APPENDIX 3

SPECIALIST SERVICES QUESTIONNAIRE

2007 SURVEY

OPIOID SUBSTITUTION TREATMENT SERVICES (SPECIALIST SERVICES)

Date of interview:	
Name of Opioid Substitution Treatment Service:	
Name of respondent: **(Clinical team leader/manager of service)**	

2007 OPIOID SUBSTITUTION TREATMENT SERVICES (SPECIALIST SERVICES) QUESTIONNAIRE

- ***For advance preparation for telephone interview -*** please try to obtain as accurate as information as you can – in order to provide a national "picture". If specific information is not available please note this and ascertain your service's best estimate.
- Please note ***Not Applicable*** **and the reason** when questions do not apply to your service.
- Please include clarifying comments to assist with interpretation of responses.
- The term significant others includes family members as well as partners, friends, supportive others.

1.	**SERVICE CAPACITY AND RESOURCES**	
1.a	What is the **total number** of clients on your present OST Service caseload (including those on GP Authority)?	
1.b	**In the last 12 months** has your service experienced any **resource** issues (e.g. staffing, funding, availability of dispensing pharmacies, general practitioners availability for GP Authority etc) that have **negatively** impacted on OST accessibility and/or responsiveness to clients' treatment needs? **If yes, please specify these issues** i)_____ ii) _____ iii)_____ iv)_____	Yes..... ❑1 No ..... ❑2
2.	**OUT OF REGION OST CLIENTS**	
2.a	How many **out of region** clients are **currently** waiting for a place on your OST programme? If you don't know exactly please make an estimate.	
2.b	For how many **out of region** OST clients is your service **currently** providing an OST prescription? i.e. for clients who have moved out of your area to another region to live and are awaiting a place on another OST providers programme - **not** for clients who are just out of region for a period of time e.g. due to a work contract.	
2.c	In the last 12 months has your service **refused** to accept on transfer out of region OST clients? **If yes, for what reasons(s):**	Yes..... ❑1 No ..... ❑2

3.	**GP AUTHORITY - An authorized general practitioner, typically is a GP who is authorized by a Specialist Service to prescribe OST to specified people for a specified time and in particular places (MOH 2003 OST NZ Practice Guidelines definition).**	
3.a	How many clients in your service are receiving OST via an authorized GP (GP Authority)?	

Scenario:

Tania is aged 29 years and has been receiving OST (second admission) for 15 months. She is a single mother with two children aged 6 years and 10 years and she receives the DPB. Her life situation is stable. She has returned to part-time study and has a boyfriend who is not an opioid drug user. She reports no illicit opioid use in the previous six months, supported by how she presents and significant other and pharmacist feedback (random urine test results have been negative for the presence of opioid drugs, other than methadone). Tania says she smokes 15 cigarettes a day, uses cannabis about once a fortnight and drinks alcohol rarely. She reports no other substance use – also supported by significant other and pharmacist feedback and urinalysis results. She is Hepatitis C +ve.

3.b	Would your service consider Tania to be **stable enough** for transfer to GP Authority? **If no, please explain:**	Yes..... ❑1 No ..... ❑2
3.c	***If you responded No to 3.b, skip to 3.d.*** Would your service consider Tania to be **stable enough** for transfer to GP Authority if she **Consider each of the following as separate questions**	
	i) Consumed alcohol weekly ..... (upper level ALAC Guidelines for women)	Yes ❑1 No ❑2
	ii) Was a regular Cannabis smoker?..... (two to three times per week)	Yes ❑1 No ❑2
	iii) Used occasional **non-prescribed** Benzodiazepines....	Yes ❑1 No ❑2
	iv) i.e. less than once per month?.....	Yes ❑1 No ❑2
	v) Was currently prescribed 10 mg of diazepam daily by her GP as part of a slow withdrawal regime for benzodiazepine dependence?.....	Yes ❑1 No ❑2
	vi) Used amphetamine type stimulants once a fortnight on average?	Yes ❑1 No ❑2
	vii) Was experiencing parenting difficulties?	Yes ❑1 No ❑2
	viii) Was receiving antidepressants for depression with a good response?	Yes ❑1 No ❑2
3.d	**If applicable to your service setting** For the **last three** clients transferred by your service to GP Authority how long was each of these individuals receiving OST from your service during their current care episode prior to their transfer to GP Authority?	
	i) Client 1	_____ Months _____ Days
	ii) Client 2	_____ Months _____ Days
	iii) Client 3	_____ Months _____ Days

