

SUBJECT: Approval of Addendum to Model of Service – Opioid Substitution Treatment (OST) in Correctional Centres to allow use of long acting injection buprenorphine (LAI-BPN) in Phase One Correctional Centres.

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| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Signed (correspondence) <input type="checkbox"/> Further information required (see comments) |  Signature Date 24/07/2020 Associate Professor John Allan, Executive Director, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland, Department of Health Comments: |
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ACTION REQUIRED BY 24 July 2020 to support implementation in Phase 1 centres.

RECOMMENDATION It is recommended the Executive Director, Mental Health Alcohol and Other Drugs Branch (MHAODB):

- **Approve** the Addendum to the Model of Service (MOS) for OST in Correctional Centres for the use of LAI-BPN in Phase One Correctional Centres (Attachment One);
- **Note** endorsement of the Addendum by the Chief Mental Health Alcohol and Other Drugs Officer; and,
- **Note** the Addendum and introduction of LAI-BPN to Phase One Correctional Centres has been endorsed by the Commissioner, Queensland Corrective Services (QCS).

ISSUES

1. With LAI-BPN medications more widely available in the community for the treatment of opioid dependence by approved prescribers (ie. restrictions were lifted by the Therapeutic Goods Administration in April 2020) the use of LAI-BPN as part of the OST program in Phase One Correctional Centres is being progressed.
2. Some benefits from the use of LAI-BPN in OST programs include reduced resources for daily dosing via oral medications, reduced risks of diversion and greater stability post-release.
3. Dr John Reilly, Chief Mental Health Alcohol and Other Drugs Officer has led Queensland Health (QH) engagement with QCS and other key stakeholders (see Results of Consultation) to support the development of an Addendum (Attachment One) to the OST in Correctional Centres MOS to allow and guide the use of LAI-BPN in Phase One centres by QH and QCS teams as part of routine service delivery.
 - 3.1. The purpose of this Addendum is to provide interim high-level direction for the consistent, safe and effective use of new long-acting injection buprenorphine (LAI-BPN) medications in the correctional centre environment as part of OST service delivery (Phase One centres only) - by approved prescribers and within the requirements of associated regulation, clinical guidelines and locally developed protocols.
4. On 16 July 2020, QCS provided advice to QH that the Commissioner, QCS had endorsed the Addendum and implementation of LAI-BPN as part of OST programs in Phase One Centres.
5. QH and QCS have engaged and confirmed support from relevant unions (see Results of Consultation).
6. Following approval, QH and QCS will finalise implementation planning with Phase One Centres and OST teams can introduce LAI-BPN as part of their OST programs following QCS and QH (Chief Mental Health Alcohol and Other Drug Officer) citing of completed requirements for implementation (ie. Readiness Survey and core components including appropriate engagement with QCS and QH staff and offenders).
7. An updated Training and Education Plan has been developed that includes training and resources for QH staff and QCS custodial officers and communication materials for offenders are being developed by QCS.
8. QH and QCS will continue to work together to monitor the introduction of LAI-BPN in Phase One Centres and progress planning for the introduction of OST across remaining Correctional Centres in Queensland.

BACKGROUND

9. The implementation of OST across all Queensland Correctional Centres was a recommendation of the Queensland Parole System Review 2016.

10. Phase One Centres where OST has been implemented include Lotus Glen, Townsville Men's and Townsville Women's, Numinbah and Brisbane Women's Correctional Centres.
11. Implementation of OST in remaining Correctional Centres is contingent on meeting requirements from further Government consideration and working with QCS to address any barriers to implementation.

RESULTS OF CONSULTATION

12. MHAODB and QCS representatives consulted with key stakeholders to develop the Addendum, with the involvement of clinical and OST project officers to support responses to clinical and implementation questions as part of consultations, including:
 - 12.1. On 27 April 2020, Dr John Reilly and Helen Taylor, MHAODB with Peter Cochrane, Metro North Hospital and Health Service (MH HHS) consulted with Phase One OST and QH teams; outcome was support for the Addendum with minor amendment only;
 - 12.2. On 13 May 2020, Dr John Reilly and Helen Taylor, MHAODB with Peter Cochrane, MN HHS and representatives from the Office of the Chief Nursing and Midwifery Officer (OCNMO) consulted with representatives from the Queensland Nurses and Midwives Union (QNMU); outcome was support for introduction of LAI-BPN and Addendum (emails received 14 and 22 May); MHAODB to engage with OCNMO as implementation progresses to ensure all matters raised are finalised;
 - 12.3. On 3 June 2020, Dr John Reilly and Helen Taylor, MHAODB with Dr Mark Daghli and Peter Cochrane, MN HHS attend a QCS led consultation with the Together Union; outcome was support for introduction of LAI-BPN and Addendum; QCS to engage further through implementation as required.

