Opioid Dependence Treatment in the ACT

Local Policies and Procedures

Reviewed and Updated: September 2026

ACT Government

Acknowledgement of Country

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

Produced by the Health and Community Services Directorate. Enquiries about this publication should be directed to the Health and Community Services Directorate.

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Contents

Purpose

The current regulatory framework for the delivery of opioid dependence treatment (ODT) is supported by the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014)* (National MATOD Guidelines) as notified under the Medicines, Poisons and Therapeutic Goods Regulation 2008.

All practitioners involved in the delivery of opioid treatment in the ACT must comply with the National Guidelines. Compliance with the National Guidelines is a standard condition placed upon prescriber endorsements to treat drug dependency, approvals to prescribe a controlled medicine, and opioid dependency treatment licenses issued under the Medicines, Poisons and Therapeutic Goods Regulation 2008.

This local operations document provides local information and procedures for opioid dependence treatment in the ACT to accompany the National Guidelines. It also summarises key clinical information, so it is readily available and reflects the ACT context. While compliance with these local policies and procedures is not mandatory, health practitioners are encouraged to follow them to ensure consistent high-quality care.

This guidance has been produced by ACT Health and Community Services Directorate (HCSD) to assist HCSD employees and other health practitioners including general practitioners, pharmacists, nurses and health professionals working in community settings, hospitals, mental health services, detention environments and the police watch house. It may also serve as a reference for service users and their families, and non-prescribing service providers including alcohol and other drug workers, and allied health professionals.

This document recognizes the contribution stakeholders with key roles in the delivery of opioid dependence treatment in the ACT and emphasises the importance of clinical judgment in treatment decisions. This document recognises stakeholders with key roles in the delivery of opioid dependence treatment in the ACT and emphasises the importance of clinical judgment in treatment decisions.

The 2014 National MATOD Guidelines were developed before the Long-Acting Injectable Buprenorphine (LAIB) formulations became available. While an outline of LAIB treatment is provided in this document, more detailed clinical guidance is available in the NSW Health Guidance document: *Long-acting injectable buprenorphine (LAIB) for opioid dependence* (2024).

Terminology and Key Stakeholders

Terminology

Multiple terms and abbreviations are used, or have been used, throughout Australia, and other English-speaking countries, to describe medications and programs to treat opioid dependence.

Specific (agonist) medications endorsed for use in Australia are:

- methadone
- buprenorphine (Subutex)
- buprenorphine-naloxone combination (Suboxone)
- long-acting injectable buprenorphine (LAIB), currently Buvidal® and Sublocade.

Commonly used terminology to refer to medication-based opioid treatment includes the following terms, each providing a slightly different emphasis.

Name	Acronym	Emphasis of terminology
Opioid Maintenance Treatment	OMT	Long-term treatment to maintain a patient's stability and life quality.
Opioid substitution treatment/therapy (OST)	OST	Prescribed opioids are substituted for illicit opioids, or non-medical use of pharmaceutical opioids. Substitute short acting formulations by long-acting formulations.
Opioid replacement therapy (ORT)	ORT	Replacement by long-acting pharmaceutical formulations.
Opioid agonist therapy (OAT)	OAT	Use of opioid agonists (as replacement) rather than antagonists (e.g. naltrexone)
Opioid pharmacotherapy [treatment] (OPT)	OPT	Prescribed (long-acting) opioid medication for therapeutic use. Known formulation and dose.
Medication-assisted treatment of opioid dependence	MATOD	Medication assists treatment but is also part of a range of care and support provided.
Opioid dependence treatment	ODT	Treatment targeted to those who are physiologically dependent, whether on illicit opioids or opioids prescribed for pain.
Medication-assisted treatment of opioid dependence	MAT	A shortening of MATOD sometimes used in the United States
Medications for opioid use disorder	MOUD	A U.S. term emphasising treatment of a 'disorder' rather than 'dependence' and not specifically emphasising agonist therapy.

Opioid Dependence Treatment (ODT) is the preferred term in this document because:

- ODT is becoming the most-commonly-used term in Australia, used, for example, by the Pharmaceutical Benefits Scheme, the Pharmaceutical Society of Australia

- ODT is consistent with ACT Regulations and Controlled Medicines Prescribing Standards which refer to medications to treat drug-dependency and drug dependence.
- The NSW Guidelines (2018) use ODT as the preferred group term for medications, alongside Opioid Treatment Program for the broader 'system' of treatment.
- The term Opioid Dependence Treatment is understood by clinicians and makes it clear focusing on opioids used to treat dependence, not opioid treatment for pain management.

The alternative terms in Table 1 all highlight important aspects of opioid dependence treatment, however, are less current than ODT.

Specific terms, such as long-acting injectable buprenorphine (LAIB), refer to specific subsets of medications within the broader category. While all opioid treatment medications are controlled medicines, the term "controlled medicines" encompasses a wider range of medications beyond opioid treatments.

Key Stakeholders

The following organisations (listed in alphabetical order) play a key role in opioid dependence treatment in the ACT.

The valuable contributions and resources these organisations provide to assist in the delivery of opioid dependence treatment services is gratefully acknowledged.

- Alcohol Tobacco and Other Drug Association ACT
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) Inc
- Canberra Health Services – Alcohol and Drug Services (ADS)
- Canberra Health Services – Justice Health Services
- Canberra Health Services – Pharmacy Department, The Canberra Hospital (TCH)
- Capital Health Network
- Community Pharmacies
- Directions Health Services – Althea Wellness Centre
- Health and Community Services Directorate – Pharmaceutical Services Section (PSS), Alcohol, Tobacco, Other Drug, STI and BBV Policy
- Pharmacy Guild of Australia – ACT Branch
- Pharmaceutical Society of Australia – ACT Branch
- The Connection
- Winnunga Nimmityjah Aboriginal Health and Community Services

Please see Appendix A – Support Services Contact Details for more information about the organisations, including the nature of their key roles and contact details.

Related Policies, Guidelines, and Legislation

This document is to be used in conjunction with the policies, guidelines and legislation listed below.

- Controlled Medicines Prescribing Standards
- National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014)
- Long-Acting Buprenorphine (LAIB) for Opioid Dependence Treatment (2024, NSW Health)
- Medicines, Poisons and Therapeutic Goods Act 2008
- Medicines, Poisons and Therapeutic Goods Regulation 2008
- Medicines, Poisons and Therapeutic Goods (Guidelines for treatment of opioid dependency) Approval 2018 (No 1)
- Pharmacy Board of Australia Codes, Guidelines and Policies
  These Standards aim to assist a registered pharmacist to practice and reflect the Pharmacy Board of Australia's interpretation of the Health Practitioner Regulation National Law (ACT) Act 2010.
- Medical Board Codes, Guidelines and Policies
- Nursing and Midwifery Board Codes, Guidelines and Policies for prescribers
- Human Rights Act 2004
- Children and Young People Act 2008
- Mental Health Act 2015

Authority to Treat

This section addresses the legal and procedural requirements for prescribers and pharmacists.

Approval to prescribe a controlled medicine[1]

Prescribers must have a Chief Health Officer controlled medicine approval (CHO approval) to prescribe ODT for each individual client. The quickest and most efficient method is to apply is to apply for a CHO approval online via Canberra Script. It is also possible to download an Application for Approval to Prescribe Controlled Medicines Form and submit it to the Health Protection Service, however, approvals submitted in forms other than Canberra Script are not completed in the same timeframes as those submitted within Canberra Script.

A CHO approval to prescribe ODT may be granted for a maximum of 12 months in accordance with the Controlled Medicines Prescribing Standards.

Further information is available on the ACT Controlled Medicines webpage.

Prescriber endorsement to treat drug dependency

Prescribers may apply to the Chief Health Officer for endorsement to treat drug dependency via the online form at the ACT Opioid Dependence Treatment webpage. Endorsed prescribers may induct clients onto opioid maintenance treatment or prescribe for more than five stable clients concurrently.

To become endorsed, prescribers must successfully complete a designated training program provided by Canberra Health Services (CHS) with short examination, and a practical placement. The ACT Government may recognise the NSW Opioid Treatment Education Program (OTEP) for the purposes of ACT training. To maintain endorsed prescriber status, practitioners are required to undertake refresher training every five years. Further information about becoming an endorsed prescriber is available at Opioid maintenance treatment - ACT Government.

Client intake procedures for prescribers illustrating the process from initial consultation to provision of opioid treatment are provided for reference in the flowchart diagrams at Appendix G – Appendix J –.

Prescribers not endorsed to treat drug-dependency may provide continuing opioid treatment for 5 patients or fewer if:

- the patient has already undergone opioid dependency treatment for at least 14 consecutive days (the initial treatment), and
- the initial treatment was prescribed by an endorsed prescriber.

Exempt settings

Exemptions have been established under section 555 and 557 of the Medicines, Poisons and Therapeutic Goods Regulation 2008 to enable flexibility in prescribing within institutions. Prescribers working at any ACT hospital, correctional centre, Children and Young People (CYP) detention facility, police custody facility, or the Canberra Health Services Alcohol and Drug Service:

- have standing interim approval to prescribe ODT for an outpatient at a hospital, or a patient at a correctional facility, at a CYP detention facility, in police custody, or at an opioid dependency treatment centre operated by the Territory, if the prescribers apply to Pharmaceutical Services for a CHO approval within 72 hours of the time the client is first prescribed medication[2]; (see also Div 13.1.2 (557) Medicines, Poisons and Therapeutic Goods Regulation 2008.); and
- are exempt from the requirement to become endorsed to treat drug-dependency.

[1] Section 560 and 561 Medicines, Poisons and Therapeutic Goods Regulation 2008.

[2] Section 557 Medicines, Poisons and Therapeutic Goods Regulation 2008.

- have a standing approval to prescribe ODT for an inpatient at a hospital (see also Div 13.1.2 (555) Medicines, Poisons and Therapeutic Goods Regulation 2008.)

Prescribers working at hospitals in the ACT can prescribe opioid pharmacotherapy for inpatients for the purpose of continuity of care, but do not provide community outpatient prescriptions.

Although exempt (from needing approval for the purposes of prescribing in the listed settings), it is highly recommended these prescribers complete the designated training program for opioid dependence treatment prescribers.

It is expected these prescribers seek expert input from Addiction Medicine specialists at Canberra Health Services Alcohol and Drug Services, or another endorsed prescriber, prior to induction.

Authority to dispense

An Opioid Dependency Treatment licence is required for a community pharmacist, and any other pharmacist at the community pharmacy to which the licence relates, to dispense opioid dependence treatments in the ACT. A pharmacist can apply for a licence here.

Opioid Dependency Treatment license holders are required to ensure all pharmacists and pharmacy staff (e.g. Registered Nurses and dispensary assistants) involved in the administering or dispensing of opioid dependence treatment at the licensed pharmacy, have successfully completed the designated training program and short examination for opioid dependence treatment dispensers in the ACT.

To continue to provide opioid dependence treatments, pharmacists are required to undertake refresher training every five years. Opioid Dependency Treatment Licenses will be issued up to every three years. Applications for licenses should be forwarded to Health Protection Service.

The ADS clinic, as an Opioid Dependency Treatment Centre operated by the Territory, does not require a license.

Entry into Treatment

This section addresses induction to treatment, including client rights and responsibilities, and the identification of priority population groups.

Informed consent, therapeutic relationships and the principles of harm reduction

To commence treatment the client is to be fully informed by the prescriber about opioid dependence treatment (Appendix C – Client Declaration and Consent Form). The practitioner must ensure that the client has been provided with the relevant information.

Clinicians should continue to demonstrate a neutral, non-judgmental, honest and respectful approach, as they would with patients with any other medical conditions. Goals of reducing alcohol and other drug use, and harm reduction, are often more realistic and achievable than expectations of abstinence from drug use.

Treatment is more likely to be successful when it is collaborative and the responsibility for treatment is shared. While opioid treatment medications are often effective at managing prescribed or non-prescribed opioid use disorder, there is no evidence-based role for ODT in the management of other non-opioid substance use disorders.

All clients who are injecting drugs should be given information regarding the hazards of injecting drug use and be provided with relevant written resources, where appropriate. When additional support services are required, the client should be provided with the contact details for the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and Canberra Health Services Alcohol and Drug Services. See Appendix A – Support Services Contact Details**.**

In the first instance, the National MATOD Guidelines should be a primary source of written information for clients.

In the event a prescriber ceases to provide treatment for an individual, they should provide an appropriate clinical handover to the individual's preferred prescriber, including relevant medical records, to support continuity of care.

National Opioid Dependence Treatment (ODT) Program

The Commonwealth Government supports access to opioid dependence treatment through the Pharmaceutical Benefits Scheme (PBS). ODT medicines currently listed on the PBS:

- Methadone oral liquid
- Buprenorphine sublingual tablets
- Buprenorphine + naloxone sublingual films
- Long-acting injectable buprenorphine products.

Section 100 HSD Program

From 1 July 2023, ODT medicines transitioned to the Section 100 Highly Specialised Drugs (HSD) Program (Community Access) arrangements. Under these arrangements, ODT medicines are dispensed in the same manner as other community access Section 100 HSD Program medicines through:

- Section 90 approved community pharmacies
- Section 92 approved medical practitioners
- Section 94 approved hospital authorities (public and private).

Patient Costs and PBS Safety Net

PBS-eligible patients pay the standard PBS co-payment for up to 28 days' supply per pharmaceutical benefit, with payments contributing towards their PBS Safety Net threshold. Section 90 community pharmacies and section 94

hospital pharmacies cannot charge private dispensing or dosing fees to patients accessing ODT medicines under the PBS.

Closing the Gap Program

From 1 July 2024, community pharmacies can dispense Section 100 HSD medicines, including ODT, under the Closing the Gap (CTG) PBS Co-payment Program. This enhancement further reduces cost barriers for Aboriginal and Torres Strait Islander peoples accessing ODT.

Community Pharmacy ODT Program

A dedicated community pharmacy program for ODT medicines was established on 1 July 2023, to recognise the administration of methadone liquid, buprenorphine sublingual tablets and buprenorphine-naloxone sublingual films often requires more frequent in-pharmacy care and takeaway dosing activities. This program introduced nationally consistent payment arrangements for ODT services provided by community pharmacists, including on-site administration of injectable buprenorphine.

Pharmacies can register for, and make claims from, the national Opioid Dependence Treatment (ODT) Community via the Pharmacy Programs Administrator. The ODT Community Pharmacy Program provides eligible Section 90 Community Pharmacies a fee for preparing and providing/administering ODT Staged Supply services and ODT injections within the pharmacy. ACT Health and Community Services Directorate (HCSD), Canberra Health Services (CHS), and the Pharmacy Guild of Australia - ACT Branch, have finalised a Memorandum of Understanding (MoU) for the provision of Opioid Dependence Treatment in community pharmacies for the period 2025-2029.

This new four-year MoU also supports ACT community pharmacies and pharmacists to join and remain in the ACT opioid treatment program. The MoU, backdated to 1 July 2025, outlines the collaborative framework for delivering best practice treatment outcomes for consumers receiving ODT in the community setting.

Naloxone

Naloxone is an opioid antagonist that is used to temporarily reverse the effects of opioid overdose. Naloxone has virtually no effect in people who have not taken opioids, making it a safe and essential intervention for preventing overdose deaths.