3.e	What are your service **client related criteria** for transferring clients to GP authority? i)_____ ii) _____ iii)_____ iv)_____	
3.f	Have these client related criteria **changed** in the last 12 months? **If yes, please provide reasons**	Yes.....❑1 No .....❑2
3.g	Are there any **barriers** to transferring clients to GP Authority in your region? **If yes, please list these** i)_____ ii) _____ iii)_____ iv)_____ **Any specific comments in regard to GP Authority in your area?**	Yes.....❑1 No .....❑2
3.h	What support does your service provide for authorized GPs in your area? i)_____ ii) _____ iii)_____ iv)_____	
4.	**APPROVED MEDICAL PRACTITIONERS/SERVICES. Also known as "gazetted". These are medical practitioners or services that have been approved by the Ministry of Health to prescribe, administer or supply controlled drugs for the treatment of dependence, subject to any general or specific conditions (MOH 2003 OST NZ Practice Guidelines definition).**	
4.1	How many clients are receiving OST from **approved medical practitioners/services** in your area/region – **i.e. other than from your approved Specialist Service**? If you do not know exactly can you please provide an estimate? If unable to provide an estimate, please provide the **names** of approved medical practitioners/services in your area i.e. other than your Specialist Service	

4.b	Does your service have any **formal** linkages with approved medical practitioners/services in your area?..... **If yes, please specify what these are** i)_____ ii) _____ iii)_____	Yes.....❑1 No ..... ❑2
5.	**INCREASING THE PROPORTION OF CLIENTS RECEIVING OST IN PRIMARY CARE SETTINGS – i.e. by authorised GPs and approved medical practitioners/services.** The recommended model in the 1996 MOH commissioned report was that the majority of individuals receive OST from GPs in primary care settings **(about 80% - later revised to 50%)** and that individuals with the most complex treatment needs receive treatment from a Specialist Service e.g. those with unstable and high risk substance use, unstable co-existing mental health disorders, adolescents. In this model it was expected that the role of Specialist Service staff would be to provide consultation/liaison and prompt backup support for primary care GPs, which included the transfer of clients back to the Specialist Service for periods of stabilisation when required.	
5.a	In 2007, what **%** of OST clients in your **Specialist Service** do you think **should** receive OST from GP's in primary care settings?	
5.b	If less than 50% what **additional** resources do you think are required to achieve at least 50% of clients receiving OST in primary care settings? **Please specify:** i)_____ ii) _____ iii)_____ iv)_____	
5.c	How **supportive** would your service be (given adequate funding) of the following treatment workers being employed to work alongside GPs and other primary care staff **directly** with OST clients and their significant others to enable a **greater** proportion of individuals to receive OST within primary care settings? **Rating scale:** **1 not at all supportive; 2 a little; 3 moderately; 4 very; 5 extremely supportive** **Please rate each option separately** i) Advanced practice addiction nurses with mental health expertise ..... ii) Addiction specialist social workers ..... iii) Addiction specialist counsellors ..... iv) Peer counselors ..... v) Peer support workers.....	

5.d	In the future how much do you consider that the availability of **buprenorphine** will enable the number of clients receiving OST in primary care settings to be increased? i) Not at all ii) A little iii) Moderately iv) Quite a lot v) Very much	
5.e	How much do you think **Nurse Practitioners** with prescribing rights? (e.g. methadone, buprenorphine) could assist with increasing access to OST and treatment responsiveness? **Rating scale** **1 Not at all 2 A little 3 Moderately 4 Quite a lot 5 Very much** vi) Within Specialist Service settings vii) Within Primary Care settings	
6.	**ADMISSION/READMISSION AND ACCESS**	
6.a	In the last 12 months how **many** clients have been **admitted** to OST in your service?	
6.b	In the last 12 months what **%** were first time admissions? (i.e. no previous OST admission)	
6.c	Please list your service **eligibility** criteria for OST first time admissions/a place on the waiting list. i)_____ ii) _____ iii)_____ iv)_____	
6.d	Do your eligibility criteria **differ** for individuals seeking re-admission? ..... **If yes, please explain:**	Yes.....❑1 No .....❑2