RESOURCE/FINANCIAL IMPLICATIONS Use of LAI-BPN within Phase One Centres will be managed within existing HHS staffing resources for the OST program noting both LAI products are listed on the Pharmaceutical Benefits Scheme.

SENSITIVITIES/RISKS

14. Some sensitivities amongst some stakeholders remain regarding the use of OST in the correctional centre.

ATTACHMENTS

15. Attachment 1. Addendum for LAI-BPN – OST in Correctional Centres Model of Service

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|--|--|---|
| <p>Author Name: Helen Taylor Position: Director Unit: Strategy Planning and Partnerships Tel No: Irrelevant information Date Drafted: 20 July 2020</p> | <p>Cleared by (Dir/Snr Dir) Name: Sandra Eyre Position: Senior Director Branch: MHAODB Tel No: Irrelevant information Date Cleared: 22 July 2020 *Note clearance contact is also key contact for brief queries*</p> | <p>Addendum endorsed by: Name: Dr John Reilly Position: Chief Psychiatrist and Chief Mental Health Alcohol and Other Drugs Officer Branch: Mental Health Alcohol and Other Drugs Tel No: Irrelevant information Date endorsed: 22 July 2020</p> |
|--|--|---|

Addendum to Opioid Substitution Treatment in Correctional Centres Model of Service (Phase One) - Long acting injection buprenorphine

July 2020

Purpose

This is an Addendum to the Phase One Implementation Version of the Opioid Substitution Treatment (OST) in Correctional Centres (CC) Model of Service (MOS). The Phase One MOS was developed in partnership with Queensland Corrective Services (QCS) and endorsed by the Chief Mental Health Alcohol and Other Drugs Officer in June 2018.

The purpose of this Addendum is to provide interim high-level direction for the consistent, safe and effective use of new long-acting injection buprenorphine (LAI-BPN) medications in the correctional centre environment as part of OST service delivery (Phase One centres only) - by approved prescribers and within the requirements of associated regulation, clinical guidelines and locally developed protocols.

As the Phase One OST in CC MOS is formally updated following further consultation (timeframe to be confirmed) LAI-BPN will be included in any revised state-wide MOS.

Clinical guidelines

In addition to the OST in CC MOS, this Addendum is to be used in conjunction with:

- LAI-BPN in the Treatment of Opioid Dependence Queensland Clinical Guidelines: 2019 (LAI-BPN Clinical Guidelines) https://www.health.qld.gov.au/data/assets/pdf_file/0032/932684/lai-bpn-clinical-guidelines.pdf
- Medication-Assisted Treatment of Opioid Dependence (MATOD) Clinical Guidelines: 2018 (MATOD Clinical Guidelines) https://www.health.qld.gov.au/data/assets/pdf_file/0032/718952/qld-matod-clin-gdln-2018.pdf

Regulatory requirements

LAI-BPN preparations are Schedule 8 medicines (controlled drugs) and subject to all the provisions for controlled drugs under the Health (Drugs & Poisons) Regulation 1996 (HDPR).

It is recommended that all centres should develop appropriate policy and procedure that demonstrate their management of scheduled medicines is compliant with the HDPR.

Lost or stolen scheduled medicines must be reported to the Department of Health.

See: <https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/lost-stolen-medicines>

Controlled drugs that need to be destroyed or disposed of must be returned to Queensland Health (QH) Forensic and Scientific Services via courier.

See: https://www.health.qld.gov.au/data/assets/pdf_file/0022/443614/drug-destruction-fm.pdf

Hospital and Health Service Public Health Units (PHU) are responsible for administration of the HDPR locally.

A full list of contact details of each PHU can be found at this webpage:

<https://www.health.qld.gov.au/system-governance/contact-us/contact-public-health-units>

LAI-BPN medications

There are two LAI-BPN medications (Buvidal[®] and Sublocade[®]) listed on the Australian Register of Therapeutic Goods for the treatment of opioid dependence within a framework of medical, social and psychological support. Both medications are available for use in Phase One OST CCs.

The two products have some differences which should be considered when using as part of OST in the correctional centre environment including:

- formulation and titration regimens
- dose ranges and frequency (a total of seven Buvidal[®] doses across weekly and monthly dose frequencies, in contrast to two monthly doses of Sublocade[®])
- pharmacological properties which may offer more effective treatment for certain patients
- injection sites and technique
- cold chain requirements for Sublocade[®]
- post-administration site presentation (palpable mass).

