Dosing Facilities in Public Hospitals for Patients on Opioid Treatments

Summary  To advise Area Health Services of their responsibility to ensure the availability of dosing points in public hospitals for patients on an Opioid Treatment Program.

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Functional group  Clinical/Patient Services - Governance and Service Delivery, Pharmaceutical Population Health - Pharmaceutical

Applies to  Area Health Services/Chief Executive Governed Statutory Health Corporation, Ministry of Health, Public Hospitals

Distributed to  Public Health System, NSW Ambulance Service, Ministry of Health, Public Hospitals

Audience  Medical practitioners; nursing; clinical

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
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Functional Sub group  Clinical/ Patient Services - Governance and Service Delivery
Clinical/ Patient Services - Pharmaceutical
Population Health - Pharmaceutical
Summary  To advise Area Health Services of their responsibility to ensure the availability of dosing points in public hospitals for patients on an Opioid Treatment Program.
Author Branch  Mental Health and Drug and Alcohol Office
Branch contact  Mark Anns 9424 5752
Applies to  Area Health Services/Chief Executive Governed Statutory Health Corporation, NSW Dept of Health, Public Hospitals
Audience  Medical practitioners, nursing, clinical
Distributed to  Public Health System, NSW Ambulance Service, NSW Department of Health, Public Hospitals
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Status  Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
This policy directive is to advise Area Health Service Chief Executives of their responsibility to ensure the availability of dosing points in public hospitals for patients on an opioid treatment program.

1. Background

1.1 The role of opioid pharmacotherapies in the drug treatment system

Maintenance treatment using opioid agonist pharmacotherapies (methadone and buprenorphine) is an essential component of a comprehensive drug treatment system and thus of a health care system.

1.2 The structure of the opioid treatment system

The opioid treatment program is delivered by a combination of (a) medical practitioners authorised to prescribe methadone and buprenorphine, (b) case management services at dosing points and (c) dosing or delivery systems to provide the doses on a regular basis (often daily) to patients.

There are four categories of dosing points.
1. Public, specialised drug treatment service, often within or on the grounds of public hospitals or community health centres.
2. Private, specialised drug treatment services.
3. Community pharmacies that are authorised to dose.
4. Other locations within public hospitals without special-purpose drug treatment services, for example the use of hospital pharmacies or other appropriate facilities to dose a medium number of patients.

1.3 The roles of public opioid treatment services

The roles of public specialised opioid treatment services are essentially:

(a) to initiate opioid pharmacotherapy treatment and to maintain treatment for complex cases
(b) to substitute where necessary for other dosing facilities and
(c) to support community pharmacies.

2. The role of public hospitals in the opioid treatment

Depending on the ready availability and accessibility of specialised drug treatment facilities and dosing pharmacies, the primary purpose of dosing methadone and buprenorphine in public hospitals is to supplement other dispensing facilities.
Public hospital pharmacies or appropriate locations within the hospital will provide dosing facilities for a limited number of patients on the opioid treatment program where there are no other dosing facilities available and accessible.

3. **Occupational Health and Safety Issues**

Public Hospital dosing points must comply with safe practice and environment standards as per routine hospital accreditation.

Public hospital dosing facilities are required to ensure the safety of clients, staff and visitors and the secure storage of drugs in line with the Poisons and Therapeutic Goods Act (1966) and Regulation (2002). The Hospital Pharmacist will comply with standard hospital dosing requirements. Specific requirements include:

- Sufficient physical, electronic and procedural safety
- Dosing equipment to be operated only by appropriate staff
- Appropriate level of support and education for staff
- Appropriate waste management of expired medication, and used bottles and labels

4. **Issues with Implementation**

In view of the importance of the opioid treatment program and the responsibilities of the public health system to make provision for opioid pharmacotherapy treatment services, every public hospital must be prepared to provide methadone and buprenorphine dosing services.

It is the responsibility of the hospital to demonstrate to the Area administration and NSW Health through the Centre for Drug and Alcohol that:

- it has established and operates appropriate dosing facilities, or
- there is an unreasonable cost or burden in establishing dosing facilities, or
- it is not necessary or appropriate for the service to be provided.

It is anticipated that there may be minor costs associated with the establishment of methadone and/or buprenorphine dosing points in public hospitals, primarily to ensure appropriate dispensing facilities, safety and storage of Schedule 8 drugs.

Hospitals may need to ensure initial staff training, ongoing support and education to ensure competency and behavioural management strategies to manage this particular patient group. The capacity to dose at hospital pharmacies or the appropriate location within the hospital should be augmented by services such as case management, clinical review and clinical support. Area based drug and alcohol services should ensure that such support is available and accessible. The Area Health Service Director of Drug and Alcohol should be consulted regarding the provision of support and education.
Further information may be obtained by contacting Mr Mark Anns, Centre for Drug and Alcohol, by telephone 02 9424 5752 or by e-mail mann@doe.health.nsw.gov.au

Robyn Kruk
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