6.e	Have your eligibility criteria **changed** in the last 12 months? i) For first admission? ..... **If yes, please explain** ii) For readmission? ..... **If yes, please explain**	 Yes.....❑1 No .....❑2 Yes.....❑1 No .....❑2
6.f	Does your service have any **exclusion** criteria? i) For first admission? ..... **If yes, please explain** ii) For readmission? ..... **If yes, please explain**	 Yes.....❑1 No .....❑2 Yes.....❑1 No .....❑2
6.g	If an opioid dependent individual who was **not** in a priority category presented to your service today seeking OST what would be his/her expected waiting time be for – i) Assessment? ..... ii) From assessment to receiving first opioid substitution dose? ..... **If variable time duration please explain:**	 _____ Months _____ Days _____ Months _____ Days

6.h	Please list the **process/steps** from first point of contact to admission to OST (first dose) for clients **not** in a priority category? i)_____ ii) _____ iii)_____ iv)_____ v) _____ vi)_____	
6.i	For the last **three** clients who were established on OST within your service what was the duration for each of these individuals between the first point of contact and admission to OST (first dose)? **Please specify whether new admission or re-admission** i) Client 1 New or Readmission_____ ii) Client 2 New or Readmission_____ iii) Client 3 New or Readmission_____	_____ Months _____ Days _____ Months _____ Days _____ Months..... _____ Days
6.j	Was OST **delayed** for any of these three clients because of their use of **other substances** in addition to opioids? **If yes, please specify** the **substances** and use **frequency** i.e. weekly or more, less than weekly i) Client 1 ..... ii) Client 2 ..... iii) Client 3	Yes.....❑1 No .....❑2 Substance(s) Frequency of Use _____ _____ _____ _____ _____ _____
7.	**INTERIM METHADONE PRESCRIBING**	
Scenario John aged 30 with a history of two previous OST admissions both ending in voluntary withdrawal presents at your service with opioid dependence following relapsing six months ago. Apart from smoking 20 cigarettes per day he is not currently using any other substances. He is seeking readmission to OST.		
7.a	If there was a waiting time for OST longer than **two weeks** would your service arrange interim methadone via John's GP?..... **If no, please explain why not:**	Yes.....❑1 No .....❑2

7.b	***If answered yes to 7.a*** **Consider the following questions separately**	
	i) Was a daily cannabis smoker?.....	Yes ❑1 No ❑2
	ii) Took **prescribed** benzodiazepines on a daily basis?.....	Yes ❑1 No ❑2
	iii) Used **non-prescribed** benzodiazepines 2 or 3 times per week?.....	Yes ❑1 No ❑2
	iv) Consumed alcohol weekly (upper level of ALAC guidelines for men)?.....	Yes ❑1 No ❑2
	iii) Used amphetamine type stimulants on occasions e.g. once a fortnight?.....	Yes ❑1 No ❑2
	vi) Had court charges pending **–not** likely to result in a custodial sentence?.....	Yes ❑1 No ❑2
	vii) Had a history of policy non-adherence at times during his last admission?.....	Yes ❑1 ..... No ❑2
7.c	Has your service **arranged** interim prescribing in the past 12 months for any clients?..... **If yes, how many?**	Yes ❑1 ..... No ❑2 _____
7.d	Does your service **utilise** the MOH Interim Methadone Prescribing Guidelines?..... **If not, please explain:**	Yes ❑1 ..... No ❑2
8.	**SPECIALIST SERVICE CLIENT CHARACTERISTICS (INCLUDE GP AUTHORITY CLIENTS)** **Use best available information. If *accurate statistical information* is not available please provide your best estimate and advise if not from actual statistics.** In the **last 12 months**…	
8.a	What **% of clients** using opioids most days (**not on OST**) have **presented** seeking help from your service and reported use of the following substances? **Please provide a % estimate for each of the following categories:**	
	i) Methamphetamine	_____ %
	ii) Methylphenidate (Ritalin).....	_____ %
	iii) Cocaine	_____ %
	iv) BZP.....	_____ %
	v) Benzodiazepines	_____ %
	vii) Cannabis	_____ %
	viii) Alcohol.....	_____ %