Refer to the LAI-BPN Clinical Guidelines or to the Therapeutic Goods Administration website for further information.

Approval process for prescribing LAI-BPN

Approval to prescribe LAI-BPN must be granted by the Monitored Medicines Unit (MMU)*, Department of Health under the provisions of the state legislation before commencing treatment.

All clients commencing treatment with LAI-BPN must be registered on the Queensland Opioid Treatment Program (QOTP).

In Queensland medical officers or nurse practitioners can become approved QOTP prescribers, including LAI-BPN.

Current QOTP prescribers do not have approval to prescribe LAI-BPN, unless they have previously received specific approval for LAI-BPN under restricted access programs.

Current QOTP prescribers are required to complete the short online LAI-BPN training module only and submit an approval application to MMU to prescribe LAI-BPN under the QOTP.

The online LAI-BPN training module is available on the Insight Centre for Alcohol and Other Drug Training and Workforce Development website: <https://insight.qld.edu.au/toolkits/gotp/detail>.

For new QOTP prescribers, a full and updated 2020 online QOTP prescriber course is also available at the above link on the Insight website.

**Note: MMU was previously known as and referred to in the OST in CC MOS as Medicines Regulation Quality (MRQ).*

Medication safety and other safety considerations

LAI-BPN preparations must **NEVER** be supplied directly to a patient.

LAI-BPN must be administered by an Australian Health Practitioner Regulation Agency (AHPRA) registered healthcare professional with injection of schedule 8 medications in their scope of practice.

LAI-BPN must **NEVER** be administered intramuscularly, intra-dermally, intravenously or intraarterially. Intravenous injection presents significant risk of serious harm or death as the long-acting injection preparation forms a gel upon contact with body fluids. Occlusion, local tissue damage and thromboembolic events, including life threatening pulmonary emboli, may occur if administered intravenously.

Both LAI-BPN products are presented in pre-filled syringes for subcutaneous injection and require assembly of injecting equipment (needle and syringe). Consideration must be given to the environment in which the health professional is assembling the injecting equipment and administering the injection.

In particular, staff must have access to an assembly 'zone' that reduces access to the injecting

equipment and facilitates the safe handling of sharps and maintenance of sterile equipment. Refer to LAI-BPN Clinical Guidelines (2.4 Special Warnings, page 22) for more detailed information of all safety considerations.

For the initial stages of implementation of LAI-BPN as part of OST programs in Phase One centres it is recommended that suitable fixed sites are identified and used for administering LAI-BPN. This might be in the health clinic or a satellite location where locked mobile trolleys are used to transport LAI-BPN and other OST medication.

From a custodial perspective, considerations include ensuring clear protocols for staff and prisoners to support the safe administration of LAI-BPN in the correctional centre environment, promoting knowledge and managing expectations about LAI-BPN as part of the OST program, monitoring and responding to any issues or perverse outcomes for prisoners intending to, or receiving LAI-BPN as part of the OST program (ie. including potential coercion to avoid the injectable form of buprenorphine in order to have access to the more divertible sublingual form; attempts to divert the medication by self or other's removal of the injected medication or access the prefilled syringes for any reasons).

State-wide requirements for use of LAI-BPN in CC OST

Queensland Health (QH)

- LAI-BPN must be used in line with clinical, regulatory, medication safety, custodial and other requirements outlined in this Addendum as part of the OST in CCs program (Phase One).
- Clinical requirements include but are not limited to the need for patients to be stabilised on sublingual buprenorphine (Suboxone® or Subutex®) prior to treatment with either LAI-BPN product (noting this may change in time and will need to be reflected in state-wide and local guidelines and protocols).
- OST teams will implement appropriate clinical monitoring and follow up of all offenders as commenced on LAI-BPN (both products) including visual observation of injection site to confirm absence of tampering, infection or any other issues.
- While all medication options should be available as part of the OST program in correctional centres, decision making for the prescribing of OST should be based on individual clinical assessment (including alcohol and other drug, biopsychosocial and risk) taking into account maintenance or initiation of treatment, preference and consent of the patient and continuity of care (custody and community).
- Use of LAI-BPN as part of the OST in CC program is under clinical governance of Hospital and Health Service (HHS) offender health services within state-wide and HHS requirements.
- Development of local protocols for safe and effective use including identification of a suitable fixed site (ie. health clinic or satellite clinic) for administration of LAI-BPN, medication safety, ensuring no access by patients, education and training of offender health and custodial staff and information for patients.
- Ensuring continuity of care post-release including active liaison and facilitated referral to community prescriber and dosing.
- All treatment and care are provided with due consideration for the client's human rights.
- Required administration, record keeping and reporting (outlined further below and in the OST in CC MOS).

