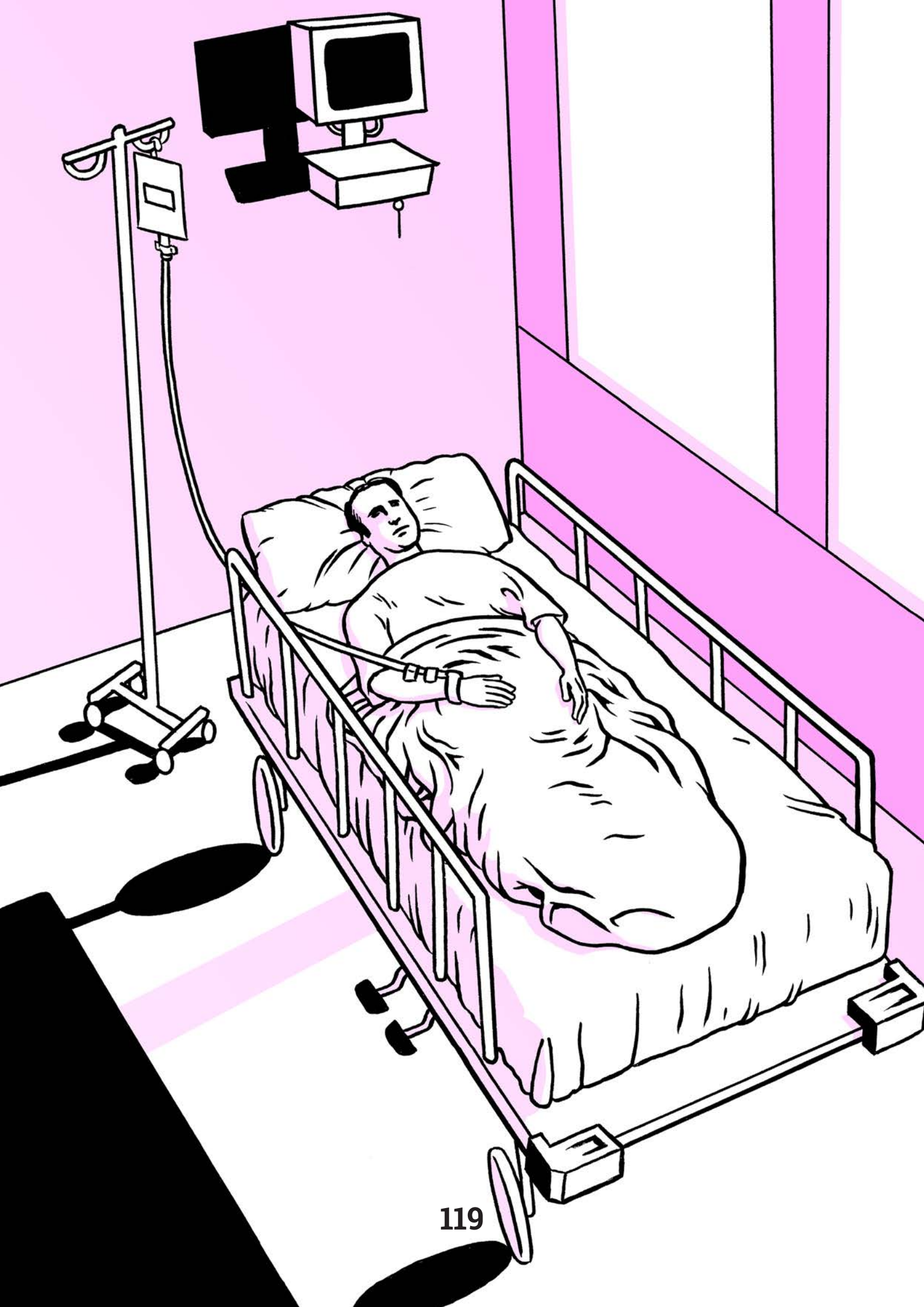
If you are already taking opioids (such as your OTP meds or street opioids), there are a few things you need to know about pain management.

