



Opioid Treatment Program
CLIENT HANDBOOK

Methadone Dosing Hours:

Monday - Friday 6:00am to 10:30am

Saturday and Sunday 6:30am to 9:15am

*Holidays 6:30am to 9:15am

In case of a disaster or emergency preventing normal clinic operations, you can contact the after-hours number for instructions regarding dosing procedures.

*HOLIDAY SCHEDULE CAN BE FOUND IN THE BACK OF THE HANDBOOK.

**AFTER HOURS EMERGENCY NUMBER:
1-866-449-8368**

Alcohol and Drug Services

301 E. Washington Street, Suite 101, Greensboro, NC 27401

Phone: (336) 333-6860 Fax: (336) 275-1187

OTP Client Handbook

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Alcohol & Drug Services Opioid Treatment Program Staff

MEDICAL STAFF:

| | |
|---|------------------------------|
| Keshavpal G. Reddy, MD | Medical Director |
| Anthony Steele, FNP-C, PMHNP-C, DNP | Director of Medical Services |
| Larissa McLaurin, RN | Staff Nurse & HIV Counselor |
| Dan Frodyma, RN | Staff Nurse |

TREATMENT STAFF:

| | |
|----------------------------------|----------------|
| Les Quagliano, LCAS | Lead Counselor |
| Jaline Brady, CSAC | Counselor |
| Allanda Edwards, CSAC | Counselor |
| Georgette Houchins, LCAS | Counselor |
| Melanie O'Connor, LCAS-A | Counselor |
| Lisa Ripperton, LCAS, LCSW | Counselor |

ADJUNCT STAFF:

| | |
|--------------------------------|----------------------------------|
| Ron C. Rau, Jr., MBA | President/CEO & Program Sponsor |
| Jackie Butler, CSAC, CCS | Director of Client Services |
| Lindsey Downing | Director of Quality & Compliance |
| Kathy Norins, MA | Health Educator & HIV Counselor |
| Debbie Loveland | Finance Staff |

An Introduction to Opioid Addiction

WELCOME

Welcome to the ADS Opioid Treatment Program. We are pleased that you have selected us to be your treatment provider and we will strive to provide you with the highest quality of treatment. This handbook is provided to orient you to our treatment program.

IT IS IMPERATIVE THAT YOU READ AND UNDERSTAND YOUR CLIENT HANDBOOK. AT THE BEGINNING OF YOUR TREATMENT, YOU WILL BE ASKED, AFTER YOU HAVE READ THIS BOOK, TO SIGN A STATEMENT SAYING: “I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES.”

Our treatment is based on the following beliefs and principles:

1. The goal for our clients is to abstain from all substances of abuse, and if preferable to the patient, to eventually taper off of Methadone.
2. Methadone is an available **tool** in your treatment process to reduce your urge to use illicit opiates. Clinical services that are *crucial* to successful recovery from addiction include individual and group counseling sessions. Counseling can provide skills needed to prevent relapse, change lifestyles, reduce risks, improve health, and build new healthy relationships as your recovery progresses.
3. Each client will be treated with respect and dignity. We expect that staff will be treated with the same respect. Clients need to work with their counselors to make informed decisions about their treatment needs, plans, and goals. Positive changes will be supported, recognized, and encouraged. We realize that successful abstinence and recovery from addiction requires treating the whole person.
4. No single treatment is appropriate for all individuals. Clients with strong spiritual beliefs may benefit from 12-Step programs and outside support groups, while others may respond to various behavioral therapies. Treatment should build on client strengths and preferences.
5. We strive to provide excellent client services and we value your input. You may submit your concerns and/or suggestions at any time to the Director of Client Services or other ADS team members. Suggestion boxes are also placed within our facilities.
6. Recovery from addiction can be a long-term process which may require treatment changes, medical and counselor interventions and in some instances, involuntary taper and suspension of Methadone services.
7. Our purpose is not only to point you in the direction of freedom and health but also to insure that you have the proper tools for successful management of your condition.

Thank you again for choosing ADS to help you with your recovery process.

ABOUT OPIATE ADDICTION

Dependency on opiates is a physical illness, as well as, central nervous system disorder caused by long-term opiate intake. **After long term use, the nerve cells, which would normally produce endogenous (natural) opiates, cease to function normally and degenerate.** The user becomes physically dependent on the external supply of opiates.

Abrupt abstinence can cause severe physiological withdrawal symptoms, and can lead to permanent damage of the cardio-pulmonary and central nervous systems. Opiate addiction and dependency requires appropriate medical care and treatment.

Methadone is used as a tool to treat opioid addiction. ADS is proud to be involved in your treatment and recovery as you embark on the road to regain your life.

HOW AND WHY METHADONE WORKS

It is important that you realize that Methadone is a powerful drug used in the treatment of opiate drug addiction. Opiates are all derivatives of opium, a natural narcotic obtained from poppies. Opiates include heroin, morphine, codeine, dilaudid, and oxycontin.

Methadone is a synthetic opiate substitute and is very effective in the following ways:

- Methadone is taken orally, rather than by injection therefore Methadone frees you from the dangerous practice of “shooting up”.
- Methadone is very long acting. You will only need to take Methadone once a day. Methadone lasts from 24-36 hours.
- Methadone takes effect slowly. Because the drug has a slower and more gradual onset of effects, you will not get a “rush”. This helps break the cycle of the “rush-stoned-crash-withdrawal symptoms”.
- Methadone side effects will lessen as your Methadone treatment progresses and you will then feel fewer of the drug’s initial effects.
- Once you are stabilized at a therapeutic level, you will look, act, and feel drug-free.
- Methadone prevents withdrawal symptoms, reduces hunger/craving, and blocks the effects of illicit opiates.

As great as Methadone is, it is not enough on its own. Remember, Methadone is a tool; it is not treatment by itself and must be combined with other clinical services in order to be effective.

SIDE EFFECTS

Methadone side effects are usually minimal and short-lived. They most often occur in the early stages of your treatment. **Most patients experience no severe side effects.** Please read the list below and notify the medical staff if you experience any symptoms of these side effects.

The **most frequently** observed negative effects are light-headedness, dizziness, extreme tiredness, nausea, vomiting, sweating, ankle swelling, or skin rash.

Much **less often**, negative effects may include: restlessness, malaise, weakness, headache, insomnia, agitation, disorientation, visual disturbance, constipation, dry mouth, flushing of the face, low heart rate, faintness and fainting, problem urinating, changes in sexual drive, irregular menstruation, joint pain, joint swelling, and numbness and tingling in hands and feet.

You may experience some side effects from Methadone, but they are usually minor and do not outweigh the benefits of treatment. Notify the nurses if you experience any side effects listed above.

Methadone is a medication that produces dependence and has the same side effects as other opiates. Overdose may cause sedation and/or respiratory and cardiac depression. If you have difficulty breathing, chest pains, or other serious symptoms, **call 9-1-1!**

If you have a mild reaction that you believe is medication related, telephone the ADS medical staff for assistance. After hours, contact the local Emergency Room. If it is necessary, go to the hospital, and have someone else drive you.

For a MEDICAL EMERGENCY or DRUG OVERDOSE CALL 9-1-1!

METHADONE OVERDOSE: WHAT YOU NEED TO KNOW

What to Watch For

**An often unrecognized symptom of Methadone overmedication is unusual feelings of excess energy with or without euphoria. As Methadone levels drop, the other signs/symptoms may emerge.*

Signs and Symptoms of an Overdose:

- Unusual sleepiness, grogginess, drowsiness (over sedation, somnolence)
- Mental confusion, slurred speech, or intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils (miosis)
- Slow heartbeat, or lowered blood pressure
- Unusual snoring while asleep
- Difficulty arousing the person from sleep
- Fingernails or lips turning blue/purple
- Body is limp
- Vomiting or gurgling noises
- Cannot be aroused or unable to talk

What to Do for a Methadone Overdose

Take Immediate Action. If there are possible signs/symptoms of overmedication or overdose, determine if the victim is responsive. Shout their name, pinch their ear, or rub your knuckles on their

breastbone to arouse them. Keep them awake and call 911 anyway. **If the victim cannot be aroused, call 911 *immediately*.**

What NOT to Do For a Methadone Overdose

There are many “street myths” about how to deal with an Opioid overdose, including an overdose with Methadone. All of the alleged “remedies” take precious time away from getting real help, and they all can be harmful rather than helpful. Here are several precautions for patients and their relatives/friends to know about...

