

Drugs and poisons unit newsletter

November 2002



Emerging Trend – Doctors Please Note

Provision of methadone take-away doses

Each year about 1 in 5 methadone-related deaths involve descendants who have not been the subject of a permit to be treated with methadone syrup or tablets, suggesting that there had been illicit access to methadone. Since July 2002 there has been a disturbing development; the proportion of these cases where illicit supply of methadone is suspected has increased markedly.

Evidence from the Victorian Illicit Drug Reporting System (IDRS), a survey of injecting drug users, indicates that most illicit use of methadone involves syrup (9% of IDUs), and 4% involves Physeptone tablets, so it is likely that most of these deaths are associated with diversion and misuse of methadone syrup take-away doses.

One characteristic of substance use or misuse is sharing the substance with associates. Methadone is no exception, and patients may share it with non-tolerant associates, with serious consequences. Methadone-related deaths occur each year as a result of patients sharing their take-away doses of methadone with friends or partners. Deaths have also occurred where drug-dependent friends or partners stole a patient's take-away dose.

There is little margin between a therapeutic methadone dose for an opioid-tolerant person and a toxic dose, with doses of 30-40 mg potentially lethal for a non-tolerant person. Children are of course particularly vulnerable to overdose.

Nevertheless, take-away doses can lessen the constraints on stable patients who are attempting to normalise their lives, integrate into the community, and meet work and family commitments with minimal disruption from the demand of daily supervised dosing. Take-away doses are important for those who need them for unusual situations such as court appearances, visiting distant sick relatives, holidays or conferences. Most importantly, take-away doses contribute to the acceptability of prolonged methadone maintenance and patient retention in treatment.

With this in mind **we would like to remind prescribers to be vigilant in assessing a client's stability, as recommended by the guidelines, prior to authorising any take-away doses.** Please also check current client records to ensure that the appropriate approvals are in place and regularly review client circumstances to establish that existing take-aways are still appropriate.

Turning Point is currently reviewing take-away policy, and will be conducting interviews with methadone providers and clients. It is expected to report in 2003. For the time being, take-away policy is set out in the Guidelines for Prescribers and Pharmacists. The requirements for take-away doses as stated in the guidelines (page 39) include that:

- You should contact the pharmacist to confirm that recent behaviour and dose collection have been stable.
- Take-away doses should only be available to clients who are adequately stabilised on the methadone program.
- They should not be available to clients in their first months on treatment.

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Welcome to the second of our regular newsletters for doctors and pharmacists supporting the pharmacotherapy program in this state. In this edition we have included information about Christmas closure dates, DirectLine and the Pharmacotherapy Advocacy and Complaints Resolution Service (PACS), amongst other things. We trust this information will be interesting and informative. If you have questions or comments please feel free to contact us on 1300 364 545. Your newsletter contact is Janet Morey on 9637 4070.

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Launch of the new DirectLine phone number

On 13 July 2001, the Victorian Government launched the Illicit Drug Community Awareness and Advertising Campaign. It included a suite of television, radio, cinema, print and outdoor advertising aimed at communicating the harmful effects of drugs to 15-18 year olds. It is also aimed to link the community with information, counselling and referral through a 24 hour, 7 day a week hotline run by DirectLine, and website- www.drugs.vic.gov.au. The success of this campaign has resulted in its extension and to DirectLine using this campaign number as its new telephone number.

DirectLine is a 24hour telephone counselling service for anyone with concerns or questions regarding drugs or alcohol. The professional counselling staff at DirectLine are drawn from professions such as psychology, health, nursing and teaching. They can offer supportive counselling, information on drugs and alcohol, in addition to referral to services available throughout Victoria. Some of the services DirectLine often refers callers to include Drink Drive Education Programs, Needle and Syringe Exchanges and HIV/AIDS counselling. This information on drugs and organisations is available to both health professionals and prospective clients.

Additionally DirectLine keep an up to database of all pharmacies with a methadone and buprenorphine program, and doctors approved to treat patients with pharmacotherapies who have stated they are willing to receive DirectLine referrals. When patients require referral to a GP or pharmacy a DirectLine counsellor calls doctors and pharmacies on their database until they find one with a program vacancy. The patient is given the details of this doctor and/or pharmacy and is then required to follow this up themselves.

To keep the DirectLine database updated and as relevant as possible it would be helpful if all prescribers are listed with them. If you are not currently listed with DirectLine but would be willing to take referrals from them please call the Drugs and Poisons Unit and we shall arrange this for you.

The new DirectLine phone number is 1800 888 236.



Health Minister, John Thwaites launches the new DirectLine phone number

Permit Termination

As methadone and buprenorphine prescribing doctors know, it is a legal requirement to have a permit for a patient prior to commencing treatment. Permits are usually processed on the same day as the application is sent, but there can be delays when an existing permit with another prescriber already covers a patient. A new permit cannot be issued until a termination notice has been received from the original permit holder, or until we are assured that the previous prescriber has been contacted and is aware that another doctor is taking over the treatment of their patient. This is essential to prevent inadvertent dual dosing and enables the new prescriber to obtain any pertinent information regarding the patient prior to commencing or continuing their treatment.

When a prescriber first sees a patient who has recently or is still on a pharmacotherapy program ask them the name of their previous prescriber. It is likely this doctor will still have an existing permit for this patient and contacting them prior to applying to DPU for a permit will expedite the current application.

