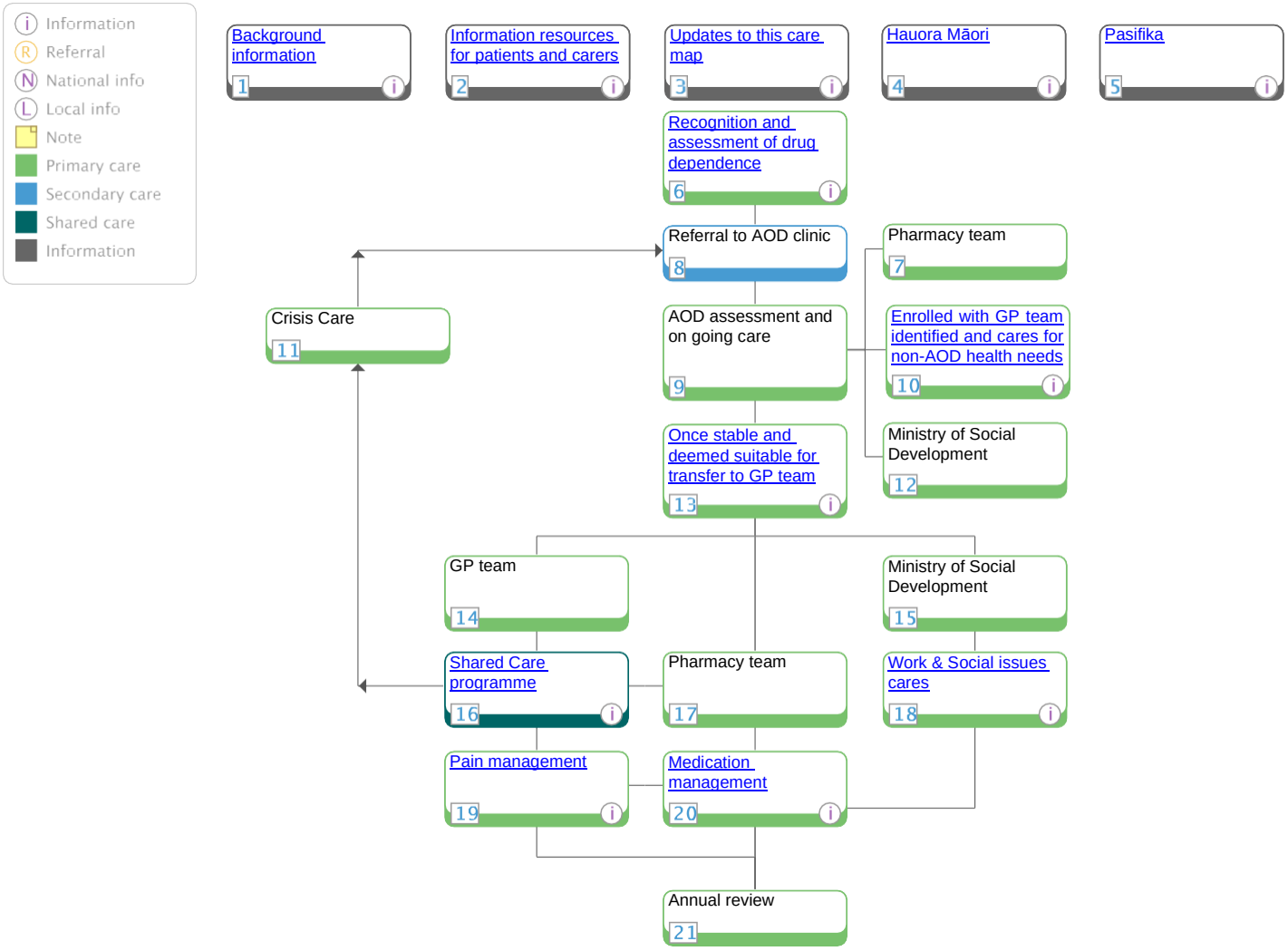
Opiate Substitution Therapy

Mental Health > Substance misuse > Substance misuse



1. Background information

Scope:

