Appendix 5



Safety Information

Client Name	
Chefft Name.	

D.O.B.

Engagement

Methadone and Buprenorphine are prescribed as substitutes for Heroin and are referred to as Opiate Substitute Treatment (OST). It is important to note that they are addictive in themselves and could even be *more addictive* than Heroin. The reason why we prescribe OST is because it is safer than Heroin. Important evidence indicates that you are 18 times less likely to die on OST compared to using Heroin. Safety factors are dependent upon your committed engagement throughout your treatment journey and it is important to recognise that it is not just the prescription that keeps you safe. Our whole team (e.g. Prescriber, Recovery Coordinator, and Pharmacist are working with you to monitor your health and support your recovery. Therefore if you miss appointments or miss pickups at the chemist, it becomes a safety issue and we may then have to review your treatment to maintain safety. You will be asked on commencement of your treatment and on annual basis to sign an engagement and prescribing agreement demonstrate your commitment to your recovery journey.

Over-Sedation

The way that OST (Methadone and Buprenorphine) builds up in your system is unpredictable and varies across individuals. There have been recorded cases where small increases in Methadone have resulted in a service user's death. Therefore if you feel drowsy on your prescription, especially if it is being titrated upwards, then you need to let us and the pharmacist know immediately. The danger is that you may feel drowsy on day 1 of a particular dose, and by day 3 the dose may lead to overdose or death. This is the reason why as a service we will start you on a lower dose and titrate (increase steadily) to a therapeutic dose.

Overdose risk

Evidence from the Coroner informs that many service users overdose related deaths have Methadone, Buprenorphine and Heroin within their system, as well as additional Alcohol and or other sedatives such as :-Diazepam and Pregabalin etc.) It is important to note that alcohol and sedative bingeing is dangerous and increases the possibility overdose risk when used in addition to opiate substitute treatment. Please ask any member of our team about take home Naloxone. We will provide the Naloxone kit and necessary training to support overdose management.

Driving

If we obtain evidence that you are driving, then we will be obliged to inform the DVLA. This is because the DVLA states that if you are using illicit drugs, are scripted on Methadone / Buprenorphine, or are alcohol dependent, then **YOU MUST NOT drive** and **YOU MUST NOTIFY THE DVLA**. Full compliance with treatment may allow licensing subject to NO evidence of continued use of other substances, including cannabis. For alcohol dependence, your licence will be refused or revoked until after a minimum of 1 year free of alcohol problems, and

Opiate Treatment Pathway Initiation and Continuation SOP 2: February 2nd 2020 Review Date 2nd Feb 2021

abstinence is usually required, with normalised blood test results. These rules also apply if learning to drive on a provisional licence.

Contraception

The lifestyle associated with dependent drug use can lead to reduced fertility (e.g. it can reduce the probability of pregnancy). This should return to normal once you are scripted and therefore we would advise you to consider contraception if you are involved in a sexual relationship. Women in particular can go years without having periods, and then when scripted it may be many months before the periods return which may lead to the belief that they still can't get pregnant. However it is important to know that ovulation restarts very quickly after getting scripted (e.g. not having a period doesn't mean you can't get pregnant). We would also encourage female service users to have regular cervical smears as per the national screening programme.

Blood-borne Virus Screening

We have our own bespoke Hepatitis Team who work In conjunction with the hospital and provide blood borne virus (BBV) Screening and Treatment.. As well as Hepatitis B vaccinations. Hepatitis C is TEN times more contagious than HIV and can be passed on from sharing all drug paraphernalia including crack pipes, spoons, water and filters. We would encourage you to request a simple finger prick test- known as a DBST (Dry Bloods Spot Test) from us for this and also for other BBVs. The Hepatitis Virus is 98% curable whilst all other BBV's are curative with treatment rendering the virus dormant reducing the risk of transmission and disease progression. If you have been exposed to any BBVs it is advisable for you to wait a minimum of 3 months before you are tested to allow adequate time for the virus to incubate giving a more accurate result. Any test taken prior to this may result in a false Negative. , *If you think you were tested too early, ask for another test.* If you were tested in the past but the results weren't communicated to you, or you are still partaking in risky behaviour, do NOT assume that everything was OK and still is– ask for a retest.

Hepatitis B vaccination

We provide combined Hepatitis A and B vaccinations to all our clients. Hepatitis B is not a curable disease but is 100% preventable by receiving the complete course of vaccinations.

The Hepatitis B Virus is carried in all bodily fluids and therefore highly contagious and is a Sexually Transmitted Disease (STD). The Hepatitis B Vaccination will prevent the individual from contracting this virus or passing it on to their family. We provide a total of 3 injections over 6 months and a booster if still in service after 5 years.

Please note- If an immunity test is required you will need to see their GP as this is beyond what our service delivers. Even if you've had 3 Hep B injections before, because there are different regimes provided by different institutions, you may not be covered and may require further Vaccination. This will be particularly pertinent to people released from prison as they will have generally received an accelerated course of treatment and will require a booster to complete the course at 12 months point. Therefore it is important that you discuss this with our Hepatitis team who will be able to advise you on the best course of future treatment

Even if you have never injected and don't intend to ever do so, Hep A and B injections are given as travel vaccinations when you go abroad. Please note that the Government guides that if you can afford to travel abroad then you should pay for your vaccinations. Stoke CDAS provides Hep A and B injections free of charge.

By signing I am indicating that I have understood the above information

Client	Signature:	

Date:			

Opiate Treatment Pathway Initiation and Continuation SOP 2: February 2nd 2020 Review Date 2nd Feb 2021