- Do **not** slap the victim or walk/drag them around to wake them up – if they cannot be roused by shouting, rubbing knuckles on the sternum (center of rib cage), or pinching their ear they are unconscious. Further stimulation will not help and may cause injury.
- Do **not** put the person into a cold bath or shower – they could fall, go into shock, or drown.
- Do **not** inject the person with any substance (salt water, “speed,” heroin, etc.) – the only antidote for an opioid overdose is naloxone (for medical personnel only)
- Do **not try to make the victim vomit** orally ingested opioids – they may choke or inhale the vomit into their lungs causing fatal damage.

The most important thing to do in the case of an overdose is call 911!! Sooner rather than later!

METHADONE DRUG INTERACTIONS

Methadone is a powerful drug and has a number of interactions and side effects that you should know and understand. Methadone must be used with caution. It has to be used in reduced doses if you are currently taking narcotic pain-killers, tranquilizers, sedatives, anti-depressant drugs or any similar medications.

Please note: We require you to notify the opioid treatment physician, nurse, and counselor anytime you are taking medication from any primary care doctor, specialist, or dentist. You must notify the nurse any time a physician or health care provider has written a prescription for you. You must physically bring all medications to the nurse each and every time you get a medicine filled or refilled and the nurse must document each medication(s) in your medical record. You must also sign a release of information for any outside physician and or dentist who is prescribing medications. *Failure to do so is grounds for suspension from the Opioid Treatment Program.*

There are certain medications that cannot be used by clients on Methadone and will lead to severe withdrawal or unpredictable interactions. It is important that you share the following list with your healthcare practitioners (i.e. physicians, surgeons, dentists, psychiatrist, etc.).

It is never safe to use alcohol or unapproved benzodiazepines when taking Methadone. Excessive use can cause breathing to stop, resulting in coma or death.

The following are examples of benzodiazepines: Xanax, Valium, Klonopin, Ativan, Restoril, Librium, Halcion, etc. A more comprehensive list can be acquired from counseling or medical staff.

THE FOLLOWING IS A LIST OF THE NARCOTIC ANTAGONIST DRUGS THAT MAY CAUSE WITHDRAWAL SYMPTOMS IF COMBINED WITH METHADONE:

| | | | |
|-----------------------|----------------------|-----------------------|---------------------------|
| Levallorphan (Lorfan) | Nalorphine (Nalline) | Naloxone (Narcan) | Buprenex/Suboxone/Subutex |
| Naltrexone (Revia, | Cyclazocine | Pentazocine (Talwin) | Rifampin |
| Butorphanal (Stadol) | Buprenorphine | Nalbuphine (Nubain) | Ammonium Chloride |

DO NOT TAKE THE FOLLOWING WITHOUT INFORMING YOUR PRIMARY PHYSICIAN OF UNPREDICTABLE INTERACTIONS WITH METHADONE:

| | | | |
|-------------------------------|---------------------------|----------------|------------------------|
| Ultram/Ultracet/Tramad | Vitamin C Supplements | MAO inhibitors | Erythromycin / EES |
| Phenytoin/Dilantin | Diffucan / Fluconazole | Barbiturates | Carbamazepine/Tegretol |
| Cipro /Ciprofloxacin | Synthroid / levothyroxine | Phenergan | Grapefruit Juice |

OVER-THE-COUNTER MEDICATIONS TO AVOID

| | | | |
|--|-----------------|----------------|-------------------------|
| Tagamet/Cimetidine | St John's Wort | Echinacea | Prilosec/Omeprazole |
| Benadryl/Diphrenhydramine | Chlor-trimetron | Cold and Sinus | Sudafed/pseudoephedrine |
| ALL Cough Medicine containing Dextromethorphan (i.e. Robitussin DM, Vicks, Delsym, Coricidan, Nyquil Nite Time or any medication that ends in DM.) | | | |

Poppy Seeds can also cause your drug screen to test positive and will require a confirmatory test.

IMPORTANT: If you do not present your medication or over-the counter drugs, as required, and your urine drug screen tests positive for an illicit substance, you must pay a non-refundable fee to have an additional test to confirm the results were not due to illicit use. Confirmation tests must be requested and paid for within 48 hours of your notification of the urine drug screen. If you do not choose to confirm the results, the urine drug screen will be considered positive for an illicit substance and you will be subject to the consequences associated with such results, including, suspension of any take homes.

MEDICATION POLICY

Please Note: that many drugs can interact with Methadone and can adversely affect your health. Some medications decrease the effectiveness of Methadone, while others increase the effects of Methadone and can potentially cause an overdose or death.

You must also sign a release of information for any outside physician and or dentist who is prescribing medications. ***Failure to do so is grounds for suspension from the Opioid Treatment Program.***

ROUTINE PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATIONS:

Each time you fill or refill a routinely prescribed medication or purchase an over-the-counter medication, you have 7 days to bring the prescription or over the counter medication to the dispensing nurse to count and submit to the program physician for approval.

If you do not present your prescription or over-the counter medications as required and your urine drug screen tests positive for an illicit substance, you must pay a non-refundable fee to have an additional test to confirm the results were not due to illicit use. Confirmation tests must be requested and paid for within 48 hours of your notification of the urine drug screen. If you do not choose to confirm the results, the urine drug screen will be considered positive for an illicit substance and you will be subject to the consequences associated with such results, including, suspension of any take homes.

NARCOTIC PAIN MEDICATION:

Medical studies show that combining *narcotic pain medications* with Methadone can lead to a potential overdose or death and can also be a trigger for relapse. If you require pain medication, *you must inform the prescribing physician that you are taking Methadone and sign a consent allowing ADS to communicate with that physician.*

You must bring in all pain medications to the dispensing nurse to be counted the day the prescription is filled. If the program physician approves the pain medication, you may take it as prescribed for 3 days. You must bring it again to the dispensing nurse on the 4th day to be recounted.

If you require the pain medication for *more than 3 days, the Medical Director must approve your continued use.*

STIMULANTS:

Medical research has shown that taking stimulant medication for prolonged periods of time can lead to dependence. Due to its abuse potential ADS seldom uses stimulant therapy, but this intervention can be approved by the program physician following an in-depth evaluation which will include a review of documentation that supports a prior diagnosis of ADD/ADHD.

BENZODIAZEPINES:

Medical research proves combining *benzodiazepines* and Methadone can cause harmful reactions, including overdose and death. *ADS has a zero tolerance for illicit benzodiazepines.* As an alternative to benzodiazepine therapy, treatment will focus on behavioral interventions.

VIOLATIONS:

All violations of the Medication Policy will be staffed by NRC and recommendations for increased levels of care will be evaluated.

The following protocol will be utilized for violations involving Benzodiazepines:

- First positive UDS for unapproved Benz will result in a staffing with NRC and an increase in level of care
- Second positive UDS for unapproved Benz will result in an automatic suspension by Medical Override

ADMISSION CRITERIA

Federal guidelines determine whether you are a candidate for Methadone treatment. To qualify for induction and initial treatment on Methadone, an individual must have a documented one year history of opiate dependency, prior treatment attempts, observed signs and symptoms of opiate withdrawal, as determined by the medical staff, and pay the appropriate fees.

The “intake process” consists of a clinical evaluation, a medical assessment and a physical exam. As part of the physical exam, blood is collected for lab testing, a tuberculosis skin test (PPD) is completed, and any other tests that are deemed necessary. A urine sample is required of all patients at the time of admission to verify opiate drug use and rule out recent benzodiazepine use. Individuals who tests positive for benzodiazepines will be ineligible to receive Methadone until they submit a satisfactory drug screen result. The only exception is an individual who transfers directly from inpatient detoxification. The evaluating physician determines if an individual is a candidate for Methadone maintenance. **All admissions are contingent upon both Federal guidelines and physician approval.**

TREATMENT PHASES

Alcohol & Drug Services is committed to assisting clients in working a recovery program. All clients entering treatment will develop goals (client’s own expectations) for a Person Centered Plan (PCP) in order to determine the necessary length of treatment for each individual. The initial PCP will be signed by the client, the primary counselor, and must be approved by the Medical Director. The PCP will then be reviewed, updated, and signed every 90 days.