- management of detoxification and withdrawal syndromes of dependencies and use of illicit substances, including opioids, specifically:
  - harm reduction
  - maintenance of substitute therapies for the above substances
  - relapse prevention
  - prevention of complications
  - psychosocial components of treatment
  - pharmacological interventions
- management in primary and secondary care
- management in adults and young people age over 16 years with special considerations for:
  - pregnant women
  - people with a co-morbid, psychiatric illness
  - prison populations
  - the elderly
- other conditions to consider are:
  - depression – see 'Depression' care map
  - self-harm – see 'Self-harm' care map
  - schizophrenia – see 'Schizophrenia' care map
  - bipolar affective disorder – see 'Bipolar affective disorder' care map
  - HIV – see 'HIV' care map
  - hepatitis B – see 'Hepatitis B' care map
  - hepatitis C – see 'Hepatitis C' care map
  - alcohol withdrawal – see 'Alcohol withdrawal' care map
  - smoking cessation – see 'Smoking cessation' care map

Out of scope:

- alcohol withdrawal and detoxification, and treatment for dependency
- nicotine dependence – see Stop Smoking Support care map
- cannabis use and withdrawal / de tox
- related management of symptoms in neonates whose mothers misused opioids during pregnancy

Definition:

- the use of a substance for a purpose not consistent with legal or medical guidelines
- the substance has a negative effect on health or functioning and may take the form of drug dependence
- dependence is defined as:
  - a strong desire to take a substance, or difficulty in controlling its use
  - the presence of a physiological withdrawal state
  - tolerance of the use of the drug
  - neglect of alternative pleasures
  - persistent use of the drug despite harm to self and others
- opioids
- risk factors for drug misuse:
  - peer substance misuse

- parental discipline
- lack of family cohesion

2. Information resources for patients and carers

Resources for patients and carers:

- Buprenorphine replacement for heroin' (PDF) from Patient UK
- 'Methadone and buprenorphine for managing opioid dependence' (PDF) from NICE
- 'Methadone replacement for heroin' (PDF) from Patient UK
- 'Naltrexone for managing opioid dependence' (PDF) from NICE
- 'Treatments for drug misuse' (PDF) from NICE

Click here for patient version of Pathway

Te Ara Whānau Ora Brochure:

- Te Ara Whānau Ora Brochure

3. Updates to this care map

Date of publication: 31-Oct-2011

Interim update:

This care map has been updated in line with the following guideline:

- [22] British National Formulary (BNF). BNF 62. London: BMJ Group and RPS Publishing; 2011

Further information was provided by the following reference: [21].

Date of publication: November 2012

care map updates

This care map has been drafted in line with the following guidelines:

- [1] Department of Health (England) and devolved administrations. Drug misuse and dependencies: UK guidelines on clinical management. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive; 2007.
- [2] National Institute for Health and Clinical Excellence (NICE). Drug misuse: psychosocial interventions. Clinical guideline 51. London: NICE; 2008.
- [3] National Institute for Health and Clinical Excellence (NICE). Drug misuse: Opioid detoxification. Clinical guideline 52. London: NICE; 2008.
- [4] Clinical Knowledge Summaries (CKS). Opioid dependence. Version 1.1. Newcastle upon Tyne: CKS; 2010.
- [5] National Institute for Health and Clinical Excellence (NICE). Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. Public health intervention guideline 4. London: NICE; 2007.
- [6] National Institute for Health and Clinical Excellence (NICE). Needle and syringe programmes: providing people who inject drugs with injecting equipment. Clinical guideline 18. London: NICE; 2009.
- [8] Department of Health (DH). Drug misuse and dependence – guidelines for clinical management. London: DH; 2007.
- [12] World Health Organization (WHO). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva: WHO; 2009.
- [14] Department of Health (DH). Guidance for the pharmacological management of substance misuse among young people in secure environments. London: DH; 2009.
- [15] Lingford-Hughes AR, Welch S, Nutt DJ. Evidence-based guidelines for the pharmacological management of substance

misuse, addiction and co-morbidity: recommendations from the British Association for Psychopharmacology. Journal of Psychopharmacology 2004; 18(3): 293-335.
- [16] Clinical Knowledge Summaries (CKS). Benzodiazepine and z-drug withdrawal. Version 1.1. Newcastle upon Tyne: CKS; 2009.
- [17] British Pain Society. Pain and substance misuse: improving the patient experience. London: British Pain Society; 2007.

Further information was provided by the following references: [7,9-11,13,18,19].
For further information, please see the care map's Provenance.

The care map has been drafted in line with the Map of Medicine's editorial methodology and current clinical practice.

4. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):

- acknowledging Te Whare Tapa Wha (Māori model of health) when working with Māori whānau
- asking Māori clients if they would like their whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their whānau have that might impact on assessment and treatment of the particular health issue (Cultural issues)
- consider the importance of whānaungatanga (making meaningful connections) with their Māori client / whānau
- knowledge of Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators where appropriate
- having a historical overview of legislation that has impacted on Māori well-being

For further information:

- Hauora Māori

5. Pasifika

Pacific Cultural Guidelines (Central PHO) 6MB file

Our Pasifika community:

- is a diverse and dynamic population:
  - more than 22 nations represented in New Zealand
  - each with their own unique culture, language, history, and health status
  - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:

- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging *The FonoFale Model (pasifika model of health)* when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:

- Cultural protocols and greetings
- Building relationships with your pasifika patients
- Involving family support, involving religion, during assessments and in the hospital
- Home visits

- Contact information

Pasifika Health Service - Better Health for Pasifika Communities:

- the Pasifika Health Service is a service provided free of charge for:
  - all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
  - all Pasifika mothers and children aged 0-5 years
- an appointment can be made by the patient, doctor or nurse
- the Pasifika Health Service contact details are:
  - Palmerston North Office - 06 354 9107
  - Horowhenua Office - 06 367 6433
- Better Health for Pasifika Communities brochure

Additional resources:

- Ala Mo'ui - Pathways to Pacific Health and Wellbeing 2014-2018
- Primary care for pacific people: a pacific health systems approach
- Tupu Ola Moui: The Pacific Health Chart Book 2004
- Pacific Health resources
- Central PHO Pasifika Health Service

6. Recognition and assessment of drug dependence

Most aspects of substance misuse can be assessed and managed in primary care – however, if the clinician feels they are exceeding their competencies, then the patient should be referred [21].

Presentation of a drug problem may occur in primary or specialist care, or in the community.

Early assessment of the general health and mental status of a patient is important as it:

- may reveal a drug problem
- complication of drug use
- can be performed in the normal way by any health professional:
  - if necessary, the patient can be referred on in-house or into specialist care [21]

The aim of the health assessment is to:

- identify any unmet healthcare needs
- consider presenting symptoms
- take into account any health problems that could interact with drug treatment
- ascertain patient's motivation, expectation and desire from treatment [21]

History taking should include questions about:

- presenting symptoms and perceptions of why the meeting is taking place
- illicit drug history [20]:
  - particular substance(s) used
  - quantity, frequency and pattern of use
  - route of administration
  - duration of current level of use
  - impact upon life
  - response to previous treatment (if any)

- alcohol assessment including daily and weekly units [21]
- over-the-counter and prescription-only medication use and history [21]
- past medical history (operations, injuries etc)
- psychiatric history and current symptoms – this includes routine screening for psychosis [20]
- drug-related complications (abscesses, septicaemia etc)
- history of accidental and deliberate overdose
- presence of current or past infection with blood-borne viruses
- hepatitis B and C, and HIV status
- sexual health [21]:
  - contraception use
  - sexually transmitted infections (STIs) history
  - in women:
    - cervical screening
    - menstrual history
    - pregnancy history
- oral health
- alcohol use [21]
- current prescribed and non-prescribed medications – particularly the use of over-the-counter medications [21]
- allergies and sensitivities
- impact of substance misuse on family – this includes assessing the welfare of patient's dependents, e.g. children
- current social, personal and economic [20] circumstances
- criminal justice history and current status [20]
- personal strengths and weaknesses, and readiness to change their substance abuse and other aspects of their lives [20]

The patient may rarely present initially with withdrawal symptoms:

- sweating
- temperature fluctuations
- palpitations [21]
- yawning
- lachrymation
- rhinorrhoea
- abdominal pain
- vomiting and/or diarrhoea
- tremor
- depression [21]
- insomnia
- hypertension
- anxiety [21]
- gooseflesh
- dilated pupils
- seizures [20] – with benzodiazepine or alcohol abuse [21]
- delirium tremens [20]

NB: Patients will often misuse more than one type of substance – therefore withdrawal symptoms are often not linked to only one type of substance [21].