The ACT is a participant in the Australian Government's Take Home Naloxone program. Anyone who is at risk of, or who may witness, an overdose or adverse reaction can obtain take-home naloxone for free without a prescription from a community pharmacy. This includes, but is not limited to, peers, carers, and family and friends of people who take opioids.

An interactive map of sites participating in Australian Government program is available to help people find a local naloxone provider at no cost.

Naloxone is now available as a nasal spray formulation (Nyxoid) in addition to earlier injectable formulations. Bystanders can feel more comfortable to administer the nasal spray than an injectable product.

The ACT's peer organisation, Canberra Alliance for Harm Minimisation and Advocacy can also provide take-home naloxone along with additional services to the national program, including:

- Information on naloxone for community members
- Postal Naloxone (with a 10-minute training video)
- In-person consumer overdose response training
- Staff training for service delivery organisations.

Staff in medical practices and community pharmacies who may interact with people who use drugs are recommended be trained to respond to overdose, and to administer naloxone.

People who use other illicit drugs should consider carrying naloxone as strong opioids have been detected in drugs presented as methamphetamine, cocaine, ketamine and counterfeit benzodiazepines.

More information about take-home naloxone in the ACT, including where to obtain naloxone is available here.

Blood Borne Virus and Sexually Transmitted Infections Screening

All clients who have ever injected drugs should be offered screening for bloodborne viruses and sexually transmissible infections when entering treatment. Screening should be repeated annually or more frequently (3-6 months) for some individuals. Screening should include the full asymptomatic screen outlined at STI Guidelines Australia | Australian STI Guidelines website. This includes hepatitis C, syphilis, HIV, chlamydia, gonorrhoea, and hepatitis B, where indicated.

Details of **Blood borne virus screening providers** are available at Appendix A - Opioid Treatment Support Services**.** ACT specific online health information to guide testing and management decisions is available for clinicians via the Capital Health Network Health Pathways portal. Specialist sexual health advice, treatment, and follow-up can be provided by the **Canberra Sexual Health Centre on (02) 5124 2184** (8:30-5:00pm). If assistance with contact tracing is required, contact **ACT Public Health** on **(02) 5124 9213**.

Viral Hepatitis

The ASHM National Blood Borne Virus Testing Policies are targeted towards health professionals ordering hepatitis C, hepatitis B and HIV related tests, and receiving and interpreting results. These policies are available on the ASHM testing portal. An overview of the types of hepatitis C testing can be found here.

ACT Government funds Hepatitis B vaccines for people who inject drugs, and many more eligible people, through their General Practitioner or immunisation provider. For more information contact the **Health Protection Service on (02) 6205 2300**.

Induction to ODT treatment

The prescriber should use the induction checklist for all clients commencing on opioid dependence treatment at Appendix B – Induction Form**.** Prior to commencing treatment, the prescriber should fully inform the client about their rights and responsibilities when being treated for opioid dependence treatment (see Appendix C – Client Declaration and Consent Form).

To be inducted onto opioid dependence treatment in the ACT, the client must consent to:

- treatment with methadone or buprenorphine
- their prescriber and pharmacist sharing the following information with ACT Health and Community Services Directorate (ACT HCSD):
    - client name and date of birth
    - identification as an Aboriginal and/or Torres Strait Islander person
    - client's prescriber
    - dosing pharmacist
    - treatment type and dose including access to unsupervised (take away) dosing.
- the prescriber confirming in NSW Safe Script that the client is not currently being treated with ODT in New South Wales.
- treatment type and dose, including access to unsupervised (take away) dosing being shared with an alternative prescriber or pharmacist in the event of:
    - an emergency where prior arrangements have not been made for a transfer to an alternative prescriber or pharmacy (e.g. a fire or storm that causes records or premises to be destroyed, or the prescriber's incapacitation due to death, illness or injury).
- information being shared with the relevant medical officer in the event of:
    - client's detention at the police watch house
    - client's detention elsewhere in the ACT
    - client's admission to a hospital in the ACT.

All clients should be advised by the prescriber, and be provided with written information, if appropriate, about:

- the nature of opioid dependence treatment (including aims, goals, known benefits and alternative treatments)
- the applicable policies – including the frequency of, and procedures for: dosing; urine drug screening; dosing hours; guidelines for takeaway doses; and clinic or pharmacy schedule of appointments
- general and specific expectations of conduct
- the side effects and risks associated with treatment
- timing of first dose
- the potential effect on activities such as driving motor vehicles and operating machinery, the risks of other drug use (including alcohol, sleeping pills, heroin and other opioids) while receiving opioid dependence treatment,
- treatment, once commenced, should not be stopped suddenly
- access to support services
- clients beginning treatment at ADS, once stabilised may be transitioned to receive their dose from a community pharmacy, and that this will incur PBS co-payment costs.

Criteria for assessing stability may be found at Appendix D – Client Stability Assessment.

In the ACT, the use of urine drug screening is not mandatory, however it may be required in some circumstances and will be determined on an individual basis by the prescriber or service in discussion with the client.

Female clients should be advised of the need to inform the prescriber of pregnancy, or suspected pregnancy, at the earliest opportunity.

The prescriber is recommended to reiterate the information regarding treatment, provided at induction, at the next appointment.

Commencing dosing at a pharmacy

The commencing prescriber should confirm arrangements with the pharmacy that the client wishes to attend for supervised dosing. This confirmation may involve a client visit to the pharmacy to allow the client and pharmacist to agree on dosing arrangements.

To assist the pharmacist to complete the dosing arrangements:

- the prescriber will provide to the pharmacist their prescriber information (name, address and medical prescriber number) and a valid prescription for the client
- the client should provide the pharmacist with at least two forms of identification. For example, passport, driver's licence, Medicare card, utilities account, or birth certificate (at least one of these identifications should be photographic).

Information regarding fees and subsidies is outlined in the Fees and Subsidies section.

Priority population groups

Some clients are especially vulnerable to the effects of illicit drug use. A Management Plan should be developed for clients at the earliest opportunity and access given to specialised support services if required. This is reviewed periodically, as determined by the prescriber/service. Priority population groups include:

- pregnant women
- women and their partners with dependent children
- clients under the age of 18 years
- people who identify as Aboriginal and/or Torres Strait Islander
- people being released from detention facilities
- people on a diversion program from the criminal justice system
- people living with hepatitis B virus or human immuno-deficiency virus (HIV) and their partners.

Perinatal care

A pregnant person with opioid dependence should be offered ODT along with other relevant perinatal care. This may include counselling and psychosocial support.

Although many women want to cease using opioids when they find out they are pregnant, opioid withdrawal is a high-risk option because a relapse to opioid use will expose both mother and child to the risks of unsanctioned drug use and affect the mother's capacity to care for the child.

Maintaining or initiating ODT is the preferred approach to opioid dependence in pregnancy. Dose increases are often required.

Methadone and buprenorphine formulations are safe and effective for both the pregnant person and neonate during pregnancy and are associated with improved foetal development and infant birth weight, and a reduction in neonatal mortality compared to untreated opioid dependence. This improved outcome may be reduced by continued heroin or other substance use (including tobacco, benzodiazepines or amphetamine type substances) or very late stabilisation on ODT during pregnancy.[3]

[3] *NSW Health (2024). Clinical Guidance for the Management of Substance Use in Pregnancy, Birth and the Postnatal Period*.

Nonetheless, the Therapeutic Goods Administration categorises both methadone and buprenorphine (including LAIB) as Category C in pregnancy – "Drugs which, owing to their pharmacological effects, have caused or may be suspected of causing, harmful effects on the human foetus or neonate without causing malformations. These effects may be reversible."

Prescribers should also consider the pregnant person's potential history of stabilisation and their preference. Decisions should be based on the individual clinical assessment, and the pregnant person should be involved in the decision-making process.[4]

Buprenorphine should be preferred to methadone as the first-line treatment for pregnant people not already receiving ODT. Pregnant people already receiving ODT should be maintained on their existing ODT formulation and medication.[5] Depot buprenorphine (LAIB) can be used during pregnancy and breastfeeding if the potential benefits outweigh the potential risk to the woman and the foetus. There is a lack of human data on depot buprenorphine's effect on maternal and maternal and foetal outcomes.

Pregnant clients require close supervision as severe withdrawal symptoms can cause foetal distress, especially in the first and third trimester. Although not preferred, if dose reductions are to be implemented, this should occur in the second trimester in stable pregnancies. Any potential benefit from detoxification, or reduction of dose of medication, must be balanced against the risk of relapse to uncontrolled drug use. A structured attempt at withdrawal at some stage after pregnancy is preferred.

Pregnant people with opioid dependence should have priority access to ODT. This may include admission to an inpatient obstetric unit for stabilisation and rapid dose titration, with respite from the external environment. If the pregnant person's partner is also opioid dependent, they should also be offered priority access to ODT, as a partner's opioid dependence may increase the woman's risk of relapse

If a pregnant person is already receiving methadone treatment, transferring to buprenorphine may cause precipitated withdrawal. If this needs to occur, specialist addiction medicine advice is recommended.

Babies exposed to opioids during pregnancy may experience a neonatal opioid withdrawal (or abstinence) syndrome (NOWS) after delivery. ODT is associated with neonatal abstinence syndrome, but this can be readily managed with withdrawal management and supportive care.

All babies born to opioid dependent mothers should be observed by experienced staff for the development of withdrawal signs or any other adverse events. If required, medications such as morphine can be used to manage neonatal withdrawal without long-term sequelae. More information on managing neonatal withdrawal is provided in Section 2.6.3 of the national MATOD Guidelines.

For more information on the management of opioid dependence in pregnancy refer to NSW Health *Clinical Guidance for the Management of Substance Use in Pregnancy, Birth and the Postnatal Period* (2024), pages 128-141.

Canberra Health Services Alcohol and Drug Services Consultation Liaison (ADS CL) provides support to pregnant people engaging in substance use or is concerned about returning to substance use during their pregnancy.

ADS CL support includes:

- Alcohol and other drug assessment
- Brief intervention and relapse prevention
- Health promotion and harm minimisation education
- Liaison with Early Family Support Service

[4] NSW Health (2024). Clinical Guidance for the Management of Substance Use in Pregnancy, Birth and the Postnatal Period.
[5] NSW Health (2024). Clinical Guidance for the Management of Substance Use in Pregnancy, Birth and the Postnatal Period.

- Education and referrals to community-based support services
- AOD advice to midwifery and perinatal health services
- Ongoing support when admitted to TCH to birth (inpatient ADS CL).

Aboriginal and/or Torres Strait Islander People

Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) is a primary health care service initiated and managed by the local Aboriginal community to provide a culturally safe holistic health service for the Aboriginal people of the ACT and surrounding areas. Winnunga delivers opioid treatment services with a dedicated opioid nurse, prescribers with endorsement to treat drug dependency along with Aboriginal social health team to ensure a culturally appropriate, multidisciplinary approach.

Due to the complexity of intergenerational trauma, mental illness and social disadvantages, collaboration with partners that provide specialised services for Aboriginal and Torres Services peoples should be streamlined and expedited whenever possible.

Clients under the age of 18 years

Before inducting clients under the age of 18 years onto opioid dependence treatment, all prescribers in the ACT **must** consult an Addiction Medicine Physician at ADS (**see Section 7 - Support Services**). It should be noted that buprenorphine is not registered for use by clients under the age of 16 years.

The National MATOD Guidelines note that if pharmacotherapy is used, buprenorphine may be preferred over methadone because of easier cessation. Doses may need to be adjusted from those used for adults.

For more information refer to Section A7.2 (Age factors) of the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014).

People released from detention facilities

Release from prison is a time of high risk for illicit opioid use and for overdose. People leaving custody should be prioritised for rapid access to prescribing and dispensing in community settings to ensure continuity of treatment.

Clients being released, having been detained in a detention facility for more than three weeks, or having been inducted on opioid dependence treatment by Justice Health Services, require an ADS prescriber or endorsed prescriber to prescribe their opioid dependence treatment.

People referred from the criminal justice system

Clients who have been referred from the criminal justice system for treatment as part of a police or court drug diversion program may receive priority access to assessment and treatment.

Maintenance on Treatment

This section provides information about maintenance on ODT, including the role of LAIB, unsupervised (takeaway) dosing of methadone and buprenorphine/buprenorphine-naloxone.

It also addresses issues that may arising during treatment including urine screening, volume expansion, vomited doses, split dosing, missed doses and ceasing treatment.

Long-Acting Injectable Buprenorphine (LAIB)

The 2014 National MATOD Guidelines do not address long-acting injectable buprenorphine (LAIB) as these treatment options became available in the Australian market in 2018 and PBS listed in 2019.

While this section summaries key information for the ACT context, more detailed clinical information is available in the NSW Health guidance document *Long-acting injectable buprenorphine for opioid dependence treatment* (2024).

LAIB formulations provide extended-release treatment for opioid dependence through subcutaneous injection. Two LAIB proprietary products are available in Australia: Buvidal® Weekly and Buvidal® Monthly (manufactured by Camurus) and Sublocade® [monthly] (manufactured by Indivior). These products are available on the Pharmaceutical Benefits Scheme (PBS) under Section 100 opioid-dependence listing.

Long-acting injectable buprenorphine (LAIB) should only be injected deep subcutaneously and never be administered intramuscularly, intradermally, intravenously, or intra-arterially. Serious health risks (including pulmonary thrombosis, infections, tissue necrosis) may occur if LAIB is not injected as advised.

There will be patients who wish to transition from sublingual buprenorphine and methadone to LAIB. All patients will need to be informed of the differences in treatment options, including similarities to and differences from, the formulation they are currently taking, as well as the process to transition from methadone to LAIB, which may be referred to as 'microdosing'.

If prescribers wish to transfer patients between methadone or buprenorphine/buprenorphine-naloxone to LAIB, this can be done in consultation with Canberra Health Services Alcohol and Drug Services. Chief Health Officer Approval mechanisms exist in the ACT, to allow for simultaneous prescribing of methadone and buprenorphine to facilitate transfer. NSW guidance on LAIB also contains interim clinical guidance on bridging transfers and microdosing in Appendix C.

Transfer from buprenorphine to methadone is also possible, however prescribers who are not endorsed should seek support from an endorsed prescriber or consult an Addiction Medicine Physician at ADS, due to the potential for residual buprenorphine to be present for extended periods after long term treatment, particularly when transferring from LAIB to methadone. As such, patients may require at least weekly clinical review over subsequent weeks to assess impact.

Rationale for LAIB Use

LAIB offers several advantages over daily sublingual buprenorphine:

- Reduced frequency of dosing (weekly or monthly vs daily)
- Enhanced treatment retention and patient satisfaction
- Reduced risk of diversion and non-medical use
- Decreased barriers for patients unable to attend daily dosing
- Maintained efficacy in reducing unprescribed opioid use.

LAIB should be presented as one choice within the range of available ODT medications, alongside methadone and sublingual buprenorphine. Choice of medication should be made in consultation with the patient, and informed by the patient's preference and goals[6], as well as considering clinical risk.