Clients entering the opiate treatment program will receive a clinical assessment that takes into account the natural history of opiate addiction as altered by time and treatment. Therefore, treatment tasks are determined in relation to the client’s stage in the disease.

1. **Initial treatment:** This phase of your treatment is more intensive with frequent medical and counseling assessments/interventions and may last from 3 to 7 days. **(Acute Care Phase of Treatment)**
2. **Early stabilization:** This phase includes the induction phase and may last 6 months. **(Acute Care Phase of Treatment)**
3. **Long-Term treatment:** This phase follows early stabilization and may last for the duration of treatment. **(Rehabilitative or Medical Maintenance Phase of Treatment)**
4. **Medically supervised withdrawal (taper):** With continuing care, if, and when, appropriate. **(Acute, Rehabilitative, Medical Maintenance or Tapering Phases of Treatment)**
5. **Immediate emergency treatment:** provision of Methadone therapy in situations where access to a comprehensive treatment program is not possible.

PROGRAM SERVICES

Individual Counseling Sessions—Clients are expected to meet with their primary counselors at least monthly for a minimum of thirty (30) minutes per session (more if clinically indicated). During these counseling sessions, short and long term goals should be established and reviewed. Progress in

treatment should also be addressed, as well as situations that impact the clients' recovery/treatment programs.

Group Counseling- Clients are expected to attend groups according to their treatment level. Clients are expected to participate and contribute to the group process. Attendance is mandatory at group sessions. Group facilitators cannot excuse a client from attending group. Any excused absence must be approved by the primary counselor.

Scheduled Appointments-Clients are required to attend all scheduled appointments, i.e. counseling sessions, group sessions and medical appointments, as requested by program staff. If a client misses more than three (3) scheduled appointments within a ninety (90)-day period of time, or has two (2) consecutive absences, the client will be staffed by the NRC for program non-compliance. Again, possible suspension from Methadone support or program will be considered.

OTP INCENTIVES PROGRAM

Research has shown that patients that who feel appreciated and rewarded for their efforts and accomplishments, are patients who will continue to behave in a manner that is consistent with strong, healthy recovery.

Here at ADS, we strive to provide this type of reinforcement, and have instituted an incentives program that helps to recognize the individual achievements of our patients.

- 1) **Tokens** — In an attempt to emulate the 12 Step system for acknowledging progress, different color tokens will be awarded to clients based upon the number of consecutive days that they have been abstinent from illicit substances. Each counselor will have access to tokens, and presentations can be made in individual sessions, or in group (whichever the client prefers). The primary counselor and the client will **both** share responsibility in tracking “clean time”.

The following schedule will apply:

| Clean Time | Token Color |
|-----------------------|-------------|
| New or Start over | White |
| 30 days | Red |
| 60 days | Blue |
| 90 days | Green |
| 180 days | Yellow |
| 270 days | Orange |
| 1+ Year Anniversaries | Black |

All tokens are emblazoned with the phrase “Experience, Strength, and Hope”.

- 2) **Breakfasts** — In an effort to increase safe and healthy socialization amongst clients and their support persons, the OTP staff will serve periodic breakfasts during the course of the year which will be open to all OTP clients and a guest. Food will be prepared by staff, and guests will be served by staff. During this same time slot, literature will be made available, a question/answer period will be made available, and support persons will be offered a tour of the facility. Our hope is that the stigma of “the Methadone Clinic” can be changed by this process, and that

family/friends will feel welcome here at the facility. We are also hopeful that this will eventually spin off a group of willing support persons, or at the minimum, support persons will be more inclined to engage in individual sessions with their loved ones.

- 3) **Coffee & Snacks** — It is our intent that the group sessions be as comfortable as possible. The OTP staff feels that the group process is more productive when clients can have their morning coffee and a light snack. Every OTP group will start each session with a pot of hot coffee and enough breakfast snacks for each participant.
- 4) **Fish Bowl** — Research continues to show that clients who are regularly recognized for their achievements maintain a sense of accomplishment, and tend to do better (longer periods of abstinence) over a longer period of time. ADS will utilize the “fish bowl” protocol to award prizes to clients who have demonstrated their ability to meet specific treatment goals. Please discuss this program with your primary counselor, and ask to visit the prize store.

The “bowl” contains 100 marbles of four different colors. Each color designates the number of prizes that can be selected from the prize “store”. Participants may choose **one** marble. All prizes are of equal value.

- 50 marbles one color = one prize is awarded.
- 35 marbles second color = two prizes are awarded
- 12 marbles third color = three prizes are awarded
- 3 marbles fourth color = four prizes are awarded.

Incentives are earned as per the following schedule (the levels are referring to the Treatment Levels as outlined on page 18 of this handbook):

Levels 1, 2, 3

| | |
|--|------------------------|
| For every 30 days of perfect *attendance | Fish Bowl |
| 30, 60, 90, 180 abstinence | Token |
| 3 consecutive negative UDS | Certificate, Fish Bowl |
| Family/Support person session | Fish Bowl |

Levels 4, 5

| | |
|---|------------------------|
| For every 60 days of perfect attendance | Fish Bowl |
| 270, 360 abstinence | Token |
| 3 consecutive negative UDS | Certificate, Fish Bowl |
| Family/Support person session | Fish Bowl |

Levels 6, 7, 8, 9

| | |
|---|------------------------|
| For every 90 days of perfect attendance | Fish Bowl |
| 1 year Sobriety | Token |
| 6 consecutive negative UDS | Certificate, Fish Bowl |
| Family/Support person session | Fish Bowl |

***Attendance includes both group and individual sessions.**

Some of these guidelines may be subject to minor changes or improvements. It should also be noted that this program is time limited. We have no guarantee that we will receive assistance for this program on an ongoing basis. When prizes and funding run out, the project will end until we have another funding opportunity. In the meantime, this is designed to be a fun experience that hopefully shows you that we appreciate your hard work!!

URINE TESTING

Clients are required to submit a urine specimen when requested by staff. **Clients may not dose until they have given their specimen.** A nurse or staff member of the same sex (when available), will observe this process in order to verify that urine submitted is yours. Failure to cooperate is considered a violation of program policy, which could seriously jeopardize your enrollment.

All clients are expected to have urine containing only Methadone and approved prescription medications within 90 days of enrollment. ADS tests for all drug categories of abuse. Clients with continually positive urine for illicit drugs jeopardize their treatment and risk their health. Continued use of illicit drugs or non-approved prescription medications may ultimately result in the Medical Director implementing a medically supervised taper. Urine specimens are checked for temperature. When there is a doubt about the source of the specimen, the urine will not be accepted, and another specimen will be required before dosing.

Once a urine specimen has been requested, you are required to submit your sample during dosing hours. You may not leave the facility after you have been requested to submit a urine specimen. **If you leave the facility before giving your sample, you will not be administered your dose for that day or receive your take-homes.**

ADS MEDICAL SERVICES DEPARTMENT

The Medical Services Department is responsible for:

1. Prevention, early detection, and referral for acute and chronic illnesses.
2. Medication education and management.
3. Psychiatric evaluation and treatment of mental disorders.
4. Psychological testing, interpretation and diagnoses.
5. Nursing care by Registered Nurses (RN's) and Licensed Practical Nurses (LPN's).
6. HIV counseling, testing, referral, and education.
7. Physical exams and medical assessments.
8. Collection of biological specimens for chemical analysis.
9. Tuberculosis/Syphilis screening and referral.
10. Pregnancy test and referrals

PREGNANCY

No drug or medicine is absolutely safe during pregnancy, but Methadone has been taken by many pregnant women and has not been shown to harm infants. Methadone is the preferred treatment for women who are opiate dependent and become pregnant. **It is ultimately the client's responsibility to notify the program when she is pregnant.**

1. When the medical staff is informed by the client that she is pregnant, the staff will consult with the client's OB/GYN to coordinate Methadone services or a taper based on the client's need and the fetus' development.
2. Pregnant clients must provide documentation of fetal viability within 7 days upon pregnancy confirmation. This can be confirmed via ultrasound or fetal heart tone.
3. A release form is to be signed by the client authorizing ADS to notify the OB/GYN, pediatrician and designated hospital of current involvement in the Methadone program, current Methadone dose, prescribed medications, monthly drug screens, and client status.
4. Literature regarding the effect of Methadone on the unborn child will be given to the client. Documentation will be kept that literature was given. The pregnant client will sign a consent to be treated with Methadone. The decision to remain on opioid substitution therapy remains with the client.
5. Pregnant clients will be asked to sign a contract that includes: notification of the client's OB/GYN physician that she is on Methadone, treatment compliance issues, risks involved with Methadone and/or continued illicit drug use, nutritional counseling and acquisition of the delivery room record.