	ix) Nicotine.....	_____ %
	x) Heroin	_____ %
	xi) Morphine.....	_____ %
	xii) Homebake	_____ %
	xiii) Opium from poppies	_____ %
	xiv) Methadone.....	_____ %
	xv) Other – please specify _____	_____ %
8.b	In the **last 12 months** have there been any **changes** in substance use trends amongst individuals presenting to your service who use opioids most days? ..... **If yes please specify changes in substance use trends:**	Yes ❑1 .....No ❑2
8.c	Including those on GP Authority what is the **gender mix** of your present OST caseload? i) Men..... ii) Women	 _____ % _____ %
8.d	Including those on GP Authority what **%** of OST clients identify as Maori?	_____ %
8.e	Including those on GP Authority what **%** of OST clients identify as Pacific?.....	_____ %
8.f	Including those on GP Authority what **%** of OST clients identify as Asian?	_____ %
8.g	Including those on GP Authority what **%** of OST clients are parents with children **in their care** aged less than 16 years? (dependent children)	_____ %
8.h	Including those on GP Authority what **%** of OST clients **established on OST** are employed – part-time or full-time? (include students)	_____ %
9.	**TREATMENT RELATED CHARACTERISTICS (INCLUDE GP AUTHORITY CLIENTS)**	
9.a	Including those on GP Authority what **%** of clients on your service OST caseload have received treatment for: i) Less than one year?..... ii) Between one and four years? ..... iii) Between four and 10 years? ..... iv) For more than 10 years?.....	 _____ % _____ % _____ % _____ %

9.b	Including those on GP Authority what **opioid substitution medications** are prescribed to what **%** of OST clients? i) Methadone ..... ii) Buprenorphine ..... iii) Morphine ..... iv) Other – please specify_____	 _____ % _____ % _____ % _____%
9.c	Including those on GP Authority what is the **range** of methadone doses prescribed to clients established and **being stabily maintained on OST**? i) Lowest dose ..... ii) Highest dose	 _____ % _____ %
9.d	Including those on GP Authority what **%** of clients receiving an **ongoing stable** dose of methadone are receiving doses in the following ranges? i) Less than 60mg? ..... ii) 60 - 79mg..... iii) 80 – 119 mg?..... iv) 120mg or more?	 _____ % _____ % _____ % _____ %
9.e	Including those on GP Authority what **%** of clients who have been receiving OST for **over a month** would you estimate to have problematic use of the following substances? **Please provide a % estimate for each substance:** i) Methamphetamine ..... ii) Methylphenidate (Ritalin)..... iii) Cocaine ..... iv) BZP (party pills) ..... v) Benzodiazepines..... vi) Cannabis ..... vii) Alcohol ..... viii) Nicotine ..... ix) Heroin..... x) Morphine ..... xi) Homebake.....	 _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ %

	xii) Opium from poppies.....	_____ %
	xiii) Other – please specify_____	_____ %
9.f	Does your service conduct random urinalysis for OST clients? If yes, variably or routinely? i) Does your service use heat strips?..... ii) Does your service use *tracing* agents?..... iii) Are clients **observed** when providing a urine sample? iv) Is random urinalysis conducted with GP Authority clients?	Yes ❑1 ..... No ❑2 ❑ 1 Variably……routinely ❑2 Yes ❑1 ..... No ❑2 Yes ❑1 ..... No ❑2 Yes ❑1 ..... No ❑2 Yes ❑1 ..... No ❑2
	What are your current service **client related criteria** for take-away opioid substitution (e.g. methadone) doses? i)_____ ii) _____ iii)_____ iv)_____	
9.h	Have these criteria **changed** in the last 12 months? ..... **If yes, please advise of reason(s):**	Yes ❑1 ..... No ❑2
9.i	Does your service have any **exclusion** criteria for take-away methadone doses? ..... **If yes, please specify what these are:** i)_____ ii) _____ iii)_____	Yes ❑1 ..... No ❑2