Clinical Indications

LAIB is indicated for treatment of opioid dependence within a framework of medical, social, and psychological support. LAIB may be particularly suitable for:

[6] Gowing L, Ali R, Dunlop A et al. (2014). National Guidelines for Medication-Assisted Treatment of Opioid Dependence. Commonwealth of Australia.

- Patients who have difficulty attending daily dosing due to work, study, travel, or caring responsibilities
- Are stable on sublingual buprenorphine and seeking reduced attendance frequency
- Are transitioning between custody and community settings
- Prefer monthly or weekly dosing options
- When clinicians have concerns regarding diversion risk with takeaway sublingual buprenorphine doses.

While LAIB reduces dosing attendance, regular clinical reviews remain essential. Consider using weekly buprenorphine formulations initially if more frequent monitoring is required. It is important to maintain connection to psychosocial services despite reduced dosing frequency. Actively plan for how patients will engage with counselling, case management, and peer support. Ensure patients remain connected to other health and social services. Schedule regular appointments independent of dosing visits where appropriate.

Prescriber Information — LAIB

Depot formulations of buprenorphine, Buvidal®, and Sublocade® are available for the treatment of opioid dependence.

The Controlled Medicines Prescribing Standards allow prescribers to apply for approval under Category 3B. Breakthrough sublingual doses of buprenorphine are not authorised under Category 3B approval. A prescriber may apply for an Approval by Drug to prescribe breakthrough doses of the sublingual formulation.

Additional conditions apply for depot buprenorphine including:

- The prescriber must not give a prescription for depot buprenorphine to the patient:
    - if the product is supplied by a pharmacy: the prescriber and pharmacy should arrange collection to ensure the patient is not in possession of the product before administration
    - the prescriber must have completed depot buprenorphine training, or
    - the prescriber must ensure the health professional (nurse, pharmacist etc) administering the depot buprenorphine has undertaken appropriate training.

Upon delivery of depot buprenorphine from the patient's pharmacy to the medical practice, the prescriber must ensure appropriate storage in accordance with sections 515 and 532 of the *ACT Medicines, Poisons and Therapeutic Goods Regulation, 2008.*

Further information regarding Section 100 HSD Program (Community Access) arrangements is available on the HSD Program website and the Services Australia website.

Information on how to apply to be a PBS Approved Supplier is available on the PBS Approved Supplier website.

For further information regarding the ODT Community Pharmacy Program please visit the Pharmacy Programs Administrator (PPA) website.

Information regarding the Post-market Review of Opioid Dependence Treatment Program medicines is available on the PMR website.

Administration of LAIB by pharmacists

The (ACT) *Medicines, Poisons and Therapeutic Goods Act 200*8 and the *Medicines, Poisons and Therapeutic Goods Regulation 2008* Schedule 1, Part 1.9 (Pharmacists and employees) authorises pharmacists to administer medicines, including medicines for injection.

This includes all medicines for injection in:

- schedule 2 and schedule 3 of the Poisons Standard without prescription
- schedule 4 and schedule 8 in accordance with the prescription issued by an authorised prescriber to the patient.

Pharmacists undertaking the administration of long-acting injectable buprenorphine (LAIB) must only administer in accordance with a prescription.

If medicines for injection are within a pharmacist's scope of practice, the pharmacist must ensure they have completed:

- an accredited pharmacist administering medicines by injection course
- any other specialised training to administer a specific medicine by injection if required, which includes specific training to administer LAIB.

Injectable services provided by pharmacists should only be provided in a safe, clean environment for the benefit of both the pharmacist and patient.

These services provided by pharmacists must be provided in a clean, fully enclosed consultation room. The consultation room must provide adequate privacy for confidential conversations – a divider or curtain in a dispensary, storeroom, staff room or retail area is not acceptable. Pharmacists administering medicines for injection should electronically document the administration of the medicine.

More information about mandatory training for pharmacists to administer LAIB is provided in the training section.

Unsupervised (takeaway) dosing

This section addresses the ongoing management of clients in treatment, including unsupervised dosing criteria, dose management procedures, and protocols for ceasing or modifying treatment.

Unsupervised (takeaway) doses may be authorised for clients who demonstrate clinically assessed stability in treatment. All clients should commence opioid dependence treatment under conditions of supervised administration. Those clients who demonstrate stability may progress to receiving unsupervised (takeaway) doses, subject to their prescriber's CHO approval to prescribe a controlled medicine. The pharmacy and the client should agree to a weekly schedule for methadone. Sublingual buprenorphine-naloxone films allow for more flexible takeaway schedules due to buprenorphine's improved safety profile. Takeaway dosing is not relevant for LAIB.

It is important that prescribers consider the balance of potential benefits and risks each time they authorise takeaway doses.

The benefits of unsupervised (takeaway) doses include:

- enhanced integration into the community
- improved patient autonomy in the management of their medication and treatment
- enhanced capacity to obtain and maintain employment
- reduced stigma associated with attending dosing points, particularly where there are confidentiality concerns for the client
- convenience of treatment
- reduced client costs associated with daily dosing at community pharmacies (e.g. travel)
- incentivising clients to not cease treatment prematurely.

Decisions on supervised administration of medications and provision of takeaway doses need to strike a balance between recognition of patients' rights to autonomy, practitioners' duty of care, child protection, and public concerns about diversion of medication.

Assessment of the suitability of individual patients for takeaway doses is the responsibility of the prescriber, and requires close consultation with dispensing staff, regular review of the patient and assessment of their substance use, medical and social circumstances, reasons for takeaways, and the safety of others, particularly

children. Assessment should include capacity to comply with jurisdictional requirements regarding safe storage of takeaway doses. Prescribers should ascertain whether a patient has children in their care (especially children under five years) before authorising takeaway doses. The prescriber must document dosing conditions (number of takeaways, unsupervised dosing) on the prescription.

The extent of risk depends on the frequency and number of consecutive takeaways and the formulation of medication being provided as takeaway doses. The safety profile of buprenorphine enables greater flexibility in dosing.

Risks of unsupervised doses include:

- doses being used by injection instead of orally, with increased infection and/or overdose risk
- diversion of takeaways to those other than the person to whom they are prescribed
- doses being stored in a way that makes them accessible to others
- doses being accessed or taken by children or pets.
- psychosocial risks including the impacts of family/intimate partner violence and/or coercive control over the person to whom they are prescribed

It is highly recommended that clinicians review information about the principles of takeaway dosing provided in the **National Guidelines for Medication Assisted Treatment of Opioid Dependence**, particularly sections: **A4.1 Choice of Medication. 2.3.6 Takeaway and Unsupervised doses; A10.4 Criteria for takeaway doses and unsupervised dosing**. Takeaway limits are described in Category 3 of the Controlled Medicines Prescribing Standards (the Prescribing Standards). The Prescribing Standards are approved by the Chief Health Officer under the Medicines, Poisons and Therapeutic Goods Regulation 2008 with advice from the Medicines Advisory Committee (MAC).

Clinical guidance for unsupervised (takeaway) dosing

The following section provides clinical guidance on takeaway dosing limits for clients receiving opioid dependence treatment in the ACT. Prescribers must assess each client individually against the stability criteria outlined in Appendix D before authorising takeaway doses. All takeaway arrangements must be clearly documented on the prescription and in the client's medical record.

Category 3A Approval – Methadone

The total daily oral dosage of methadone is **equal to, or less than 120mg**.

Unsupervised (takeaway) doses of methadone are permitted as outlined in the following table for individuals who have been clinically assessed as stable in treatment. Water should be used to expand the volume to 100mL (see section 6.1.5)

Length of time in treatment (months)	Methadone	Comments
• 0-3	• 0	• Special circumstances may allow one dose
• 3-5	• 2 per week	• Not consecutively
• 5-7	• 2 per week	• Maximum 2 consecutive
• 7-9	• 3 per week	• Methadone - Maximum 2 consecutive
• >9	• 4 per week	

Requests to prescribe additional takeaway doses, or to commence unsupervised dosing earlier than permitted in the above table may be considered via an application for Approval by Drug.

Category 3B Approval – Buprenorphine

The *daily* **maximum** sublingual dosage of buprenorphine is **32mg**; or

The *weekly* **maximum** dosage of buprenorphine (Buvidal®) is **40mg** (32 mg Buvidal Weekly plus one supplemental Buvidal Weekly 8mg) and the regular weekly dose may be administered up to two days before the due date to avoid missed doses; or

The total *monthly* dosage of depot buprenorphine (Buvidal®) is **equal to, or less than 160mg** and may be administered up to one week before or one week after the due date to avoid missed doses; or

The total *monthly* dosage of depot buprenorphine (Sublocade®) is **equal to, or less than 300mg** and may be administered at a minimum of 26 days.

Unsupervised (takeaway) doses of sublingual buprenorphine-naloxone are permitted as outlined in the following table for individuals who have been clinically assessed as stable in treatment. Requests to prescribe additional takeaway doses, or to commence unsupervised dosing earlier than permitted in the following table may be considered via an application for Approval by Drug.

Length of time in treatment (months)	Buprenorphine/naloxone	Comments
– 0-1	– 0	– Special circumstances may allow one dose
– 1-3	– 2 per week	– Not consecutively
– 3-5	– 4 per week	– Maximum 2 consecutive
– 5-7	– 6 per week	
– 7-9	– 13 per fortnight	– 2 weeks unsupervised dosing
– 9-12	– 27 per 28 days	– 4 weeks unsupervised dosing

Stability for unsupervised (takeaway) dosing

To receive unsupervised (takeaway) doses, clients need to be assessed by their prescriber as meeting stability criteria. A tool to guide the assessment of client stability is provided at Appendix D. Use of this tool is recommended to ascertain client stability.

The prescriber is required to specify on the prescription their authorisation of unsupervised (takeaway) doses and details should be recorded in the client record.

Prescribers must only prescribe takeaway doses for their stable clients in accordance with the limits of their Chief Health Officer (CHO) approval. The pharmacist should clearly record details of takeaway doses in the client record and the administration records. Clients should be advised to store their takeaway doses in a secure place (locked box/safe) out of the reach of children and other potential users, and not in a refrigerator.

Clients should be advised to report lost takeaway doses to their pharmacist and prescriber immediately, and any stolen takeaway doses to ACT Police.

Where a client exhibits signs of decreasing stability the pharmacist should notify the prescriber so the prescriber can review the client and their treatment, including the indications for continuation of takeaway doses. Patient consent is not required where the pharmacist has a clinical concern.

For more information refer to Section A10.4 Criteria for takeaways and unsupervised dosing of the ***National Guidelines for Medication-Assisted Treatment of Opioid Dependence*** *(April 2014*).

Special Cases for Unsupervised (takeaway) doses

In special cases additional unsupervised (takeaway) doses may be permitted. For further information refer to the Controlled Medicines Prescribing Standards.

Pharmacists should ensure additional takeaway doses are first confirmed with the prescriber. For circumstances not covered in this section, contact Pharmaceutical Services.

Urine drug screening

Urine drug screening may be required in some circumstances and will be determined on an individual basis by the prescriber in discussion with the client. Urine screening is not mandatory in the ACT.

For information on the reasons for instigating urine drug screening, refer to **Section A4.3.2 (Clinical review and monitoring) of the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014)*.**

Clients should be provided with written information regarding the locations where urine testing is conducted, and the legal status of screening in the ACT.

Factsheets for clients have been included at Appendices 13-16:

- Unsupervised (Takeaway) Doses of Methadone – Appendix K
- Unsupervised (Takeaway) Doses of Suboxone **–** Appendix L
- Methadone Treatment and ECG Screening **–** Appendix M
- Opioid Dependence Treatment and Urine Drug Screening – Appendix N.

Urine drug screening can be clinically useful in assessing people's suitability for treatment and for takeaway dosing.

Volume expansion

Methadone takeaways should be expanded with the addition of an appropriate diluent (see **A10.4 Criteria for takeaways and unsupervised dosing** on the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014) for more information).

Volume expansion reduces the incidence of potentially lethal adverse events if the preparation is accidentally consumed by someone other than the intended recipient. In the ACT, volume expansion of methadone takeaway doses is standard practice.

An appropriate diluent should be used to protect the integrity of the methadone dose from potential microbial growth up to the use-by date. In the ACT, takeaways should be diluted with an appropriate diluent to a total volume of 100mls and labelled accordingly. The dispensing label should clearly detail the volume of methadone and total volume of the expanded takeaway (x mg of methadone and diluent = 100ml). Diluent should be measured accurately with an appropriate measure.

Ceasing or reducing unsupervised (takeaway) doses

Ceasing or reducing unsupervised (takeaway) doses can be one of the most difficult issues for a prescriber to deal with, as once a client is receiving takeaways, the suggestion of reducing access to takeaways may not be welcomed.

Where there is continued hazardous drug use by the client, unsupervised (takeaway) doses are not part of optimum treatment and supervised dosing is necessary.

Indications that a return to supervised daily dosing (long-term or short-term) may be necessary include:

- self-report of concurrent drug use, particularly of central nervous system depressants, including opioids, particularly where not infrequent
- recent injection marks; and deterioration in psychological, physical or social well-being
- irregular attendance
- pattern of medication use is not according to the prescription (e.g. missed doses)
- evidence of intoxicated presentations, overdoses, ambulance callouts, ED presentations or hospital admissions (e.g. in previous 3 months)
- use of benzodiazepines (other than prescribed use at low and stable levels)
- changes in other medications or medical conditions
- demonstrated carelessness with storage of takeaways or other medications (e.g. children or other adults having access to medications)
- credible evidence of diversion
- recurrent reports of stolen or lost takeaways.

When a return to supervised daily dosing is being considered, it may be appropriate to give a client both verbal and written indication of the concerns. Within Canberra Script, Revoke Approval function can be used, and the reasons for revoking the approval can then be recorded in the list provided. A reduction in unsupervised doses or a return to daily supervised dosing should be communicated to the dosing pharmacy as a priority.

Re-introduction of unsupervised (takeaway) doses should only occur after a period of at least two weeks of stability and should proceed incrementally.

Split dosing

Split dosing may be considered for clients who rapidly metabolise methadone (e.g. in the case of acute pain or during pregnancy). Prior to authorising split dosing, the prescriber should consult with another endorsed opioid dependence prescriber (with patient consent) to confirm the need for split dosing. If considered appropriate this may involve one half-dose being administered under usual supervision and the remaining half dose dispensed for unsupervised (takeaway) administration. The use of unsupervised (takeaway) doses in split dosing should not reduce the total regular unsupervised (takeaway) doses for clients.

In the ACT, split dosing is more commonly used in inpatients for pain treatment than for community-based ODT care, however it has been used in some uncommon scenarios.

Vomited dose

For clients receiving methadone, if vomiting occurs within 10 minutes of ingesting the dose (witnessed by the pharmacist), the pharmacist is to contact the prescriber so that a supplementary opioid dependence treatment dose may be authorised. If the prescriber cannot be contacted, for example by after-hours pharmacists, it is suggested the patient should be advised to present to the Canberra Hospital for assessment. Extra care should be exercised with pregnant clients as severe withdrawal symptoms may cause foetal distress, especially in the first and third trimesters.

If vomiting occurs more than ten minutes after ingestion, the dose is likely to have been absorbed. Clients should be reassured that most of the dose has been absorbed.