GENERAL MEDICAL CARE

Routine medical care is not part of your treatment. Please see your primary care provider for your general medical care. You must sign a consent form to have medical and/or dental records sent to ADS.

HOSPITALIZATION

If you require hospitalization, your daily dose may be provided to you by the hospital. Notify the hospital personnel that you are an ADS Methadone client and sign a consent to release information so ADS can confirm your enrollment and current dose. **You will need to bring a copy of your discharge papers from the hospital the day you return to ADS.**

PSYCHIATRIC CARE

If you need to see the clinic psychiatrist, please coordinate the appointment with your counselor. When you make an appointment, that time is reserved for you so it is important to keep that appointment or call at least 24 hours in advance to change it. If you are seeing a private psychiatrist or primary care doctor, you must sign a consent to release information to ADS and the Medical Director will need to approve all medications.

MEDICATION MANAGEMENT

Each time you fill or refill a routinely prescribed medication or purchase an over-the-counter drug, you have 7 days to bring the prescription or over the counter medication to the dispensing nurse to count and submit to the program physician for approval. Medications prescribed for more than a 30 day supply, must be brought in on a monthly basis. This protocol **does not** include narcotic pain medications, benzodiazepines, or stimulants. You must refer to the Medication Policy for additional information.

If you are seeing a private doctor, you will need to sign a consent form to allow communication between ADS and your doctor so the Medical Director can determine whether or not it is safe for you to take the prescription(s).

INFECTION CONTROL

Clients that have an infectious illness (i.e. a productive cough, fever of 101 or above, a wound, “pink eye”, skin discharge, etc.) should ask to be evaluated by the nurse. All clients are encouraged to wash their hands after using the bathroom facilities and to practice “Universal Precautions.” Clients should wear gloves should they come in contact with blood or bodily fluids. Clients are to be mindful of items that carry the red “biohazard” labels. The labels are placed on canisters and devices that have potentially infectious materials. Clients should never attempt to open such devices or place any objects within those devices.

INITIAL DOSE

Clients enrolled in ADS’ Opioid Treatment Program receive an initial dose between 1mg and 30mg of Methadone, depending on the client’s opiate withdrawal severity the day of admission. The Methadone dose will be determined by the program physician. After the initial dose, clients must wait for 30 (thirty) minutes before leaving the facility to observe for any adverse reactions

Clients may request an increase in their Methadone dose **every fourth day** until they reach 80 mg. Each increase in dosage will be given based on documented physical signs of withdrawal or intoxication as recorded by the nurse or physician. Do not expect a dose change to be effective during the first day. It takes about 72 hours before the full effect of Methadone is realized. Methadone blood levels are constant for 24-36 hours, which is why it is only taken once per day.

During this initial treatment, it is extremely important that you stop using all substances of abuse. While in the initial treatment and early stabilization phases, we ask that you see your counselor and attend group weekly. It is important that you dose everyday to maintain your Methadone blood levels and prevent withdrawal symptoms.

Dose Increases

Clients who have already reached a level of 80mg must first inform their primary counselor that they desire an increase. After the counselor has written the request, the program physician will make a decision and you will be informed of his decision. A blood Methadone level may be drawn to determine the need for an increase. Methadone levels are drawn after a client reaches 100mg and then anytime a dose has increased by 10mg. Any client on 150mg or higher must have a Methadone level

drawn every year during their physical exam this is done on an individual basis and **there is a financial charge to the client.**

Dose Decreases

When a client feels that he/she is ready for a decrease or a drop in his/her Methadone dose, the client should first notify his/her primary counselor. Your request is reviewed by the program physician and you will be informed of his decision. ADS will not dose you against your will; you have the right to refuse medication.

DOSING RULES

When you arrive at the clinic, you must check in at the receptionist window to scan your ID card. Once in line, you cannot leave the line. If you leave the line, you will lose your place. Approach the pick-up window only when the person before you has left. Do not bring drinking utensils, beverages or any other portable containers into the dispensing area. Children and family members or other guest must wait in the lobby until you are finished with dosing.

After taking your dose, you must speak to the nurse prior to leaving the dispensing area to assure that all medication has been swallowed. After you dose, you must promptly leave the premises. Please do not wait or socialize in the building, hallway, or parking lot.

All clients should be fit for dosing. This includes, but is not limited to, zero intoxication from alcohol or other drugs. You may be asked to take a breathalyzer or give a urine sample at anytime, or on any day of the month, including Saturday and Sunday. Failure to do so jeopardizes your enrollment in ADS programs.

You may not leave the facility after you have been requested to submit a urine specimen. In the event you leave the facility before giving your sample, you will not be administered your dose for that day.

We reserve the right to refuse to dose any client who appears intoxicated or high, and you will be asked to surrender your car keys. Failure to comply will result in police notification.

Late Dosing

You must check in with the receptionist at least 15 minutes before dosing hours end. Should an emergency situation arise, you need to call the clinic. Calling the clinic does not guarantee you will be dosed, but consideration may be given to your situation. On rare occasions, the clinic will dose clients up to 30 minutes after normal dosing hours end. Documentation of your circumstances will be necessary for approval of your request by the Medical Director.

Situations that will be considered for late dosing are:

1. Mechanical malfunction of an automobile;
2. A medical emergency or appointment; or
3. Law enforcement related delay (i.e. traffic ticket).

Consideration for late dosing will not be given if documentation is not provided.

Vomiting Your Dose

Due to Federal and/or State regulations, we may not be able to replace a vomited dose. If you are nauseated, consult with the nursing staff, and do not leave the lobby. Doses vomited outside the clinic, or at home, cannot be replaced. Please notify medical staff if this occurs. Doses vomited in the clinic, and in the presence of a staff member, may be replaced with the Medical Director's approval.

Missed Doses

Consistent dosing is a necessary part of your treatment, therefore missing any dosing day is discouraged. **If you miss three (3) consecutive days of dosing due to an unplanned absence, you have voluntarily chosen to terminate your treatment and will need to re-apply to the program.** Exceptions will be made for continuous hospitalization or incarceration during the time period that doses were missed. Documentation must be submitted the day you return to verify your absence.

You may apply to re-enroll at the next scheduled Narcotic Review Committee meeting, and will only be considered for re-admission after evaluation by the NRC.

The second time you miss three consecutive dosing days within a 12 month period, you will have to enroll as a new admission.

If you have take-homes and do not present to the clinic for dosing on your scheduled pick-up day, you will be staffed by the clinical and medical team, will receive a withdrawal assessment, be required to submit a urine drug screen, and the program physician will be consulted regarding your continued take-home eligibility.

GUEST DOSING

When travel arrangements are made for clients by the counselor/nurse, it is the responsibility of each client to pay a \$10.00 fee (per clinic) before guest-dosing will be arranged. The fee covers the photocopying of documents, the faxing of information and any telephone consultations. These arrangements must be made at least **three (3) days** in advance for clinics within the state and **five (5) days** in advance for out-of-state travel. Approval will be based upon the criteria of the visiting program. If the client fails to travel, there will be no refunds for the fees charged for making the arrangements. A travel arrangement within the first 30 days of treatment is prohibited with the exception of a medical emergency, or death of an immediate family member (documentation is required). Clients with mental/medical instabilities, whose most recent drug screen was positive for illicit substances, that are on a behavioral contract or administrative taper will not be approved for guest dosing.

