

National Guidelines

Interim methadone prescribing

2007

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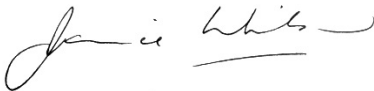
Foreword

The *National Guidelines: Interim methadone prescribing* provide a consistent framework for the safe and responsive delivery of methadone to those on the waiting list for opioid treatment. 'Interim prescribing' is considered to be treatment for opioid dependence, so these guidelines must be read in conjunction with *Opioid Substitution Treatment New Zealand Practice Guidelines* (Ministry of Health 2003) to which these interim guidelines will be appended.

These guidelines have been developed from the literature, the outcomes presented from six service development projects related to interim prescribing in New Zealand, and consumer opinion that was presented and discussed at a one-day conference in Wellington on 15 December 2005.

Drug dependence is a condition characterised by a strong desire to repeatedly use a psychoactive substance that takes priority over other activities despite drug-related health, interpersonal and legal problems. The interim prescribing of methadone to those on opioid-treatment service waiting lists is to reduce withdrawal symptoms, reduce opioid drug craving and thus contribute to reducing other health and social harms (eg, criminal offending).

The key principles of assessment, safety and stabilisation are stressed in these guidelines. They also emphasise the particular skills and knowledge that reinforce the need for a trained, well-informed and accountable opioid-treatment workforce.



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Objectives of Opioid Substitution Treatment in New Zealand

In line with the National Drug Policy, the objectives of opioid-substitution treatment are to improve the health of New Zealanders by minimising the harms associated with the use of opioid drugs. In particular, they are to:

- contribute to improving the health of service users as well as aspects of their personal and social functioning
- reduce the spread of infectious diseases associated with injecting drug use, especially hepatitis B, hepatitis C and HIV/Aids
- reduce the mortality and morbidity resulting from the misuse of opioid drugs
- help individuals to achieve a successful withdrawal from opioids
- reduce episodes of illegal and other harmful drug use
- reduce crime associated with opioid use
- assist with withdrawal from methadone-maintenance treatment if appropriate and desired by the service user.

Interim prescribing goes some way to achieving these objectives if someone is on a waiting list for opioid treatment. The aim is to reduce the risk of drug-related harm as much as circumstances allow for each person and for the community while the person is on the waiting list, until they are receiving the full treatment package (pharmacotherapy and psychosocial support).

Clinicians may vary their practice from that stated in these guidelines (eg, in unforeseen circumstances), but must clearly document the reasons for such variation in the client's records or in the service-delivery model documents. Clinicians must not vary from the administrative and legislative requirements contained in *Opioid Substitution Treatment New Zealand Practice Guidelines* (Ministry of Health 2003).

Introduction

Waiting lists for methadone-maintenance treatment for people with opioid dependence began to appear in most opioid-treatment programmes in New Zealand in the mid-1990s. In 2001, the Ministry of Health commissioned the National Addiction Centre to investigate the situation in the South Island.

The literature reviewed at the time was considered to clearly demonstrate the short- and long-term benefits of placing people with opioid dependence on methadone as soon as it was indicated. The evidence was that this induction should be a rapid rather than a drawn-out procedure and that measurable benefits occurred even when this treatment was not comprehensive at the outset and involved less than optimal doses (Sellman et al 2001).

A key study in this literature was the impact of a randomised controlled trial of interim methadone prescribing compared with remaining on a waiting list (Yancovitz et al 1991). In this study heroin use was shown to significantly reduce in the experimental group but not in the waiting list control group.

One recommendation of the report consistent with other authors (eg, Cape 2001) was that all patients on waiting lists be offered the choice of receiving interim, low-intensity methadone treatment from an authorised general practitioner.

The issue of interim methadone prescribing has subsequently been discussed at various National Association of Opioid Treatment Providers' meetings over 2004–2006 as waiting lists and waiting times seem to lengthen. Several service development projects related to the provision of interim prescribing of methadone have been undertaken, providing valuable New Zealand data.

Interim Methadone Prescribing Guidelines

Specialist services

1. Specialist opioid substitution treatment services (also known as the specialist service, methadone maintenance treatment programmes or methadone programmes) are specified by the Minister of Health under section 24(5) of the Misuse of Drugs Act 1975 and notified in the *New Zealand Gazette*. They are, unless there are exceptional circumstances and subject to the Director of Mental Health's approval, the entry point for all people requiring treatment of opioid dependence with a controlled drug.

Eligibility

(See also *Opioid Substitution Treatment: New Zealand Practice Guidelines*, 1.8–1.15 (Ministry of Health 2003).)

2. Patients presenting for assistance at an opioid-treatment service will undergo a comprehensive assessment in line with usual procedure, including the development of an appropriate management plan.
3. When a patient is found to have an established opioid dependence, opioid-substitution treatment is considered to be clinically indicated, and there is a longer than two-week waiting list, patients will be given the choice of undertaking an interim methadone-prescribing programme. Ideally, this programme should be delivered by the patient's general practitioner on the specialist service's authorisation or by an alternative prescriber (likewise authorised). This person is the 'authorised prescriber'. This is preferable to the patient not receiving opioid-substitution medication while on the waiting list. (See also *Opioid Substitution Treatment: New Zealand Practice Guidelines*, Appendix 1 (Ministry of Health 2003).)

4. While on the interim methadone-prescribing programme, patients retain their place on the waiting list for the full treatment programme (ie, individualised dose and takeaway arrangements and the provision of a clinical case manager).

Consent to interim methadone-prescribing programme

5. Patients sign a consent form before starting on an interim methadone-prescribing programme. The consent form includes an agreement that:
 - a. the patient will pay for all general practitioner or alternative prescriber consultations where appropriate
 - b. the patient will attend all review sessions as required on the programme
 - c. the maximum daily dose on the programme is 60 mg of methadone
 - d. split dosing is not possible
 - e. there are no takeaway doses of methadone on the programme.

Interim methadone prescribing

6. The authorised prescriber starts each patient's daily dose at 20 mg of methadone. The first prescription is for 20 mg daily for one week.
7. The authorised prescriber reviews the patient three hours after their morning dose on the first and the third day of treatment.
8. The authorised prescriber then reviews the patient once a week until a dose of no more than 60 mg daily has been established. The authorised prescriber then reviews the patient once a month.

9. The authorised prescriber may not increase the dose of methadone faster than 10 mg each week, up to a maximum daily dose of 60 mg each day. The typical pattern of prescribing on the programme is:
 - 20 mg daily for one week, then
 - 30 mg daily for one week, then
 - 40 mg daily for one week, then
 - 50 mg daily for one week, then
 - 60 mg daily thereafter.
10. An authorised prescriber outside the specialist service cannot prescribe hypnotosedatives to patients on the programme.

Monitoring of patients on interim methadone-prescribing programme

11. The specialist service does not have to undertake urinary drug monitoring.
12. The patient does not have to undertake counselling.
13. The specialist service should provide the patient with advice, support and information about the specialist alcohol and other drug treatment services that may be able to offer psychosocial support while the patient is on the waiting list.

Missed doses

14. The specialist service does not require the patient to take methadone everyday. However, if the patient misses three consecutive, the subsequent dose must be half the usual dose before they can return to the full dose the following day.
15. If the patient misses five consecutive doses, the authorised prescriber (who may consult the specialist service) must undertake a clinical review of the patient before the patient can resume the programme.

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