As buprenorphine is absorbed sublingually within minutes, vomiting after a dose will not reduce the clinical effect, and no extra dose should be administered.

Missed doses

If a client receiving oral or sublingual opioid dependence treatment misses scheduled dosing days, the regime in the ***National Guidelines for Medicated-Assisted Treatment of Opioid Dependence (April 2014)*** should be consulted **(see A4.3.1 (Optimising medication dosing regimens)).**

If a dose of Buvidal is missed, the next dose should be administered as soon as possible. Re-induction may be required if more than 14 days has elapsed between Buvidal Weekly doses, or more than 8 weeks between Monthly doses, based on a clinical assessment.

If a dose of Sublocade is missed, the next Sublocade dose should be administered as soon as practically possible. Re-induction may be required if more than eight weeks between Sublocade doses has elapsed.[7]

Stopping treatment

When a client no longer requires a prescription for opioid dependence treatment, the prescriber with the current *Approval to Prescribe* should inform the Pharmaceutical Services Section within 14 days of the client ceasing opioid dependence treatment using the Stop Form (see Appendix E – Stopping Treatment Form). The reasons list can be completed using the Revoke Approval function in Canberra Script.

Client non-attendance for regular treatment will often come to the attention of their dispensing pharmacist in the first instance. If this change in attendance is not due to a planned absence (e.g. holiday) the pharmacist must contact the prescriber as soon as possible. The practitioner should follow up with the client. If the client attends ADS, the pharmacist should inform ADS after 3 consecutive days or more of non- attendance at the pharmacy.

Voluntary withdrawal from treatment

A client may withdraw from treatment at any time without affecting access to medical care. Clients should, wherever possible, be reduced appropriately from their current dose. Refer to Section **A4.6 (Cessation of substitution treatment) of the *National Guidelines for Medication- Assisted Treatment of Opioid Dependence (April 2014).***

Early information should be provided to the client regarding the importance of remaining in treatment, and the best manner to cease treatment safely with minimal clinical consequences. This information should be included in the management plan at the earliest opportunity.

Continuing care after ceasing opioid dependence treatment remains important due to the risk of relapse and heightened overdose risk after tolerance reduces. Take home naloxone may be indicated.

Other circumstances

In the case of disputes, the client and members of the treating team should meet and aim to resolve the dispute (depending on nature and severity) with documented outcomes provided to the client and included in the client record. For community pharmacists, see the next section — Support Services. Differences of opinion between the client, prescriber and pharmacist may warrant a resolution process between the parties.

It may sometimes be considered necessary to discharge a patient from treatment for the safety or wellbeing of the patient, other patients, prescribers, pharmacists, or staff. This may be a result of:

- Violence or threat against staff or other patients
- Property damage or theft

[7] See https://www.health.nsw.gov.au/aod/Publications/buprenorphine-brief-guide.pdf

- Drug dealing on or near the program premises or dosing pharmacy
- Repeated diversion of medication.

More detail on involuntary cessation of treatment can be found in Section A4.6.1 (Involuntary withdrawal) of the *National Guidelines for Medication-Assisted Treatment of Opioid Dependence (April 2014)*. The national guidelines advise that, "A decision of involuntary discharge should be considered carefully in the light of the increased risk of death that this involves." In some instances, the problems may be resolved by transferring the patient to another program, prescriber or dosing point. All possible options should be considered.

Prescribers and dosing pharmacies can refer patients to the public clinic (CHS ADS) if they feel they can no longer manage the patient safely in their own practice.

If discharge is the only available course of action, the patient should be warned about reduced tolerance and overdose risks and provided with naloxone. A management plan for readmission should be developed.

Clients should not have access to treatment removed by CHS employees due to problematic behaviour, except with the approval of the Chief Executive. For those in community settings, Support Services are outlined in the next section. CHS has clear policies on the management of violence or aggression in the workplace.

Information regarding fees and subsidies is outlined in the section on Fees and Subsidies. Clients with payment difficulties can be referred to CAHMA for consideration of material support.

If issues relating to accumulated debt are unable to be resolved, clients should return to the public clinic until able to pay any debts outstanding, to avoid accumulating debt at multiple pharmacies. The Rapid Referral Mechanism may be used to refer clients to ADS (Support Services).

If clients are dissatisfied with decisions made regarding their care, see the Complaints section for information and the process to be followed to seek review.

Readmission to treatment is subject to the Rights and Responsibilities detailed in the section above on Entry into Treatment.

Support Services

This section describes clinical consultation, referral pathways, and support services available to ACT practitioners and clients, including rapid referral mechanisms, and counselling and health screening services.

Clinical liaison and advice

If the prescriber or pharmacist has clinical concerns about the ongoing management of a client or requires specialised advice, the prescriber or pharmacist is encouraged to contact ADS or The Canberra Hospital (TCH).

Business hours contact with ADS is available for prescribers or pharmacists to seek the advice of a nurse, or medical specialist if required. If pharmacist advice is required, this can be done through TCH.

After hours, if prescribers and pharmacists require advice, they should contact Canberra Hospital switchboard on 5124 0000 and ask to be transferred to the on-call ADS Consultant.

Community pharmacists with queries or concerns regarding opioid dependence treatment should contact the Pharmacy Guild of Australia ACT Branch or Pharmaceutical Services, Health Protection Service for initial advice.

Rapid referral mechanism

Prescribers

If a medical practitioner or other prescriber (such as a nurse practitioner) is unable or unwilling to prescribe opioid dependence treatment to a client, then the prescriber should consult with Canberra Health Services Alcohol and Drug Services (CHS ADS).

If the prescriber cannot initiate opioid dependence treatment and the client requires an assessment for initiation, in consultation with CHS ADS, an emergency consultation at ADS or Directions Health Services, will be made available as soon as possible.

For complex clients (e.g., clients with multi drug use or a previously stable client who is deteriorating rapidly), an emergency consultation should be made available at ADS. This consultation can be made by contacting the ADS on-call consultant.

The transferring prescriber should provide CHS ADS with relevant details (treatment, length of time in treatment, dose, date of last dose, period covered by last prescription, number of regular takeaways authorised and other clinically relevant issues).

If required, ADS will accept ongoing management responsibility for treatment (including prescribing) for the client, but only after an assessment appointment has been conducted by an ADS prescriber, and where the client is already on ODT.

Pharmacists

If a pharmacist treating a CHS ADS prescribed client is unable or unwilling to continue to treat the client, in consultation with ADS, the client and their current script can be transferred back to the ADS Clinic, and the client can continue to dose from the clinic. If a pharmacist is unable or unwilling to dose a client who is not a CHS-ADS client, the pharmacist should contact the client's prescriber to discuss options. Clients referred to the ADS Clinic for dispensing may continue to be prescribed by another prescriber working in the community.

Arrangements to cover absence from practice

When a prescriber receives an *Approval to Prescribe* from the Chief Health Officer, this *Approval to Prescribe* is valid for all prescribers working at the prescriber's usual practice.[5] Where another prescriber is covering the absence of a client's regular prescriber at the practice, the covering prescriber must not induct treatment (in the

case where treatment has been withheld) or prescribe for more than five stable clients concurrently, unless they are an endorsed prescriber.

For periods of planned leave, if a prescriber is unable to transfer the client to another practitioner within their practice, the prescriber should contact ADS preferably one month prior to the period of absence, so that the necessary arrangements may be made with another prescriber. At the completion of the planned absence, the client will be transferred back to the original prescriber (including transfer of clinically relevant information in accordance with the usual transfer arrangements from ADS).

Counselling and other support services

Counselling and case management services are available to all clients receiving opioid dependence treatment in the ACT. Services are also available for friends and family members. Contact details for these services are provided in Appendix A.

Northside Opioid Treatment Service (NOTS)

Services at the CHS ADS Northside Opioid Treatment Service in Belconnen are currently limited to prescribing. Dosing is not available.

Information About Clients and Practitioners

Canberra Health Services may be able to provide prescribers, pharmacists and alcohol and other drug counsellors with information about available places for prescribing or dosing including:

- the names, practice location and contact details of prescribers prescribing for ACT clients on opioid dependence treatment
- the names, practice location and contact details of prescribers endorsed to prescribe opioid dependence treatment.

CHS ADS retains record of all clients receiving opioid dependence treatment. When within relevant privacy principles, ADS may be able to provide ACT dispensing pharmacy information. Other inquiries should be made to the Pharmaceutical Services Section (Health Protection Service) or Chief Health Officer. Information concerning clients in opioid dependence treatment in the corrections environment will also be noted to allow throughcare for this client group to be monitored.

ADS will keep a record of the signed *Declaration and Consent* form (Appendix C) for clients prescribed by the ADS. This form documents client consent for information to be shared in the event of an emergency, or admission to an ACT hospital, police watch house, or detention facility.

If an existing CHS ADS client chooses not to sign the form, the client will not be removed from treatment. Different processes may apply in community pharmacies.

Transfers

Clients may wish to transfer to other prescribing or dosing locations temporarily or more permanently for employment, holidays or other reasons.

ODT patient is admitted to hospital

When a patient on ODT is admitted to hospital (The Canberra Hospital or NCH) their ODT is provided by the hospital during their admission.

The hospital pharmacy will provide the dose after they have sighted a copy of the current ODT prescription and a dosing history showing the patient's last dose. The person will not be dosed in hospital until confirmation of the last dose is received. During the hospital stay, the ADS consultation and liaison team will consult with the individual.

On discharge, a dosing history (usually in the form of a copy of the hospital med chart) will be sent back to the individual's usual community dosing site. A clinical handover (usually in the form of a discharge summary) will also be sent to the prescriber.

Clients transferring from another state or territory into the ACT

For clients wishing to temporarily transfer to the ACT from another state or territory, the client's interstate prescriber must:

- obtain approval from the ACT Chief Health Officer by submitting an online Application for Approval to Prescribe a Controlled Medicine via Canberra Script;
- if Alcohol and Drug Services (ADS) is to be the dosing location, notify ADS of the impending transfer to arrange a dosing point as soon as possible and within 10 working days; and
- send an e-prescription or post prescription to the dosing pharmacy prior to the patient arriving in the ACT, after the ACT Chief Health Officer has issued an approval to prescribe for the patient.

The previous pharmacy should provide dosing information to the new pharmacy, or the new pharmacy should confirm dosing information with the previous pharmacy if not received.

For clients from another state or territory wishing to transfer to the ACT permanently, if accessing an ACT prescriber in the public system, the client's interstate prescriber must:

- notify Canberra Health Services Alcohol and Drug Services (CHS ADS) of the impending transfer to arrange a new prescriber dosing point (ADS requires at least 4 weeks' notice for permanent transfer); and, if necessary:
  - Obtain approval from the ACT Chief Health Officer by submitting an online Application for Approval to Prescribe a Controlled Medicine via Canberra Script for up to four weeks
  - Forward prescription after the ACT Chief Health Officer has issued approval to prescribe for the patient, to the dosing pharmacy, prior to the patient arriving in the ACT to ensure client treatment continuity.

ACT clients transferring to another state or territory

ACT prescribers who are assisting a client to temporarily or permanently transfer to another state or territory should contact the relevant state or territory's opioid dependence program for assistance. All states and territories may have different arrangements for temporary and permanent transfers. Prescribers may also contact ACT Alcohol and Drug Services (ACT ADS) for assistance with transferring clients.

Prescribers obtaining assistance from ACT ADS should contact ACT ADS as soon as possible and within 10 working days for temporary transfers and at least 4-weeks' notice for permanent transfers.

Refer to the transfer flowcharts provided at Appendices O and P.

Transfers for travel overseas

If a transfer for travel overseas is necessary, the prescriber is to contact Health and Community Services Directorate Pharmaceutical Services Section as soon as possible to ensure all legislative requirements are met. Not all countries allow travellers to possess prescribed opioids. It is the responsibility of the individual to review the requirements for the countries to which they intend to travel.

Information can also be found on the Australian Government Smart Traveller site.

Clients receiving methadone liquid may require the prescription to be changed to methadone tablets for the period of the travel. The prescriber must seek an additional *Approval to Prescribe* from Pharmaceutical Services Section to allow methadone tablets to be dispensed.

Clients receiving buprenorphine/naloxone (Suboxone) or depot preparations may have no need to change treatment, depending on the countries to be visited. If a person has received a weekly or monthly LAIB injection, this may cover them for the whole trip. If they are away for longer the person could potentially extend treatment using buprenorphine-naloxone films, depending on whether the country they are travelling to allows buprenorphine to be taken into the country.

A minimum of 4 weeks should be allowed prior to departure to allow sufficient time to make necessary arrangements for overseas travel.

Clients in detention facilities

Procedures for clients entering and being released from detention facilities are represented in flow charts at Appendices H and I**.**

Entering detention facilities

When a person is admitted to a detention facility, they can be assessed for consideration of ongoing opioid treatment. Decisions about continuing opioid treatment are made by a multidisciplinary team, and ODT is potentially available as part of ongoing health care. The patient can potentially continue with the current prescribed schedule if that schedule is safely able to be continued (see Appendix H).

Justice Health Services:

- check the patient's dosing history (through Canberra Script, the patient's dosing point, and/or prescriber, including takeaways
- fully assess the patient (including for signs of intoxication and withdrawal)
- request a new *Approval to Prescribe* from Pharmaceutical Services[6]

For clients not currently receiving opioid dependence treatment, **opioid dependence treatment is only indicated for those who are opioid dependent**.

Induction follows the ***National Guidelines for Medication Assisted Treatment of Opioid Dependence (April 2014*), see A4.2 (Induction**) where these apply, and local/onsite protocols for LAIB, which were not available in 2014 when the MATOD Guidelines were written. NSW guidelines *Long-acting injectable buprenorphine (LAIB) for opioid dependence treatment* (2024) may instead be referenced.

Discharge from detention facilities

Procedures for clients being released from detention facilities are represented in a flow chart at Appendix I.

When aware of a patient's discharge, Justice Health Services will assist in arranging a prescriber and dosing point for the client prior to the client leaving the detention facility to ensure arrangements are in place for transition to community care. When patients are unexpectedly, and rapidly, discharged by the court, this may not be possible as Justice Health may be unaware of the discharge until after the event.

If aware of the discharge, Justice Health can forward a script for methadone allowing dosing for up to 4 weeks. This can also potentially be done for LAIB, but in practice this is not generally required due to the dose lasting for up to a month.

Details of the prescription and other medical information should be provided to the ADS prescriber via a discharge summary for continuity of care (and a copy sent to ADS or the relevant community prescriber (**see Section 8 Information About Clients and Practitioners**)). The new prescriber should submit an *Approval to Prescribe* to Pharmaceutical Services stating that the client is being transferred within four weeks of the client returning to the community.

For clients receiving oral therapy, these arrangements may require the client to temporarily dose for up to four weeks on the Justice Health Services prescription depending on the availability of the new prescriber. For clients on LAIB, the client must be reviewed by an ADS prescriber first.

Clients in the police watch house facility

Procedures for clients in the police watch house are represented in a flow chart at **Appendix J**.

Schedule 8 medications are unable to be stored in the police watch house due to legislative and staff resourcing issues.

