

Addendum to the *New Zealand Practice Guidelines for Opioid Substitution Treatment 2014*

2022

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Contents

Introduction	1
Observed consumption of OST or other controlled drugs offsite by MHAD staff/registered health practitioner	2
Other resources	4

Introduction

This interim guidance is issued to support the provision of care for opioid substitution treatment (OST) clients in self-isolation.¹ When a client is unable to collect their OST or other controlled drug medication in person from their pharmacy, options include:

1. increasing the number of takeaways
2. having an agent² collect the OST medication on the client's behalf
3. the pharmacy delivers the OST medication to the client
4. local Mental Health and Addiction Service (MHAS) staff deliver to the client.

OST services (including authorised medical practitioners working in primary care) are responsible for leading local arrangements to support clients. Some considerations for service providers are:

- Availability of pharmacy staff to deliver of medication to the client (contactless delivery only).
- Availability of agents/ OST staff for delivery of medication (contactless delivery only).
- Check options for using an agent on the client's behalf to collect OST doses from the pharmacy. If an agent is used, consider identification of the agent and their signing for the receipt of medication as per OST guidelines.
- Check options for takeaway doses or temporarily increased number of takeaway doses.
- Naloxone³ maybe requested to be dispensed alongside OST medication.
- Document changes in takeaway arrangements, additional takeaway doses, early pick-up, cancellation of dose(s), agent collection details (name, date, number of doses).
- Service providers to keep a clear record of responsibilities of service provision (ie, who is doing the dispensing, who is doing the delivery and observed consumption).

¹ The requirement for self-isolation as instructed by a public health unit or health officials.

² Collection of doses via an agent requires written approval from a prescriber or specialist key worker. The agent is vetted by an alcohol and drug services provider and usually a family member of the client. The agent is educated by the service provider about the medication, risk of overdose of the opiate naïve, diversion risk and safe storage. The dispensing pharmacy is notified with the agent's details and identification.

³ District health boards may choose to fund naloxone nasal sprays as they are currently not funded by Pharmac (https://nzf.org.nz/nzf_7017).

Observed consumption of OST or other controlled drugs offsite by MHAD staff/registered health practitioner

Under the current OST guidelines (section 9.2.3), the pharmacist is involved in administering observed consumed dose at the pharmacy. If the client is self-isolating, the pharmacist would dispense as per normal. It is the responsibility of MHAS staff or a registered health practitioner to collect and undertake the observed consumption of OST as necessary. This should be conducted in accordance with local guidelines and protocols.

Administration procedures offsite (eg, outside of the dispensing pharmacy/ facility) is a response to the need and is decided on a case-by-case basis. You will need to take into account:

- Staff and client safety (team of two: one to administer – registered health practitioner; one non-clinical/peer support staff acting as a witness).
- Safe transportation to and from the dispensing pharmacy/facility.
- Availability of personal protective equipment (PPE), infection prevention and control measures as per organisation, local alcohol and drug service or district health board protocols and safe disposal of PPE after dose delivery.
- Maintaining two-metre distance.
- Check for hazards on entry to the property, eg, pets, or anything that is useful to know, eg, children or visitors present, ensuring privacy.
- Call the client to advise when you are at the property, explain and ensure the process for delivery and consumption under observation (if required) is understood as per below:
 - Place medication at appropriate site (eg, doorstep, front porch).
 - Knock on the door and step back at a safe two-metre social distance.

- Confirm client’s identity and ensure that the client is safe to consume OST medications (eg, patient is well, no obvious signs of intoxication)⁴ from a safe distance.
- Ask client to verbally confirm name, date of birth and dose(s) is correct.
- Observe client’s consumption of the dose.
- Sign medication chart/records (with a witness).
- Systems in place to return unused OST medication to the dispensing pharmacy.

⁴ Refer to Table 5: Symptoms of intoxication with commonly used substances in: Ministry of Health. 2014. *New Zealand Practice Guidelines for Opioid Substitution Treatment*. Wellington: Ministry of Health, page 67.

Other resources

Caring for people with COVID-19 in the community resources:

- **Caring for people with COVID-19 in the community | Ministry of Health**
- **COVID-19: Infection prevention and control recommendations for health and disability care workers | Ministry of Health**
- **Ministry of Health position statement on routine pre-consultation testing of unvaccinated individuals in healthcare settings**
- **COVID-19 Care in the Community: Framework for public health, DHBs, PHOs, providers, social and wellbeing organisations**
- **New Zealand Practice Guidelines for Opioid Substitution Treatment 2014**
- **New Zealand Needle Exchange Programme.⁵**

⁵ The New Zealand Needle Exchange Programme has an online store where people can purchase injection and harm reduction equipment whilst self-isolating with contactless courier delivery with discreet packaging. (<https://shop.nznep.org.nz>).