

Transfers

In this section you will...

- *Be provided with the Tasmanian position on client transfers.*

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13 Transfers

13.1 Prescribing across Australian jurisdictions

Recent health reforms at a national level have led to a proposed agreement that allows prescriptions written by nationally registered medical practitioners to be recognised in other states. Tasmania has chosen not to support this agreement and therefore the legislation and regulations of the Tasmanian jurisdiction should be observed. Consequently, in Tasmania, scripts for opioid pharmacotherapy from other jurisdictions (states and territories) will not be recognised.

While it is accepted that prescriptions written by nationally registered medical practitioners are recognised in some states, the TOPP does not recommend continued prescribing by Tasmanian prescribers for either temporary or permanent interstate transfers.

In Tasmania scripts for opioid pharmacotherapy from other jurisdictions (states and territories) will not be recognised.

Misuse of prescription opioids occurs in Tasmania, as it does in other Australian jurisdictions. In addition, prescription fraud and ‘doctor’ or prescription shopping have also been reported. The prescription of opioids and other drugs of dependence in Tasmania is subject to regulatory requirements under the Tasmanian *Poisons Act 1971*. Dispensing pharmacists are also required to comply with Tasmanian regulations in relation to opioids.

In addition, there are restrictions in relation to the dispensing and supply of certain scheduled substances that have been prescribed by a medical practitioner in other Australian jurisdictions. These restrictions apply to Schedule 8 (narcotic) substances and Declared Restricted Substances (S4D’s). All opioid pharmacotherapy medications are Schedule 8; therefore, these restrictions apply to all prescriptions for buprenorphine and methadone.

13.2 Clients Travelling to Tasmania

From 1 July 2010, a client’s pharmacotherapy prescriber must be practising (i.e. consulting the client) within Tasmania. Consistent with this, opioid pharmacotherapy prescriptions will not be recognised from any other jurisdiction. Only methadone and buprenorphine prescriptions that are issued in the state of Tasmania are considered valid in Tasmania. All clients from interstate wishing to travel to Tasmania will be required to secure a Tasmanian prescriber through an interstate transfer prior to their arrival.

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13.2.1 Transfers of clients into the Tasmanian OPP

Requests for temporary or permanent transfer of interstate clients to the Tasmanian Opioid Pharmacotherapy Program (OPP) are accommodated as efficiently as possible within time and resource constraints.

Transfers to the Tasmanian OPP are managed by the ADS opioid pharmacotherapy program. This includes transfers to Tasmania from other states or countries. The public program has the capacity to manage the administrative tasks associated with a transfer through their case management systems. They can also provide information to interstate prescribers and clients about the Tasmanian program requirements, and assess, review and monitor new clients during the vulnerable transition period following transfer.

All interstate transfers to Tasmania are managed by the Tasmanian Alcohol and Drug Service opioid pharmacotherapy program.

All transfers to the Tasmanian OPP are treated in the same way as a new referral. This means that clients requesting admission may not get immediate access to the program and cannot be guaranteed a position. Access to the program is prioritised (as detailed in Section 2), and during times of increased demand there may be a waiting period as a result of the small number of prescribers and dosing pharmacies in Tasmania.

Transfers to the Tasmanian public opioid pharmacotherapy program cannot be guaranteed.

Treatment is provided according to the assessment of medical urgency, potential to benefit, and on the basis of the principle of fairness. This ensures those who present first get treated first and prevents people jumping the queue (except when this is warranted for clinical or public health reasons or on compelling compassionate grounds. Examples include pregnant women, persons recently released from prison, clients with HIV, and in cases where substantiated family bereavement has taken place).

Clients already receiving opioid pharmacotherapy treatment in their home state are advised to remain with their present prescriber until all the necessary transfer arrangements have been made. This may prevent the client being disappointed when advised that they must return home immediately to continue treatment.

A temporary transfer to or from the Tasmanian OPP is generally for a period of no more than 4 weeks, with any extension being at the discretion of the prescribing doctor.

A temporary transfer to or from the Tasmanian opioid pharmacotherapy program is generally for a period of no more than 4 weeks.

In processing a transfer to the program the following steps should be followed.

