

Methadone and other Opioid Substitution Treatment

Document Type	Guideline
Function	Clinical Practice, Patient Care
Directorate(s)	All Directorates (excluding Child Health)
Department(s) affected	All department with adults requiring opioid substitution treatment
Applicable for which patients, clients or residents?	Adult patients requiring opioid substitution treatment
Applicable for which staff members?	All clinicians
Key words (not part of title)	n/a
Author - role only	Principal Pharmacist - Clinical Services
Owner (see ownership structure)	Chief Medical Officer
Edited by	Clinical Policy Advisor
Date first published	March 2007
Date this version published	31 July 2017 - updated
Review frequency	3 yearly
Unique Identifier	CP01/BRD/100 – v04.00 <i>(reclassified from NMP200/NWI/031 – v03.00)</i>

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1. Purpose of guideline

The purpose of this guideline is to ensure staff members are aware of the process to follow when administering methadone or other opioid substitution treatment (OST) to any adult inpatient within Auckland District Health Board (Auckland DHB).

2. Definitions

What is Opioid Substitution Treatment (OST)?

Opioid in this context refers specifically to the prescribing, dispensing and administering of opioids for the purpose of addiction treatment. Whilst methadone is the most common treatment option, alternate opioids are occasionally used such as buprenorphine with naloxone (Suboxone®), morphine, or codeine. OST is highly regulated and each daily dose is managed accordingly. Some patients' OST is prescribed by their GP whilst others are only able to be prescribed by the doctor in Auckland Opioid Treatment Service (AOTS) (Suboxone® and methadone for OST). ALL Auckland-based OST clients have a current AOTS keyworker. AOTS is a Community Alcohol and Drug Service (CADS) and their contact details are listed below.

What is a takeaway dose?

A takeaway dose is any dose not consumed under observation in the patient's pharmacy. On average, patients who are stable in treatment consume three non-consecutive doses per week in pharmacy, but some consume daily whilst others consume twice or once weekly, depending on their treatment phase.

3. Process for ward admission

The following describes the process to follow when admitting an OST patient (prescribed methadone or other OST for opioid addiction):

1. Inform AOTS that the patient has been admitted to hospital;
2. Obtain confirmation of the patient's methadone or OST dose **before** hospital prescribing and administration can take place. Options include:
 - a. Copy of current prescription sent to the ward by AOTS after the keyworker confirms the patient's last consumed dose with the patient's pharmacy
 - b. Written notification signed by the prescriber (AOTS doctor or GP)
 - c. Verbal confirmation from the prescriber (AOTS doctor or GP)
 - d. Verbal confirmation from the patients' pharmacist of their last dispensed dose
3. Check the most recent OST dose dispensed to the patient. If the patient has missed three or more consecutive doses prior to admission the regular dose may need reducing. AOTS will advise on appropriate dosing;
4. Ask the patient if they have takeaway doses of OST in their possession. Secure these in the controlled drug cupboard and record in the ward controlled drug register.

NOTE: TAKEAWAY DOSES MUST NOT BE USED WHILST AN INPATIENT

AOTS will stop the patients' community pharmacy prescription for the duration of their hospitalisation if informed.

Contact the patient's GP or their pharmacist if the patient's OST is prescribed by their GP (ask the patient for this information, or obtain via Testsafe). If the GP or pharmacist is unavailable, contact AOTS.

AOTS contact options, if the usual keyworker or unit is unknown:

Weekdays	0830 - 1700	Ph: 09 815 5841 (AOTS Pitman House reception)
Sat/Sun/public holidays	0900 - 1200	Ph: 09 815 5830 ext 5006 (pharmacy) or
Out of hours		Ph: 09 815 5830 ext 5039 (inpatient unit)
CADS (weekdays)	0830 - 1700	Ph: 09 845 1818 (no messages)

Patients on OST still need pain management where indicated. Use non-opioid treatment where suitable. Opioid treatment for pain may need higher doses than normally indicated in non-tolerant populations. Contact the pain service for assistance with pain management in OST patients.

4. Discharge of a patient on opioid substitution treatment

The following describes the process to follow when discharging a patient who is prescribed OST:

NOTE: METHADONE (OR ANY OTHER OST) MUST NOT BE PROVIDED AS A DISCHARGE MEDICATION.

- i. Takeaway doses may be returned to the patient on discharge or destroyed by the ward pharmacist;
- ii. Notify AOTS of the patient's discharge date, the last dose administered in hospital and any takeaway doses that are returned to the patient. AOTS will reactivate dispensing at the patient's usual community pharmacy if informed;
- iii. If the patient is discharged on a weekend or public holiday, AOTS can arrange for the patient to collect their dose at their usual community pharmacy if available or at Pitman House, 50 Carrington Road, Pt Chevalier between 0900 hours to 1200 hours if informed in advance;
- iv. Ensure that all discharge arrangements are clearly recorded, dated and signed in the patient's clinical record.

5. Supporting evidence

- [Biodone oral solution](#) [Medsafe Datasheet online]. Biomed Limited. [updated 20 Jun 2011]
- [Suboxone sublingual tablets](#) [Medsafe Datasheet online]. Pharmacy retailing (NZ) Ltd. [updated 28 September 2016]
- [Community Alcohol and Drug Services](#) (CADS) Auckland. 50 Carrington Road, Pt Chevalier, Auckland.

- Ministry of Health. (2014). *New Zealand Practice Guidelines for Opioid Substitution Treatment*. Retrieved from, <https://www.health.govt.nz/system/files/documents/publications/nz-practice-guidelines-opioid-substitution-treatment-apr14-v2.pdf>

6. Associated Auckland DHB documents

- [Informed Consent](#)
- [Medications - Administration](#)
- [Medications - Controlled drugs & restricted medicines supply](#)
- [Medications - Prescribing](#)
- Pain Management - [Opioids Intravenous Administration - Adult](#)

7. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

8. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed before the scheduled date, they should contact the owner or the [Clinical Policy Advisor](#) without delay.