It should also be noted that clients who request guest dosing at a clinic that provides a Sunday take-home dose, must meet ALL criteria to receive a take-home (financial balance alone would not apply). **Guest dosing is not permissible for more than 13 consecutive days.**

UNSUPERVISED DOSING (Take-Homes)

If a client **requests** to reduce his or her clinic attendance by receiving take-home doses, the primary counselor will review the request to determine if the client meets eligibility requirements. The counselor will submit the request to the NRC and the NRC will render a decision to award none or up to thirteen take-homes. For the first 90 days of treatment, clients are required to dose at the clinic on a daily basis days and are not eligible for take-homes.

Before receiving your initial take-home, you are required to have a face-to-face session with either the Director of Medical Services or the Medical Director.

Any client that has been granted thirteen take-homes is required to have a face-to-face session with either the Director of Medical Services or the Medical Director upon receiving 13 take-homes and annually.

The following requirements must be met in order to be eligible for consideration to receive take-home doses.

Criteria for Take-Home Eligibility:

1. Current on all financial obligations—LESS THAN \$50.00 BALANCE
2. Employed (min. 30 hours per week), full-time student, disabled, retired, volunteer, caretaker, or homemaker (children in the home under age 18). This must be verified with documentation at least every quarter.
3. Three (3) consecutive monthly urines positive for approved medications only
4. Regularity of required Individual sessions
5. Regularity of Group sessions, based on treatment phase
6. No serious behavioral problems while at the clinic
7. No criminal activity for the past 90 days
8. Stable home environment and social relationships (i.e. no one in the home actively using)
9. Doses must be stored safely in a locked container when transporting/storing doses in your home
10. Agreement that you will not administer to anyone other than self, and will not dispense, sell, buy or divert Methadone
11. You must be medically and psychiatrically stable
12. If you transfer to our program from another treatment program with privileges, documentation must be provided to prove your take home eligibility. You must attend the Narcotic Review Committee (NRC) meeting to discuss with staff. A determination will be made in 30 days regarding the awarding or loss of transfer take home privileges depending on compliance on ADS program

In addition, you must meet the criteria for each treatment level. See chart on the following page.

| TREATMENT LEVELS AND TAKE-HOME ELIGIBILITY SCHEDULE | | | | |
|---|--|---|--------------------------|--------------------------|
| Eligibility Level | Continuous Abstinence and/or Time in Treatment | Program Requirements | Weekly Clinic Attendance | Eligible Take-Home Doses |
| Level 1 | 1-30 Days | Intensive Outpatient Program (IOP) (upon admission for minimum 30 days) | 7 Days | 0 |
| Level 2 | 31-60 Days | Group twice a week and 2 Individual Session per month | 7 Days | 0 |
| Level 3 | 61-90 Days | Weekly Group and 2 Individual Sessions per month | 7 Days | 0 |
| Level 4 | 91-180 Days | Weekly Group and 2 Individual Sessions per month | 6 Days | 1 |
| Level 5 | 181-270 Days | Weekly Group and 1 Individual Sessions per month | 5 Days | 2 |
| Level 6 | 271-360 Days | Weekly Group and 1 Individual Sessions per month | 4 Days | 3 |
| Level 7 | 361-450 | Group twice a month and 1 Individual Session per month | 3 Days | 4 |
| Level 8 | 451-540 | Group twice a month and 1 Individual Session per month | 2 Days | 5 |
| Level 9 | 541-905 | 2 Individual Sessions per month OR 1 Individual and 1 Group per month | 1 Day | 6 |
| Level 10 | 906+ | 2 Individual Sessions per month OR 1 Individual and 1 Group per month | Twice a month | 7-13 |

Take-Home Doses

When granted take-home privileges, please remember to take your Methadone at the prescribed time of 9:00AM and take your medication as per the dispensing label and on the same date as indicated on the label. If your labels are no longer intact, you will need to purchase a new bottle. All empty bottles that contained take-home medication must be returned to the clinic clean and with the proper label on **your next dosing day.**

You must have a **metal** or **hard plastic (that is opaque)** lock box with a functional lock in order to take medication out of the clinic. You will be required to lock your box in front of the nurse before leaving

the dosing window. Clients who do not return their take home bottles may be required to attend the clinic on a daily basis or may be asked to attend the NRC.

Take-Home Bottle Maintenance

In order for doses to be dispensed, your take-home bottles must remain clean and free from bacterial contamination. Nursing staff **will not dispense medication** into containers that are contaminated. Clients must replace take-home bottles as needed to ensure bottle cleanliness and integrity of the labels. Nursing will advise clients when bottles need to be replaced and clients must replace their bottles prior to their next take-home dosing. The cost for take-home bottles is \$2.00 per bottle.

To maintain bottle cleanliness and integrity, please follow these guidelines:

1. Do not take your dose directly from your take-home bottle. Pour your dose into another container (a disposable cup is recommended).
2. Do not pour other substances into your take-home bottle (ex. soda, Kool-Aid).
3. After you have emptied the bottle, then fill the bottle half-way with warm water to rinse. Swirl the water within the bottle and then pour it out.
4. Allow the bottle to completely dry before replacing the lid.
5. Periodically wipe the rim of the bottle and the inside lid with an alcohol swab.
6. Do not place bottles in the dishwasher or in hot water. This can warp the bottle and destroy the integrity of the inner seal on the bottle top. In addition, if labeling on the bottle is damaged, you may be required to replace your bottle.

Lost or Stolen Bottles

Methadone is a Scheduled II narcotic and should be considered dangerous. **It can be fatal if consumed by a child or others.** Your take-home dose is a privilege, NOT A RIGHT, and should be considered a trust given to you in your treatment. Methadone and all medicine should be stored under lock and key, so unauthorized persons will not have access. If your take-home doses, bottles, or box are lost or stolen, you must file a police report and provide a copy to ADS. Lost, stolen, or spilled take-home doses cannot be replaced by ADS and could result in loss of take-home privileges.

Revocation of Take-Homes

Please remember that take-home doses are a privilege granted by the Medical Director. This privilege may be revoked or suspended at any time. Take-home medication will be suspended if:

1. You submit a positive urine drug screen or a urine drug screen negative for Methadone.
2. You refuse to submit a urine sample for drug screening.
3. Your balance is more than \$50.00.
4. Your group or individual session attendance is not in compliance with program rules.
5. Your living situation becomes unsafe for the storage or administration of your Methadone.
6. You become unemployed for more than 30 days.
7. You become medically or psychiatrically unstable as determined by medical staff.
8. You are in violation of the Medication Policy.
9. You miss a call-back.

The Narcotics Review Committee suspends and awards take-homes based on Federal, State and internal ADS guidelines.

The following reinstatement schedule will apply when take-homes have been revoked for non-compliance with group and/or individual attendance:

- First Offense – All existing take-homes reinstated after 30 days
- Second Offense – 2 take-homes reinstated every 30 days
- Third Offense – 1 take-homes reinstated every 90 days

The following reinstatement schedule will apply when take-homes have been revoked for all other offenses:

- First Offense – 2 take-homes reinstated every 30 days
- Second Offense – 1 take-homes reinstated every 90 days

Under all circumstances, you must have 6 take-homes for 12 months before all 13 can be reinstated.

DIVERSION CONTROL

Alcohol & Drug Services implements its diversion control plan to address the program's responsibility to insure the health and safety of the person served, the staff, and the community. This plan is an integral part of our strategic plan that identifies this organization's philosophy regarding corporate citizenship. The diversion control plan is reviewed annually by the program sponsor and amended based upon input from the person served, staff and community.

Identification

Clients must show a driver's license or official photo identification card, which is placed in the medical record. A photograph of the client is taken using a digital camera, and is kept in the medication administration record or dispensing area.