Step 1 – Formal referral: Request for Referral to the Tasmanian OPP

A formal referral from a clinician is required prior to the acceptance of a temporary or permanent transfer to Tasmania. Clients who contact the Tasmanian OPP to request a transfer should be advised to discuss the request with their treating doctor or case manager.

A temporary or permanent transfer request must be received four weeks prior to the requested transfer appointment date. Clinicians wanting to make a referral can access the Request for Transfer to the Tasmanian Opioid Pharmacotherapy Program form (Appendix X) or phone the Tasmanian OPP and request a form to be faxed or emailed directly to them.

A temporary or permanent transfer request must be received 4 weeks prior to the transfer date.

Requirements for entry into the program should be discussed with the referrer. Access to these guidelines may be of assistance in outlining the program requirements to the referrer.

The transferring clinician will also need to ensure that the client has read and signed the Tasmanian OPP Treatment Agreement (Appendix Y). This is important, as the request for transfer cannot be considered without this signed documentation. The Tasmanian OPP Treatment Agreement details the Tasmanian guidelines for the delivery of opioid pharmacotherapy. Clients must be made aware of the program guidelines including:

- limitations on takeaway doses;
- restrictions relating to the prescribing of benzodiazepines and the potential requirement for participation in a reduction regimen;
- frequency of medical and case management reviews; and
- urine drug screening requirements.

The transferring clinician will need to ensure that the client has read and signed the Tasmanian opioid pharmacotherapy program treatment agreement.

The completed forms should then be faxed or emailed back to the clinic to which the transfer is being requested. The client cannot be considered for transfer to Tasmania unless both forms are completed.

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Step 2 – Review of Request for Transfer to Tasmanian OPP

The referral is then reviewed by a Tasmanian OPP case manager, usually the same staff member who has dealt with the initial request. The case manager reviews the completed Request for Transfer form to assess whether the client meets the Tasmanian OPP admission criteria. The potential Tasmanian prescriber or case manager should also examine any existing client files or contact data (if available) and phone the Pharmaceutical Services Branch to check whether the client has previously been registered on the Tasmanian OPP.

If the client has previously been registered on the program in Tasmania, the client's clinical file is retrieved and reviewed, paying particular attention to:

- clinical safety, including polysubstance and injecting drug use;
- treatment efficacy;
- outstanding pharmacy debt;
- poor treatment compliance, including repeated missed doses;
- code of conduct violations;
- comorbid diagnoses, including mental illness and pain presentations; and
- matters relating to child protection or care of children.

As stated in previous sections, clients accessing opioid pharmacotherapy will often have complex presentations. However, caution is required when accepting transfers to the Tasmanian OPP, particularly if the client has not been adequately assessed or has been managed in a program with different safety standards.

Step 3 – Clinical Team Review of Request for Transfer

The case is referred to the clinical team (which includes at least one Medical Officer) for a discussion. Consideration should be given to particular issues or concerns about:

- clinical safety, including poly-substance and injecting drug use;
- treatment efficacy;
- client behaviour, including aggression or clinical misconduct;
- the client's current dose exceeding the upper limits of doses approved in Tasmania (See Section 8);
- split dosing, which is not approved in Tasmania; and
- clients using benzodiazepines with doses exceeding the upper limits of that approved by the Tasmanian OPP.

Step 4 – Communicating with the Referrer

Regardless of the outcome of the Request for Transfer, it is essential to ensure that timely and clear information is provided to the referrer. If a client is to be accepted into the program, this should be communicated as soon as possible to the referring Clinician. Requirements for entry into the program should again be discussed with the referrer.

If a client is accepted, a formal transfer letter should be requested from the referrer.

This letter should detail:

- current and previous drug use;
- duration and treatment compliance;
- current treatment/management plan;
- clinical and/or behavioural safety issues;
- medical history including current medications;
- mental health history;
- personal and family history;
- social circumstances; and
- legal issues.

If the client is accepted, a comprehensive transfer letter must be requested from the referrer.

Step 5 – Stabilisation of Client

Prior to accepting a transfer, staff from the Tasmanian OPP must ensure that the client is clinically stable. If the clinical team have identified issues in relation to client stability or current treatment practices that are not consistent with the guidelines of the Tasmanian OPP, these issues and any proposed necessary changes in treatment should be discussed with the prescriber. Every effort should be made to ensure the stability of the client and to prepare them for any changes in their usual treatment regimen that may be required as a result of their transfer to the Tasmanian OPP.

