



## Opioid Treatment Program **CLIENT HANDBOOK**

### Methadone Administration 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**

1101 Carolina Street, 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, DNP, FNP-C, PMHNP-C .....	Director of Medical Services
Shantina Thomas, RN, BSN .....	Lead Nurse
LaQuida Brooks, RN .....	Staff Nurse
Victoria Jones, RN .....	Staff Nurse
Glenna Thompson, RN .....	Staff Nurse

### TREATMENT STAFF:

Les Quagliano, LCAS .....	OTP Team Lead
Allanda Edwards, CSAC .....	Lead Counselor
Christine Kerr, LCSW .....	Counselor
Mia Jamison, LCASA .....	Counselor
Amanda Smith, LCAS .....	Counselor
Tijauna Faulks, LPCA .....	IOP Counselor

### ADJUNCT STAFF:

Ron C. Rau, Jr., MBA .....	President/CEO & Program Sponsor
Jackie Butler, CSAC, CCS .....	Vice President, Client Services
Lindsey Downing, MPA .....	Director of Quality & Compliance
Debbie Loveland .....	Finance Staff



## INTRODUCTION

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."***

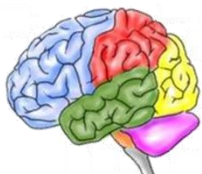
**Our treatment is based on the following beliefs and principles:**

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.

## THE NATURE OF 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; however, you should avoid activities requiring mental alertness such as driving or operating hazardous machinery until you know how methadone affects you.** Please read the list below and notify 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**

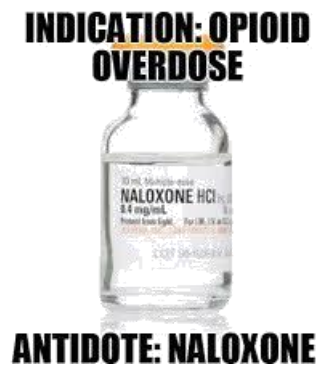
**Important Reminder:** Methadone is a powerful Schedule II medication that should only be taken by the individual to whom it was prescribed. Under no circumstance should it be ingested by anyone else. Accidental or unattended ingestion can cost the lives of both adults and children.

### **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)
- Slow heartbeat, or lowered blood pressure
- Slow or shallow breathing
- Mental confusion
- Slurred speech or intoxicated behavior
- Pinpoint pupils (miosis)
- 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.** If Narcan is available, administer promptly. To receive education on Narcan and overdose prevention, please speak with your primary counselor.

### **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
- 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. You need to be aware that many drugs can interfere with Methadone and can have potentially negative consequences to your health.

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:**

<b>Ultram/Ultracet/Tramadol</b>	Vitamin C Supplements	MAO inhibitors
Phenytoin/Dilantin	Diffucan / Fluconazole	Barbiturates
Cipro /Ciprofloxacin	Synthroid / levothyroxine	Phenergan
Erythromycin / EES	Carbamazepine/Tegretol	Grapefruit Juice



### **OVER-THE-COUNTER MEDICATIONS TO AVOID**

Tagamet/Cimetidine	St John's Wort	Benadryl/Diphenhydramine	Prilosec/Omeprazole
Echinacea	Chlor-trimetron	Cold and Sinus medication	Sudafed/pseudoephedr
<b>ALL Cough Medicine containing Dextromethorphan</b> (i.e. Robitussin DM, Vicks, Delsym, Coricidan, Nyquil NiteTime or any medication that ends in DM.)			



**Poppy Seeds can also cause your drug screen to test positive and will require a confirmatory test and non-refundable fee.**

## MEDICATION POLICY

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. Some medications decrease the effectiveness of Methadone, while others have the potential to cause an **overdose**.

### ROUTINE PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATIONS:

Every time you get a prescribed medication **filled or refilled**, or you take an over the counter drug or supplement, you are required to present that medication to the dispensing nurse to have it logged in and counted **within 7 days of being filled or consumed**. If a urine drug screen is requested during that 7 day period, and you have not yet reported the medication, then you are required to inform the individual who is collecting your urine so this new information can be logged on the requisition. If you follow this procedure, it will cover you if the urine result shows your new medication. If the urine result shows a “false positive” (for example, Benadryl showing a result for a Benzodiazepine), you will have 48 hours to request a confirmation test. If the result of the confirmation test rules out an illicit substance, and appears consistent with the medication you reported, you will be in compliance with the prescription policy.