Dual Enrollment

Alcohol & Drug Services has instituted policies and procedures to reasonably prevent clients from being dually-enrolled in more than one OTP or pain management program and from receiving more than one dose of Methadone per day. Alcohol & Drug Services is part of the NC Central Registry. All pertinent demographic information and identifying characteristics will be entered in the computer. The State Methadone Authority will periodically extract this data from the system as part of the central registry. The client must sign a consent form to permit permission to notify treatment programs within the state of NC that this client is enrolled in our program. The client must also sign the consent for the Central Registry. Periodically ADS will contact other treatment programs to verify enrollment.

Call-In Bottle Checks

Clients with unsupervised dosing privileges (take-homes) will be called periodically during the course of their treatment by the program nurse and asked to physically bring in all medications, all take-home bottles and to submit a urine sample for drug screening. When the client is called by the program staff, the client must present the unsupervised doses to the nurse within 24 hours. The nurse will inspect the integrity of the Methadone and count the number of dosing bottles. Failure to come to the clinic within

those 24 hours when called will result in the loss of take-home privileges. It is the client's responsibility to notify the program in advance when the client changes his/her telephone number, person of contact, leaves for vacation, or is working out of town.

Failure to notify clinic of changes, answering machines/voicemail malfunctions, or failure to receive messages does not relieve client from consequences of failure to return within 24 hours of a call back. Refusal to return to the clinic with take-home bottles is considered diversion of Methadone and will result in notification to the State Methadone Authority.

Call-In for Drug Testing

As a client enrolled in ADS' Opioid Treatment Program, you will periodically be subject to call-in drug testing. The program nurse will call you and ask you to bring all medications in to the clinic and submit a urine sample. You will have 24 hours to present to the clinic to submit the requested specimen. This sample is in addition to the random sample taken on a monthly basis while you are in treatment. The results will be documented in your medical record. Should you fail to present within the designated 24 hour time frame, the medical or clinical staff will mandate that you attend the next scheduled NRC meeting.

Review of Serum Methadone Levels

To ensure safety and accuracy when medicating clients with Methadone, the program physician will periodically order serum blood levels. When you are asked to submit a blood level for testing, we ask that you submit for testing before dosing for that day. If your results are above the therapeutic range, the program physician will order a decrease in your dosage. If you are below the therapeutic range, the program physician will order an increase in your current dosage. Whenever your current dosage is above 100mg or more, the physician will order a serum Methadone level.

Dispensing

Do not bring drinking utensils, beverages or any other portable containers into the dispensing area. Children and family members or other guest must wait in the lobby until you are finished with dosing. After you drink your dose, you must speak to the nurse to ensure that you have swallowed your medication. We then ask that you leave the dispensing area to take care of any other clinic business.

Video Surveillance

Hi-tech video monitoring systems which record nurses dispensing Methadone as well as clients drinking Methadone doses are installed in ADS' Methadone clinic.

North Carolina Controlled Substance Reporting System (NC CSRS)

ADS participates in the NC CSRS. This is a statewide reporting system that was established by North Carolina to improve the state's ability to identify people who abuse and misuse prescription drugs classified as Scheduled I-V controlled substances. When necessary, ADS will discuss the results with other providers for proper management of your care.

METHADONE TAPER

Voluntary Taper

Voluntary taper refers to a medically supervised, gradual reduction or tapering of your dose over time to eliminate physical dependence on Methadone. This is voluntary, something you ask for, and it is done at a rate that can be well tolerated by you. Women are required to submit a urine specimen before beginning a taper to determine if they are pregnant and every quarter during the taper.

Involuntary Taper

It is essential that clients understand and comply with the policies of the ADS Opioid Treatment Program. Failure to abide by program policies may result in discharge from treatment.

An involuntary taper can be initiated under the following situations:

1. **NRC Decision** – recommendation for discharge for non-compliance/violation of program policies.
2. **Internal Review Team Decision** – recommendation upheld through appeal process.
3. **Medical/Safety Override** – the Medical Director deemed it medically dangerous/unsafe to continue prescribing Methadone to you.
4. **Failure to get Annual Physical** – annual physical exam was not completed within 14 days of notification that it was due.

Involuntary Taper Process

The Narcotic Review Committee (NRC) will review all recommended administrative withdrawal and discharges from treatment.

When it is alleged that a client violated a fundamental rule and/or other OTP policies and procedures and is being considered for discharge from the Program, the client will be notified of the alleged violation(s) and will be given an opportunity to appear before the NRC to respond, or to dispute the charges. After hearing the client's response (if he/she makes either an oral or written response), the NRC will determine if the client has violated a program policy. The program physician will decide if the client should be immediately discharged from the program or whether some other action should be taken. If the client is to be immediately discharged from the Program, the NRC will inform the client that he/she is being discharged and that: 1) an administrative detox will begin; 2) when the first decrease in dose will begin; 3) the length of time over which the detox will be accomplished.

Unless there is a compelling medical condition requiring an extended detox period (determined by the program physician), **the following taper schedule will apply:**

- **60mg or less = 14 day detox period**
- **61mg or higher = 21 day detox period**

If the client fails to attend the NRC, the client will be informed in writing of the team's decision. If the decision is to discharge the client from the program and to initiate withdrawal from Methadone, the client will be notified prior to the first decrease in dose by a written recommendation form.

PROGRAM EXPECTATIONS

Any of the following incidents will result in mandatory NRC attendance and possible increase in level of care, or suspension from the program:

1. Any positive urine drug screen for benzodiazepines
2. Any positive urine drug screen (or breathalyzer) for alcohol
3. Any 2 consecutive positive urine drug screens for any unapproved substance
4. A urine drug screen that is negative for Methadone
5. Failure to respond to a “call-back”
6. Failure to submit prescription medications to medical staff
7. Any 2 consecutive unexcused absences (group, individual, med checks, physicals, etc.)
8. Any contract violation
9. Providing false information or false urines
10. Obtaining a prescription from an outside physician without notifying staff
11. Failure to submit medications to medical
12. Missed appointments for clients requiring only 2 contacts per month
13. Following utilization of one time late dosing exception

FUNDAMENTAL RULES

Alcohol & Drug Services has a responsibility to provide a safe work place, as well as a therapeutic environment, for staff, clients, visitors and other consumers. There are certain situations which pose a threat to the safety and well-being of individuals within the treatment facility.

Violation of any of the following Fundamental Rules will result in IMMEDIATE DISCHARGE from the ADS Opioid Treatment Program. In the event a violation occurs, staff will take immediate action towards discharge and to secure the safety of staff and other clients (i.e. security escort, designated dosing times, dosing at another ADS location, etc.) **There is no appeal for any Fundamental Rule violation that results in immediate discharge.**

Violent Acts Any violent act or aggressive behavior toward another person or that result in the destruction of property (hitting, kicking, punching, throwing things, grabbing, slapping, pushing, physically threatening someone, etc.) Any violent act that is committed may also result in notification of law enforcement.

Weapons Weapons of any kind (knives, firearms, or any other objects for which the intended purpose is to cause bodily harm) are not permitted on the premises at any time, under any circumstance.

Drug Dealing Any suspicion or observation of drug dealing on the premises, including the diverting or selling of Methadone and any other medications. Drug dealing violation may also result in notification of law enforcement.