Clients receiving opioid dependence treatment who enter the police watch house facility may continue to receive their medication if all the following criteria can be satisfied:

- the last dose received by the client can be verified
- medication can be sourced (e.g. takeaways can be provided by the client's usual pharmacist within the pharmacy business hours) or ADS clinic
- there is an absence of acute medical or pharmacological contraindications to administration.

A prescriber treating a client at the watch house may prescribe for the client on the condition that an *Approval to Prescribe* is requested within 72 hours of the first dose being prescribed. However, stays at the watch house are restricted by legislation to 36 hours, and capacity for dosing is limited.

If the attending prescriber proceeds, they will confirm the client's dosing history with the client's dosing point or Canberra Health Services, depending on the time of day and availability of the dose.

If a decision is made to provide ODT the attending doctor/prescriber should:

1. assess the client to ensure they are not currently intoxicated with drugs and/or alcohol
2. contact the client's current dosing point or ADS to confirm details of last dose (medication, dose)
3. dose the client
4. fax or email details of the doses provided to the client whilst in the watch house to the current dosing point or ADS, clearly marked "For Information Only" (so it is clear that the client has continued to receive opioid dependence treatment, and has not missed any doses)
5. Submit a request for Approval to Prescribe controlled medicines via Canberra Script within 72 hours of the client first dosing in the watch house.

If it is not considered safe to dose a client with opioid dependence treatment, symptomatic management should be offered to alleviate actual or potential symptoms.

Fees and Subsidies

Since 1 July 2023, opioid treatment medications are eligible for Pharmaceutical Benefits Scheme reimbursement under Section 100.

Information for Section 90 community pharmacies about submitting claims for providing opioid dependence treatment is available in the Opioid Dependence Treatment section of the PBS website.

In the ACT, all clients receiving opioid dependence treatment in community pharmacies are expected to pay a Pharmaceutical Benefits Scheme prescription co-payment.

ACT Health and Community Services Directorate (HCSD), Canberra Health Services (CHS), and the Pharmacy Guild of Australia, ACT Branch have finalised a Memorandum of Understanding (MoU) for the provision of Opioid Dependence Treatment in community pharmacies for the period 2025-2029.

This new four-year MoU aims to support ACT community pharmacies and pharmacists to join and remain in the ACT opioid treatment program. The MoU, backdated to 1 July 2025, outlines the collaborative framework for delivering best practice treatment outcomes for consumers receiving ODT in the community setting.

Missed payments

Before accepting a new client at a community pharmacy, pharmacists should discuss payment options and procedures. The pharmacist should explain the PBS co-payment that must be paid by the client for each prescription that is dispensed. Pharmacists should articulate the appropriate rules and expectations of the pharmacy with regard to payment.

Where a patient cannot meet these expenses, the pharmacist and pharmacy can cease provision of the ODT service and refer the client to Canberra Health Services ADS, or Winnunga (if eligible via Aboriginal/Torres Strait Islander status), or Directions Health Services. If the client is not eligible for PBS reimbursement for LAIB, they can also be referred to these services for consideration of more affordable options.

Difficulties with paying fees should be discussed between the pharmacist and the client, as should the process of dealing with non-payment of fees. Consider referring to Centrepay for clients on Centrelink.

Offering of accounts, credit, delayed payment arrangements or service without regular and proper payment does not need to be offered by pharmacies.

Early recognition of payment problems may prevent issues from becoming unmanageable. The use of support services should be promptly sought to rectify issues at an early stage, including a potential referral to CAHMA, which may be able to offer financial support. In some cases.

Training Requirements

Training requirements for prescribers and pharmacists are outlined in the Medicines, Poisons and Therapeutic Goods (Guidelines for treatment of opioid dependency) Approval 2018 (No 1).

Prescribers

Prescribers seeking to become endorsed to treat drug-dependency under section 581 of the Medicines, Poisons and Therapeutic Goods Regulation 2008 must complete both a theoretical and practical component. The theoretical component can be undertaken either through a training program delivered by CHS ADS or through the NSW online Opioid Treatment Education Program (OTEP). Practical placement involves completion of a half-day placement in a CHS Alcohol and Drug Services Clinic, or an equivalent period with an endorsed prescriber.

To prescribe depot buprenorphine, prescribers must have completed appropriate depot buprenorphine training. This training must cover both the clinical and administration knowledge for the specific formulation being prescribed (Buvidal®, Sublocade®, or both).

The NSW Opioid Treatment Education Program (formerly the Opioid Treatment Accreditation Course) is sponsored by NSW Health, and may allow NSW accreditation. The NSW course requires placement with a specialist prescriber. The session at CHS will meet the placement requirements of the NSW course.

Further information about becoming an endorsed prescriber is available on the ACT Government Opioid Dependence Treatment webpage.

Pharmacists

A Pharmacist who holds an Opioid Dependency Treatment Centre Licence under section 470 of the Medicines, Poisons and Therapeutic Goods Regulation 2008 at a community pharmacy must ensure that all pharmacists dispensing treatment have successfully completed training provided by CHS TCH Pharmacy Department to allow the safe administration and/or dispensing of opioid dependency treatment.

There may be exceptional circumstances when a pharmacy is not able to ensure trained pharmacists are present to dispense opioid dependency treatment. These situations must be discussed with Pharmaceutical Services Section and training completed at the earliest opportunity.

Pharmacists administering LAIB injections must ensure they have completed an accredited pharmacist administering medicines by injection course; and must:

- complete Opioid Dependence Treatment in the ACT - Pharmacist Training Program provided by Canberra Health Services; and
- complete accredited clinical training, covering:
    - pharmacology and pharmacokinetics of buprenorphine
    - compare available formulations, including dose titration
    - correct administration techniques
    - practical considerations for providing a LAIB service
    - recognition and management of side effects
    - documenting the service
- undergo supervised practical injection training for administration of LAIB.
    - this may be facilitated using a blended model including - attend and observe a public clinic (Canberra Health Service, Alcohol and Drug Service at The Canberra Hospital can facilitate this via appointment only) or observe a private practitioner currently providing this service.

Training program validity

Responsibility for the planning, implementation and evaluation of the training program lies with CHS.

On the successful completion of a training program, Canberra Health Services (or NSW Health) will provide a certificate to the participant.

Endorsed prescribers and pharmacists holding an Opioid Dependency Treatment licence must submit their certificate of completion of training to Pharmaceutical Services Section to apply for and maintain their endorsement or licence respectively.

Refresher Training

Endorsed prescribers and dispensing pharmacists are required to undertake refresher training delivered by CHS ADS every five years to retain their endorsement or ability to dispense opioid dependency treatment, respectively.

Complaints

Clients

Clients unsatisfied with any aspect of treatment received should first seek to resolve the complaint with the practitioner or service providing the service. See the Client Declaration and Consent Form at Appendix C.

All CHS ODT clients can provide feedback on services through the Listening and Learning forms available online at the CHS website or by mail upon written request, and at CHS services.

The ACT Human Rights Commission handles complaints about the provision of health services in the ACT and complaints about access to and integrity of health records in the ACT under the ACT *Health Records (Privacy and Access) Act 1997*.

The Health Services Commissioner can deal with complaints about all health services provided in the ACT – public and private, services provided a hospital, a general practice and all individual registered practitioners. Complaints about individual practitioners may be dealt in conjunction with the Australian Health Practitioner Regulation Agency (AHPRA). More information about this process is available on the ACT Human Rights Commission Health Services webpage.

The Commission generally tries to resolve health related complaints through conciliation with the health service or with the health practitioner. Information about the conciliation process is available on our conciliation FAQ page.

Clients who desire or require assistance with providing feedback on their treatment or who otherwise require advocacy may contact the Canberra Alliance for Harm Minimisation & Advocacy (CAHMA).

Contact details for the above services are available at Appendix A.

Medical and/or Nurse Practitioners, Nurses, Pharmacists and other Allied Health Professionals

Medical and/or nurse practitioners, nurses, pharmacists, allied health professionals or alcohol and other drug workers with a specific concern about the provision of opioid dependence treatment in the ACT should, in the first instance, seek to resolve the issue with the practitioner or service involved in the care.

Evaluation

Successful implementation of these Guidelines is expected to result in:

- Timely access to treatment from point of referral (measured by reporting average entry into treatment timeline)
- An increase in the numbers of clients receiving opioid dependence treatment in community pharmacies as opposed to ADS's public clinic
- An increase in the uptake by clients of blood borne virus screening, vaccinations for hepatitis and counselling and case management services
- Increase in client satisfaction
- An improvement in client retention on opioid dependence treatment post release from full time detention (particularly during the first three months when risk is greater for overdose and sudden death)

This document will be reviewed periodically in consultation with the sector or if there are changes to the national guidelines or local regulations.

ODT Support Services

Organisations with key roles in the provision or support of opioid dependence treatment in the ACT.

Canberra Health Services – **Alcohol and Drug Services (ADS)** with **HCSD Pharmacy Department, Canberra Hospital (TCH)** provide:

- tertiary level clinical services for those clients with the most complex needs
- clinical consultation/ liaison advice for practitioners and workers
- local training for prescribers and pharmacists (including Lead Pharmacist, MHJHADS (TCH), as appropriate)
- practical clinical placements for prescribers (including Lead Pharmacist, MHJHADS (TCH), as appropriate)
- emergency referrals for clients to Directions Health Services and Winnunga Nimmityjah Aboriginal Health and Community Service for identified priority groups such as pregnant women, people who identify as Aboriginal and/or Torres Strait Islander, people newly released from detention facilities and people with HIV.
- a point of contact for emergency coordination and client information.

ADS employs **medical specialists, nurses and allied health professionals**, in conjunction with the Lead Pharmacist, MHJHADS (TCH), as appropriate, to provide the following client services:

- clinical assessments, consultation and liaison
- supervised dispensing of opioid dependence treatment
- crisis and ongoing counselling
- support to pregnant people engaging in substance use, or concerned about returning to substance use during their pregnancy.
- mental health assessments and referral to Mental Health ACT for those with moderate to severe mental health problems.
- arranging transfer of clients receiving opioid dependence treatment from ADS to community prescribing and/or dosing.
- Blood-borne virus screening, hepatitis B vaccinations, and referrals to other services.
- manage incentive payments to community pharmacies dispensing opioid dependence treatment.
- assist pharmacists and prescribers with arranging interstate and overseas client transfers
- assist pharmacists with client opioid pharmacotherapy issues requiring the direct or immediate involvement of the Lead Pharmacist, MHJHADS (TCH)
- maintain records of prescribers and pharmacists that have undergone training and placements.
- maintain a register of the names of clients currently on opioid dependence treatment at ADS, their prescribers, their dose (name and amount and unsupervised takeaways) and their pharmacy (for tier 1 and 2 clients).

The role of **HCSD Pharmaceutical Services, Health Protection Service** is to:

- Be the delegated authority of the Chief Health Officer under the *Medicines, Poisons and Therapeutic Goods Act 2008*.
- Consider applications from prescribers for endorsement to treat drug dependency
- Consider applications from prescribers for *Approval to Prescribe* a controlled medicine for each client on opioid dependency treatment
- Consider applications from community pharmacies for an Opioid Dependency Treatment Licence.
- Maintain records of all prescriber endorsements, approvals and pharmacy licences issued in the ACT.
- Provide education and training to ensure prescribers can access and utilise Canberra Script.

The role of **HCSD Alcohol, Tobacco, and Drug (ATOD) Policy Team** is to:

- Undertake policy functions regarding alcohol and other drug issues
- Convene the Opioid Treatment Advisory Committee (OTAC)
- Co-ordinate ACT Government funding to non-Government AOD organisations

The role of the **Alcohol Tobacco and Other Drug Association ACT (ATODA)** is to:

- Represent the alcohol, tobacco and other drug sector in the ACT.
- Promote health through the prevention and reduction of harms associated with alcohol, tobacco and other drugs.
- Coordinate, support and assist organisations and individuals to provide services that prevent and reduce the harms associated with alcohol, tobacco and other drugs.
- Develop, implement, coordinate, evaluate and promote key sector support activities.

Directions Health Services, through the Althea Wellness Centre primary health clinic, delivers integrated services including:

- Clinical care and support for individuals receiving opioid dependence treatment (ODT).
- Clinical assessment and prescribing for ODT
- Medication management and reviews
- Case management provided by Alcohol and Other Drug (AOD) practitioners
- Mental health assessment and counselling
- Blood-borne virus screening and treatment, including hepatitis B vaccination
- Wound and vein care
- Sexual health checks
- Chronic disease management
- Referral to specialist health and support services (e.g. Canberra Sexual Health Centre and Canberra Hospital Liver Clinic)

The role of **Winnunga Nimmityjah Aboriginal Health and Community Services** is to provide:

- a culturally safe holistic health service for the Aboriginal people of the ACT and surrounding areas
- comprehensive clinical assessments including Aboriginal health checks and care plans
- crisis and ongoing counselling
- comprehensive, holistic and culturally appropriate case management and assessments for clients receiving their opioid dependence treatment from Winnunga Nimmityjah
- key workers to provide case management for clients leaving corrections facilities
- counselling, advocacy, community education and mental health assessments, blood borne virus screening, including hepatitis B vaccinations and hepatitis C treatments
- a dedicated opioid drug nurse to work with clients on opioid dependence treatment.

The role of **Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)** is to provide:

- advocacy and treatment support
- information through a peer-based users group run by and for, past or current illicit or injecting drug users, their friends and families
- training to administer naloxone, for people who use drugs, significant others, and service staff.

The role of **Canberra Health Services – Justice Health Services** is to provide:

- clinical assessments for ODT
- supervised dosing of opioid dependence treatment
- transfer of care for clients receiving opioid dependence treatment between Justice Health Services at detention facilities and community prescribing and dosing

The role of **The Connection** is to provide:

- advocacy support
- treatment support
- peer-based information for Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander youth who are current or past illicit or injecting drug users, their families and friends.

The Pharmacy Guild of Australia, ACT Branch
Community pharmacists may raise concerns regarding systemic aspects of opioid treatment in the ACT through the Pharmacy Guild of Australia, ACT Branch for resolution by ACT Health. ACT Health will endeavour to address problems of mutual concern to clients and the managing of overarching operation of opioid treatment in the ACT in consultation with relevant stakeholders.

Capital Health Network (CHN) provides support to primary care services through the coordination of educational initiatives and engagement with individual practices to understand their specific needs. This includes directing practices to relevant programs and resources that support capability development.

In doing so, CHN will:

- Champion the role of primary care within the ACT health system
- Promote and disseminate best practice, evidence-informed, and innovative models of care
- Facilitate education and training opportunities for healthcare professionals working in primary care settings

Organisations and services provided in support of Opioid Dependence Treatment

Gugan Gulwan Youth Aboriginal Corporation – Drug and Alcohol Program for young people (25 years and under) support advocacy information and education.

Ted Noffs Foundation – crisis and ongoing counselling for young people (e.g. under 18 years) case management for young people.

Toora Women Inc – crisis and ongoing counselling for women.

Blood-borne viruses and sexually transmitted diseases support services

Hepatitis ACT - Hepatitis ACT is the Canberra community hepatitis organisation, funded by ACT Health to deliver a range of viral hepatitis related services. These include information, education, training, support, health promotion, prevention, advocacy and referral. Practitioners and workers can refer clients and their family members for confidential no-cost services and support at Hepatitis ACT.

