

Unclassified

METHADONE

and **BUPRENORPHINE**
TREATMENT

The **OPIOID** Treatment Program



NSW Police Force

Guidelines for police

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THE OPIOID TREATMENT PROGRAM

The NSW Police Force supports and operates within the National Drug Strategy 2010 – 2015.¹ This Strategy is based on a harm minimisation approach to illicit drugs.

There are three broad types of activities encompassed by the harm minimisation approach:

- ▶ **supply reduction**
strategies designed to disrupt the production and supply of illicit drugs
- ▶ **demand reduction**
strategies designed to prevent or delay the uptake of harmful drug use or to reduce drug use and
- ▶ **harm reduction**
strategies designed to reduce drug-related harm for communities and individuals.

Harm minimisation aims to reduce the harmful health, social and economic outcomes of alcohol and other drugs for the community and drug users. While total abstinence from illicit drug use is the most desirable goal, harm minimisation recognises that as some people will continue to use drugs, it is necessary to invest in strategies that minimise the harm that drugs cause.

The medical treatment of dependence on drugs is both a demand and harm reduction strategy. NSW Police Force acknowledges the medical treatment of opioid dependence as an essential public health service and works to support the delivery of this service.

What is the medical treatment of opioid dependence?

Opioids are pain killers and their use can result in dependence. Heroin is one of the most commonly used illegal opioids. Strong pharmaceutical opioids (known as 'opioid analgesics') such as oxycodone and morphine can also be dependence-forming and the misuse of these legal drugs has increased in recent years.

Methadone and buprenorphine are legal opioids used in the treatment of opioid dependence. Methadone and

buprenorphine are currently provided in NSW through the Opioid Treatment Program (OTP). Buprenorphine is provided on its own (sold under the trade name, Subutex) and in combination with another drug called naloxone (Suboxone). These drugs are currently the most effective treatment available for opioid dependence.

Methadone and buprenorphine act as a substitute for heroin and other opioids, thereby reducing drug seeking and drug use, and enabling the drug user to break the cycle of dependence. Unlike heroin which normally lasts for about 3 – 6 hours, methadone and buprenorphine are long-acting.

Within a week of beginning methadone or buprenorphine, most heroin or other opioid users experience reduced craving, and over a period of time, decrease or stop their use of heroin or other opioids. They feel better and have more time and money to engage in ordinary life activities.

How do opioid treatments work?

Opioid treatment provides a legal, safe (eg, non-injectable) and regular dose of an opioid in a treatment setting, replacing the opioid drug, such as heroin or oxycodone, that is being misused.

Methadone and buprenorphine act to reduce the craving for the illegal or misused drug. In the case of heroin dependence, this is a useful treatment strategy because:

- ▶ heroin is generally injected, which can cause a range of health harms, including placing users at risk of contracting blood borne viruses such as hepatitis C and HIV
- ▶ heroin is a short-acting, expensive and illegal drug. The cost of a heroin dependency is often supported by involvement in income-generating crime or prostitution. Users often devote a great deal of time doing what they need to do to obtain heroin and
- ▶ while dependent on heroin, users shift between intoxication and withdrawal, and spend time recovering from its effects.

THE BENEFITS OF OTP

Dependency on other types of opioids such as oxycodone or morphine can also have an adverse impact on an individual's health and lifestyle and can lead to criminal behaviour. Dependency on these drugs can also be treated through the OTP.

Opioid treatments such as methadone and buprenorphine give people the opportunity to rebuild their lives. In assisting people to reduce or stop their illegal drug use, these treatments improve health and social functioning. This may in turn lead to improvements in other areas, such as housing and employment.

It is important to note that the OTP is a long-term rather than a short-term treatment. For some people treatment may be life-long and remaining on methadone or buprenorphine is not an indication of failed treatment.

How many people are on methadone or buprenorphine treatment in NSW?

At the time of writing this document there were approximately 14,500 individuals on methadone and 4,800 on buprenorphine in NSW.

Crime Reduction

There is evidence that illicit opioid use and criminal activity, particularly in relation to property and drug offences, is substantially reduced while individuals are engaged in opioid treatment. The longer individuals remain in treatment the less likely they are to use heroin or misuse other opioids and commit crime.