UNACCEPTABLE BEHAVIORS

The following behaviors are unacceptable and all violations will be staffed and can result in consequences, up to and including, discharge from the program.

| | |
|---------------------------------------|---|
| Communicating a Threat | Verbal threats, blatant or implied, communicated to staff or other clients. |
| Prohibited Acts | Crimes committed on the premises, including but not limited to, stealing, vandalism, breaking and entering, Medicaid fraud, etc. Any crime committed will result in notification to law enforcement. |
| Harassment | <p>Harassment of any kind will not be tolerated. This includes, but is not limited to:</p> <ul style="list-style-type: none">• Harassment based on sex, race, religion, physical or mental limitations, age, sexual preference, socioeconomic status, etc.• Sexual harassment, which is any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.• Abusive or profane language towards the staff or other clients. <p>If a client feels that he or she is being harassed, the client should inform his/her primary counselor concerning the situation.</p> |
| Over-the-Counter (Licit) Drugs | Distributing or sharing any medication with others is prohibited. All medications should be in their original containers. |
| Confidentiality | Treatment is a <i>PRIVATE MATTER</i> and what is said in group needs to <i>STAY</i> in group. Do not discuss with anyone who you see in group or at the ADS clinic. |
| Loitering | Loitering is defined by “remaining on the premises without a scheduled appointment or legitimate reason for being at the clinic” (i.e. waiting for a ride). The premises includes: the building, outbuilding, landscaped areas, and all parking areas. |
| Under the Influence | Participation in treatment services while under the influence of drugs or alcohol is not permitted. Law enforcement will be notified in the event someone leaves the premises under the influence and is driving a motor vehicle. |
| Restricted Areas | Areas of the clinic, other than the lobby or restrooms, are off limits unless you are accompanied by an ADS staff member. |
| Passing of Items | The exchanging or passing of ANY items (money, cigarettes, etc.) on ADS property is prohibited. |
| Appearance | The following clothing are not considered appropriate dress for the clinic: any clothing that advertises substance use, or other offensive, vulgar, or abusive content, or clothing that reveals the back, chest, stomach, or undergarments. |

APPEAL PROCEDURE

As a consumer of the Opioid Treatment Program at Alcohol & Drug Services, you are entitled to make active decisions regarding your treatment and to appeal treatment decisions you believe are unfair.

In the event that your counselor plans to recommend changes to your treatment at the next Narcotic Review Committee meeting, you will be informed of the recommended changes and should you disagree, you will be invited to attend the NRC and to voice your concerns. In the event that the NRC recommends any changes to your treatment, you will be informed in writing of the recommendation prior to any changes occurring.

Should you disagree with the recommendation, you may file an appeal by contacting the Director of Quality & Compliance within 7 days of being informed of the recommendation. **If you do not contact the QI Director within the 7 days, you will give up your right to appeal.** (If you do not reach the QI Director when you call, you must leave a message so your attempt to contact within the 7 day deadline can be verified.) Your counselor can provide you with the contact information. Your level of treatment will not change during this 7 day period, or until the appeal decision is rendered.

The QI Director will set up a meeting with you normally within 5 business days. You may bring any witnesses, advocates, friends, or family with you to the meeting. **Appointments will not be rescheduled unless a written excuse for a legitimate emergency is provided. If you do not show at the designated time, you will give up your right to appeal.**

The QI Director, in conjunction with the Internal Review Team, will evaluate the case and then render a written decision either upholding, overturning, or modifying NRC's recommendation. The QI Director will notify you or your counselor in writing of the decision within 7 days following the meeting. The decision of the Internal Review Team is final.

In the event the Medical Director determines it is medically dangerous to continue you on Methadone, he will prescribe an appropriate taper and you will be informed of this decision prior to the taper starting. **There is no appeal for a medical/safety override by the program physician.**

Please note: A reduction or elimination of take-homes is not considered a change in services. Take-homes are a privilege, not a right. The decision of NRC and the Medical Director concerning take-homes is final.

GRIEVANCE PROCEDURE

Among your rights, as a consumer of services from Alcohol & Drug Services is the right to file a complaint or "grievance". This means that if you are having a problem with any of our services, you have the right to state your concern and expect a reasonable, fair, and timely solution to that problem.

Also, you have the right to be free from any pressure which might discourage you from stating your concerns or grievance, and to be free from any retaliation for filing a grievance. If you discuss a problem with the staff providing your services and you are not satisfied with the results, your next step is to file a formal complaint.

In order to file a grievance, tell the staff providing your services, or the program supervisor, that you wish to file a grievance and ask for a Grievance Form, which should be located at the front desk. If you have any trouble completing the form, ask a staff person, family member, friend, or advocate to help you. Or, if necessary, you may give your grievance orally to a staff person, who will fill out the form for you.

The Grievance Form will be given to the staff person's supervisor and the supervisor will contact you within 5 days to try to resolve the complaint.

If you are still not satisfied with the results, your grievance will be forwarded to the Director of Client Services, who will contact you to discuss your concerns.

If your issue still has not been resolved after meeting with the Director of Client Services, your grievance will then be forwarded to the QI Director.

If your grievance involves a potential violation of your rights, the Client Rights Committee may be contacted through the QI Director. The Client Rights Committee will review your complaint, and decide whether or not your case involves a client rights violation. Within 7 days after the Committee reviews your case, you will be notified of the decision in writing. The decision of the Client Rights Committee is the final decision. If the Client Rights Committee does not find cause to review your case, you will be notified in writing and the decision of the QI Director will be final.

METHADONE PROGRAM STANDARD FEES

| | |
|---------------------------------|---------------|
| Physical Exam | \$ 50.00 |
| Serum Level | \$ 15.00 |
| Extra Drug Screen | \$ 10.00 |
| LCMS Confirmation | \$ 25.00 |
| Returned Check | \$ 25.00 |
| Pregnancy Test | \$ 22.00 |
| Guest Dosing Set-up Fee | \$ 10.00 |
| Take-Home Bottles | \$ 2.00 |
| Replacement Fee for Dosing Card | \$ 1.00 |
| Daily Dosing Fee | Sliding scale |
| Take-Home Fee | Sliding scale |

DELINQUENT ACCOUNTS

An important aspect of your recovery is to accept the financial responsibility of paying your account in a timely manner. We cannot allow clients to maintain outstanding balances. Non-payment of fees will result in loss of take-homes, or possibly administrative action.

CLIENT ADVISORY BOARD

Alcohol & Drug Services is dedicated to continuously improving the quality of our services. In order to do this, it is very important that we have input from our clients. The Client Advisory Board is designed to allow clients to have a voice in the decisions that directly influence the delivery of services.

Membership Eligibility

There shall be a Chair person and Co-Chair person that are appointed and serve a 1 year term. The Chair and Co-Chair will then elect up to 3 members to serve on the Board. All members, including the Chair and Co-Chair, must meet the following requirements:

- Minimum of 2 years abstinence
- Must be in compliance with all OTP requirements

Member Duties

As a member of the Client Advisory Board there are specific expectations that are a condition of your membership:

- Hold a minimum of 2 sessions a month for consumers to meet with the Board to discuss concerns related to their treatment at ADS
- Monitor the Client Suggestion Box
- Attend monthly Treatment Team Meeting to discuss concerns and suggestions and provide minutes of the meetings that have taken place.

If you are interested in joining the Client Advisory Board, please let your counselor know and they will be able to assist you in beginning the process of becoming a member. **Membership is completely voluntary and does not affect the status of your treatment services.**

METHADONE SUPPORT GROUP

The National Alliance of Methadone Advocates is an organization of Methadone patients, health care professionals, friends, and associates working together for greater public understanding and acceptance of Methadone treatment. For information call 212-595-6262.

TREATMENT ALTERNATIVE

Several options are available for effectively treating addiction to prescription and illicit opiates. The options are drawn from experience and research regarding the treatment of opioid addiction. They include medications such as Buprenorphine or Suboxone. Other treatment modalities include behavioral counseling, acupuncture, and residential treatment.

In addition, a useful precursor to long-term treatment of opioid addiction is detoxification.

Detoxification, in itself, is not treatment for opioid addiction. Rather, its primary objective is to relieve withdrawal symptoms while the client adjusts to being drug free.

ALCOHOL & DRUG SERVICES CODE OF ETHICS

ADS board members, employees, interns, and volunteers are expected to adhere to the following ethical guidelines:

1. We will protect the confidentiality of clients in accordance with Federal Confidentiality Laws.
2. We will not discriminate because of race, age, sex, socioeconomic, religion, sexual orientation, national origin, or disability either in rendering service or employment.
3. We will provide services and use techniques only when we are qualified by training and experience, and we will only utilize techniques that meet accepted Standards of Practice in the field.
4. We will maintain a professional relationship with all current and former clients of ADS. The development of personal relationships, including intimate or sexual relationships between ADS staff and clients is forbidden.
5. We will obey all civil and criminal laws and refrain from involvement in activities that include fraud, misrepresentation, or immorality.
6. We will make public statements, announcement of services, and advertisements and conduct promotional activities only to serve the purpose of helping the public make informed choices.
7. We will protect the welfare and respect the integrity of all clients by providing services in a safe environment and insuring the client receives all needed information to make informed choices in treatment.
8. We will treat co-workers and clients with dignity, courtesy, and respect. ADS staff shall be aware of and respect the traditions and practices of other professional and non-professional groups.
9. We will not conduct research involving clients without following procedures for review to insure research is valid and does not compromise client welfare. Clients must give informed consent to participate in research or have their medical records used for research purposes.
10. We will not accept any personal gifts or favors from any current or former client.