9.j	Does your service **restrict** clients take-away arrangements based on positive drug urinalysis results?..... **If yes, for what substances and pattern of use?**	Yes ❑1 ..... No ❑2
9.k	Does your service **withdraw** clients take-away arrangements based on positive drug urinalysis results?..... **If yes, for what substances and pattern of use?**	Yes ❑1 ..... No ❑2
9.l	Which of the following weekly OST administration and dispensing arrangements are available in your service for clients **established on OST** and for what **%** of clients? **(Please tick those available and provide a % estimate for each option)** i) Daily administration seven days per week (observed consumption) ..... ii) Six days observed consumption iii) Five days observed consumption..... iv) Three days observed consumption ..... v) Two days observed consumption..... vi) One day observed consumption ..... vii) Less than one day observed consumption per week. viii) Flexible dispensing arrangements to fit in with clients needs e.g. work. geographical location.....	_____ % _____ % _____ % _____ % _____ % _____ % _____% _____ %
9.m	In the last 12 months to what **extent** has methadone diversion been a problem in your area? i) Not at all ii) Somewhat iii) Quite a lot iv) Very much v) Don't know	

10.	INTERVENTIONS	
10.a	In addition to supportive counselling and problem solving, information provision/education, crisis and risk management and monitoring what **other specific** interventions are provided directly by your service staff for OST clients and their significant others and whanau? **Please list:** i)_____ ii) _____ iii)_____ iv)_____ v) _____ vi)_____ vii) _____ viii) _____	
10.b	Does your service provide gender specific interventions? ..... **If yes, please specify:**	Yes ❑1 ..... No ❑2
10.c	Does your service provide cultural specific interventions?..... **If yes, please specify:**	Yes ❑1 ..... No ❑2
10.d	Overall, how actively does your service involve OST clients' significant others and whanau? i) Not at all ii) Somewhat (supportive of involvement if client initiates or requests) iii) Moderately (left to staff to encourage clients to invite significant others and whanau) iv) Quite actively (all clients are actively encouraged to involve significant others and whanau) v) Very actively (all clients are actively encouraged and when ambivalence is expressed strategies are discussed and significant other and whanau involvement is an ongoing aspect of the client's treatment/management plan).	

10.e	Please list the **five** services/groups or interventions that your service most commonly refer OST clients to e.g. in regard to physical health, mental health and psychological issues, legal issues, finances, parenting, employment education; gender, culture specific interventions, self help/mutual support. i)_____ ii) _____ iii)_____ iv)_____ v) _____	
10.f	Are there any **barriers** or **gaps** in service provision in regard to "holistically" meeting the needs of OST clients and their significant others and whanau **in your area**? (e.g. cultural, social, parenting, employment/education or training, physical and mental health, trauma or abuse, gender specific, pregnant women, physical, mental health, anger management, self help/mutual support groups etc). ..... **If yes, please specify:** i)_____ ii) _____ iii)_____ iv)_____ v) _____	Yes ❑1 ..... No ❑2
10.g	Please rate the **overall** quality of linkages in terms of collaborative working relationships (for the benefit of OST clients and their significant others and whanau) between your service and the following sectors/other services – **Please rate each one separately** **Rating scale** **1 Poor; 2 Fair: 3 Good; 4 Very good; 5 Excellent** i) CYFS ..... ii) WINZ ..... iii) Justice ..... iv) Corrections ..... v) Police..... vi) Primary Care ..... vii) Social support agencies ..... viii) Vocational/employment assistance..... ix) Mental Health Services (including crisis teams) ..... x) Obstetric Services ..... xi) General Hospitals..... xii) Needle Exchange Programme outlets ..... xiii) Self-Help/Mutual Help groups such as NA.....	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

