



St. Vincent's Hospital, Melbourne
Australia



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HEALTH AUSTRALIA

So you've started opioid agonist treatment ...

Victorian Opioid Management ECHO
Department of Addiction Medicine
St Vincent's Hospital Melbourne 2021

A quick intro; all to be covered in more detail later

- **Issues that emerge in treatment**
 - **Ongoing substance use; wanted or unwanted**
 - **Take away dosing**
- **Harm minimization**
- **Common co-morbidities – the low hanging fruit**
- **Seeking help**



Opioid Agonist Treatment

Aim (for most) to suppress heroin use

- Methadone – create cross tolerance - requires 60-120mg daily
- Buprenorphine (Subutex/Suboxone) – receptor occupancy - requires > 12mg daily
- As titrating to these levels, expect some ongoing opioid use and hold your nerve (don't dose if intoxicated)

Aim (for others) to suppress opioid withdrawal (but occasionally use)

- May typically request or remain on lower doses; good to be on same page

Not reaching goals

- consider different drug, rapid metaboliser methadone, social situation overwhelming, psychiatric co-morbidity

Dole “ there is no compelling reason for prescribing doses that are only marginally adequate. As with antibiotics, the prudent policy is give enough medication to ensure success”

Take away doses (note than long acting injectables remove this dilemma)

- Two major dilemmas; overdose and diversion

METHADONE	
LOW RISK	Up to 6 TAs per week. Some low risk patients with documented long-term stability (> 12 months), no other substance use, stable psychosocial situation, and secure storage can be considered for up to 13 take away doses per fortnight of methadone. Stability must be confirmed with pharmacist
MODERATE RISK	Up to 4 take away doses per week, with no more than 3 at a time
HIGH RISK	Possible alternate day attendance with only one take away dose at a time; use of deliveries/3rd person pick up if not suitable for unsupervised dosing and in self-isolation or quarantine

BUPRENORPHINE-NALOXONE	
LOW RISK	13 TAs per fortnight, or if clinically appropriate, monthly pick-up
MODERATE RISK	Up to 6 take away doses per week with weekly attendance for a supervised dose
HIGH RISK	If suitable for unsupervised doses possible alternate day attendance with only one take away dose at a time; consider use of deliveries/3rd person pick up if not suitable for unsupervised dosing and in self-isolation or quarantine

Take away doses/Unsupervised Doses

Absolutes

- Recent overdose or diversion
- No safe storage
- Serious an immediate risk of suicide or homicide

Consider

- Stability of dose
- Adherence with medicine/appointments
- Other substance Use
- Urine drug screening (oral fluid tests?)
- Other medical comorbidities
- Psychiatric comorbidities
- Cognitive comorbidities
- Social conditions; safe storage of dose, children?

Harm minimisation

**Take home naloxone; Intranasal or Parenteral
- Training (online now)**

Needle syringe program (sterile, single use, saline, water)

**Harm reduction Victoria/AIVL hrvic.org.au
- Injection technique; filters, foil, swabs**

Medically Supervised injecting room(s)

Don't use alone or in a hurry (ideally)

Low(er) hanging fruit

HCV screening and treatment

STI screening and treatment

Contraception (LARCs)

Introduction to social services

Legal

Dental

Trauma informed care

Help

- polysubstance? Pregnancy? Moderate-severe psychiatric co-morbidity? medical co-morbidities respiratory/renal/hepatic? Other?

DACAS (Drug and Alcohol Clinical Advisory Service)

Telephone Addiction Medicine Specialist

- 1800 812 804

PAMS (Pharmacotherapy Advocacy and Mediation Support)

- Assistance with finding pharmacies, advocating for patients

- 1800 443 844

