

151 Authorities

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Aims: To examine the demographics and outcomes of a group of opioid dependent patients prescribed Opioid Agonist Treatment (OAT) by an Addictions Nurse Practitioner working across acute hospital and community drug treatment settings.

Methods: A retrospective clinical audit was undertaken covering 30/4/10-31/1/17.

Results: During the audit period authorities were granted to prescribe OAT on 151 authorities for 137 patients. Five patients had a second authority on re-entering treatment following a period with another prescriber or out of treatment. Nine patients changed treatment type on 9 occasions. Ninety-two patients were male, 44 female and 1 patient identified as transgender. On ninety-four occasions patients were initially prescribed methadone and 48 buprenorphine. Time in treatment ranged from 0-1906 days (median 154.5). Maximum daily doses ranged from zero to 200mg (median 80mg) for methadone and zero to 32 mg (median 12mg) for buprenorphine. Over two thirds (68%) of patients were commenced due to acute medical problems in addition to opioid dependence. Twenty-three percent of patients remained in care with the Nurse Practitioner at end-point for the audit and 30% had transferred care to another prescriber. Forty-one patients exited from treatment, 33 of those unplanned. Eighteen percent of patients were transferred to Justice Health. Two patients ceased treatment due to serious medical co-morbidity. There was one death of a patient in treatment during the audit period.

Discussion and Conclusions: Nurse Practitioners in Addiction are able to safely prescribe OAT. The patients prescribed OAT by Nurse Practitioners in Addiction have multiple complex medical, psychological and social problems in addition to opioid dependence.