Canberra Sexual Health Centre – Canberra Health Service - Canberra Sexual Health Centre is a free service for the testing and treatment of sexually transmissible infections.

Support services for pregnant women

Canberra Health Services Alcohol and Drug Services Consultation Liaison Services (CHS ADS CL) provides support to pregnant people engaging in substance use or is concerned about returning to substance use during their pregnancy**.**

Appendix A – Support Services Contact Details

Service and website	Address	Contact details
Canberra Health Services – Alcohol and Drug Services canberrahealthservices.act.gov.au/services-and-clinics/alcohol-and-drug-services	Building 7, Canberra Hospital Garran ACT 2605	Phone: (02) 6244 2591 Fax: (02) 6174 7176
Canberra Health Services - Justice Health Services Justice health - Canberra Health Services	GPO Box 825 Canberra City ACT 2601	Phone: (02) 6207 2843
ACT Health – Consumer Feedback Coordinator, Patient Safety and Quality Unit Consumer and carer feedback - Canberra Health Services	PO Box 11 Woden ACT 2601	Phone (02) 6207 7627 healthfeedback@act.gov.au
ACT Health Services Commissioner hrc.act.gov.au/health/	GPO Box 158 Canberra City ACT 2601	Phone: (02) 6205 2222 Fax: (02) 6207 1034 Human.rights@act.gov.au
Canberra Health Services – Pharmacy Department, Canberra Hospital https://www.canberrahealthservices.act.gov.au/before,-during-and-after-your-care/staying-at-canberra-hospital	Building 1, Level 2, Canberra Hospital Garran ACT 2605	Phone: (02) 6244 2121 Fax: (02) 6244 4624 pharmacyreception@act.gov.au
Health and Community Services – Pharmaceutical Services https://www.act.gov.au/health/prescribing-controlled-and-monitored-medicines	Locked Bag No. 5005 Weston Creek ACT 2611	Phone: (02) 5124 9208 Fax: (02) 5124 9309 hps@act.gov.au
Meridian ACT www.meridianact.org.au/	Havelock House 85 Northbourne Ave Turner ACT 2612	Phone: (02) 6257 2855 Fax: (02) 6257 4838 contact@meridianact.org.au
Alcohol, Tobacco and Other Drug Association ACT (ATODA) www.atoda.org.au/	PO Box 7187 Watson ACT 2602	Phone: (02) 6249 6358 info@actoda.org.au
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) www.cahma.org.au/	Shop 17 Churches Centre 54 Benjamin Way, Belconnen ACT 2617	Phone: (02) 6253 3643 info@cahma.org.au
Canberra Sexual Health Centre https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/canberra-sexual-health-centre-cshc	Building 5 (North Wing) Canberra Hospital Garran ACT 2605	Phone: (02) 6244 2184 Fax: (02) 6174 8200
Capital Health Network www.chnact.org.au	2/1 Geils Ct Deakin ACT PO BOX 9 Deakin West ACT 2600	Phone: (02) 6287 8099 Fax: (02) 6287 8055 reception@chnact.org.au
Directions Health Services www.directionshealth.com	Level 6, Cosmopolitan Centre, Woden Square Woden ACT 2606	Phone: (02) 6132 4800 reception@directionshealth.com
Gugan Gulwan Youth Aboriginal Corporation http://www.gugan-gulwan.com.au/	Gratton Court Wanniassa ACT 2903	Phone: (02) 6296 8900
Hepatitis ACT	36 David St	Phone: (02) 6230 6344

http://hepatitisact.com.au/	Turner ACT 2612 PO Box 6259 O'Connor ACT 2602	Fax: (02) 6230 6266 info@hepatitisACT.com.au
Pharmacy Guild of Australia, ACT Branch www.guild.org.au/guild-branches/act	Level 3, 10 National Circuit Barton ACT 2600 Postal: PO Box 13 Deakin West ACT 2600	Phone: (02) 6270 8900 Fax: (02) 6270 8910 Guild.act@guild.org.au
Ted Noffs Foundation www.noffs.org.au	PO Box 120 Randwick NSW 2031	Phone: (02) 6123 2400 Or 1800 151 045 team@noffs.org.au
The Connection The Connection | Programs | CAHMA	Shop 15 NorthPoint Plaza, 8 Chandler St Belconnen ACT 2617	Phone: (02) 6279 1671 theconnection@cahma.org.au
Toora Women Inc http://www.toora.org.au/		Phone: (02) 6248 8600 wired@toora.org.au
Winnunga Nimmityjah Aboriginal Health and Community Service www.winnunga.org.au	63 Boolimba Crescent Narrabundah ACT 2604	Phone: (02) 6284 6222 Fax: (02) 6284 6200

Appendix B – Oral and sublingual ODT Induction Form

Name:		DOB:
Methadone / Buprenorphine	Date of first dose: ____ / ____ / ____	Start dose: ____ mg

Methadone – consider: _____	Buprenorphine – consider: _____
• Doses above 30mg may be fatal in opiate naïve people • Overdose risk: do not administer a dose if a patient is intoxicated or sedated (because of risk of fatal respiratory depression) • There is a progressive increase in plasma levels of methadone during the first seven days of treatment on a stable dose • Review daily before each dose to monitor for opiate toxicity • No risk of precipitated withdrawal • First doses in the range 20 – 40mg • Dose at end of the first week should be no greater than 40mg	• Precipitated withdrawal risk: should only start treatment once there is evidence of withdrawal (8 – 12hrs after last heroin, more than 24hrs after last methadone) • High dose rapid induction is safe and effective. Start at 8mg and aim for 16mg by day three • Rapid induction produces side effects in some patients: dizziness, nausea, sedation and headache are common, usually self-limiting, may require dose reduction • Less risk of respiratory depression than with full agonists. However, fatal overdose can occur when buprenorphine is combined with alcohol or benzodiazepines. Patients should be warned of risk and not dosed if intoxicated

Signs of withdrawal – rate 1 for symptoms present or not for SOWS

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Hot/cold sweats						
Cramps/diarrhoea						
Leg/back pain						
Anxiety/insomnia						
Runny eyes/nose						
Total SOWS						

For patients scoring greater than 5 by day 3, discussion with the prescriber is warranted as starting dose may have been inadequate. For patients reporting 3 or lower after day 3, reassurance and suggestion of over-the-counter symptomatic medication is indicated.

Signs of intoxication – yes or no where indicated

Reported using drugs • Type • How many hours ago						
Intoxicated						
Drowsy						
Uncoordinated/clumsy						
Smells of alcohol						
Pupil constriction						
Dis-inhibition						
Drooling/dizziness						

Patients reporting concurrent use of other sedative medications (benzodiazepines, alcohol) need to be reminded of the risks of their use, as well as signs and symptoms of over-sedation. If the patient is intoxicated the dose should be withheld and discussion with the prescriber determining whether a dose will be given that day.
All discussions with the patient and/or prescriber should be written in the clinical file. When completed, this form should be placed in the patient notes.

Appendix C – Client Declaration and Consent Form

I, the person identified below, declare that it is my wish to commence opioid dependence treatment in the ACT.

(Name)	(Date of birth)
(Current address)	

I acknowledge that in order to commence opioid dependence treatment in the ACT, I:

- consent to opioid dependence treatment;
- agree that my prescriber and pharmacist may share the following information with ACT Health and Community Services Directorate:
    - my name and date of birth
    - identification as an Aboriginal and/or Torres Strait Islander person
    - the name of my prescriber, the name of my dosing pharmacist
    - my treatment type and dose including information relating to my access to unsupervised (take away) dosing
- agree to ACT Health and Community Services confirming with NSW Health that I am not currently registered as a client of the opioid dependence program in New South Wales;
- agree that the information listed above may be shared with an alternative prescriber or pharmacist in the event of:
    - an emergency where prior arrangements have not been made for a transfer to an alternative prescriber or pharmacy (e.g., a fire or storm that causes records or premises to be destroyed, or the prescriber's incapacitation due to death, illness or injury)
- agree that the information listed above may be shared the relevant medical officer in the event of:
    - my detention at the police watch house
    - my detention elsewhere in the ACT or interstate
    - my admission to a hospital in the ACT or interstate.

I acknowledge that in order to commence opioid dependence treatment in the ACT I have been advised by my prescriber about:

- the nature of opioid dependence treatment (including the aims, what it can and cannot achieve, known benefits and alternative treatments)
- the applicable policies (including the frequency of and procedures for dosing, urine drug screening, dosing hours, guidelines for takeaway doses, and clinic or pharmacy schedule of appointments)
- general and specific expectations of conduct
- the likely timeframes for being in treatment
- the side effects and risks associated with treatment
- timing of first dose
- the potential effect on activities such as driving motor vehicles and operating machinery
- the risks of other drug use (including alcohol, tranquilizers, sleeping pills, heroin and other opioids) while receiving opioid dependence treatment
- that treatment, once commenced, should not be stopped suddenly

I have also been:

- provided with written information if appropriate regarding all the health and safety information outlined above
- offered screening for bloodborne viruses and sexually transmitted diseases
- advised of the need to inform my prescriber as soon as I become aware that I am pregnant.

Should I be unsatisfied with any aspect of my treatment I will endeavour in the first instance to seek to resolve the complaint by talking to the prescriber or pharmacist.

I am aware that I also have the option to have a person advocate on my behalf in seeking resolution of concerns or disputes, if I choose. This advocate may be a consumer or consumer organisation representative such as the Canberra Alliance for Harm Minimisation and Advocacy or a representative of an alcohol and drug support service such as Directions Health Services or a representative of the Pharmacy Guild of Australia, ACT Branch.

- Canberra Alliance for Harm Minimisation and Advocacy: (02) 6253 3643
- Directions Health Services (02) 6132 4800.

If a resolution cannot be reached, I may consider the following options:

- Providing feedback via forms available at ACT Health services or the ACT Health Listening and Learning website http://www.health.act.gov.au/feedback/consumer-feedback
- Writing to the ACT Health Services Commissioner via GPO Box 158, Canberra City ACT 2601 or E-mail: human.rights@act.gov.au. You will need to complete the Health Services Complaint Form which can be downloaded from http://www.hrc.act.gov.au/health/

(Client signature)	(Date)
(Prescriber signature and name)	

PRESCRIBER TO FAX THIS COMPLETED FORM TO
Alcohol and Drug Services (ADS) The Canberra Hospital
Phone: (02) 6244 2591 | Fax: (02) 6174 7176 | Address: GPO Box 825 Canberra City ACT 2601

Appendix D – Client Stability Assessment

(Client Name)	
(Client Date of Birth)	(Unique Identifier for Client)

Methadone and buprenorphine/naloxone are Schedule 8 Medications (controlled medicines), subject to misuse and diversion. Methadone-related deaths occur each year as a result of misuse of takeaway doses by clients and other individuals in the community. Methadone is toxic in overdose and it has a low therapeutic index. Children are particularly vulnerable to overdose.

When an assessment for takeaway doses is made, consideration is given to:

- Is the client managing the day-to-day aspects of their life?
- general health
- dosing record
- Concurrent hazardous use of other drugs

Client access to unsupervised (takeaway) dosing will depend on the following conditions:

- Prescriber must authorise takeaway doses
- Takeaway doses should be available only to clients who are adequately stabilised on the program
- Daily doses for at least three months before qualifying for an unsupervised (takeaway) dose
- Takeaway doses should not be available if there is concern the medication will be misused
- Suitability for takeaway doses should be reassessed at each regular patient medical review.

Contraindications to takeaway dosing	Yes	No	Comments
Unstable pattern of substance use, including hazardous use of alcohol, illicit drugs, benzodiazepines or other sedating medications.			
Notification by the pharmacist or dosing staff of repeated intoxication on presentation for dosing.			
Significant unstable psychiatric conditions, including active psychosis, significant suicidal ideation and moderate-to-severe depression.			
Significant concerns regarding child safety in relation to provision of takeaway doses.			
Significant current concerns regarding the likelihood of the client diverting or otherwise misusing takeaway doses.			

Note: If "Yes" to any of the above contraindications, it is recommended that takeaway doses not be provided. This decision can be reviewed at next medical review.

Child Safety statement

I have informed the patient of the requirement to keep their takeaway medication in a safe locked container away from the reach of children. I have advised that the medication is dangerous, if others, particularly children, ingest it.

(Prescriber's Name)	(Signature)	(Date)

Appendix E – Stopping Treatment Form

(Name)	(DOB)

*Note: if a client is being transferred from methadone and buprenorphine, or vice versa, with the **same** prescriber, do not lodge this form.*

Address: _____

_____

Suburb: _____ Postcode: _____

Is the client EXITING an opioid dependence treatment program identified below?

❑ Methadone ❑ Buprenorphine ❑ Buprenorphine depot ❑ Buprenorphine and naloxone film

Date of ENTRY to CURRENT episode of care *(month/year)*: ____ / ____

Date of last dose of methadone / buprenorphine / buprenorphine and naloxone dispensed on CURRENT PRESCRIBER'S PRESCRIPTION, including any takeaways: ____ / ____ / ____

LAST DOSE of methadone or buprenorphine or buprenorphine and naloxone: ____mg

Reason for exiting treatment (tick one box only):

❑ Client did not commence program

❑ Program incomplete (mutual agreement)

❑ Successfully completed program

❑ Did not pick up opioid dependence treatment

❑ Treatment terminated involuntarily.