If however, you choose to take a prescribed medication or an over the counter drug and you **DO NOT** inform the dispensing nurse or the individual collecting your urine, and the urine shows this medication or a “false positive” for another substance, your drug screen will be considered **positive for illicit use**. All negative consequences associated with use of an illicit substance will apply, up to and including the loss of Unsupervised Dosing Privileges (Take-Homes). Please note that it may still be worthwhile to request a confirmation test if you are sure you did not use an illicit substance, because a confirmation may provide verification. However, this confirmation will not reverse the loss of Take Homes.

### OPIATE PAIN MEDICATION:

Medical studies show that combining *Opiate pain medication* with Methadone can lead to a **potentially fatal overdose** and can also be a trigger for relapse. If you require Opiate pain medication, **you must inform the prescribing physician that you are taking Methadone and you must sign a consent allowing ADS to communicate with that physician**. If you do not permit communication with any outside prescriber, please know that this is grounds for a Medical Override taper/transfer to another facility.

**All Opiate pain medication must be presented to the dispensing nurse to be counted the day the prescription is filled.** At that time, the Program Physician will evaluate this medication, and can approve its use for a period of **3 days only**. On the fourth day, your medication must be presented again for a second count. If you feel that this medication is still needed, the Program Physician must grant a second approval for three more days. **Opiate pain medication must be counted and approved every fourth day.**

### STIMULANTS:

Medical research has shown that taking stimulant medication for prolonged periods of time can lead to dependence. Due to its abuse potential ADS prohibits the use of stimulant therapy, but alternative

interventions 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 or even 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

**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 you being notified of your urine drug screen results.

## **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.**

## **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.

## 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.

## 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).
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



## 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.

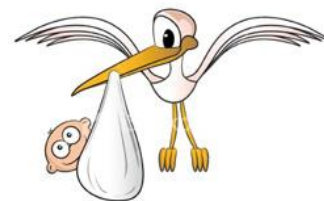
## HOSPITALIZATION

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 form to release information so ADS can confirm your enrollment and current dose. If you have take-homes you need to alert the hospital medical staff. You are not authorized to self-administer take-home medication while under the care of the hospital. Self-administering of methadone while in the hospital is grounds for suspending take-home privileges. **You will need to bring a copy of your discharge papers from the hospital the day you return to ADS.**

## 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.



## 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.

## 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 every day to maintain your Methadone blood levels and prevent withdrawal symptoms.

## Dose Increases

Clients who have already reached a level of 60mg 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. 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 any time, 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.**



### 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. If you vomit your medication at the clinic in the presence of a staff member, a partial or full dose 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 received a withdrawal assessment, be required to submit a urine drug screen, and the program physician will be consulted regarding your continued take-home eligibility.

### 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:

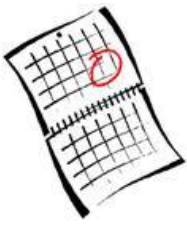
1. Mechanical malfunction of an automobile;
2. A medical emergency or appointment; or
3. Law enforcement related delay (i.e. traffic ticket).



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

## 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. Clients with mental/medical instabilities, whose most recent drug screen was positive for illicit substances, who are on a behavioral contract or administrative taper, will not be approved for guest dosing. Exceptions can be made in the event of a medical emergency, or death of an immediate family member (documentation is required).

