

OAT Clinical Case Webinars

Webinar I

OAT Takeaway Conundrums

Facilitated by:

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We acknowledge the tradition of custodianship and law of the Country on which the University of Sydney campuses stand. We pay our respects to those who have cared and continue to care for Country.



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Aims & format of case-based webinars:

- **Overall aim:** To provide a comfortable, beneficial & continuing learning environment for OAT Prescribers in NSW
- **Format:** Online (via Zoom) clinical case-based discussion and the provision of webinar learning resources
- Webinars run 6-7pm the 4th Tuesday of the month February to November
- Learning resources & certificate of participation (non-accredited) will be emailed to all participants at the end of each webinar.
- **Information** about the case-based webinars and recording to be available on the OTAC website (www.otac.org.au)
- At future webinars we will involve experienced facilitators from around NSW

Have case patient case you would like to present, or suggested OAT clinical topics?

Email: daniel.winter@sydney.edu.au

Some housekeeping...

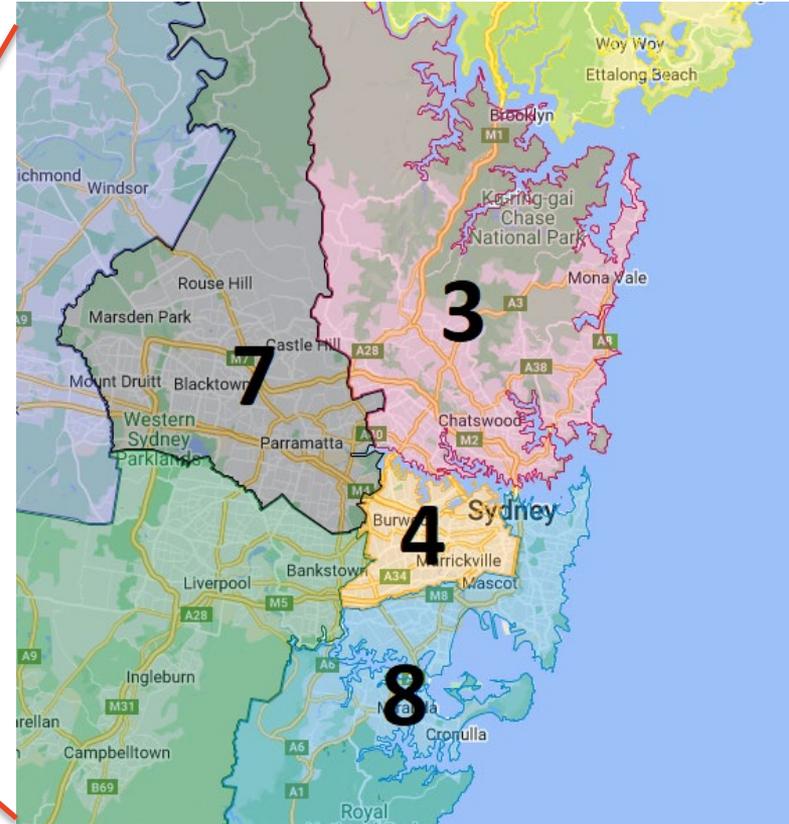
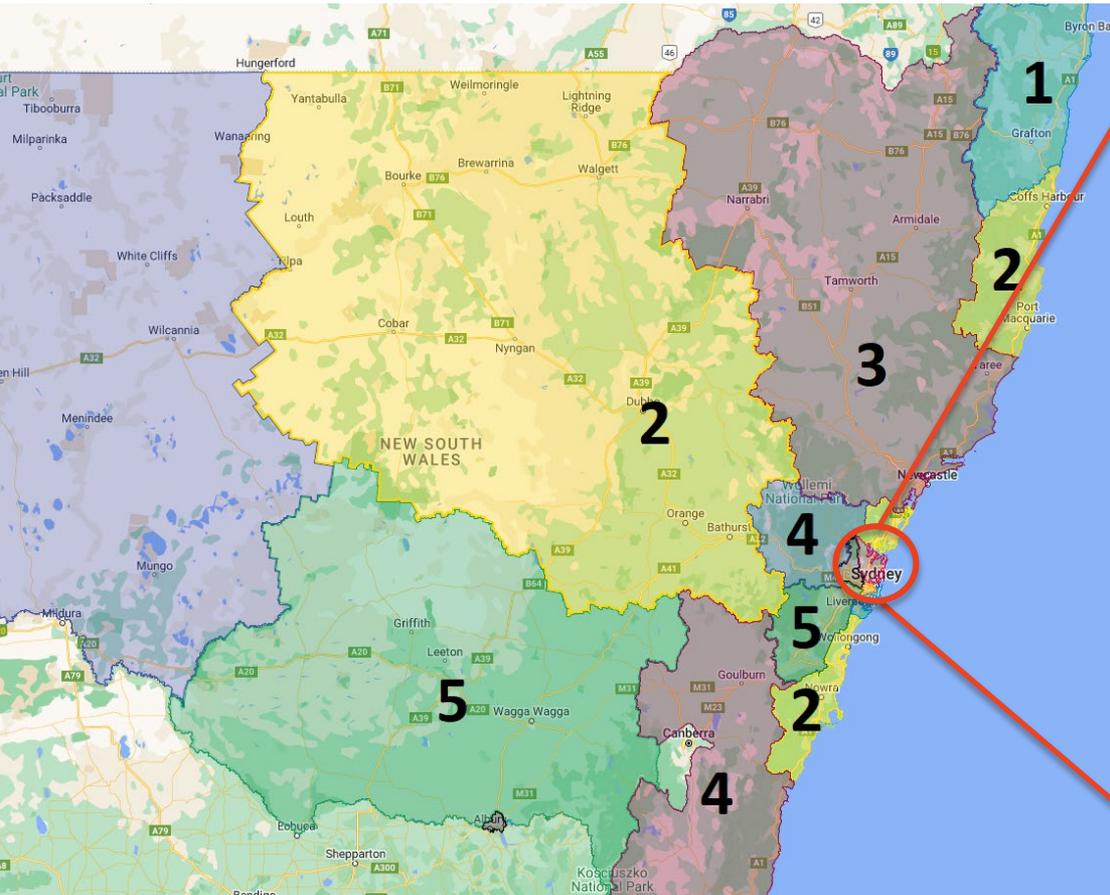
- Before each webinar think about some questions or relevant cases
- Keep on 'mute' unless speaking or asking questions. Put video on (if possible).
- To prepare for the case discussion have a pen & paper or an online 'notepad' so you can quickly jot down points to discuss.
- Ask questions via chat or raise your hand in Zoom for the facilitator invite you to speak. When you first speak, please introduce yourself.
- The webinar will be recorded for OTAC prescribers who can't attend so be careful not to reveal any identifying information about clinical cases or other confidential information.
- Always be considerate and polite to your online colleagues.
- Please declare to the organiser if you think you may any conflict of interest prohibiting your attendance at the webinars.