Reason for involuntary termination: _____

❑ Hospitalisation or transfer to other health institution

❑ Community transfer with ACT (from one community prescriber or dosing point to another)

Specify new prescriber/dosing point: _____

❑ Transfer from community to gaol prescriber

❑ Transfer from gaol to community prescriber

Specify new prescriber/clinic: _____

❑ Transfer to interstate opioid dependence treatment program

❑ Client deceased Date of death: ____ / ____ / ____

❑ Other, *Specify:* _____

_____	_____	_____	____ / ____ / ____
Signature (of person discharging client)	Print name	Designation	Date

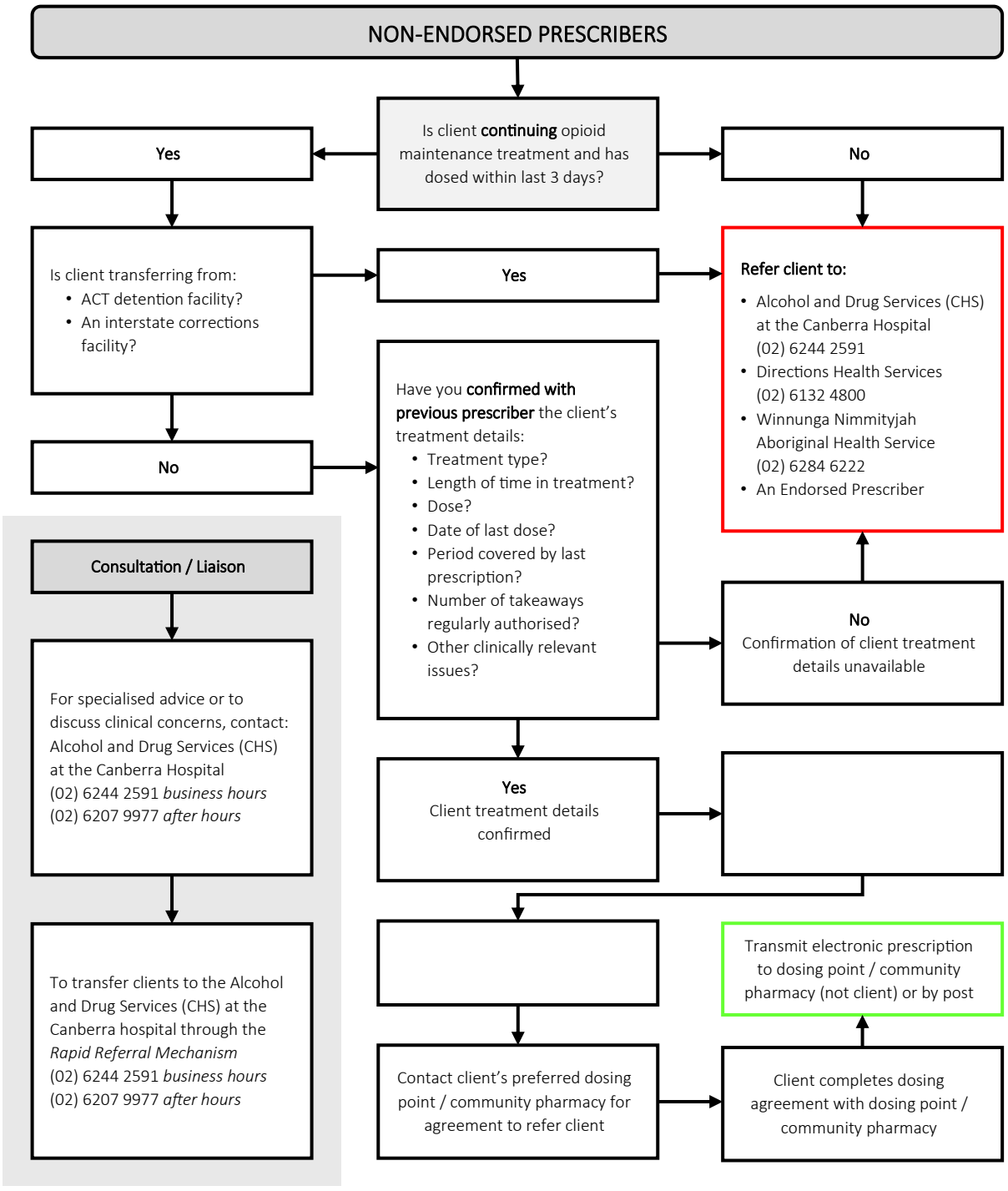
Prescriber/Pharmacist/ADS Clinic: _____

Address: _____

_____

OFFICE USE ONLY: Date entered: ____ / ____ / ____ ACTPAS referral closed: ____ / ____ / ____

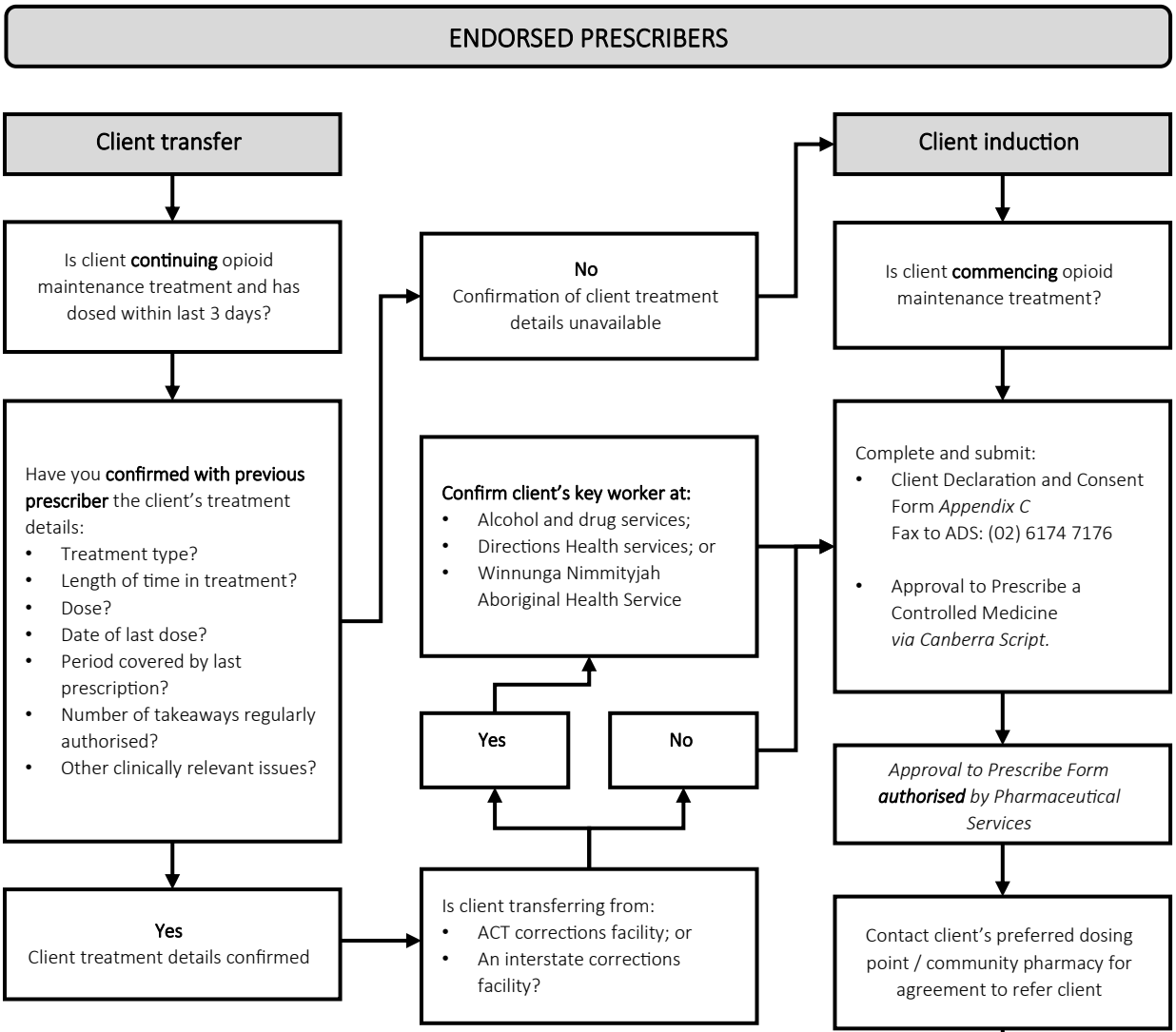
Appendix F – Non-Endorsed Prescribers



For relevant forms and access to the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014) http://health.act.gov.au/health-services/mental-health-justice-health-alcohol- drug-services/programs/alcohol-drug-service/opioid-maintenance-treatment

or contact Pharmaceutical Services on (02) 5124 9208.

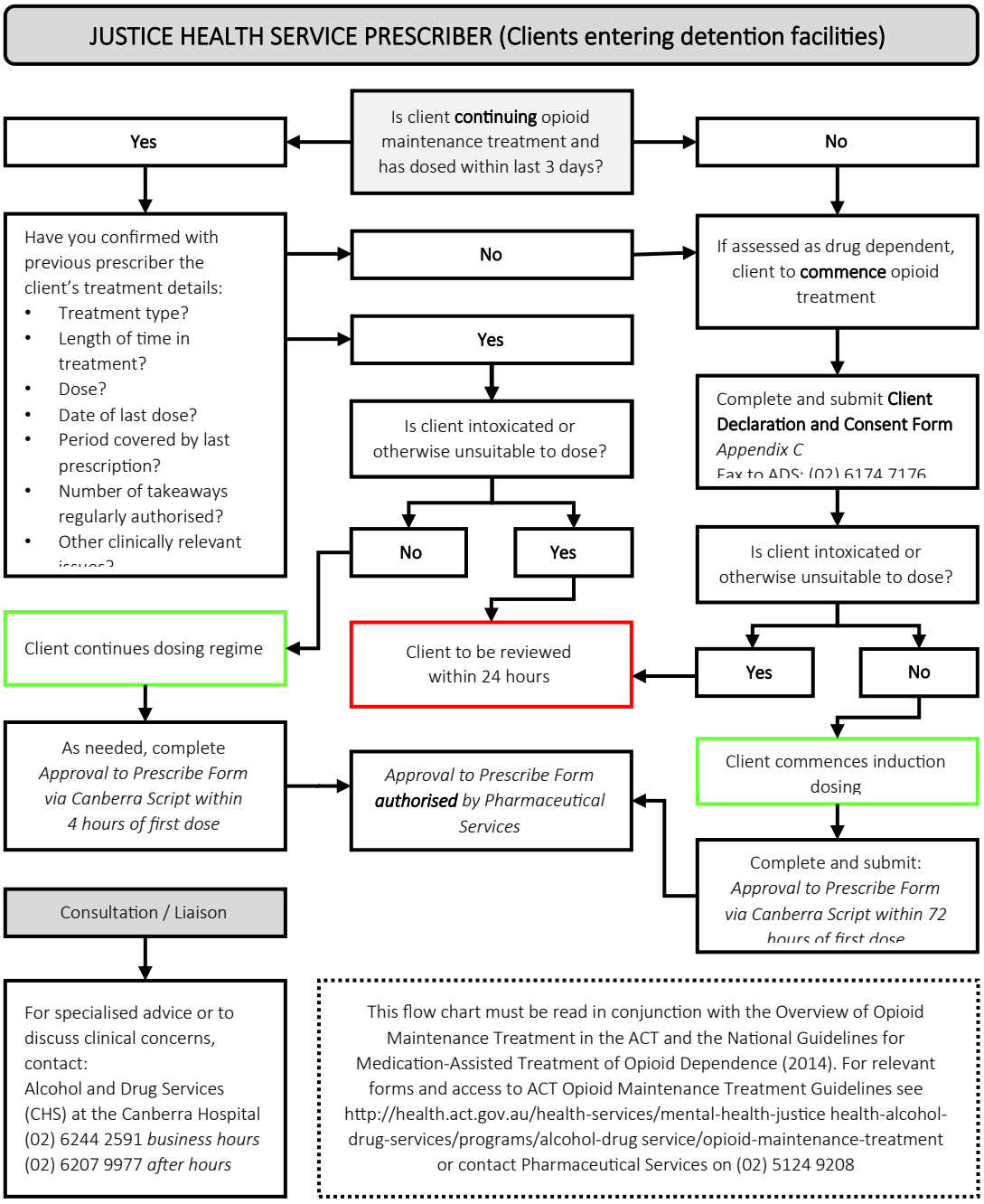
Appendix G – Endorsed Prescribers



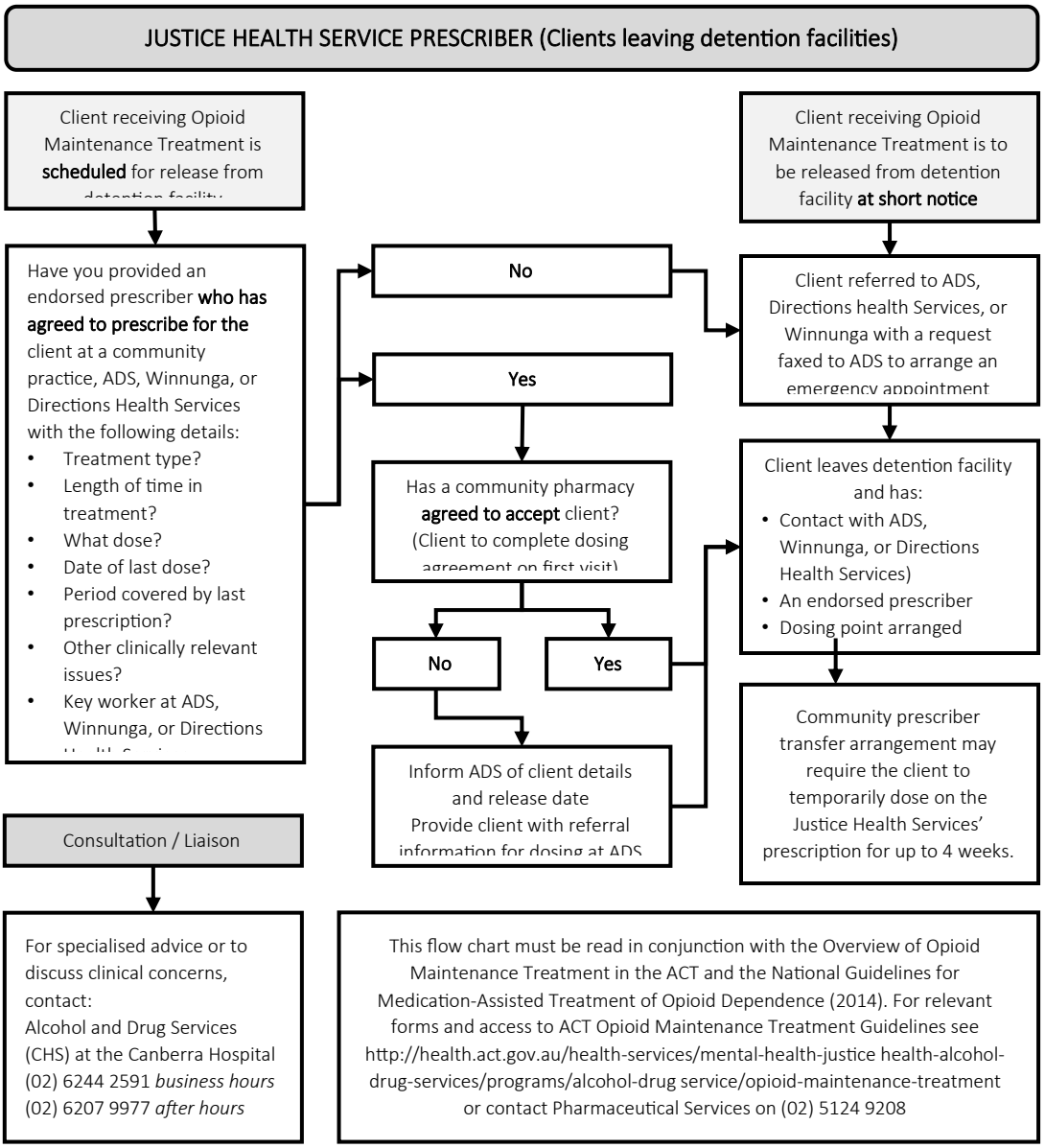
For relevant forms and access to the National Guidelines for Medication-Assisted Treatment of Opioid Dependence (2014) http://health.act.gov.au/health-services/mental-health-justice-health-alcohol- drug-services/programs/alcohol-drug-service/opioid-maintenance-treatment