Surgery/Accidents

If you are in hospital for surgery or after having an accident there are a few options for pain management, depending on what OTP medication you are on.

If you are on methadone, you will probably continue on the same dose. Because methadone's pain-relief effects only last a few hours, you may have your dose split into two or three smaller doses which will be delivered throughout the day. The doctor treating you at the hospital may decide to prescribe you additional non-opioid painkillers as well.

If you are on buprenorphine, you will most likely continue the same dose, in addition to being prescribed another painkiller. Alternatively, you might decide to transfer to methadone, due to its stronger pain-killing effects.



Pain relief and opioid tolerance

If you have a tolerance to opioids (which means your body has gotten used to having opioids), the usual doses prescribed for pain are likely to be less effective for you. For this reason, it's important to let any doctors, nurses or physicians who are treating you for pain relief know that you're on OTP so that you can get the right amount of pain relief. They might need to give you different painkillers, or a different amount of medication for pain.

Unfortunately, many doctors and nurses don't have a full understanding of how to prescribe painkillers for people on OTP. If you are on bupe, they might mistakenly think other opioids won't work for you. They might also assume you are drug-seeking once they find out you are on OTP. If you are not getting enough pain relief, you can ask for a more senior doctor or nurse to review your care. You can also ask to be seen by the hospital pain team if there is one. They will usually have more knowledge about how to manage pain for someone on OTP.

Doctors and nurses can get specialist advice from the Drug and Alcohol Specialist Advisory Service (DASAS) phone line if they are unsure of what to do.

Increasing dose to cope with pain

If your current dose isn't effectively treating your pain, you should talk to your prescriber(s) as soon as possible. You deserve to be comfortable with as little pain as possible.

You should avoid using illicit or non-prescribed drugs for pain management. If you find yourself taking more than your prescribed daily dose or using illicit or non-prescribed opioids to cope with your pain, be honest with your prescriber about it. They will be able to help you work out what to do next.

Clinical Guidelines: Cannabis use for pain management

The clinical guidelines note that cannabis use by OTP patients is common, and some patients report using cannabis to assist with pain management. While this may work for some people, using cannabis while on OTP increases the risk of having an accident while driving, and can also be associated with significant medical, psychiatric or social consequences. For more information, see *Using Other Drugs or Alcohol* on page 98.

SUPPORT AND CASE MANAGEMENT

People who are dependent on opioids often face problems in their life, sometimes caused by their drug use, sometimes caused by other things. Maybe you are homeless or have experienced domestic violence; maybe you have physical or mental issues.

If you have these or a whole range of other serious problems, you could need extra help. Case management might be the best option.

Case management looks at your overall circumstances, not just your drug use, to see what else you need help with. The case manager can then arrange for you to see other support services at the same clinic or somewhere else.

Clinical Guidelines: How does Case Management work?

The clinical guidelines suggest that a case management approach will help some patients with their treatment because many people have problems related to things like their mental and physical health, relationships and other life challenges.

If you have a case manager who understands your main problems and your goals, they can support you with getting an action plan and connecting you with services and health workers who can work with you. What this means is that your program is not just a stop-gap to help you out of a jam with drug use, it is an opportunity for you to get the life you want.

Psychosocial Health and Support

Psychosocial health refers to mental, emotional, social and spiritual wellbeing. Each of these factors plays a part in what you think and how you behave, which in turn affect how you respond to treatment. If you have issues with your psychosocial health, you may benefit from specialist services, which may be delivered by a range of public and private providers.

The first aim of treatment on the Opioid Treatment Program is stabilisation. To achieve this, you may benefit from psychosocial support. This can include housing welfare support, assistance with managing your finances, and legal advice.

Peer Support

Some clinics have peer support workers whose job is to give you guidance and support throughout your treatment. OTP peer workers are either currently on the program or have been on it in the past. However, not all clinics have peer support workers available.

If your clinic doesn't employ a peer support worker, or you are ever in need of peer support, you can contact NUAA on (02) 8354 7300 or toll-free 1800 644 413 (office hours). Staff at NUAA will listen to you and can support you in many issues.