11.	**CONSUMER INPUT** **In the last 12 months at a service level…**	
11.a	Has your service sought input from OST **clients** about treatment and ways of improving service responsiveness? ..... **If yes, please give an example:**	Yes ❑1 ..... No ❑2
11.b	Has your service sought input from **significant others and whanau** about treatment ways of improving service?..... **If yes, please give an example:**	Yes ❑1 ..... No ❑2
11.c	Has your service made any **changes** to service provision in response to consumer feedback? ..... **If yes, please give an example:**	Yes ❑1 ..... No ❑2
11.d	Does your service employ or have direct access to: i) Consumer advisors with experience of OST ..... ii) Team members with direct experience of OST ..... iii) Peer-led/consumer support services with direct experience of OST	 Yes ❑1 ..... No ❑2 Yes ❑1 ..... No ❑2 Yes ❑1 ..... No ❑2

12.	**BARRIERS TO OST**	
12.a	How much do you think the following **put people off** coming onto an OST programme? - **Please rate each option separately** **Rating Scale:** **1 not at All; 2 a little; 3 moderately; 4 a lot; 5 extremely** i) Having to have an assessment ..... ii) Having to go on a waiting list for OST ..... iii) Random urine drug screening ..... iv) Having to have counselling ..... v) Restricted takeaways ..... vi) Needing to mix with other opioid users/drug users ..... vii) Having to go to the chemist every/most days ..... viii) Being tied to staying in one place..... ix) Being given methadone as the only OST option..... x) Potential driving restrictions ..... xi) Being a registered addict..... xii) Being worried about confidentiality of health information.....	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
13.	**DISCHARGE** **In the last 12 months:**	
13.a	Including GP Authority clients how many clients have **voluntarily** withdrawn/stopped OST?	
13.b	Of these clients, how many have been **readmitted**?	
13.c	How many clients have received an **involuntary** withdrawal i.e. initiated against the client's wishes or the client was provided with a treatment related ultimatum which eventuated in withdrawal? (include GP Authority clients) **Please specify reasons these clients were involuntarily withdrawn from OST:** i) _____ ii) _____ iii) _____ iv) _____ v) _____	
13.d	How many of these clients have been readmitted?	

13.e	Are aftercare/support services available for individuals who have withdrawn from OST in your area? **If yes, please specify:** i)_____ ii) _____ iii)_____ iv)_____ v) _____	Yes.....❑1 No .....❑2 Don't Know .....❑3
13.f	Could methadone programmes (OST) be improved in New Zealand? **If yes,** what are **three main things** that could help improve the effectiveness of methadone programmes (OST) in New Zealand: i)_____ ii) _____ iii)_____	Yes.....❑1 No .....❑2 Don't Know .....❑3
14.	**OVERDOSE AND DEATHS**	
14.a	Please rate how **dangerous** you think are the following situations when other drugs are combined with a stable dose of methadone (80mg), in terms of causing death by overdose? - **Please provide a rating for each option** **Rating Scale:** **1 not at all; 2 a little; 3 moderately; 4 a lot; 5 extremely** i) Methadone (80mg orally) plus Alcohol (12 standard drinks)..... ii) Methadone (80mg orally) plus Cannabis (three joints) ..... iii) Methadone (80mg orally) plus Methamphetamine "P" (one point, 0.1mg IV)..... iv) Methadone (80mg orally) plus Methylphenidate (Ritalin) (40mg IV) ..... v) Methadone (80mg orally) plus Diazepam (Valium) (60mg orally).....	_____ _____ _____ _____ _____

14.b	**In the last 12 months** have any clients **receiving** OST from your Specialist Service died? ..... **If yes**, **how many** clients and please specify **cause of death** if known i) Specialist Service? _____ ii) GP Authority? _____	Yes ❑1 ..... No ❑2 _____ _____
14.c	**In the last 12 months** do you know of any **discharged** clients who have died?..... **If yes how many** and please specify the **cause of death** if known iii) Clients voluntarily discharged?_____ iv) Clients involuntarily discharged? _____	Yes ❑1 ..... No ❑2 _____ _____
15.	**ANY OTHER COMMENTS** From your service perspective, or more generally, are there any other comments you would like to make in regard to OST in New Zealand.	

Thank you for your service time and input to this national survey.
We very much appreciate this.