

Ministry of Health


Update for the Midland OST clinicians forum

May 2014

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Update from the Ministry

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Gazetting



Gazetting of Services and Lead Clinicians under Section 24 Misuse of Drugs Act

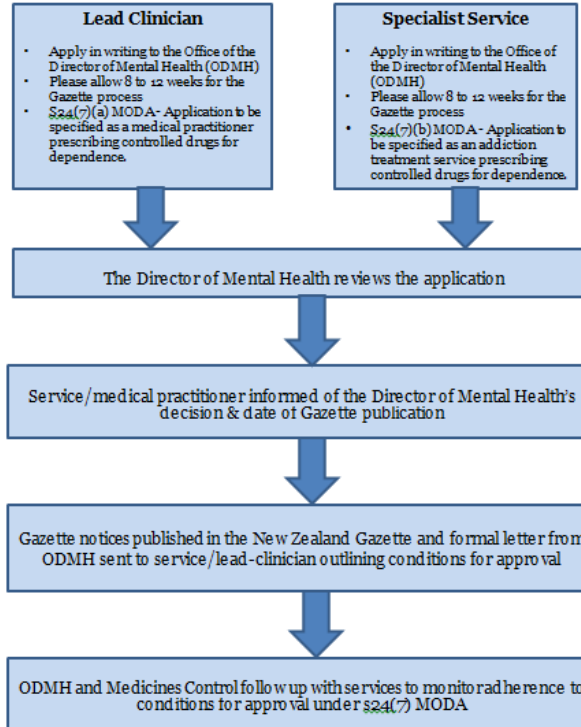
The Director of Mental Health is delegated to specify medical practitioners and specialist services to prescribe, administer or supply controlled drug for the purpose of treatment of people dependent on controlled drugs under section 24(7) of the Misuse of Drugs Act 1975 (MODA).

In the past Section 24 had been interpreted inconsistently, and its use had not been linked to compliance with Ministry policies or service specifications.

All historic approvals under s24 of medical practitioners and clinics have been revoked.

The gazette process - flow chart

Process of Approval under section 24(7) MODA



Section 24 MODA - Gazetting

- Thank you
 - Formal letters with conditions
 - Main conditions cited are:
 - *Reporting to Medicines Control under section 24 MODA*
 - *Updating policies*
 - *Reporting on supervision requirements for the lead clinician*
 - Pack
 - Follow up of conditions
 - Regional Advisors and Medicines Control
-

Section 24 MODA Gazettes published on 13 March 2014



New Zealand Gazette

Te Kāhiti o Aotearoa

The official Government newspaper and authoritative journal of constitutional record, published since 1841