or contact Pharmaceutical Services on (02) 5124 9208 or by email pss@act.gov.au

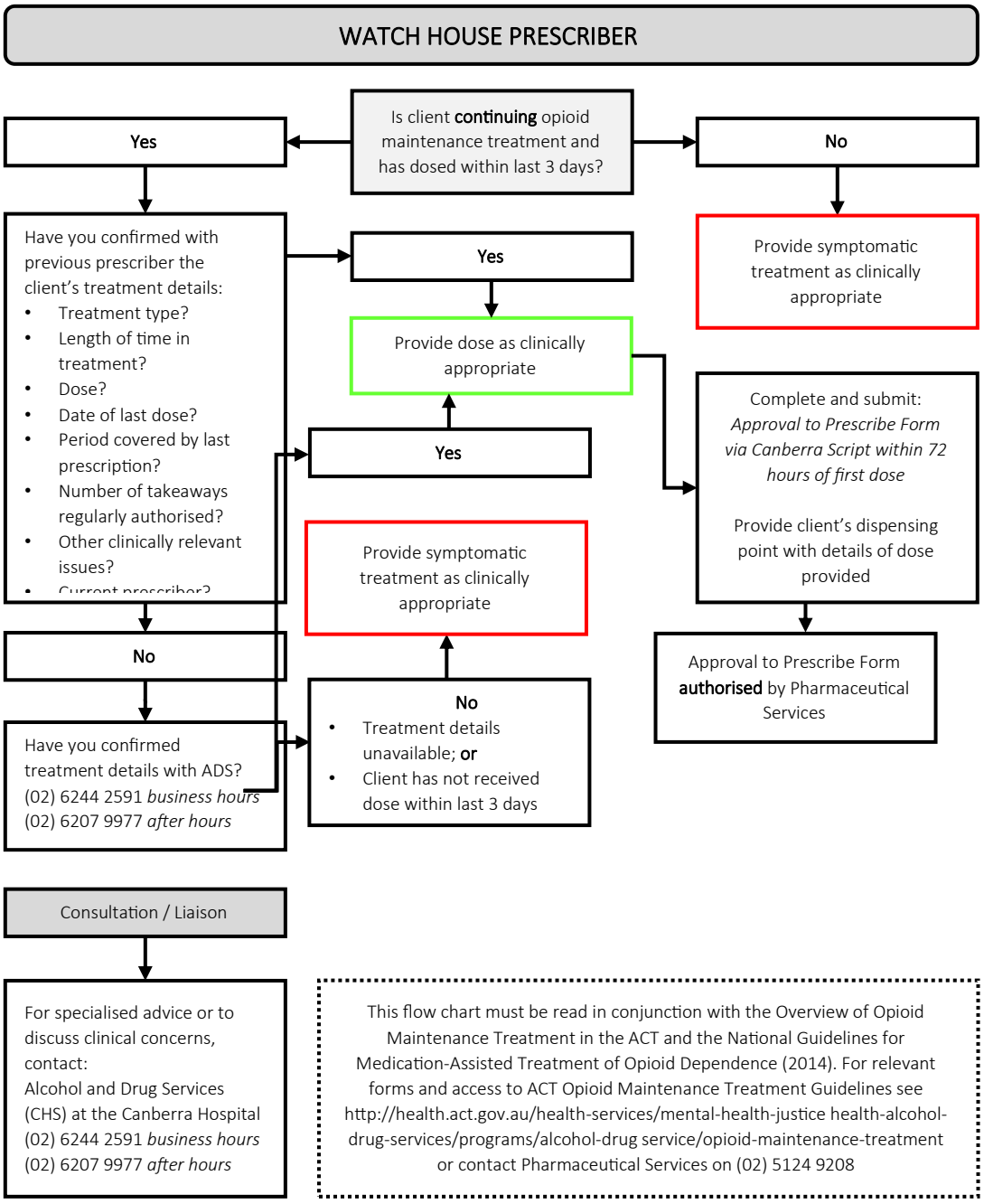
Appendix H – Justice Health Services Prescribers (clients entering detention)



Appendix I – Justice Health Service Prescriber (clients leaving detention)



Appendix J – Watch House Prescriber



Appendix K – Unsupervised (Takeaway) Doses of Methadone

Important information for people on opioid dependence treatment (ODT) about unsupervised (takeaway) doses of methadone.

In the ACT, everyone starts ODT with supervised daily dosing. Unsupervised dosing, or takeaway doses, may be available to you when you have been in treatment for at least 3 months and you are progressing towards your agreed treatment goals. Having takeaway doses can improve your treatment by allowing you to manage your work/school/childcare commitments better, and help you get back into a settled life.

The benefits of takeaway doses can include the following:

- You and the pharmacy can agree to a mutual weekly schedule
- Enhanced integration into the community
- Improved autonomy in the management of your medication and treatment in general
- Enhanced capacity to obtain and maintain employment
- Reduces the stigma associated with attending dosing points, particularly where there are confidentiality concerns
- Convenience of treatment
- Reduced costs associated with daily dosing at community pharmacies (e.g. Higher travel costs of accessing the centralised clinic compared with accessing the local pharmacy)
- Decreased likelihood of ceasing treatment prematurely

Access to unsupervised dosing is decided by your prescriber. Your individual circumstances are an important consideration.

When checking how well you are progressing in treatment your prescriber may consider the following things:

- Your management of your day-to-day life
- Your general physical and mental health
- Your dosing record
- Current hazardous use of other drugs and alcohol.

Unsupervised (takeaway) doses of methadone may be prescribed by your prescriber as outlined in the following table for persons that have been clinically assessed as stable in treatment.

Length of time in treatment (months)	Methadone takeaway doses (per week)	Comments
0 - 3	0	Special circumstances may allow one dose
3 - 5	2 per week	Not consecutively
5-7	2 per week	Maximum 2 consecutive
7 – 9	3 per week	Methadone – maximum 2 consecutive
>9	4 per week	

If you think you are stable enough to receive more takeaway doses per week you need to talk about this with your prescriber who would have to get additional approval from the Chief Health Officer (CHO) for this. Your prescriber must provide the CHO with their assessment of how well you are progressing in treatment.

Methadone is dangerous to people who it is not prescribed for. You should always store takeaway doses in a secure place, out of the reach of any children, and other potential users, and not in a refrigerator.

Transferring to the ACT

If you have transferred to the ACT your takeaway doses will need to be assessed by your new prescriber who may not continue the same takeaway arrangements as your previous prescriber.

Revising Unsupervised Dosing

Your prescriber may decide to start split dosing, or revise or stop unsupervised dosing for you altogether if they think your treatment is not progressing well. Split dosing may involve one half dose being administered under the usual supervision of the pharmacist or their staff, and the remaining half dose being dispensed by the pharmacist as a takeaway. If any of these changes happen you have the right to be told why and be given the opportunity to talk about this with your prescriber and question the decision. You have the right to an advocate (someone who can present your case for you or just be with you) whenever you talk to your prescriber.

Volume Expansion

Volume expansion is the addition of an appropriate diluent to your methadone takeaway. This may reduce the toxic effect if the preparation is accidentally consumed by someone else. In the ACT, volume expansion of methadone takeaway to 100ml is standard practice.

For more information talk to your prescriber or contact Canberra Health Services - Alcohol and Drug Services on 6244 2591.

Other information factsheets produced for people on opioid dependence treatment include:

- Methadone Treatment and ECG Screening
- Unsupervised (Takeaway) Doses of Suboxone
- Opioid Dependence Treatment (ODT) and Urine Drug Screening.

Appendix L – Unsupervised (Takeaway) Doses of buprenorphine-naloxone

Important information for people on opioid dependence treatment (ODT) about unsupervised (takeaway) doses of buprenorphine-naloxone (suboxone)

In the ACT, everyone starts ODT with supervised daily dosing. Unsupervised dosing, or takeaway doses, may be available to you when you have been in treatment for at least 3 months and you are progressing towards your agreed treatment goals. Suboxone is a treatment that has the potential to have unsupervised dosing of up to 28 days. For this reason, it is the treatment that gives you the most potential freedom. Having takeaway doses can improve your treatment by allowing you to manage your work/school/childcare commitments better, and help you get back into a settled life.

The benefits of takeaway doses can include the following:

- You and the pharmacy can agree to a mutual weekly schedule
- Enhanced integration into the community
- Improved autonomy in the management of your medication and treatment in general
- Enhanced capacity to obtain and maintain employment
- Reduces the stigma associated with attending dosing points, particularly where there are confidentiality concerns
- Convenience of treatment
- Reduced costs associated with daily dosing at community pharmacies (e.g. Higher travel costs of accessing the centralised clinic compared with accessing the local pharmacy)
- Decreased likelihood of ceasing treatment prematurely.

Access to unsupervised dosing is decided by your prescriber. Your individual circumstances are an important consideration.

When checking how well you are progressing in treatment your prescriber may consider the following things:

- Your management of your day-to-day life
- Your general physical and mental health
- Your dosing record
- Current hazardous use of other drugs and alcohol.

Unsupervised (takeaway) doses of buprenorphine/naloxone are permitted as outlined in the following table for persons that have been clinically assessed as stable in treatment.

Length of time in treatment (months)	Buprenorphine/Naloxone	Comments
0-1	0	Special circumstances may allow one dose
1-3	2	Not consecutively
3-5	4	Maximum 2 consecutive
5-7	6	
7-9	13 per fortnight	2 weeks unsupervised dosing
9-12	27 per 28 days	4 weeks unsupervised dosing

If you think you are stable enough to receive more takeaway doses you need to talk about this with your prescriber who would have to get approval from the Chief Health Officer (CHO) for this. Your prescriber must provide the CHO with their assessment of how well you are progressing in treatment.

Transferring to the ACT

If you have transferred to the ACT your takeaway doses will need to be assessed by your new prescriber who may not continue the same takeaway arrangements as your previous prescriber.

Revising Unsupervised Dosing

Your prescriber may decide to revise or stop unsupervised dosing for you altogether if they think your treatment is not progressing well. If any of these changes happen you have the right to be told why and be given the opportunity to talk about this with your prescriber and question the decision. You have the right to an advocate (someone who can present your case for you or just be with you) whenever you talk to your prescriber.

For more information talk to your prescriber or contact Canberra Health Services - Alcohol and Drug Services on 6244 2591.

Other information factsheets produced for people on opioid dependence treatment include:

- Unsupervised (takeaway) Doses of Methadone
- Methadone Treatment and ECG Screening
- Opioid Dependence Treatment and Urine Drug Screening.

Appendix M – Methadone Treatment and ECG Screening

Important information for people on methadone opioid dependence therapy on why your prescriber may recommend an electrocardiogram (ECG)

As part of your check-up for methadone opioid dependence therapy, your prescriber may recommend that you have an ECG screening. The ECG measures the electrical activity of the heart and records any problems with the heart's rhythm.

Methadone may have an effect on the electrical activity of the heart, and this may lead to an abnormal heart rate or heart rhythm and sudden death in some cases. This effect can be measured as a change in the ECG.

ECG screening may be recommended by your prescriber when you have the following risk factors:

- History of abnormal heart rate or heart rhythm
- Family history of early sudden cardiac death
- History of injecting use of methadone
- Current use of other drugs that increase the risk of an abnormal heart rate or heart rhythm.

Some studies suggest that people on more than 100mg methadone daily are at a higher risk of the effect on the electrical activity of the heart and for this reason ECG screening is recommended for these people. ECG screening may be required at regular intervals to monitor the risk of this rare but possible serious side effect during treatment with methadone.

Any person thought to be at risk should be closely monitored and managed, which may include reducing the dose of methadone or switching to buprenorphine dependence treatment.

Other information factsheets produced for people on opioid dependence treatment include:

- Unsupervised (Takeaway) Doses of Methadone
- Unsupervised (Takeaway) Doses of Suboxone
- Opioid Dependence Treatment and Urine Drug Screening.

For more information talk to your prescriber or contact Canberra Health Services - Alcohol and Drug Services on (02) 5124 2591.

Appendix N – ODT and Urine Drug Screening

Important information for people on opioid dependence treatment (ODT) about urine drug screening

In checking your progress on ODT your prescriber will consult you and together decide how you are going. Things to consider include:

- Your management of your day-to-day life
- Your general physical and mental health
- Whether you are dosing regularly

While on ODT you may be asked if you would like to do a urine drug screen. Urine drug screening is not mandatory and only happens after your prescriber has talked about this with you. **The practice of routine urine drug screening ceased in the ACT in late 2012.** If you have concerns and wish to decline a urine drug screen, you should discuss this with your prescriber.

Urine drug screening is only one of a number of signs of how you are progressing in treatment. Your prescriber should also consider the things in your life that you are managing well and should talk to you about how you are progressing against all the goals in your treatment plan.

Urine drug screening is most useful to your prescriber or clinic when:

- You start treatment
- When your prescriber would like to confirm what you tell them
- If you would like to commence or increase takeaway doses
- There are concerns about how you are progressing in the treatment program. For instance, if your illicit drug use appears to still be impacting negatively on you.

If you are having issues meeting all your goals talk to someone before it gets more difficult. You could ask your prescriber, the clinic, your pharmacist or a community alcohol and drug agency for help and support. In the ACT, whilst the use of urine drug screening is not mandatory, it may be required in some circumstances and will be determined on an individual basis by the prescriber in discussion with the client.

If you already provide urine drug screens for other places, like Probation and Parole, or Care and Protection, the clinic can use these results; you just need to give your permission for this to happen.

For more information, please contact Canberra Health Services - Alcohol and Drug Services on (02) 5124 2591.

Other information factsheets produced for people on opioid dependence treatment include:

- *Unsupervised (Takeaway) Doses of Methadone*
- *Methadone Treatment and ECG Screening*
- *Unsupervised (Takeaway) Doses of Suboxone.*

Appendix O – Interstate Transfer of ODT Clients out of the ACT

(Transfers arranged by Canberra Health Services - Alcohol and Drug Services)

Note: It is an option for the community prescribers to seek assistance from Alcohol and Drug Services to facilitate their client transfers.

Temporary Transfer (< 4wks)
As soon as possible and within 10 working days' notice

Permanent Transfer (> 4wks)
At least 4 weeks' notice with a 4-week valid script. The client is responsible for finding a suitable prescriber

Canberra Health Services - Alcohol and Drug Services will assist by:

1. **<u>NSW, VIC, SA & QLD temporary and permanent transfers</u>** - locate dosing point and contact clinic or pharmacy. For NSW, PSB approval form to be completed and ADS to provide a script with allocated pharmacy name. For VIC, provide a script with allocated pharmacy name. For QLD, QOTP must be contacted for appropriate jurisdictional paperwork.

2. **<u>WA, NT & TAS temporary (<4wks) and permanent (>4wks) transfers</u>** – contact Drugs of Dependence Unit and they will locate MO and dosing point. Medical review is to be completed by prescriber in the relevant state

In all permanent (>4 weeks) transfers, the transferring prescriber is required to forward a written referral to the arranged prescriber.

Once a client has been accepted, Canberra Health Services – Alcohol and Drug Services supplies the following information to the arranged prescriber if available:

1. Referral, medical history, prescription
2. Photo ID
3. Dosing history (sent just prior to transfer)

Alcohol and Drug Services complete the relevant paperwork and informs both the client and the pharmacy

Appendix P – Transfer of ODT Clients into the ACT

(Transfers arranged by Canberra Health Services – Alcohol and Drug Services.)
Note: It is an option for the community prescribers to seek assistance from

Alcohol and Drug Services to facilitate with their client transfers.
Outside contact made via ADS Intake line: 02 6207 9977