Clients with hazardous polysubstance use may also require stabilisation and documented clinical and laboratory evidence of this stability (e.g. results of clinical examination or urine drug screen). This allows the Tasmanian OPP treating team to plan appropriate treatment options prior to the client's presentation.

Step 6 – Arranging an Appointment

If the client is accepted for transfer into the program, the case manager or prescriber books the client an appointment for registration on the Tasmanian OPP. Prior to transfer, the following documents are to be provided to the client (via their referrer):

- Information for Clients Transferring to the Tasmanian OPP (Appendix X) – which contains information about the client's initial appointment time and how to access the clinic;
- Tasmanian OPP Information for Clients (Appendix X); and
- Code of Conduct for Clients (Appendix X).

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Step 7 – At the Appointment

At the initial transfer appointment, the client will need to:

- complete a Consent to Treatment form (Appendix X);
- have a full assessment undertaken including a urine drug screen; and
- have a photograph taken and introductory information for the dosing pharmacy prepared.

A change of prescriber can sometimes be a stressful life event. For this reason it is important to ensure that newly transferred clients are closely monitored and reviewed regularly.

13.3 Intrastate Transfers of Tasmanian opioid pharmacotherapy clients

Clients seeking a temporary or permanent transfer of treatment or dosing arrangements should give their case managers or prescribers as much notice as possible of their request. To allow for sufficient time to complete administrative tasks associated with transfers, notice of 1 week is required.

Transfers requests outside these timeframes cannot be guaranteed. If there is clear evidence of an emergency or urgent circumstance requiring unscheduled travel, prescribers and case managers will endeavour to complete transfers promptly.

Requests for transfer to another service should preferably be made in writing and addressed to the case manager or prescriber. A request should clearly outline the following information:

- destination(s);
- dates of travel;
- departure and arrival times;
- planned stopovers;
- mode of transport;
- addresses for accommodation; and
- any other relevant supporting documentation.

The client's prescriber must be notified of any proposed transfer as legal responsibility rests with them. If a client wishes to change their arrangements before departure, they must give their case manager at least 48 hours (two working days) notice.

Ideally, the case manager who organises a temporary transfer should contact the clinic or prescriber and dispensing pharmacist at the end of the transfer period to check that the transfer arrangements were successful. If any breach (e.g. dose diversion) is reported, this should be clearly recorded in the client's file and acted upon as if it had occurred within the local Tasmanian OPP program. In such a case, any future request for a temporary transfer must first be carefully reviewed and endorsed by the team or prescriber before being granted.

13.3.1 Temporary Transfer within Tasmania

The procedure for a temporary intrastate transfer of a client is as follows:

- Discuss the client's travel plans with the client and photocopy any relevant documentation such as bus tickets;
- Contact the opioid treatment clinic or private prescriber nearest the address at which the client will be staying. Request that the client be accepted as a temporary transfer and secure an appointment date and time. Ascertain whether there are any special conditions or other information that the client needs to be aware of;
- Fax or email a transfer letter to the new clinic or prescriber and send the original by post. This letter should include the client's methadone or buprenorphine dose, length of time on the opioid treatment program, takeaway doses permitted, date and time of appointment with new clinic or prescriber and personal identifying details. It may also include any information that the clinic has requested, e.g. Medicare card, Health Care card, driver's licence;
- A referral letter, preferably written by the current prescribing doctor, should be sent to the new clinic or prescriber outlining the client's drug use history, medical history, opioid treatment program compliance, general conduct and treatment progress. This should be mailed to the new clinic or prescriber. This letter may also be faxed or emailed if the new clinic or prescriber requests;
- If required by the temporary clinic or prescriber, contact the nearest dosing pharmacy and request dosing of the client (this is occasionally requested by private prescribers);
- Ask the client to collect a copy of the transfer letter to present to the temporary clinic or prescriber. Inform the client that unless this letter is collected prior to departure and they have photo identification such as drivers licence, 18+ card or passport, the transfer will not proceed;
- Cancel the script and dispensing from the client's usual pharmacy from the appropriate date, and advise the pharmacist not to dose the client until requested by the usual prescriber to recommence dosing. Include the pharmacist's name when writing notes;
- Advise the client to contact the usual prescriber or case manager upon returning and before recommencing dosing at their usual pharmacy;
- Prior to the client recommencing dosing at their usual pharmacy, contact the temporary clinic/prescriber to request information about the transfer and any concerns that there may have been regarding the client. Confirm the date of the client's last dose;
- Ask the usual pharmacy to recommence dosing the client; and
- Documentation of the procedure for intrastate transfer is to be completed in the progress notes.