Who's Joining Us Tonight?



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WHO'S JOINING US TONIGHT?



WHO'S JOINING US TONIGHT?

Specialty or Role	Count
General Practitioner Specialist	18
General Practitioner Registrar	5
Psychiatry Specialist	5
Other roles (e.g., social work, project officer, researcher, etc)	5
Psychiatry Registrar	4
Other Nursing (e.g., CNC, CNS, RN)	4
Other medical practitioners (i.e., a prescriber)	3
Nurse Practitioner	3
Addiction Medicine Registrar	2
Addiction Medicine Specialist	1
Grand Total	50

OAT Takeaway Conundrums

Case-based discussion



Webinar 1, Tues 6 September 2022:

Takeaway conundrums

This newspaper article from an incident in 2015 highlights the risk of OAT being ingested by children.

Indeed, the ingestion of OAT by any opioid naïve individual is associated with risk of overdose.

While young children of parents prescribed opioids are at an increased risk of overdose¹, in Australia these cases are very rare.

In this webinar we will work through some case studies to consider the conundrums that prescribers face when considering the provision of OAT TAs.



Sydney Morning Herald 20 August 2022

Decision making around takeaway doses:

Potential benefits? Potential harms? Risk assessment?

“Generally, treatment of opioid dependence with methadone or buprenorphine is based on daily, supervised dosing at a pharmacy or clinic. Access to takeaway or unsupervised doses is available according to individual patient circumstances.”²

Table 15. Case flagging in OAT

	High treatment needs	Moderate treatment needs	Low treatment needs
Adherence to treatment conditions	Frequent high-risk presentations (e.g. intoxicated, missed doses) Poor treatment engagement (e.g. missed appointments) Complex OAT transfers	No (or infrequent) high-risk presentations Generally adherent with treatment conditions (e.g. dosing, appointments)	No high-risk presentations (e.g. intoxicated presentations, missed doses) Adherent with treatment
Substance use	High-risk or harmful polydrug use (e.g. misuse of, or dependence on alcohol, benzodiazepines, other opioids, psychostimulants)	Polydrug use identified but not high-risk (i.e. no intoxicated presentations or overdoses)	No significant use of alcohol or other substances
Mental and physical health conditions and cognitive impairment	Serious mental (including significant risk of harm to self or others), physical health or cognitive impairment issues that require specialist input, intensive care coordination and regular monitoring May include patients recently discharged from hospital	Issues generally stable, or being addressed in treatment care plan May include patients recently discharged from hospital	Generally stable
Pregnant	Pregnancy with significant perinatal risk factors	Pregnant without other significant perinatal risk factors	Not pregnant
Social circumstances	Significant issues (e.g. homelessness, domestic violence, child protection) May include patients recently released from custody	Stable but still need some assistance No significant child protection or domestic violence concerns May include patients recently released from custody	No significant concerns