Research has shown that the impact of opioid treatment on crime is that:

- ▶ crime rates were lower for every form of crime for those on methadone at three months
- ▶ property crime reduced from 20% to 10% at three months
- ▶ drug dealing reduced from 23% to 10% at three months and to 9% at six months
- ▶ fraud reduced from 8% to 3% at three months and to 1% at six months and
- ▶ violent crime reduced from 3% to 1% at three months and remained at 1% at six months.²

Health and social benefits of the OTP

Overall the goal of opioid treatments is to improve the health, social and economic outcomes for individual drug users, their families and the community. Key objectives are:

- ▶ to reduce or stop heroin or other opioid use
- ▶ to reduce or stop drug-related crime
- ▶ to reduce or stop the risk of contracting blood borne viruses and infections associated with injecting drug use
- ▶ to reduce the risk of death
- ▶ to improve social functioning, particularly in the areas of housing, employment, parenting and relationships and
- ▶ to improve overall health.

An extensive body of both international and local research has demonstrated that methadone, and more recently buprenorphine, are effective in achieving these objectives.

HOW DO OTPs OPERATE IN NEW SOUTH WALES?

In NSW, the OTP is administered by the NSW Ministry of Health under the statutory requirements of the NSW Poisons and Therapeutic Goods Act 1966 (the Poisons Act).

There are several types of opioid treatment service providers in NSW, namely:

- ▶ public clinics
- ▶ private clinics
- ▶ doctors and
- ▶ pharmacies.

Public clinics are often but not always on the grounds of public hospitals and private clinics are usually located in central business districts.

All private clinics in NSW are licensed by the NSW Ministry of Health and all clinics – be they public or private – are subject to accreditation. Doctors and pharmacies must be approved by the NSW Ministry of Health to prescribe and dispense methadone and buprenorphine.

Who can be prescribed opioid treatment?

To be eligible for methadone or buprenorphine, the person generally has to be 18 years of age or older and opioid dependent. A doctor must assess them as suitable and the NSW Ministry of Health must authorise the application to commence treatment. Clients are regularly reviewed by their doctors and prescriptions are renewed as required.

Dosing

Clients in the OTP receiving methadone are generally dosed once per day. Buprenorphine is longer acting and some clients only require dosing every second or third day.

Takeaways

In general, the basic principle of methadone and buprenorphine treatment is that the administration of the medication is supervised. This is designed to minimise the risk that the drug will be used inappropriately (for example, injected instead of taken orally), diverted to the black market or accidentally taken by someone for whom it was not intended. However, if a client is stable they are entitled to receive takeaway doses of methadone or buprenorphine from a pharmacy or clinic.

The decision to provide takeaway doses is made by a doctor and is based on careful assessment of each individual case taking into account a person's stability, reliability and progress, as well as the quantity of methadone or buprenorphine prescribed.

There are limits on the number of takeaway doses a client may receive. A client may, however, receive more than the standard takeaway dose if they are going on holidays.

Where clients are known to have misused their takeaway privileges they will generally lose their right to further takeaway doses for a period of time.

In accordance with the Poisons Act, takeaway doses must be labelled with the person's name, the name of the drug, the amount, the name of the dispenser and directions for use.

Drug name	Trade name	Form
Methadone	Biodone forte	Liquid
Buprenorphine	Subutex	Tablet
Buprenorphine/ naloxone	Suboxone	Tablet or film

CUSTODY ISSUES

Can clients be dosed in police custody?

If a person receiving opioid treatment is in police custody they are entitled to receive their dose.

However, **police are not authorised to administer drugs**. To arrange a dose for the prisoner, get the name of the prescribing doctor or the pharmacy or clinic that dispensed the drug and call them as soon as possible. They will attempt to arrange for the person to be dosed by a person who is authorised to do so.

Police need to witness the administration of the dose and record it in the Custody Records.

It is important not to delay organising a dose for a person in custody as they may experience symptoms of withdrawal, particularly if it is more than 24 hours since their last dose. A delay can be particularly dangerous for a pregnant woman and their unborn child.

Takeaway doses

If the prisoner is in possession of a takeaway dose/s and they are legally entitled to them, the dose/s should be taken into possession by police and recorded as part of the person's property. In the case of methadone, also record if the bottle was full or empty.

In the event that an individual in police custody requires dosing, takeaway doses must never be used. Police are not authorised to administer drugs and the dose could be contaminated with another substance. Contact the person's doctor or clinic to arrange for the person to be dosed.

At the time of dosing, seek advice from the person administering the medication regarding what should be done with the takeaway doses when the person is released from custody.

Drug-affected people in custody

In accordance with NSW Police Force policy, Code of Practice, CRIME (Custody Rights Investigation Management Evidence), drug-affected people in police custody must be kept under close observation.