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. Length of time in maintenance treatment for a minimum period of 90 days;
2. Has met with finance staff and is current on all financial obligations (balance under \$50) and has been notified about the Take-Home Medication payment policy and agrees to pay the applicable fees for this pre-paid service;
3. Employed, full-time student, disabled, retired, volunteer, caretaker, or homemaker (children in the home under age 18);
4. Absence of illicit drug use (including alcohol) for 90 days and 3 urines (1 per month with methadone and approved medications only);
5. Regularity of INDIVIDUAL counseling sessions, based on treatment phase;
6. Regularity of GROUP sessions, based on treatment phase;





7. Has dosed at the clinic daily for at least 30 consecutive days with no absences;
8. Absence of serious behavioral problems while at the clinic;
9. Absence of criminal activity for the past 90 days;
10. Stable home environment and social relationships (no one in home actively using drugs);
11. Ability to store doses safely in a metal or hard plastic (that is opaque) locked container and stored safely within the home;
12. Agreement signed that client will not administer to anyone other than self, and will not dispense, sell, buy or divert methadone (Federal law prohibits the transfer of this medication to anyone other than the patient for whom it was prescribed);
13. 2 years on the program with one year of continuous TH privileges (for clients requesting 13 take-homes); and
14. Client has received information on methadone overdose (see handbook) and viewed the “You are Not Alone” video on opioid overdose prevention.

In addition, you must meet the criteria for each treatment level. See eligibility table below.

<b>TREATMENT LEVELS AND TAKE-HOME ELIGIBILITY SCHEDULE</b>				
<b>Eligibility Level</b>	<b>Continuous Abstinence and/or Time in Treatment</b>	<b>Program Requirements</b>	<b>Weekly Clinic Attendance</b>	<b>Eligible Take-Home Doses</b>
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.

## 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.

## 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-Chairperson 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 Medication Assisted (NAMA) Recovery is an organization of Methadone patients, health care professionals, friends, and associates working together for greater public understanding and acceptance of Methadone treatment. For more information call (212) 595-6262 or visit [www.methadone.org](http://www.methadone.org).



## 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.

## 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

ADS 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 be reported to law enforcement.

**Harassment** – Harassment of any kind will not be tolerated. If a client feels that he or she is being harassed, they should inform their counselor concerning the situation. This includes, but is not limited to:

- 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.

**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 *PRIVATE MATTER* and what is said in group needs to *STAY* in group. Do not discuss with anyone who you see in group or at the ADS clinic.

**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.



**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.



## TOBACCO

ADS is a tobacco-free environment. We recognize that the use of tobacco products adversely affects the health of its consumers. We also recognize that Nicotine is a chemical with highly addictive properties. Research has shown that individuals entering treatment for chemical dependency will actually achieve greater success in abstinence from other chemicals of abuse (Cocaine, Heroin, Alcohol, etc.) when abstaining from Nicotine as well. The use of tobacco is not permitted on ADS property. We ask that you go outside, away from the building, if you wish to use tobacco products. The use of e-cigarettes is also prohibited indoors. Staff will provide education on the benefits of abstaining from these products. If you wish to discuss smoking cessation please communicate with your primary counselor or a member of the Nursing staff.

## SECLUSION AND RESTRAINT POLICY

All clients of ADS have the right to be informed of any restrictions or interventions that may be used while receiving services. ADS does not employ the use of physical restraints or seclusion as a therapeutic intervention. Under no circumstance will ADS staff attempt to restrain or hold a client for any reason.

## LOITERING POLICY

Loitering is defined as “remaining on the premises for more than 15 minutes, without a scheduled appointment or legitimate reason for being on the premises.” The premises include the building, outbuildings, landscaped areas and all parking areas. A legitimate reason may include waiting for a ride IF your transportation is provided by an approved transportation company and your wait is approved by security or ADS staff. Simply waiting for a ride from a personal source does not grant a wait period of longer than 15 minutes, so arrangements should be made to be picked up elsewhere. ADS clients will schedule their dosing and appointments in such a way that they do not require long wait times in between appointments. If this is unavoidable, clients will be expected to leave the premises and return at their scheduled time.

### **Protocol for loitering violations:**

1. ADS security (or staff) will observe length of time a client is on the premises.
2. Client will receive a warning at the 15 minute mark.
3. Client must leave the premises at that time.
4. Failure to do so will result in client’s name being forwarded to OTP staff, and primary counselor will schedule client to be staffed in NRC.
5. In the NRC meeting, client will sign a written contract which prohibits another violation.
6. If client returns to NRC for the same violation, a recommendation will be made for suspension of ADS services, and arrangements will be made for client transfer to another provider.