Queensland Corrective Services (QCS)

- Correctional centre staff responsible for escorting prisoners to OST treatment will implement appropriate monitoring and reporting within centre routines for any perceived diversion attempts during OST program delivery as part of their local OST procedures.
- All Correctional centres will implement appropriate monitoring systems within centre routines to identify, disrupt and report on any stand over tactics or perceived diversion attempts
- Correctional Centres will, in consultation with local OST health teams ensure clinical staff have a safe assembly zone available for the safe delivery of LAI-BPN medications.

QH and QCS will work together at a correctional centre level (Phase One only) to develop systems and protocols to ensure the safe and appropriate delivery of LAI-BPN as part of local OST service delivery.

State-wide requirements for recording, monitoring and reporting

Records of LAI-BPN administration

QOTP admission forms (noting "Change of drug type" when the patient is changed to LAI-BPN) and discharge forms must be submitted to MMU as per the regulatory requirements outlined in the OST in CC MOS (section 2.3, pg.7).

LAI-BPN medication orders are to be completed on a medication order form which is retained in the patient's clinical file.

As LAI-BPN may take several doses to reach steady state, transfer of care documentation both on entry into custody and on release will require detailed documentation of doses given over a period of several months. Processes for transfer of care are outlined in the OST in CC MOS (section 3.6, pg.23); while the form of medication is new, processes for transfer of care remain unchanged.

See also documentation requirements at:

- 4.82 LAI-BPN Clinical Guidelines (pg.42)
- 11.3 LAI-BPN Clinical Guidelines (pg.55)

Monitoring and Reporting

See requirements OST MOS page 33.

High level reporting will be required to monitor successful implementation of LAI-BPN (monthly for the first six months) to the Mental Health Alcohol and Other Drugs Branch, Department of Health and QCS. This includes number/proportion of OST patients on LAI-BPN, which medication product, basic patient demographics and qualitative clinical and custodial feedback on progress.

Following review of the current OST in CC MOS further reporting requirements may be required and are to be consistent across Phase One HHS delivering OST in CCs.

Under Service Agreement with HHS the Department of Health requires quarterly reporting on OST in CCs service delivery.

Endorsement of Addendum

This Addendum has been endorsed by:

- the Executive Director, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland, Department of Health; and,
- the Commissioner, Queensland Corrective Services.

Key contacts

Department of Health

Monitored Medicines Unit (MMU)

Tel: 13 S8INFO (13 78 46)

Email: QOTP@health.qld.gov.au

Office of the Chief Mental Health Alcohol and Other Drugs Officer

Tel: Irrelevant information

Email: CP_ESO@health.qld.gov.au

Queensland Corrective Services

Principal Advisor, Queensland Parole System Review (QPSR) Project Management Office

Tel: Irrelevant information

Email: QPSRPMO@corrections.qld.gov.au

SUBJECT: Release of Queensland Opioid Treatment Program information to Australian Institute of Health and Welfare for National Opioid Pharmacotherapy Statistics collection for 2020

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|---|---|
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Signed (correspondence) <input type="checkbox"/> Further information required (see comments) | Signature.....  Date 02 / 11 / 2020 Professor Keith McNeil, Acting Deputy Director-General and Chief Medical Officer, Prevention Division and Chief Clinical Information Officer, Queensland Health Comments: |
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ACTION REQUIRED BY 2 November 2020 to meet Australian Institute of Health and Welfare (AIHW) deadlines for completion of national report.

RECOMMENDATION It is recommended the Acting Deputy Director-General:

- **Approve** the release of the release of Queensland Opioid Treatment Program (QOTP) information to AIHW for inclusion in National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection for 2020 (Attachment 1).

ISSUES

1. Queensland Health routinely reports data to the NOPSAD collection by the AIHW.
2. Queensland Health has now compiled the information for the 2020 report (Attachment 1).
3. On 15 October 2020 the AIHW requested the release of the Queensland QOTP data for publishing in the 2020 report (Attachment 2)

BACKGROUND

4. The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection is compiled from jurisdictional data and provides information about: clients receiving opioid pharmacotherapy treatment; the health professionals prescribing opioid pharmacotherapy drugs; and the dosing points (such as pharmacies) that clients attend to receive their medication. The NOPSAD dataset reference financial year activity with a snapshot report date of 30 June each year for Queensland.
5. NOPSAD has been in existence since 2004 and Queensland has reported every year since inception.
6. The QOTP information is collected in the Monitoring of Drugs of Dependence System (MODDS) database that is administered by Monitored Medicines Unit (MMU), Chief Medical Officer and Healthcare Regulation Branch.
7. Mental Health Alcohol and Other Drugs Branch (MHAODB), Clinical Excellence Queensland is the policy custodian of the QOTP and alcohol and drug treatment for Queensland Health.
8. MHAODB and MMU are equally represent Queensland Health on the national NOPSAD Working Group.