Be alert to any changes to the person's condition. Also remember that a drug-affected state can mask other medical problems. If you have concerns about a person's condition, call an ambulance.

Illegally obtained doses

If a prisoner has an illegally obtained dose/s of methadone or buprenorphine in their possession (eg, the name on the bottle of methadone is not the prisoner's), in addition to any other police action that may be taken, police should contact the dispenser (eg, pharmacy) of the dose (if this information is available). Tell the dispenser the name of the person on the medication so they can take any necessary action.

Withdrawal

When individuals on methadone or buprenorphine cease taking the drug, that is, they miss their dose for a day or more, they exhibit a set of physical signs and symptoms referred to as withdrawal.

If a person is in withdrawal and you have concerns about their medical condition, call an ambulance.

Signs of methadone and buprenorphine withdrawal include:

- ▶ restlessness/agitation
- ▶ stomach cramps
- ▶ yawning
- ▶ goosebumps
- ▶ tears
- ▶ runny nose
- ▶ diarrhoea and
- ▶ craving for the drug or other opiates.

Drug overdose

There may be occasions when an individual on methadone or buprenorphine is in custody and is drug-affected and exhibiting signs of overdose.

As with all opioid drugs, methadone and buprenorphine can result in an overdose if the individual has taken more than the prescribed dose or if they have taken other drugs and/or alcohol in addition to their prescribed dose.

The onset of methadone and buprenorphine overdose may occur many hours after the last dose of methadone was consumed.

Call an ambulance immediately if a person has overdosed. While waiting for help to arrive, provide basic life support.

Methadone and buprenorphine are depressant drugs so the signs of overdose are the same as they are for other drugs of this class, such as heroin, oxycodone or xanax.

The most serious signs of overdose on a depressant drug are if a person cannot be woken or has stopped breathing. Other signs include:

- ▶ drowsiness/ 'nodding off'
- ▶ shallow breathing
- ▶ snoring loudly or gurgling
- ▶ blue lips or fingertips
- ▶ difficulty walking
- ▶ slurred or incoherent speech
- ▶ dizziness/light-headedness.

POLICE LIAISON WITH OTP SERVICE PROVIDERS

OTP service providers such as clinics and pharmacies are important public health initiatives which are supported by NSW Police Force.

At times, issues such as public amenity can emerge in the vicinity of OTP services and it is important that any issues that arise are managed appropriately.

OTP services may also attract public attention which is unwarranted and it is equally important to respond effectively to any perceived issues that arise.

Public amenity

While priorities may sometimes differ between police and OTP services, it is essential that local police and OTP services work proactively and collaboratively to ensure that the amenity of the area is maintained and that opioid treatment is effectively delivered. Failure to do so could potentially risk the long-term viability of the OTP.

While police activity in the immediate vicinity of OTP services should not discourage clients from accessing them, illegal and/or unacceptable behaviour around OTP services should not be condoned or ignored. OTP services should require clients to behave appropriately and reinforce that the use of opioid treatment in a manner other than prescribed is illegal. Likewise, clients of OTP services have an obligation to behave appropriately in the vicinity of these services.

Police can assist OTP services in maintaining orderly behaviour as required and should conduct normal policing activity in response to disturbances in and around OTP services.

At times, clients of OTP services may be involved in illegal activities. OTP services are not a “no go” area for police. If the supply of drugs, including illegally obtained methadone or buprenorphine, or criminal behaviour is occurring in the vicinity of an OTP service, police should take appropriate action. Where possible, police should consider liaising with the management staff of the service beforehand.

Balancing public order and public health concerns is not always easy, but opioid treatment is a public health strategy designed to reduce the harm of illicit drug use to the individual and the wider community. Therefore, it is important that any public amenity or other issues that arise are resolved promptly and effectively.

Community concerns

Community members can sometimes express concern about the presence of an opioid treatment service in their area. If this concern is raised, it can be noted that OTP services are generally set up in response to treatment needs in a given location. Those receiving treatment generally live and/or work in the area and access to the service is important in facilitating compliance with treatment.

In responding to any concerns that are raised, it is worth noting that those attending OTP services have opted to undertake legal treatment in an effort to solve problems associated with their illicit drug use. This decision is of benefit to both the users themselves and the community.

Police liaison with OTP services

Responding to any issues that arise promptly and effectively is paramount to the ongoing success and operation of the OTP.

Ideally, issues should be raised directly with the clinic management and resolved at a local level. However, if you are unable to resolve the issue at this level, contact the Director of Drug and Alcohol Services in your area.