## 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.

## APPEAL PROCEDURE

As a consumer of the Opioid Treatment Program at ADS, 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 48 hours of being informed of the recommendation. **If you do not contact the QI Director within the 48 hours, 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 48 hours deadline can be verified.) Your counselor can provide you with the contact information. Your level of treatment will not change during this time 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.

## GROUP COUNSELING GUIDELINES

1. We are responsible for being on time and staying for the whole group. If we do not call *before* group about being late or leaving early, we will be counted as absent.
  2. We understand that abstinence is an expectation of this program and we will not be allowed to participate in treatment services if we are under the influence of drugs or alcohol.
  3. We are responsible for turning off all electronic devices during group time and understand that if a device is seen/ heard during group, we will be asked to give it to the counselor until group is over.
  4. We use group time to talk about *our own* recovery and experience by using "I" statements.
  5. We do not use group for criticizing, blaming, yelling, verbally abusing group peers or staff. We refrain from using vulgar or offensive language or behavior.
- 
6. We use group to work out our own problems not for working out personality differences. We talk directly to our peers, not "about" them.
  7. We use an opening statement to get the discussion floor, and a closing statement to let others know when we are done. (Example: "I'm Jo"/ "Thanks, I'm done.")
  8. We don't interrupt when someone else is talking. We share the discussion time fairly and we do not cross-talk or carry on side conversations.
9. We respect the privacy of others and do not discuss what is said in group or who we see in group or at the clinic.
  10. We strive to practice *HONESTY, OPEN-MINDEDNESS, and WILLINGNESS* because this is HOW Recovery Works!

## PROGRAM STANDARD FEES

Physical Exam	\$ 50.00
Serum Level	\$ 15.00
Additional Drug Screen	\$ 10.00
LCMS Confirmation	\$ 25.00
Returned Check	\$ 25.00

Guest Dosing Set-up Fee	\$ 10.00
Take-Home Bottles	\$ 2.00
Replacement Fee for Dosing Card	\$ 1.00
Daily Dosing Fee	Sliding
Take-Home Fee	Sliding

## 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.

## INCLEMENT WEATHER

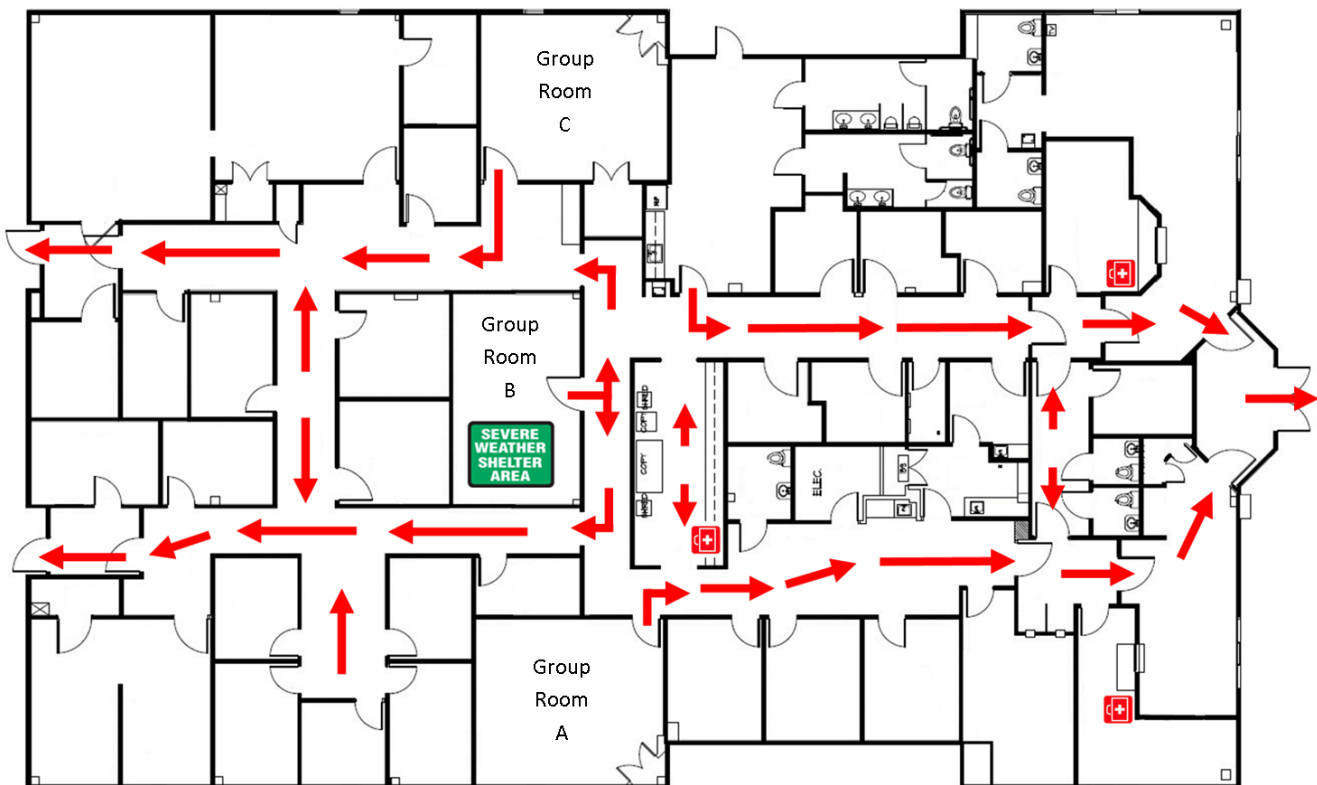
In the event the weather conditions become dangerous, please contact the front desk or your primary counselor's voicemail message for information regarding clinic hours and/or cancellations.