NSW Clinical Guidelines: Treatment of Opioid Dependence 2018

Case discussions - preparation

- We are allowing about 10 mins per case including your thinking time, jotting down notes, discussion & completing online ‘before and after discussion’ polls such as:

“Case X: Would you prescribe takeaways? Yes or No”

NOW:

1. Have your pen/paper or electronic notepad ready
2. Before and After each case discussion be prepared to complete the ‘pop-up’ poll

Case scenario 1.

What case details are important? What else would you like to know?

Would you prescribe takeaways? If yes, how would you prescribe?

If no, how would you manage this patient's request?

- Mr RN a 34-years male on Methadone 150mg/30ml daily.
- He is just out of prison (released 2 weeks ago) and wants to visit his brother who is unwell and lives in a rural location about 1 hours drive from the nearest pharmacy.
- He would like to stay with his brother for 1 week.
 - **[Online poll – before and after case discussion]**

Case scenario 2.

What case details are important? What else would you like to know?

Would you prescribe takeaways? If yes, how would you prescribe?

If no, how would you manage this patient's request?

- Ms JK a 58-years female on Methadone 30mg/6ml.
- She presents to see you for a routine review and requests restoration of her previous TAs (2 + 2/week) that were ceased 3 months ago.
- Her takeaways were ceased because she had a presentation to the local hospital ED because of a fall (associated with intoxication – benzodiazepines & alcohol) leading to a fracture of her right wrist.
- **[Online poll – before and after case discussion]**

Case scenario 3.

What case details are important? What else would you like to know?

Would you prescribe takeaways? If yes, how would you prescribe?

If no, how would you manage this patient's request?

- Ms NW is a 29-years female on Suboxone 24mg SL daily with 2 + 2 takeaways/week.
- She has just had her 3 children (12, 8 and 3 years old) returned to her care. For the last 2 years the children were in the care of their maternal grandmother who lives nearby and remains supportive of Ms NW and her the children. Child Protection Services are also continuing to monitor Ms NW and her children's progress.
- Today Ms NW requests an increase in her TAs to 6 x/week.
 - **[Online poll – before and after case discussion]**

Case scenario 4.

What case details are important? What else would you like to know?

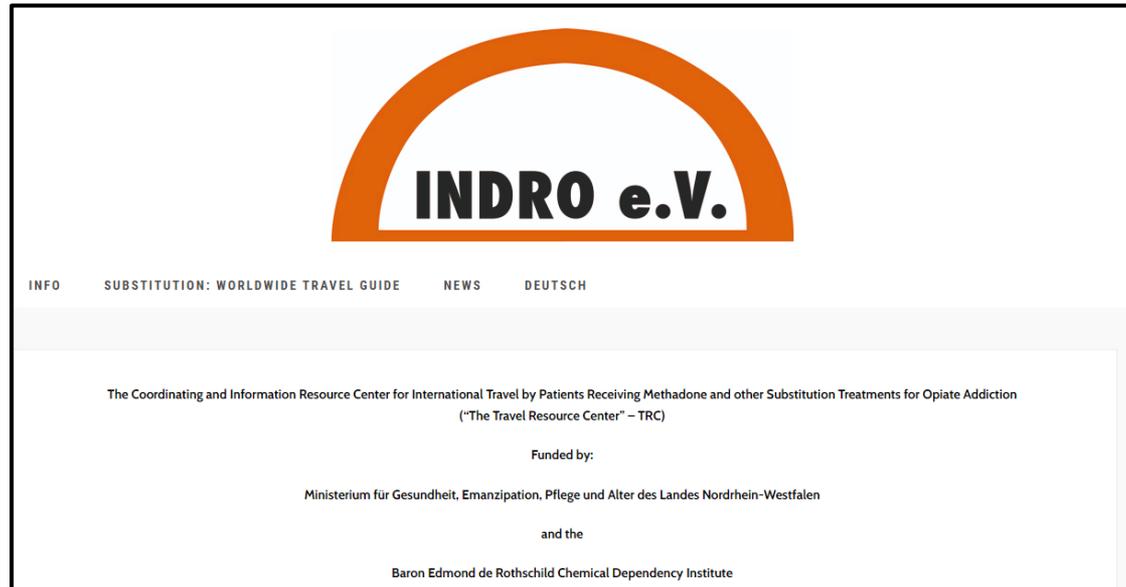
Would you prescribe takeaways? If yes, how would you prescribe?