Also consider assessing the impact that substance misuse may have on other risks such as [20]:

- self-harm
- attempted suicide

- self-neglect
- violence
- abuse by others
- exploitation
- accidental injury
- offending behaviour

NB: Be aware that in patients with substance misuse and coexisting psychosis, low levels of substance use that would not usually be considered harmful or problematic in people without psychosis, can in fact have a significant impact on mental health [20].

NB: Seek corroborative evidence from families, carers or significant others where this is possible and permission is given [20].

References:

[1] Department of Health (England) and devolved administrations. Drug misuse and dependencies: UK guidelines on clinical management. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive; 2007.

[2] National Institute for Health and Clinical Excellence (NICE). Drug misuse: psychosocial interventions. Clinical guideline 51. London: NICE; 2008.

[3] National Institute for Health and Clinical Excellence (NICE). Drug misuse: Opioid detoxification. Clinical guideline 52. London: NICE; 2008.

[18] Contributors invited by Map of Medicine; 2011.

[20] National Institute for Health and Clinical Evidence (NICE). Psychosis with coexisting substance misuse: assessment and management in adults and young people. Clinical guideline 120. London: NICE; 2011.

[21] Map of Medicine (MoM) Clinical Editorial team, and independent reviewers invited by MoM.

10. Enrolled with GP team identified and cares for non-AOD health needs

Support client on MH & AOD program for all mental health and physical needs.

Manawatu Community Mental Health & Addictions Directory

Discuss and commence the following initial interventions as soon as possible with the substance-misusing patient [1,2]:

- treatment of any acute illness
- information, advice about, and immunisation against hepatitis A and B
- pre-test discussion and testing for:
  - hepatitis A
  - hepatitis B
  - hepatitis C
  - HIV
- cervical cancer screening
- sexual health, contraception and safer sex advice
- diet and nutrition advice
- assessment of dental health [21]
- if injecting:
  - treatment of direct complications of injecting
  - safer injecting advice
  - advice on local needle and equipment provision
- alcohol advice, brief interventions and other treatments for those also misusing alcohol
- dental health [21]

Special considerations in pregnant women:

- refer to an obstetrician with expertise in substance misuse [4]
- services are advised to fast-track pregnant women into drug treatment to allow for the earliest engagement possible [1]

- engagement with and close monitoring in antenatal care and drug treatment are integral to achieving stability [1]
- there are several health problems during pregnancy that need to be discussed, including [1]:
  - general nutrition
  - risks of anaemia
  - alcohol and nicotine consumption
  - oral hygiene and dental health
  - complications from chronic infection related to injection practice
  - antenatal and postnatal mental health problems
- advice should be given regarding potential complications of pregnancy associated with drug use [1], eg [21]:
  - premature delivery
  - low birth weight
  - placental abruption
  - neonatal abstinence syndrome

13. Once stable and deemed suitable for transfer to GP team

To facilitate transfer to community based care:

- e-mail (or fax) GP team so they can commence planning for ongoing cares as well as specific issues around dependency issues
- e-mail MSD so they can commence planning for social re-integration via work

16. Shared Care programme

Shared Care Programme:

- support client on MH & AOD Shared Care program for all mental health and physical needs
- provide minimum quarterly 1:1 consults – provide active follow up if required
- provide minimum annual full physical health check
- ensure that the patient undergoes an annual comprehensive health check and that the annual review form is completed and returned to CPHO
- provide quarterly urine drug screens
- ensure re-call providing active follow up whenever client has not been seen within 3 month timeframe
- maintain minimum 6 monthly contacts with pharmacist and OST Specialist Services
- maintain an awareness of support services required for client to maintain stability and facilitate referral and access to such services

Practice Guidelines for Opioid Substitution Treatment in NZ 2014

18. Work & Social issues cares

Adopting an investment approach to social rehabilitation.

19. Pain management

Patients who are drug dependent may have greater than expected needs for pain relief due to [17]:

- substance misuse syndromes worsening the experience of pain
- addiction being associated with sleep deprivation which is known to be an exacerbating factor in chronic pain
- the higher likelihood of accidental and non-accidental injury
- high tolerance of opioid analgesics in those with opioid dependence [21]

When a known substance misuser presents with a need for analgesia [17]:

- a substance misuse and medication history should be taken
- pain symptoms should be evaluated and investigated
- suitable non-pharmacological treatments should be offered to the patient for mild to moderate acute pain
- chronic pain frequently requires assessment by a:
  - medical team
  - primary care psychiatric team
  - pain clinic
- opioid pain relief should be offered for more severe pain in addition to the usual opioid treatment dose [1]

20. Medication management

Ensure that consultation occurs with authorised medical practitioner or specialist services when considering the need to bring about 'dose changes', dispensing changes or changes in prescribing of other drugs of dependence (i.e. hypnotics, anxiolytics or analgesia).