## EMERGENCY PROCEDURES

In the event an emergency occurs, please follow staff instructions quickly and without discussion. Staff members are specifically trained to deal with a variety of emergency situations and your safety is their primary concern. Should you discover an emergency, please inform the nearest staff member and follow their instruction. Please do not attempt to resolve the situation yourself. During any emergency where the building must be evacuated (fire, bomb threat, etc.) you will follow staff outside to the designated meeting area. Please stay with your group so we can verify that everyone is present and accounted for. In the event of a natural disaster (tornado, earthquake, etc.) you may be asked to move to the center of the room or a doorway. ***For your safety, please familiarize yourself with the emergency evacuation plan on the following page.***

### 1101 CAROLINA STREET EMERGENCY EVACUATION ROUTE



Designated Meeting Area is at the ADS sign in the front of the building.

# CONFIDENTIALITY AND THE HIPAA PRIVACY RULE

## NOTICE TO PATIENTS

**THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### General Information

Information regarding your health care and treatment, including payment from health care, is protected by two federal laws: the Confidentiality Law, 42, U.S.C. 290dd-2, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act (HIPAA) 42 U.S.C. 1320 *Et seq.*, 45 C.F.R Parts 160 & 164 (effective 4/14/03). Under these laws, Alcohol & Drug Services (ADS) may not say to a person outside ADS that you attend the program, nor may ADS disclose any information identifying you as an alcohol or drug treatment patient, or disclose any other protected information except as authorized by you or as permitted by federal law.



Alcohol & Drug Services must obtain your written consent before it can disclose information about you for payment purposes. For example, ADS must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. ADS is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes, and ADS must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before ADS can share information for treatment purposes or for health care operations. However, federal law only permits ADS to disclose information ***without your written permission*** under the following circumstances:

1. Pursuant to an agreement with a qualified service organization or business associate who provide services to ADS (e.g. labs for urinalysis testing, records storage, etc.);
2. To medical personnel in a medical emergency;
3. As allowed by a court order;
4. For research purposes, providing certain safeguards are met;
5. To the appropriate authorities to report suspected child abuse or neglect;
6. To report a crime committed on ADS premises or against ADS personnel; and
7. To oversight agencies in order to conduct audits or evaluation for utilization review or quality control purposes (e.g. NC-TOPPS Interviews, accreditation surveys, etc.)

An additional exception to using or disclosing your protected health information without your consent would be for internal program communications. An example of this would be when ADS staff discloses information about you to other staff members within the agency in order to deliver or coordinate your treatment services.

Before Alcohol & Drug Services can use or disclose any information about your health in any manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing, unless ADS has already taken action in reliance on the consent or authorization.