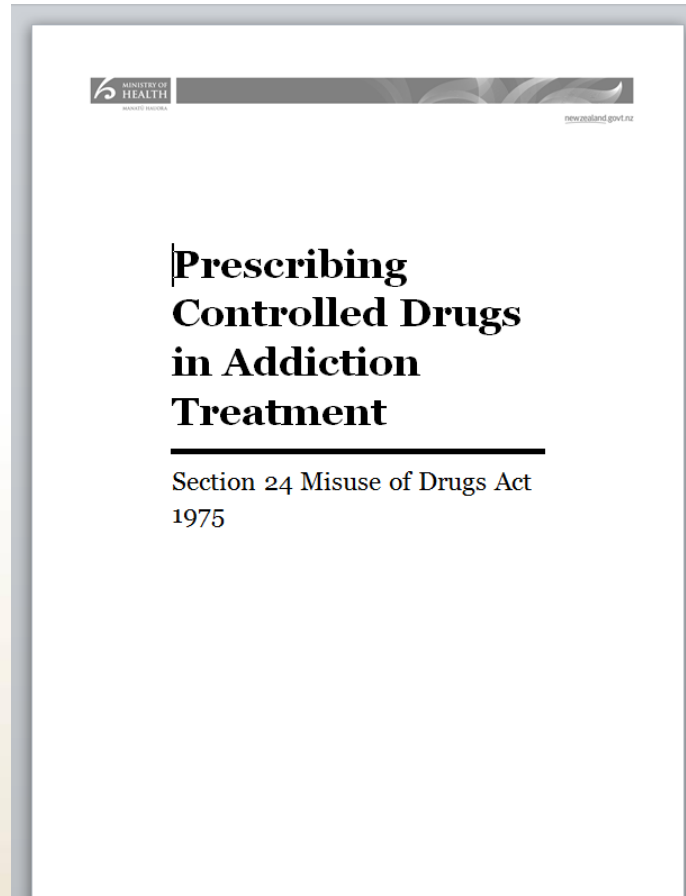
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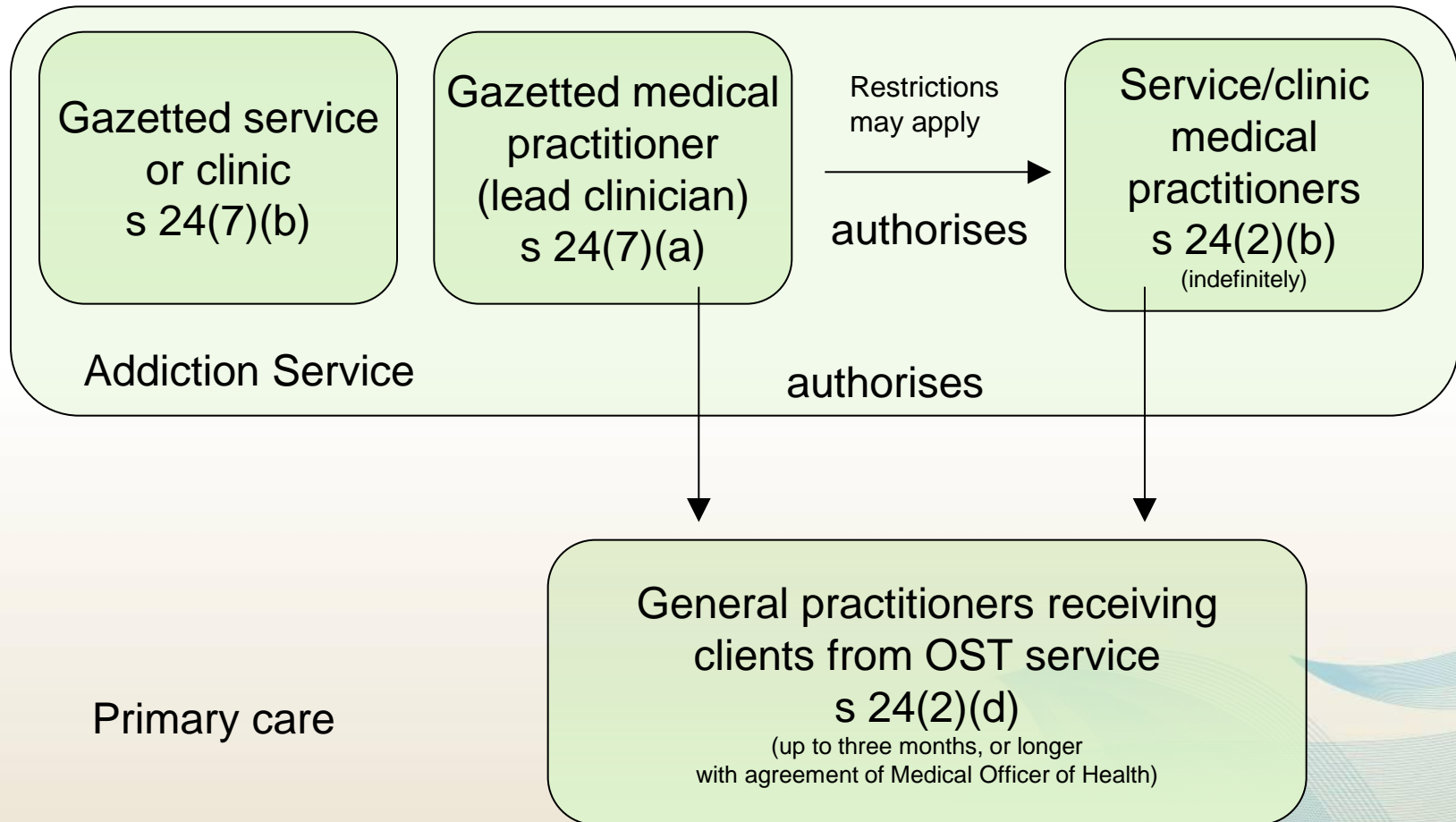
Date: 13 March 2014