As a consumer of ADS you should understand that all ADS employees are expected to follow this Code of Ethics. If you believe that during the course of your treatment an employee has violated any provision of this code, you should immediately report the violation to either the Director of Client Services or the Director of Quality Improvement.

HOLIDAY SCHEDULE

ADS Observes the Following Holidays:

New Year's Day

Martin Luther King Jr. Day

Good Friday

Memorial Day

Independence Day

Labor Day

Veteran's Day

Thanksgiving

Christmas

Holiday Dosing Hours:

ADS East (Greensboro)

Holidays 6:30am to 9:15am

ADS is open for Methadone dosing on all holidays.
IOP services are open on holidays that fall on M/W/F.
All other services are closed.

Health Information

Facts about HIV/AIDS, Syphilis & Hepatitis

Facts about HIV and AIDS

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| What is HIV? | HIV stands for Human Immunodeficiency Virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. |
| What is AIDS? | AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections. When someone has one or more of these infections and a low number of T cells, he or she has AIDS. |
| How is it spread? | <p>HIV can be found in body fluids, including:</p> <ul style="list-style-type: none"> • blood • semen • vaginal fluids • breast milk • some body fluids sometimes handled by healthcare workers (fluids surrounding the brain and spinal cord, bone joints, and around an unborn baby) <p>HIV is passed from one person to another by:</p> <ul style="list-style-type: none"> • having sex (vaginal, anal, or oral) with a person who has HIV • sharing needles with a drug user who has HIV • during pregnancy, birth, or breast-feeding if a mother has HIV • getting a blood transfusion from a person with HIV |
| Symptoms | The only way to know if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected. Many people who are infected with HIV do not have any symptoms at all for 10 years or more. Everyone should know their HIV status to protect themselves and others. |
| Prevention | <p>Abstaining from (not having) sex is the most effective way to prevent HIV transmission. There are several ways to protect yourself or to prevent transmitting HIV during vaginal, oral, or anal sex if you choose to have sex:</p> <ul style="list-style-type: none"> • Get tested for HIV and know the HIV status of yourself and your partner • Be faithful to your sexual partner • Use condoms or other latex barriers during vaginal, oral, and anal sex, and never reuse condoms or latex barriers <p>HIV cannot be transmitted by casual contact. Here are the facts:</p> <ul style="list-style-type: none"> • You cannot get HIV from shaking hands or hugging a person with HIV/AIDS • You cannot get HIV from using a public phone, drinking fountain, restroom, swimming pool, Jacuzzi/hot tub • You cannot get HIV from sharing a drink • You cannot get HIV from being coughed or sneezed on by a person with HIV/AIDS • You cannot get HIV from giving blood • You cannot get HIV from a mosquito bite |
| Testing | <p>Once HIV enters the body, the body starts to produce antibodies - substances the immune system creates after infection. Most HIV tests look for these antibodies rather than the virus itself. There are many different kinds of HIV tests, including blood tests and rapid tests. All HIV tests approved by the US government are very good at finding HIV.</p> <p>Alcohol & Drug Services offers the rapid HIV test (Oraquick) to detect HIV antibodies. This test is very accurate; any positive result is confirmed by a blood test. The combination is more than 99.9 percent accurate in detecting HIV infection within 12 weeks following exposure. Your results are ready in 20 minutes.</p> |

Facts about Syphilis

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| What is it? | Syphilis is a bacterial infection, primarily a sexually transmitted disease (STD). |
| How is it spread? | Syphilis is spread by sexual contact with an infected individual, with the exception of congenital syphilis, which is spread from mother to fetus. Transmission by sexual contact requires exposure to moist lesions of skin or mucous membranes. |
| Symptoms | <p>The symptoms of syphilis occur in stages called primary, secondary and late. The first or primary sign of syphilis is usually a sore(s), which is painless and appears at the site of initial contact. It may be accompanied by swollen glands, which develop within a week after the appearance of the initial sore. The sore may last from one to five weeks, and may disappear by itself even if no treatment is received.</p> <p>Approximately six weeks after the sore first appears, a person will enter the second stage of the disease. The most common symptom during this stage is a rash, which may appear on any part of the body including trunk, arms, legs, palms, soles, etc. Other symptoms may occur such as tiredness, fever, sore throat, headaches, hoarseness, loss of appetite, patchy hair loss and swollen glands. These signs and symptoms will last two to six weeks and generally disappear in the absence of adequate treatment. The third stage, called late syphilis (syphilis of over four years' duration), may involve illness in the skin, bones, central nervous system and heart.</p> |
| Treatment | Syphilis is treated with penicillin or tetracycline. The amount of treatment depends on the stage of syphilis the patient is in. Pregnant women with a history of allergic reaction to penicillin should undergo penicillin desensitization followed by appropriate penicillin therapy. A baby born with the disease needs daily penicillin treatment for 10 days. |
| Complications | Untreated syphilis can lead to destruction of soft tissue and bone, heart failure, blindness and a variety of other conditions which may be mild to incapacitating. More important, a female with untreated syphilis may transmit the disease to her unborn child, which may result in death or deformity of the child. Physicians and hospitals are required to test pregnant females for syphilis at prenatal visits and at the time of delivery. |
| Prevention | <p>There are number of ways to prevent the spread of syphilis:</p> <ul style="list-style-type: none"> • Limit your number of sex partners; • Use a male or female condom; • If you think you are infected, avoid sexual contact and visit your local STD clinic, a hospital or your doctor; • Notify all sexual contacts immediately so they can obtain examination and treatment; • All pregnant women should receive at least one prenatal blood test for syphilis. |

Facts about Hepatitis A, B, and C

| | Hepatitis A (HAV) | Hepatitis B (HBV) | Hepatitis C (HCV) |
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| What is it? | HAV is a virus that causes inflammation of the liver. It does not lead to chronic disease. | HBV is a virus that causes inflammation of the liver. It can cause liver cell damage, leading to cirrhosis and cancer. | HCV is a virus that causes inflammation of the liver. It can cause liver cell damage, leading to cirrhosis and cancer. |
| How is it Spread? | Transmitted by fecal/oral (anal/oral sex), close person to person contact, injection drug use, ingestion of contaminated food and water, or hand to mouth after contact with feces, such as changing diapers. | Contact with infected blood, seminal fluid, vaginal secretions, contaminated needles, including tattoo and body-piercing tools, infected mother to newborn, human bite. or sexual contact. | Contact with infected blood, contaminated IV needles, razors, and tattoo and body-piercing tools, infected mother to newborn, or having multiple sex partners, though it's not easily spread through sex. |
| Symptoms | Children may have none. Adults usually have light stools, dark urine, fatigue, fever, nausea, vomiting, abdominal pain, and jaundice. | May have none. Some persons have mild flu like symptoms, dark urine, light stools, jaundice, fatigue and fever. | Same as HBV |
| Treatment | Not applicable | Interferon, lamivudine, entecavir, adefovir, tenofovir and emtricitabine control replication of the virus. | Pegylated Interferon with ribavirin with varying success. |
| Prevention | Vaccination. Immune Globulin within 2 weeks of exposure. Washing hands with soap and water after going to the toilet. Use household bleach (10 parts water to 1 part bleach) to clean surfaces contaminated with feces, such as changing tables. Safer sex. | Vaccination provides protection for 20 plus years. Hepatitis B Immune Globulin within 1 week of exposure. Clean up blood with household bleach and wear protective gloves. Do not share razors, toothbrushes, or needles. Safer sex. | Clean up spilled blood with household bleach. Wear gloves when touching blood. Do not share razors, toothbrushes, or needles with anyone. Safer sex. |