### Your Rights

Alcohol & Drug Services may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits, but you have the right to request that we communicate with you by alternative means or at an alternative location. Alcohol & Drug Services will accommodate

such requests that are reasonable and will not request an explanation from you.

Under HIPAA regulations, you also have the right to request restrictions on certain uses and disclosures of your health information. Alcohol & Drug Services is not required to agree to any restrictions you request, but if it does agree, then it is bound by that agreement and may not use or disclose any information which you have restricted, except as necessary in a medical emergency. You also have the right to receive an accounting of disclosures of your health related information made by Alcohol & Drug Services during the six years prior to your request.



You have the right to inspect and copy your own health information maintained by Alcohol & Drug Services, except to the extent that the information contains psychotherapy notes or information compiled for use in a

civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA, you also have the right to request that ADS amend health care information maintained in their records. ADS requires that you make your request in writing and provide a reason to support the amendment request. (Please refer to ADS Policy 3.4 Right to Amend Medical Record for more information.) You also have the right to receive a paper copy of this notice.

For further information concerning your confidentiality rights and how you may exercise those rights, please see your counselor or you may contact the Quality Improvement Director at the number listed below.

### **Alcohol & Drug Services' Duties**

Alcohol & Drug Services is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Alcohol & Drug Services is required to abide by the terms of this notice and may not redisclose information it has received from other health care providers about you without your signed authorization and/or as allowable under Federal law. Alcohol & Drug Services reserves the right to change terms of this notice and to make new notice provisions effective for all protected health information it maintains. Your counselor will provide you with a copy of any revisions to this notice.

### **Complaints and Reporting Violations**

Violation of 42 C.F.R. Part 2 is a reportable crime and may be reported to the United States Attorney for the judicial district in which the violation occurred or to the NC Department of Health and Human Services. Clients participating in ADS methadone services may also report violations to the Food and Drug Administration or the State Methadone Authority. In addition, complaints regarding violations of HIPAA privacy practices may be filed with the Secretary of the US Department of Health and Human Services (45 C.F.R. §160.306(a), (b)). If you believe your privacy rights have been violated, you may also complain to Alcohol & Drug Services by filling out a Grievance Form which can be obtained from your counselor or found at the front desk. Your grievance will be sent to the Quality Improvement Director who will contact you within 5 working days upon receipt of the form. You will not be retaliated against for filing such a complaint.

### **Contact**

For further information, contact the Director of Quality Improvement at 336.333.6860, ext. 265.

### **Effective Date**

The effective date of this notice is April 14, 2003.

## KNOW YOUR RIGHTS

When you receive services from Alcohol and Drug Services (ADS), you have certain rights including the right to know your rights. This form outlines these rights and tells you what to do if you have questions or concerns about your rights.

As a client of Alcohol and Drug Services, your rights include the:

1. Right to dignity, privacy, humane care and freedom from humiliation, retaliation and mental and physical abuse, neglect and exploitation, including financial exploitation.
2. Right to live as normally as possible while receiving care and treatment from our program and to receive treatment in the best environment for you with the least possible restrictions.
3. Right to receive treatment and other services which are geared to your age and to have a service plan written especially for you. Your plan must be put into use on the day of your admission and you may obtain a copy of your treatment plan at any time by asking your primary counselor.
4. Right to know about the alleged benefits, potential risks, or possible alternative methods of treatment for the services you will receive and the right to agree to or refuse treatment. The ONLY time you can be treated without your consent is:
  - a. In an emergency;
  - b. When your treatment has been ordered by the court, if more than one professional agrees that you need that specific treatment in order to improve or to prevent harm.
5. Right to be free from unnecessary, excessive medication and the right not to have medication used as punishment for discipline, or for the convenience of the staff.
6. Right to access medical care and habilitation, regardless of age or degree of MH/IDD/SA disability.
7. Right to access information in a sufficient amount of time to assist with decisions involving treatment services.
8. Right to consent to, refuse or express choice in any treatment decisions, including service delivery, concurrent services, composition of service delivery team and any involvement in research projects, if applicable.
9. Right to have access, or referral to, legal entities for appropriate representation.
10. Right to have access to self-help or advocacy support services.
11. Right to an investigation and resolution of alleged violation of rights.
12. Right to exercise all Civil Rights. You can buy or sell property, sign a contract, register and vote, sue others who have wronged you and marry or get a divorce (unless you have been declared incompetent by a court).
13. Right to be informed of any treatment restrictions, interventions, or safeguards that may be used and the circumstances under which they may be used.
14. Right to present complaints or grievance through the Alcohol and Drug Services Grievance Procedure. (Refer to your Orientation Booklet or contact your primary counselor for details.)
15. Right to be free from threat of unwarranted suspension or expulsion or unwarranted invasion of privacy.