Act: Misuse of Drugs Act

Prescribing Controlled Drugs in Addiction Treatment



<http://www.health.govt.nz/publication/prescribing-controlled-drugs-addiction-treatment>



Section 24(2)(b) MODA

Authority for service/clinic medical practitioner to prescribe controlled drugs for the treatment of addiction (section 24(2)(b) MODA)

This form should be used by medical practitioners when applying to be able to prescribe controlled drugs for dependence under Section 24(2)(a) Misuse of Drugs Act 1975

I, [insert name of lead clinician], [insert name of specialist service], authorise:

[insert name of Medical Practitioner] [insert name of Specialist Service]
Medical Practitioner employed by the specialist service - specified under Subsection (7)(b)

to prescribe, administer or supply controlled drugs for the treatment of addiction to people who are or have been clients of [insert name of specialist service].

and

to authorise general practitioners receiving clients from [insert name of specialist service] as specified under Subsection (2)(d) ~~[delete this paragraph if in appropriate]~~

[insert signature] [insert date]
Lead Clinician Date

[insert name of lead clinician]
[insert name of specialist service]

cc. Service Register
Medicines Control (medicinescontrol@moh.govt.nz)

Authority to prescribe controlled drugs for the treatment of addiction

Revocation of this authority

This authority expired because [insert reason]

on [insert date]

[insert signature]
Lead clinician

cc. Service Register
Medicines Control (medicinescontrol@moh.govt.nz)

2 Application to prescribe controlled drugs for the treatment of addiction

Section 24(2)(d)

Authority for a general practitioner to prescribe controlled drugs for the treatment of addiction (section 24(2)(d) MODA)

This form should be used by a lead clinician when authorising a general practitioner (GP) to prescribe controlled drugs for dependence under Section 24(2)(d) Misuse of Drugs Act 1975.

I, [name of medical practitioner], [specialist service], authorise:

GP name GP practice

to prescribe controlled drugs for the treatment of addiction to:

Consumer name NHI Consumer address

The conditions of this authority are set out below.

[Specify general or particular conditions of authority including, where relevant: • the particular controlled drug • consume of premises • takeaway dose(s)	<input type="text"/> <input type="text"/> <input type="text"/>
--	--

This authority expires on [date].

Signature Date

[Medical practitioner]
 [Specialist service]

cc. [GP]
 [Dispensing pharmacy]
 Consumer file
 Medicines Control, Ministry of Health, PO Box 5013, Wellington
 (medicinescontrol@moh.govt.nz)

OST 6 monthly reporting



6 Monthly OST Reporting

In 2006, the six-monthly report from specialist opioid substitution treatment (OST) services was instituted by the Director of Mental Health to address gaps in the Ministry of Health's information about people accessing treatment for opioid addiction and service provision for inclusion in the Director of Mental Health's annual reports.

The information from the six-monthly report is used for a variety of other purposes including informing service development, for research purposes and responding to Ministerial requests and variations to the OST practice guidelines.

6 monthly OST reporting

Opioid Treatment Programme (OTP) – Specialist Services

The Director of Mental Health is responsible for approvals relating to prescription, administration, or supply of controlled drugs for the purposes of treating people with drug dependence. To ensure on-going accountability, the following information is required on a six-monthly basis, due no later than 31 July and 31 January.