Establishing a good relationship between police and opioid treatment service providers will provide a solid basis to resolve any issues that emerge. To that end, the following strategies may be useful:

1. Establishing formal lines of communication to regularly discuss any issues or problems that police or the OTP service may be experiencing.

Information that may be useful for police and OTP services to share may include:

- ▶ ground rules regarding information-sharing which comply with privacy legislation and the codes of ethics and objectives of both agencies
- ▶ current local problems particularly in relation to community concern, crime and anti-social behaviour in and around OTP services
- ▶ information about the objectives and operation of police and OTP services
- ▶ location of OTP services and hours of operation
- ▶ notwithstanding confidentiality issues, information about any exceptional activities planned such as health promotion activities during Drug Action Week and
- ▶ the nomination of an appropriate contact or liaison person within the Local Area Command (LAC) or OTP service.

2. Working collaboratively to enhance community support and understanding within LACs of harm minimisation and the positive public health benefits gained through opioid treatment.

Police can assist in this process in several ways including:

- ▶ making information about opioid treatment and other harm reduction programs available at parades, musters and orientation days
- ▶ liaising with OTP service managers to organise visits by police to their facilities and vice versa to meet staff and
- ▶ where appropriate, responding to requests by opioid treatment service providers to support the operation of OTP services in the local community.

3. Dealing with public criticism of OTPs

Police can feel caught in the middle of the wide range of community opinions regarding OTPs.

If a LAC is called upon to provide comment on OTP services, comments should be restricted to issues that relate to crime and policing and should be substantiated. Where relevant, information such as the existence of OTP services in a neighbouring LAC without incident may also be useful to note. It is important to recognise that the OTP is an effective government initiative that is supported by NSW Police Force. For further guidelines on providing public comment, refer to the NSW Police Force Media Policy or contact the Media Unit.

Sections of this document provide information that should also assist in managing crime, public order and the perception of safety around OTP services.

OPIOID TREATMENT AND THE LAW

Methadone and buprenorphine are legal treatments of opioid addiction and the prescription and supply of these drugs is tightly regulated under the Poisons Act.

Methadone and buprenorphine are classified as Schedule 8 drugs under the Poisons Act and as such, are subject to the highest level of regulation with regard to prescription, supply, storage and recording requirements. Doctors must also be specially authorised to prescribe methadone and buprenorphine. Furthermore, doctors must obtain an 'authority' from the NSW Ministry of Health, Pharmaceutical Services Unit (PSU) to prescribe methadone and buprenorphine for each patient.

It is illegal to prescribe or supply methadone or buprenorphine unless you are an authorised person (eg, a doctor or pharmacist). As all Schedule 8 drugs are listed in Schedule 1 of the *Drug Misuse and Trafficking Act 1985* (the DMTA), offences relating to the illegal supply of methadone and buprenorphine are in the DMTA.

It is also illegal to **possess or use** methadone or buprenorphine unless the drugs have been provided under a medical practitioner's prescription, issued in accordance with relevant State legislation and guidelines and consumed as per the doctor's instructions. The possession and use offences are also in the DMTA.

The Pharmaceutical Services Unit (PSU) in the NSW Ministry of Health is responsible for ensuring that doctors and pharmacists are prescribing and dispensing methadone and buprenorphine in accordance with the law.

For further information on responding to the illegal supply or use of pharmaceutical drugs, see the NSW Police Force, *Investigating the Illegal Supply of Pharmaceuticals: Guidelines for Police*, on the Intranet.

Methadone, buprenorphine and driving

The *Road Transport (Safety and Traffic Management) Act 1999* provides police with the power to stop a person suspected of driving under the influence of any drug. Methadone or buprenorphine has minimal effect on driving skills in most individuals where the individual is on a stable dose.

However, a person's driving may be impaired if they have just commenced opioid treatment, have had a change in dose, or have used alcohol or other drugs in addition to their opioid treatment. **As with all drugs including alcohol, it is the individual's responsibility to gauge their ability to drive.** Health professionals are advised to inform an individual of the potential effect of a drug on driving-related skills.

The use or attempted use of a vehicle while under the influence of methadone or buprenorphine to the extent that the person's driving is impaired is an offence prosecuted under the *Road Transport (Safety and Traffic Management Act) 1999*.

REFERENCES

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Acknowledgments

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Further Information

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Note:

This document is intended to be read in conjunction with the document *Needle and Syringe Exchange Program – Guidelines for Police* (2013).

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