For further information, contact the Director of Quality Improvement at 336.333.6860, ext. 265.

## ALCOHOL & DRUG SERVICES CODE OF ETHICS

The board members, employees, interns, and volunteers of Alcohol and Drug Services 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:

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**

<b>What is HIV?</b>	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.
<b>What is AIDS?</b>	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.
<b>How is it spread?</b>	<p>HIV can be found in body fluids, including:</p> <ul style="list-style-type: none"> <li>• blood</li> <li>• semen</li> <li>• vaginal fluids</li> <li>• breast milk</li> <li>• some body fluids sometimes handled by healthcare workers (fluids surrounding the brain and spinal cord, bone joints, and around an unborn baby)</li> </ul> <p>HIV is passed from one person to another by:</p> <ul style="list-style-type: none"> <li>• having sex (vaginal, anal, or oral) with a person who has HIV</li> <li>• sharing needles with a drug user who has HIV</li> <li>• during pregnancy, birth, or breast-feeding if a mother has HIV</li> <li>• getting a blood transfusion from a person with HIV</li> </ul>
<b>Symptoms</b>	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.
<b>Prevention</b>	<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"> <li>• Get tested for HIV and know the HIV status of yourself and your partner</li> <li>• Be faithful to your sexual partner</li> <li>• Use condoms or other latex barriers during vaginal, oral, and anal sex, and never reuse condoms or latex barriers</li> </ul> <p>HIV cannot be transmitted by casual contact. Here are the facts:</p> <ul style="list-style-type: none"> <li>• You cannot get HIV from shaking hands or hugging a person with HIV/AIDS</li> <li>• You cannot get HIV from using a public phone, drinking fountain, restroom, swimming pool, Jacuzzi/hot tub</li> <li>• You cannot get HIV from sharing a drink</li> <li>• You cannot get HIV from being coughed or sneezed on by a person with HIV/AIDS</li> <li>• You cannot get HIV from giving blood</li> <li>• You cannot get HIV from a mosquito bite</li> </ul>
<b>Testing</b>	<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 &amp; 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 <b>99.9 percent accurate</b> in detecting HIV infection within 12 weeks following exposure. Your results are ready in 20 minutes.</p>

## Facts about Syphilis

<b>What is it?</b>	Syphilis is a bacterial infection, primarily a sexually transmitted disease (STD).
<b>How is it spread?</b>	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.
<b>Symptoms</b>	<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>
<b>Treatment</b>	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.
<b>Complications</b>	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.
<b>Prevention</b>	<p>There are number of ways to prevent the spread of syphilis:</p> <ul style="list-style-type: none"> <li>• Limit your number of sex partners;</li> <li>• Use a male or female condom;</li> <li>• If you think you are infected, avoid sexual contact and visit your local STD clinic, a hospital or your doctor;</li> <li>• Notify all sexual contacts immediately so they can obtain examination and treatment;</li> <li>• All pregnant women should receive at least one prenatal blood test for syphilis.</li> </ul>

## Facts about Hepatitis A, B, and C

	<b>Hepatitis A (HAV)</b>	<b>Hepatitis B (HBV)</b>	<b>Hepatitis C (HCV)</b>
<b>What is it?</b>	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.
<b>How is it Spread?</b>	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.
<b>Symptoms</b>	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
<b>Treatment</b>	Not applicable	Interferon, lamivudine, entecavir, adefovir, tenofovir and emtricitabine control replication of the virus.	Pegylated Interferon with ribavirin with varying success.
<b>Prevention</b>	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.