Name of Service Provider:

Contact Person:

Tel / email:

Period of Report: 1 January to 30 June 2014

Variance to Practice Guidelines for OST 2014



#	Questions	Information required
1.	How many specialist and GP clients do you currently have (on the last day of this reporting period?)	Specialist: GP:
2.	How many clients have you prescribed Methadone for the treatment of Opioid dependence during this reporting period? If a client was prescribed two different dose ranges during the reporting period please indicate the higher dose range	Number: Dose range: <120mg daily - ____ 120 – 150 daily - ____ 150 – 200 daily - ____ >200mg daily - ____
3.	How many clients have you prescribed Suboxone for the treatment of Opioid dependence during this reporting period? If a client was prescribed two different dose ranges during the reporting period please indicate the higher dose range	Number: Dose Range: <32mg daily - ____ >32mg daily - ____
4.	How many clients were transferred to a Corrections facility during this reporting period?	Number of males: Location(s): Number of females: Location(s):
5.	After an initial assessment how many people	Number

	requesting OST and meeting criteria for opioid dependence were not admitted to OST within two weeks during the reporting period?	Rational for each individual case:
6.	How many people were on your waiting list for treatment on the last day of this reporting period?	Number awaiting assessment: Max time between a client presenting or being referred to the service and initial assessment (weeks): Max time between a client's initial assessment and first dose excluding interim prescribing (weeks):
7.	If you provide interim prescribing, how many people on your waiting list received interim-dosing methadone during the reporting period?	Number:
8.	How many GPs in the community does your service authorise to prescribe?	Currently Authorised: Available but not currently utilised:
9.	How many clients moved from specialist service to authorised GP care during the reporting period?	Number:
10.	How many clients who are suitable for GP care remain at the specialist service because a place in primary care is unobtainable on the last day of this reporting period?	Number:
11.	How many of your specialist service clients have moved out of the area but continue to be prescribed by you? How many clients from other areas have moved to your area and are awaiting entry to your prescribing programme?	Numbers at end of the reporting period: What is the range of time these clients have been waiting to be accepted by the specialist service in their new location (from min – max in months): (months) Numbers at end of the reporting period: What is the range of time these clients have been waiting to be accepted by your Service (from min – max in months): (months)
12.	What ages were the patients prescribed Suboxone or methadone for opioid dependence as at the end of the reporting period?	Under 18: 19 – 29: 30 – 44: 45 – 59: 60+:

Highlights from Jul – Dec 2013

The number of people being prescribed Suboxone is steadily increasing

There continues to be a reduction in the number of people going to prison

There has been a reduction in the number of people waiting for OST




GP Care

The number of people transferring to GP care remains constant - 121

This report asked for the number of people returning to specialist service – 82

There is a high number of people waiting for a place at GP care – 95

Decline in the number of authorised GPs (43 drop)



Voluntary Withdrawals

Highest ever number of voluntary withdrawals - 196

Lowest ever number of involuntary withdrawals - 6

Age Ranges

The number of people in the 45-59 year age group has over taken the number of people in the 30-44 age group

60 + age group continues to grow



Question 2 & 3

Prescribing above the maximum dose recommended in section 3 of the guidelines (120 mg methadone and 32 mg buprenorphine)

• Methadone: 120mg – 149mg	603 clients	(15.6%)
150mg – 200mg	252 clients	(6.3%)
>200mg	47 clients	(1.2%)
• Suboxone >32mg	5 clients	(1.2%)

Question 5

Reasons given for why after an initial assessment people requesting OST and meeting criteria for opioid dependence were not admitted to OST within two weeks include:

- DNA
 - complex MH presentations
 - pain patient with other options
 - client declined as did not want to COP
 - doctor on leave
 - no doctor available
 - client choose not to
 - age and degree of dependency
 - rural location
 - tapered oxycotin withdrawal
-


Question 6

Reasons given for why (10)clients requesting OST from any part of the addiction service/s (including single point of entry) who **had not** been assessed by the OST service within two weeks include:

- staffing shortages over Christmas
 - client admitted to general services and no longer required OST
 - difficulty making contact with client
 - shortage of medical appointments
 - staff sickness
 - staff availability
-

Question 6

Reasons given for why (43) clients **had not** received their initial OST dose within two weeks of assessment include:

- doctor appointment availability
 - DNA
 - assessment criteria not met
 - available days to establish limited due to ward activity (35)
 - waiting list for inpatient bed
-
- 

Question 12

Transfers

80 clients are being prescribed out of area

44 clients on services list awaiting transfer to their service.

Where are the missing 36?

OST Audit

- The OST Audit will align services with the new guidelines and the gazetting process
- The Ministry will roll out the OST audit this year
- aiming to audit three services a year
- a lead auditor with consumer & NAOTP representatives