Mental Health Support

OTP clinics often have a range of mental health services available, such as psychiatrists and psychologists.

There are also several support groups available if you are experiencing mental health issues. These can be accessed through sites such as *beyondblue.org.au* and *blackdoginstitute.org.au*

Counselling

Counselling can help you address your drug use and work on the problems that have led to your using. Counselling can include helping you develop relapse prevention strategies or ways to reduce your use.

Counselling can also help address other issues which may or may not be related to using drugs, such as depression, anxiety, sleep disorders, post-traumatic stress, as well as parenting, employment and financial issues.

Domestic and Family Violence

OTP clinics are safe spaces for people who have experienced domestic and/or family violence. This means that you should not feel threatened or intimidated by anyone who attends the same clinic as you.

If you have experienced domestic and/or family violence, you can talk to the Nurse Unit Manager (NUM) or any of your clinic staff about it. OTP clinics are safe places to let someone know about your experiences and get help. Your clinic staff will be able to help you access the support you need, and if needed can arrange for a transfer if you don't feel safe at your dosing point.

1800 RESPECT is a free and confidential service that offers information, counselling and support to people who have experienced domestic and/or family violence. They can help you understand what you have experienced and help you get the help you need. 1800 RESPECT can also connect you with other services that can help you, as well as give you practical strategies to make you safer.

If you have been a victim of domestic and/or family violence or are not sure how to feel about the way you are being treated, contact 1800 RESPECT on 1800 737 732 (operating 24 hours, 7 days). You can also access free online support on their website, www.1800respect.org.au.

DISAGREEMENTS, COMPLAINTS AND CLINICAL ERRORS

Clinical Errors – Incorrect dosing

Occasionally, the staff at your dosing point may make mistakes in dosing you. Remember, they're people just like us and do mess up sometimes. These mistakes can result in you being given either more or less than your usual dose.

If you are feeling like you're going into withdrawals before your next dose, you may have been underdosed. If this happens, you shouldn't use other opioids to try and make up for it. Instead, write down the date, what you think happened and how you're feeling, and tell the staff at your dosing point the next day. If possible, try and arrange an appointment with your prescriber as well and explain the situation. If this happens often, you may simply need to increase your dose.

If you're feeling more intoxicated than usual from your normal dose, then you may have been given more than your prescribed dose by accident. If this happens, it's extremely important to get in contact with your dosing point and let them know. If you think you may have been given too much, let someone around you know and, if possible, get them to keep an eye out for you. If you can't get in contact with your dosing point and you are feeling sedated or drowsy, it's best to go to a medical centre or hospital.

Over-servicing/Payments

The stigma and discrimination we face as drug users can result in being treated unfairly. One way that this can happen while on OTP is through "over-servicing." Over-servicing is when your prescriber makes you do more than is required or necessary while on the program. For example, some doctors might require weekly or fortnightly clinical appointments or urine drug screens, even though this may be unnecessary. They may also require you to have long appointments with them that might seem unnecessary.

Over-servicing is often done so they can charge more fees; your prescriber or clinic makes money every time you have an appointment or undergo a urine drug screen. Unfortunately, there is little you can do if you are experiencing these issues. Your first step should be to discuss your concerns with your doctor—they may have a reasonable explanation as to why you are being treated this way. For example, in the first few weeks of treatment, you will need frequent appointments, or you may be considered a high-risk patient for a reason that hasn't been made clear to you. If the problem persists, you may want to consider transferring to another prescriber.

Making a Complaint

If you feel like you're being treated unfairly by clinic staff, staff at your dosing point, or your prescriber, you have the right to make a formal complaint, and to be informed of the progress of this complaint.

Your clinic should have a policy for resolving issues between you and those responsible for your treatment. You have the right to see a copy of these procedures and should be informed of them when you commence treatment.

When making a complaint, it's important to document it every step of the way - keep a second copy of any paperwork involved if possible. That way, if you have to take your complaint further than your service, you can show that you have already tried to come to a solution.