Liaise with prescribing GP if there are any concerns.

Opiate Substitution Therapy

Provenance Certificate

Overview | Editorial methodology | References | Contributors | Disclaimers

Overview

This document describes the provenance of MidCentral District Health Board's Opiate Substitution Therapy pathway.

This localised pathway was last updated on **30 July 2012.**

One feature of the "Better, Sooner, More Convenient" (BSMC) Business Case, accepted by the Ministry of Health in 2010, was the development of 33 collaborative clinical pathways (CCP).

The purpose of implementing the CCP Programme in our DHB is to:

- Help meet the Better Sooner More Convenient Business Case aspirational targets, particularly the following:
  - Reduce presentations to the Emergency Department (ED) by 30%
  - Reduce avoidable hospital admissions to Medical Wards and Assessment Treatment and Rehabilitation for over-65-year-olds by 20%
  - Reduce poly-pharmacy in the over-65-year-olds by 10%
- Implement a tool to assist in planning and development of health services across the district, using evidence-based clinical pathways.
- Provide front line clinicians and other key stakeholders with a rapidly accessible check of best practice;
- Enhance partnership processes between primary and secondary health care services across the DHB.

Published: December 2012

To cite this pathway, use the following format:

Map of Medicine. Paediatrics. MidCentral View. Palmerston North: Map of Medicine; 2012 (Issue 1).

Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This localised version of the evidence-based, practice-informed care map has been peer-reviewed by the CCP Executive Team and with stakeholder groups.

[1] Department of Health (England) and devolved administrations. Drug misuse and dependencies: UK guidelines on clinical management. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive; 2007.

[2] National Institute for Health and Clinical Excellence (NICE). Drug misuse: psychosocial interventions. Clinical guideline 51. London: NICE; 2008.

[3] National Institute for Health and Clinical Excellence (NICE). Drug misuse: Opioid detoxification. Clinical guideline 52. London: NICE; 2008.

[4] Clinical Knowledge Summaries (CKS). Opioid dependence. Version 1.1. Newcastle upon Tyne: CKS; 2010.

[5] National Institute for Health and Clinical Excellence (NICE). Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. Public health intervention guideline 4. London: NICE; 2007.

[6] National Institute for Health and Clinical Excellence (NICE). Needle and syringe programmes: providing people who inject

drugs with injecting equipment. Clinical guideline 18. London: NICE; 2009.

[8] Department of Health (DH). Drug misuse and dependence – guidelines for clinical management. London: DH; 2007.

[12] World Health Organization (WHO). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva: WHO; 2009.

[14] Department of Health (DH). Guidance for the pharmacological management of substance misuse among young people in secure environments. London: DH; 2009.

[15] Lingford-Hughes AR, Welch S, Nutt DJ. Evidence-based guidelines for the pharmacological management of substance misuse, addiction and co-morbidity: recommendations from the British Association for Psychopharmacology. Journal of Psychopharmacology 2004; 18(3): 293-335.

[16] Clinical Knowledge Summaries (CKS). Benzodiazepine and z-drug withdrawal. Version 1.1. Newcastle upon Tyne: CKS; 2009.

[17] British Pain Society. Pain and substance misuse: improving the patient experience. London: The British Pain Society; 2007.

[21] Map of Medicine (MoM) Clinical Editorial team, and independent reviewers invited by MoM.

[22] British National Formulary (BNF). BNF 62. London: BMJ Group and RPS Publishing; 2011

Contributors

MidCentral DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

The following individuals have contributed to this care map:

- Dr Martin Schroder, Medical Officer Special Scale, (Clinical Lead)
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- Karen Lombard, Community Pharmacy Advisor
- Glen Caves, Pharmacist
- Belinda Ray-Johnston (Facilitator)
- Dr Greig Russell, Urgent Care Physician (Editor)

Disclaimers

CCP Executive Team, MidCentral DHB

It is not the function of the CCP Executive Team, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.