If no, how would you manage this patient's request?

- Mr AM is a 35 years male who is prescribed Suboxone 24mg daily for back pain (and previous opioid prescription dependence). He currently has 1 supervised dose and 13 TAs dispensed every 2 weeks by his local Pharmacy.
- He is planning to travel overseas for 4 weeks, visiting various family members throughout the United Kingdom, and requests takeaways for his travel.
- **[Online poll – before and after case discussion]**

Travelling Overseas with OAT

- **Contact relevant Embassies and/or**
- **<https://indro-online.de/en/the-coordinating-and-information-resource-center-for-international-travel/>**



Patient Agreement Example

Sydney Local Health District

Patient Agreement

Safe Storage of Takeaway

Methadone or

Buprenorphine Doses

 Health Sydney Local Health District	SURNAME _____ MRN _____
	OTHER NAMES _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	D.O.B. ____/____/____ M.O. _____
	ADDRESS _____
LOCATION _____	
Facility: _____	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

BRINDING MARCH 2011 - HD WRITING

- Methadone or Buprenorphine can be **fatal** in overdose, especially when taken by those not used to the effects of opioid-type drugs (drugs such as methadone or heroin).
- Children are a major risk: Methadone, at even very low doses, such as 1 or 2 mLs (5 or 10 milligrams) can **cause death to a child**.
- Your prescriber will have a responsibility to discuss the issue of safe storage of takeaway doses with you.
- When you receive takeaways, it is your responsibility to comply the below requirements:
 - Your takeaway doses should always be stored in a locked place. They must be kept in a location where they are unlikely to be stolen or accidentally taken by another person, and **must always be out of reach of children**. The fridge is not a safe place for storing takeaways, nor is it necessary to keep your takeaways cold as they will not go off.
 - Takeaway doses are dispensed in a labelled and child-resistant container. Do not transfer the medication into another bottle or container.
 - Takeaway doses must not be given, lent or sold to anyone. Even if you think you are helping someone out, do not give, lend or sell them your takeaways. Selling your takeaways can result in criminal charges and is dangerous.
 - Please keep it confidential when you are on takeaways. Lost, misplaced or damaged takeaway doses will not be replaced by your pharmacist or Drug Health Services and must be reported immediately to your prescriber.
 - Takeaway doses must be taken on the date specified on the medication label and in the appropriate manner – that is, taken orally and not injected.
 - If anyone, particularly a child, accidentally takes your takeaway dose, an ambulance should be called immediately by dialling 000. This is a free call and this number can be contacted even if your phone is out of credit.

Please confirm and sign the below sections:

Section 1:

I have read and understood the above responsibilities for takeaways.

Patient's Name: _____ Patient's Signature: _____ Date: ____/____/____

Prescriber's Name: _____ Prescriber's Signature: _____ Date: ____/____/____

Section 2:

I have received a locked box.

I have received a copy of 'Information about Methadone/Buprenorphine Takeaway Doses'

Patient's Name: _____ Patient's Signature: _____ Date: ____/____/____

Nursing Staff's Name: _____ Nursing Staff's Signature: _____ Date: ____/____/____

AMR501.001

In summary:

NSW takeaway and unsupervised dosing guidelines

- Dosing conditions according to the relative benefits and risks for the patient, the service and the broader community.
- Guidelines aim to strike a balance between patient autonomy, practitioner duty of care and public concerns about diversion of medicine.
- Dosing decisions are based on phase of treatment, medicine used and risk assessment.
- Going outside of guidelines is a clinical decision that requires documentation.

The End

Thank you for your contribution

See you next time

OTAC Case-Based Webinar II. 25 October 2022

(4th Tuesday/month Feb-Nov)

Have case patient case you would like to present, or suggested OAT clinical topics?

Email: daniel.winter@sydney.edu.au

– **References**

1. Finkelstein Y, Macdonald EM, Gonzalez A, Sivilotti MLA, Mamdani MM, Juurlink DN; Canadian Drug Safety And Effectiveness Research Network (CDSERN). Overdose Risk in Young Children of Women Prescribed Opioids. *Pediatrics*. 2017 Mar;139(3):e20162887. doi: 10.1542/peds.2016-2887. Epub 2017 Feb 20. PMID: 28219963.
2. NSW Health NSW Clinical Guidelines: Treatment of Opioid Dependence. 2018.

– **Other learning Resources:**

1. SLHD-RPAH Safe Storage of Takeaways document.