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13.3.2 Permanent Transfer of clients within Tasmania

The procedure for permanent intrastate transfer of a client is as follows:

- Discuss the client's travel plans with the client and photocopy any relevant documentation such as bus tickets;
- Contact the clinic or private prescriber nearest the address at which the client will be staying. Request that the client be accepted as a permanent transfer and secure an appointment date and time. Ascertain whether there are any special conditions or other information that the client needs to be aware of;
- Request clear written instruction from the receiving clinic to ensure these requirements can be met and communicate this clearly to the client;
- Fax a transfer letter to the new clinic or prescriber and send the original by post. This letter will include the client's methadone or buprenorphine dose, length of time on the opioid treatment program, takeaway doses permitted, date and time of appointment with new clinic or prescriber and personal identifying details. It may also include any information that the clinic has requested, e.g. Medicare card, Health Care card, driver's licence, etc;
- A referral letter, preferably written by the current prescribing doctor, should be sent to the new clinic or prescriber outlining the client's drug use history, medical history, opioid treatment program compliance, general conduct and treatment progress. This should be mailed to the new clinic or prescriber. This letter may also be faxed or emailed if the new clinic or prescriber requests;
- Ask the client to collect a copy of the transfer letter to present to the new clinic/prescriber. Inform the client that unless this letter is collected prior to departure and they have photo identification such as a drivers licence, 18+ card or passport, the transfer will not proceed;
- Cancel the script and dispensing from the client's usual pharmacy from the appropriate date and advise the pharmacist not to dose the client again. Include the pharmacist's name and the date of the client's last pick-up dose in the notes;
- Contact the new clinic/prescriber following the allocated appointment time to ensure that the client presented and was seen; and
- De-register the client from the local Tasmanian program. This should be completed within 5 days.

13.4 Interstate transfers of Tasmanian opioid pharmacotherapy clients

Clients seeking a temporary or permanent transfer of treatment arrangements should give their case managers or prescribers as much notice as possible of their request. To allow for sufficient time to complete administrative tasks associated with transfers, notice of 4 weeks is required.

Interstate transfers of Tasmanian opioid pharmacotherapy clients to other states are the responsibility of the prescriber. However, the ADS opioid pharmacotherapy program is able to assist private prescribers with more complex transfers involving international travel.

While it is accepted that prescriptions written by nationally registered medical practitioners are recognised in some states, the TOPP does not recommend continued prescribing by Tasmanian prescribers for interstate transfers.

For both temporary and permanent interstate transfers, it is recommended that the client should be transferred to a prescriber in that jurisdiction. This policy places an emphasis on risk management and clinically safe delivery of opioid pharmacotherapy.

The Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards does not recommend continued prescribing by Tasmanian prescribers for temporary or permanent interstate transfers.

The Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards recommends transfer to another prescriber in that jurisdiction.

The provision of opioid prescriptions for clients travelling interstate (even for short periods of time) reduces the capacity of the Tasmanian prescriber to safely deliver opioid pharmacotherapy. The geographical separation of client and prescriber means that the prescriber is unable to:

- urgently review and examine the client;
- assess the client for concurrent opioid or other polydrug use; and
- closely monitor treatment compliance.

The provision of opioid pharmacotherapy outside the client's state of origin exposes the client to significant risk, as the usual regulatory constraints that restrict or prohibit access to prescriptions for other opioids and benzodiazepines in the state of origin are no longer in place. This means that clients registered on opioid pharmacotherapy in Tasmania can obtain these same medications in another jurisdiction, therefore placing them at risk of overdose and death.