If you don't think your complaint has been handled fairly, or you are unhappy with the result, you have several other options:

Opioid Treatment Line (OTL)
Responds to complaints and provides advice to OTP patients, family members and services. OTL operates Monday to Friday, 9.30 AM to 5:00 PM.
Phone: 1800 642 428.

The Health Care Complaints Commission (HCCC) Acts to protect public health and safety by resolving, investigating and prosecuting complaints about health care. Can refer matters to NSW Ministry of Health. HCCC operates Monday to Friday, 9:00 AM to 5:00 PM.
Phone: 1800 0431 159

The NSW User's and AIDS Association (NUAA)
A not-for-profit NSW-based organisation advocating for people who use drugs. Staff can assist and provide support in making and managing a complaint. NUAA is open Monday to Friday, 9:00 AM to 5:00 PM.
Phone: 8354 7300, or toll-free on 1800 644 413.

EXITING THE OTP

Withdrawing from OTP

For many people, the long-term goal of being on OTP is to eventually stop using opioids completely – both street drugs and prescribed opioids. However, stopping treatment too suddenly, or too soon after starting, increases the risk of relapsing into opioid or other substance use. This could lead to your physical and mental health deteriorating, having your relationships with friends and family suffer, or getting in trouble with the law. Stopping treatment before you're ready could undo the progress you've made through months or years of treatment.

If you are stable, comfortable and happy with your treatment, there is no need to leave the program. For some people, staying on OTP for the rest of their lives is the best option. However, if you do want to leave, you should discuss your situation and options with your prescriber.

The Exit Process

When you leave OTP, a treatment exit form must be completed by your prescriber. Prescribers are not allowed to refuse to complete these forms. If they refuse, write down the date and a description of what happened, which you can use to make a complaint later if you choose.

Consensual or agreed exit

The most common approach for withdrawing off OTP is through slowly decreasing your dose in small increments, which allows for your body and mind to adjust to the change in dose. This is known as tapering.

As your dose gets closer to zero, the withdrawal symptoms will get more intense with every step down. Once you have completely tapered off your dose, you will experience withdrawal symptoms which may last for many months and will usually peak between 1-4 weeks after your final dose.

You may also decide to stop treatment abruptly, also known as going cold turkey or jumping off. This is not advised, as the withdrawal symptoms will be very bad. Going cold turkey is also linked to an increased likelihood of relapsing into illicit opioid use. This can be very dangerous as you will have a reduced tolerance to opioids, which increases the chance of overdose.

"When I was getting off the program I was struggling with sleep. I started playing basketball every morning and going for long walks in the afternoon - it helped because it made me really tired at night" - Phillipa

Dealing with Withdrawal Symptoms

Withdrawing from opioids is never going to be pleasant, but there are ways you can make it easier. Non-opioid painkillers such as aspirin or ibuprofen (Nurofen) and anti-inflammatory medication such as Voltaren can help ease aches and pains in your muscles and bones. Sports cream like Deep Heat and Tiger Balm can also help with sore muscles. There are also medications available to help with nausea, stomach aches and diarrhoea.

You can also try natural remedies. Echinacea is available at most chemists and can help with the head-cold symptoms of opioid withdrawal. Taking ginseng may ease your fatigue and give you an energy boost. Some people try other alternative medicines like acupuncture.

Your sleep will be affected for some time. Valerian root or a melatonin supplement might make falling to sleep easier, but it's also important to get into a normal sleep routine. That means training your body to go to bed at a reasonable hour and wake up around the same time each day. You might want to talk to your doctor about seeing a sleep specialist. There has been a lot of research about "sleep hygiene" and there are many tips and tricks associated with improving your sleep patterns.

Post-OTP support

It's important to know that there is still support available after you exit the program. Your prescriber may wish to continue seeing you to help you manage opioid withdrawal, assess any further opioid use and manage other relevant health problems.