Permits are usually issued to prescribers for an indefinite period. This alleviates the need for prescribers to renew permits but can cause a problem when a termination form has not been sent to the Drugs and Poisons Unit once a client ceases treatment with the permit holder. **It will assist pharmacotherapy prescribing doctors and clients if terminations forms are sent in as soon as they are aware that a client is no longer under their care.**

Help With Grievances is Available

Both clients and service providers can access the Pharmacotherapy Advocacy and Complaints Resolution Service (PACS) run by VIVAIDS and sponsored by The Department of Human Services.

PACS has been operating for approximately 2 years and has assisted both clients and medical professionals to resolve issues. A number of pharmacies have already used the service, directing clients who feel they are being unfairly treated to call PACS. As appropriate PACS has either assured the client that the pharmacist was doing the right thing or else negotiated with the pharmacist on the client's behalf. Pharmacists who have used the service have expressed great satisfaction with it, saying that directing a client to complain to a peer based service often defuses a situation. It allows a client to debrief with a peer who understands the limitations placed on both doctors and pharmacists.

PACS can assist consumers to gain maximum benefit from their program, rather than remaining dissatisfied and possibly terminating their treatment. It is also designed so that service providers will use PACS to resolve conflict with a consumer rather than terminate that individual's program or having a long running dispute interfere with their business and the program.

This is a state wide service with representatives from the General Practice Divisions of Victoria, Pharmaceutical Society of Australia (Vic Branch) and VIVAIDS in the steering committee.

A PACS representative can be contacted by calling 1800 443 844, 0402 412 122 or via VIVAIDS on 9419 3633.

On the Write Track at Southcity Clinic-a Specialist Methadone Service in the Southern Metropolitan Region

Patients of the Southcity Clinic in Elwood have found that using their creative skills to describe their experiences, dreams and thoughts has helped them to deal with their drug problem.

The patients met on a weekly basis to attend a writing group held at the clinic and led by creative writer Ria Kryshkovski. Rita said, "This work has enabled participants to have a better ability to express themselves and form a clearer picture of who they are and what they want to achieve for themselves. Creative writing enables a person to tell their story in their own time and in a way that is not interrupted by questions."

The patients found their participation in the creative writing group to be self-esteem enhancing, while also fun and of course creative. Group participants have written about a range of topics that include experiences of being in gaol and inescapable dread, to romance, flowers, pets, hope, my favourite things and relationships. Creative Writing enables the participants to feel completely in control of what is disclosed about their difficult times and to also have the opportunity to write about anything that they choose. For the second time their articles have been published in a book – Creative Writing II that was launched in June of this year during Drug Action Week.

Some of the participants who have taken part in the creative writing group are now also contributing to publications such as the Big Issue and Roomers magazine.

Southcity Clinic provides a specialist pharmacotherapy service for the southern city metropolitan region. Medical and psychotherapeutic counselling support is available for heroin users, who often have a range of problems accompanying their drug dependency that include mental illness, medical conditions and complex social and personal difficulties.

For further information regarding the group work you can contact David Parker, Clinician and Counselling Psychologist at Southcity Clinic on (03) 9525 7399.

Christmas/New Year 2002-2003 Arrangements

Interstate transfers – We have been advised that the last day on which interstate departments will accept transfers for methadone and buprenorphine clients travelling between Christmas and the 13th January 2003 is **Friday 29 November 2002**. We have included some patient handouts and a sign to assist in alerting patients to make their arrangements early.

Take-away doses – in an effort to avoid clients missing an opportunity to gain approval for take-away doses of methadone, please endeavour to have application for take away doses for the Christmas/New Year period in by Friday 29 November 2002. While the Drugs and Poisons Unit tries to process all applications as soon as possible the increased workload at this time of year can mean that applications received after this date may not be processed in time.

Supervision of buprenorphine doses

A review of Self-Assessment Forms submitted by pharmacists to the Drugs and Poisons Unit indicated that more than 20% of pharmacies do not crush buprenorphine tablets prior to administration and/or do not adequately supervise consumption of the sublingual tablets.

Both of these measures are intended to minimise the risk of diversion and pharmacists are strongly advised to conform to the recommended measures.

Provision of methadone take-away doses

The Pharmacotherapy Program Self-Assessment Forms recently completed by pharmacists indicate that many pharmacists are not supplying methadone take-away doses in the manner described in the Guidelines (section 4.5). So we would like to remind all pharmacists to:

- **Appropriately label all take-away containers, including the recommended warning labels.**
 - Take-away dose container labels should include the patient's name, the name of the drug and the date on which the dose is to be consumed. Also, attach the following warnings-"This medication may cause drowsiness and may increase the effects of alcohol. If affected do not drive a motor vehicle or operate machinery." "Keep out of reach of children. May cause death or serious injury if taken by another person."
 - Dispensing labels *should not* incorrectly state that the bottle contains methadone 25mg/5ml rather than the actual dose.
- **Take-away doses should always be diluted to 200 mls as specified in the guidelines.**

Containers should also have the required child-resistant closure. (Please note that although the APF recommendations regarding take-away doses vary from the Victorian Guidelines for the Methadone Program, pharmacists should comply with Victorian guidelines).

Having regard to the potential misuse or harm that may be associated with take-away doses, we would recommend that all pharmacists review their current policies.