The provision of opioid prescriptions for clients travelling interstate reduces the capacity of the prescriber to safely delivery opioid pharmacotherapy.

When the policy of another jurisdiction prohibits an interstate transfer (e.g. some jurisdictions no longer accept temporary transfers) an interstate prescription should ONLY be provided for a limited period of time (no more than 2 weeks).

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The TOPP recommends that a decision to provide an interstate prescription for opioid pharmacotherapy should be made in consultation with the Tasmanian Alcohol and Drug Service. A rationale for the decision and a detailed management plan should be developed and documented in the clinical record.

The decision to provide an interstate prescription for opioid pharmacotherapy should be made in consultation with the Tasmanian Alcohol and Drug Service.

Safe storage of takeaway doses cannot be assured while travelling. As a result of the increased risks associated with transfers, daily supervised dosing is recommended where no interstate prescriber can be sourced. Takeaway doses should only be provided in exceptional circumstances, when there is restricted access to daily dosing, and should be determined in consultation with the Alcohol and Drug Service.

Even where a prescriber can be sourced for temporary transfers, the same restrictions on takeaway doses should apply. This policy is consistent with the TOPP guidelines that restrict the provision of takeaway doses for all clients transferring into the Tasmania Opioid Pharmacotherapy Program.

13.4.1 Temporary Interstate Transfer

A temporary transfer from the Tasmanian OPP is generally for a period of no more than 4 weeks, with any extension being at the discretion of the prescribing doctor. The procedure for a temporary transfer of a client to another state is as follows:

- Discuss the client's travel plans with the client and photocopy any relevant documentation such as plane, bus or rail tickets;
- Contact the opioid treatment clinic or private prescriber nearest the address at which the client will be staying. Request that the client be accepted as a temporary transfer and secure an appointment date and time. Ascertain whether there are any special conditions or other information that the client needs to be aware of;
- Fax or email a transfer letter to the new clinic or prescriber and send the original by post. This letter will include the client's methadone or buprenorphine dose, length of time on the opioid treatment program, takeaway doses permitted, date and time of appointment with new clinic or prescriber and personal identifying details. It may also include any information that the clinic has requested, e.g. Medicare card, Health Care card, driver's licence;
- A referral letter, preferably written by the current prescribing doctor, should be sent to the new clinic or prescriber outlining the client's drug use history, medical history, opioid treatment program compliance, general conduct and treatment progress. This should be mailed to the new clinic or prescriber. This letter may also be faxed or emailed if the new clinic or prescriber requests;

- If required by the temporary clinic or prescriber, contact the nearest dosing pharmacy and request dosing of the client (this is occasionally requested by private prescribers);
- Ask the client to collect a copy of the transfer letter to present to the temporary clinic or prescriber. Inform the client that unless this letter is collected prior to departure and they have photo identification such as drivers licence, 18+ card or passport, the transfer will not proceed;
- Cancel the script and dispensing from the client's usual pharmacy from the appropriate date and advise the pharmacist not to dose the client until requested by the Tasmanian prescriber or case manager. Include the pharmacist's name when writing notes;
- Advise the client to contact their Tasmanian prescriber or case manager upon returning and before recommencing dosing at their usual pharmacy;
- Prior to the client recommencing dosing at their usual pharmacy, contact the temporary clinic or prescriber to request information about the transfer and any concerns that there may have been regarding the client. Confirm the date of the client's last dose;
- Ask the usual pharmacy to recommence dosing the client; and
- Documentation of the procedure for interstate transfer is to be completed in the progress notes.

13.4.2 Permanent Interstate Transfer

The procedure for permanent interstate transfer of a client is as follows:

- Discuss the client's travel plans with the client and photocopy any relevant documentation such as plane, bus or rail tickets;
- Contact the clinic or private prescriber nearest the address at which the client will be staying. Request that the client be accepted as a permanent transfer and secure an appointment date and time. Ascertain whether there are any special conditions or other information that the client needs to be aware of;
- Request clear written instruction from the receiving clinic to ensure these requirements can be met and communicate this clearly to the client;
- Fax a transfer letter to the new clinic or prescriber and send the original by post. This letter will include the client's methadone or buprenorphine dose, length of time on the opioid treatment program, takeaway doses permitted, date and time of appointment with new clinic or prescriber and personal identifying details. It may also include any information that the clinic has requested, e.g. Medicare card, Health Care card, driver's licence, etc;
- A referral letter, preferably written by the current prescribing doctor, should be sent to the new clinic or prescriber outlining the client's drug use history, medical history, opioid treatment program compliance, general conduct and treatment