Because your body stops being used to opioids after you leave OTP, you have a higher risk of overdosing if you decide to use opioids again. You should consider getting take-home naloxone if you do decide to use again. Take-home naloxone is available on prescription from your prescriber or GP, without a prescription from some drug-related health services (e.g. OTP clinics and NSPs), and over the counter at some pharmacies.

Other support options include withdrawal counselling, which can help with maintaining motivation, coping strategies, and reducing risky behaviours, as well as peer and self-help groups. Ask your prescriber or staff at your clinic what support is available in your area. They should be able to refer you to services which can support you after you've exited the program.

RIGHTS AND RESPONSIBILITIES

While on the OTP, you have certain rights as a patient as well as responsibilities that you are expected to uphold. Being aware of your rights means that you know what to expect while on the program and can better understand the situation if you think you are being treated unfairly.

Methadone and buprenorphine are both Schedule 8 medications, which means they are tightly controlled. There are several rules and regulations that doctors must follow when prescribing them, and there are also rules that you will have to follow. Your healthcare team will explain them to you. Some of these rules might differ between clinics and prescribers, but they are usually similar at most places.

The Australian Charter of Healthcare Rights explains what you can expect from the Australian health system. The table to the right shows the Charter and explains what your rights mean.

The NSW Clinical Guidelines: Treatment of Opioid Dependence explains your rights and responsibilities as a patient. The next page lists your rights and responsibilities under the OTP in NSW.

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.

Clinical Guidelines: Your Rights and Responsibilities

While on the program, you have the right to:

- be treated with consideration and respect and without bias or discrimination
- privacy: this means that all communications and records related to your care are confidential
- be advised of all information related to your condition - treatment, probable outcomes, risks, side and after-effects, and alternative treatment options. All this information needs to be explained clearly and in a way you understand.
- This information is important, specifically regarding the impact of using other drugs, the potential of overdose, and the effect that treatment can have on your safety and driving ability.
- refuse services from students and refuse to be involved in research
- be provided with a trained interpreter if required
- be provided culturally appropriate support when requested
- know the identity (first and last names), professional status and qualifications of those providing care and to know which person is primarily responsible for your care
- seek alternative health care or a second opinion; refuse treatment or withdraw consent at any time, to the extent provided by law
- expect reasonable safety in both environment and practices and seek legal advice if it is perceived that harm has occurred as a result of negligence of the service
- nominate a family member, friend, carer, or advocate to participate in the decisions regarding your health care
- be given information and consultation regarding treatment costs before and throughout treatment
- make a complaint and be informed of the process for complaints management

As a patient, you have the responsibility to:

- work with your prescriber and treating clinicians towards your individual treatment plan
- work respectfully with your treating clinicians
- be aware that treatment cannot continue if clinical staff and/or other patients are exposed to violence or threats
- be aware that starting opioid treatment, changing opioid treatment medication or dose, or using other drugs or alcohol while on opioid treatment may affect your ability to drive safely and to operate heavy machinery in a safe way
- avoid driving or operating heavy machinery when informed by a health professional that you may be unsafe to drive for the period advised

As well as the Clinical Guidelines and the Australian Charter of Healthcare Rights, your healthcare provider or clinic may have specific rules detailing what is expected of you, and what you can expect, while undergoing treatment. If you don't follow the rules set out by your prescriber, you may have your takeaways restricted or be discharged from treatment by that prescriber.

Healthcare providers have to follow the rules just like you do. While some rules might seem strange, restrictive, or just plain unfair, they are usually in place to ensure that the prescriber is following the clinical guidelines properly. They also ensure that you are getting the best treatment possible while also staying safe.

If you feel that your rights are not being upheld, you can make a complaint. For more information on making complaints, see *Disagreements, Complaints, Clinical Errors* on page 126.

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 has more or less everything you'd ever want to know about the Opioid Treatment Program in NSW.

Whether you're just starting to think about treatment or have been on the program for years, this resource is for you! If you can't find what your looking for in this booklet, you may want to check out the rest of the series!

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 Starters' Guide

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