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progress. This should be mailed to the new clinic or prescriber. This letter may also be faxed or emailed if the new clinic or prescriber requests;

- Ask the client to come in and pick up a copy of the transfer letter to present to the new clinic/prescriber. Inform the client that unless this letter is collected prior to departure and they have photo identification such as drivers licence, 18+ card or passport, the transfer will not proceed;
- Cancel the script and dispensing from the client's usual pharmacy from the appropriate date and advise the pharmacist not to dose the client again. Include the pharmacist's name and the date of the client's last pick-up dose in the notes;
- Contact the new clinic/prescriber following the allocated appointment time to ensure that the client presented and was seen; and
- De-register the client from the Tasmanian OPP. This should be completed within 5 days.

13.5 Overseas travel

Transfers for Tasmanian opioid pharmacotherapy clients to other countries are the responsibility of the prescriber. However, the ADS opioid pharmacotherapy programs are able to assist private prescribers with more complex transfers involving international travel.

A client seeking an overseas transfer must first contact the relevant embassy or consulate to check on policies and requirements regarding the possession and use of methadone or buprenorphine in the countries they are travelling through or to. This information should then be given to the case manager organising the transfer. The client's prescriber must be notified of any proposed transfer as legal responsibility rests with them.

Clients planning overseas travel should give their case managers or prescribers as much notice as possible of their request. To allow for sufficient time to complete administrative tasks associated with transfers, notice of 4 weeks is required.

The procedure for permanent or temporary overseas transfer of a client is as follows:

- Discuss the client's travel plans with the client and photocopy any relevant documentation such as plane tickets (the client should clearly outline the destination(s), dates of travel, departure and arrival times, planned stopovers along the way, the mode of transport, addresses for accommodation) and any other relevant supporting documentation;
- Advise the client they must contact the relevant embassy or consulate to check on policies and requirements regarding the possession and use of methadone or buprenorphine (takeaway doses) in the countries they are transiting through and travelling to, then provide this information to the case manager organising the transfer;
- Based on this information regarding possession and use of methadone or buprenorphine in the country the client will be transiting and travelling to, attempt to organise an agency that will accept the client during their transfer. Ask the client if they have any contacts in the country of destination that might be able to identify the nearest ATODS or private prescriber in that location and provide contact details.

Also advise the client to inquire through the relevant embassy or consulate about the nearest ATODS or private prescriber. If the client and Tasmanian OPP staff are unable to identify an accepting transferring agency, the client will have to reconsider their options (i.e. change of destination of travel, reduction in dose prior to travel or deregistration);

- A referral letter, preferably written by the current prescribing doctor, should be prepared detailing current management and outlining the client's drug use history, medical history, opioid treatment program compliance, general conduct and treatment progress. This should be faxed/mailed/emailed to the international prescriber. A copy of this letter should also be provided to the client;
- It is unacceptable to provide takeaway doses or support a client wishing to travel while clinically unstable; relevant laws related to the possession of takeaway doses must be considered, as must access to continuing treatment and most importantly, local regulatory and clinical requirements. Authorisation may be sought from the Clinical Director, Alcohol and Drug Service for increased numbers of takeaway doses in a very stable client where all relevant requirements of the receiving country have been attended to, including the provision of a letter from the prescriber; and
- There are web sites such as <http://www.indro-online.de/nia.htm> which is the Coordinating and Information Resource Centre for International Travel by Clients Receiving Methadone and other Substitution Treatments for Opiate Addiction ("The Travel Resource Centre"). This site provides information on countries that provide opioid substitution treatment. This provider is contactable by email on: INDROeV@t-online.de.

13.6 Transfer of Dosing Location

If a client has not changed prescriber but is to transfer between dosing sites within Tasmania, the PSB is to be notified by phone immediately of the change. To avoid the potential for double dosing, the prescriber should notify the previous dosing site and have them cancel all scripts.

The procedure for temporary and permanent transfer of a dosing site within Tasmania is as follows:

- Discuss the client's travel plans with the client and photocopy any relevant documentation such as bus tickets. This should be copied and placed in the client record;
- Contact the dosing pharmacy nearest to the planned destination and request that the client be accepted for dosing. If necessary, contact the nearest opioid treatment clinic and obtain information about the nearest dosing pharmacy;
- Fax script(s) and a letter of introduction to the temporary pharmacy. This letter will contain a photograph of the client, the client's methadone or buprenorphine dose, date(s) of dose(s) required, and takeaway doses permitted. Send the originals by post within 24 hours;
- Ask the client to collect a copy of the letter of introduction to present to the temporary pharmacy. Inform the client that unless this letter is collected prior to

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departure and they have photo identification such as drivers licence, 18+ card or passport, the transfer will not proceed;

- Cancel the script and dispensing from the client's usual pharmacy and advise the pharmacist not to dose the client until requested to recommence by the prescriber or case manager. Include the pharmacist's name when writing notes;
- Advise the client to contact their prescriber or case manager upon returning and before recommencing dosing at their usual pharmacy. This will allow the prescriber time to issue a new script;
- Prior to the client recommencing dosing at their usual pharmacy, contact the temporary pharmacy to request information about the dosing and any concerns that there may have been regarding the client. Confirm the date of the client's last dose and any takeaway doses that may have been dispensed;
- Ask the usual pharmacy to recommence dosing the client; and
- Documentation of the procedure for pharmacy transfer is to be completed in the progress notes.

13.7 Unsanctioned Transfers

An unsanctioned transfer occurs when a client already registered on the opioid pharmacotherapy program presents to another prescriber (usually in a different state or town) requesting treatment, and no arrangements have been made to facilitate a transfer. It is not uncommon for this to occur without the prescriber's knowledge, particularly if a client has poor planning and organisational skills or when their social circumstances have become chaotic.

The National Pharmacotherapy Policy for People Dependent on Opioids (2007) specifies that transfers should be arranged in accordance with the relevant state policy and procedures and should not occur until arrangements between the prescribers have been finalised. Unsanctioned transfers to the Tasmanian OPP will not be accepted. Clients will be advised to return to their opioid treatment provider and to make the necessary arrangements for a transfer.

Unsanctioned transfers will not be accepted.

Clients will be advised to return to their opioid treatment provider.

If a client chooses not to return to their treatment provider and to cease opioid maintenance treatment, withdrawal medications for symptomatic relief should not be provided. Opioid maintenance treatment is the most effective treatment for clients who are opioid dependent and for this reason clients should be encouraged to continue on the opioid pharmacotherapy program.

The only situation where an unsanctioned transfer may be accepted for management would be on compassionate grounds. These circumstances would need to be substantiated by a

relevant authority or health practitioner. If the unsanctioned transfer is accepted, a process will immediately be initiated with the prescriber to ensure that detailed information is urgently provided to support a safe transfer of care. This must occur before any treatment is commenced.

13.7.1 Sharing of Information

If possible, and with the client's consent, all relevant information about the client's clinical presentation and care should be made available to the receiving clinical service. This includes any significant or potential risks to the client, treatment providers and the community. A transfer cannot be accepted without the client's consent to release information, and the provision of such relevant clinical information.

A transfer cannot be accepted without the client's consent to release information and the provision of relevant information.

If client consent is not given, disclosing information to another person or organisation involved in the ongoing care of the client is possible, provided appropriate attention to confidentiality of this information is maintained. The giving and receiving of this clinical information is critical to the continuation of good clinical care and can be readily defended on the basis of each doctor's duty of care to the client and public safety. It is also essential to inform the clinical team's decision making processes and capacity to provide the level of care required by the client.

If a service provider lacks information about the previous treatment of a new client and initial assessment raises concerns about potential violence, he or she should contact the previous prescriber to determine the potential risk. In Tasmania PSB (phone [03] 6233 3293) can be contacted to find the name of the previous prescriber.

It is appropriate to delay the start of treatment until all the necessary information is available to make an informed decision about suitability for treatment.

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