RESULTS OF CONSULTATION

9. MMU has liaised with MHAODB and AIHW in preparing the Queensland QOTP information in required format.
10. Dr John Reilly, Executive Director MHAODB policy custodian of QOTP supports the release of this information (Attachment 3).

RESOURCE/FINANCIAL IMPLICATIONS

11.

SENSITIVITIES/RISKS

12. QOTP information reflects Queensland Health's involvement and investment in this form of treatment of these substance use disorders and has previously been subject to media and advocacy interest. The AIHW present the final embargoed report to jurisdictions prior to release, and MHAODB have managed any media enquiries or holding statements as required.

ATTACHMENTS

13. Attachment 1. NOPSAD 2020 Queensland report – spreadsheet
14. Attachment 2. Email from Elise Kambisios dated 15 October 2020.
15. Attachment 3. Email from John Reilly, Executive Director, MHAODB-CEQ – 29 October 2020

**ACTING DEPUTY DIRECTOR-GENERAL AND
CHIEF MEDICAL OFFICER BRIEFING NOTE**

| | |
|---|---|
| Author Name: Bill Loveday Position: Director Unit: Monitored Medicines Unit Tel No: <i>irrelevant information</i> Date Drafted: 29 October 2020 | Cleared by (Exec Dir) Name: Dorothy Vicenzino Position: Executive Director Branch: Chief Medical Officer and Healthcare Regulation Branch Tel No: <i>irrelevant information</i> Date Cleared: 30 October 2020 <i>*Note clearance contact is also key contact for brief queries*</i> |
|---|---|

RTI RELEASE

Table A: Clients receiving pharmacotherapy treatment on a snapshot day, by pharmacotherapy type, 2020

| Pharmacotherapy type | Number of clients |
|-----------------------------|--------------------------|
| Methadone | 2729 |
| Buprenorphine | 731 |
| Buprenorphine-naloxone | 3240 |
| Buprenorphine LAI | 314 |
| Total | 7014 |

RTI RELEASE

Courtney Butcher-Brown

From: Kambisios, Elyse <[redacted]@aihw.gov.au>
Sent: Thursday, 15 October 2020 1:40 PM
To: Bill Loveday
Subject: RE: NOPSAD 2020 data submission reminder [SEC=OFFICIAL]

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Hi Bill,

Thank you for the update on Qld's data submission. No problem, I will update the mailing list.

Thanks,

Elyse Kambisios

Tobacco, Alcohol and Other Drugs Unit

Australian Institute of Health and Welfare

P: 02 [redacted] | E: [redacted]@aihw.gov.au



From: Bill Loveday <[redacted]@health.qld.gov.au>
Sent: Thursday, 15 October 2020 1:39 PM
To: Kambisios, Elyse <[redacted]@aihw.gov.au>
Cc: Margo J Hickman <[redacted]@health.qld.gov.au>; Helen Taylor <[redacted]@health.qld.gov.au>; Elliot, Fiona <[redacted]@aihw.gov.au>; Laura Crilley <[redacted]@health.qld.gov.au>; Lee Bergman <[redacted]@health.qld.gov.au>; John Osborne <[redacted]@health.qld.gov.au>
Subject: RE: NOPSAD 2020 data submission reminder [SEC=OFFICIAL]

Dear Elyse,

Thanks for the reminder. We anticipate the Queensland report will be prepared for Departmental review and clearance by early next week.

That should mean we will be able to submit a report by 26 October 2020.

Also, do you mind removing Margo Hickman from the NOPSAD listing as Margo is no longer involved in this area.

Could you add our generic email address [redacted]@health.qld.gov.au for routine updates, and we will advise of representative from our area in due course.

Regards,
 Bill.



Bill Loveday

Director - Monitored Medicines Unit

Chief Medical Officer and Healthcare Regulation
Branch, Prevention Division | Queensland Health
Working hours Monday to Friday

P 13S8INFO (13 7846) | Irrelevant
E Irrelevant information@health.qld.gov.au
W health.qld.gov.au
A Locked Bag 21, Fortitude Valley BC QLD 4006

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By 2026 Queenslanders will be among
the healthiest people in the world.



Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

From: Kambisios, Elyse <Irrelevant information@aihw.gov.au>
Sent: Thursday, 15 October 2020 9:10 AM
To: Irrelevant information@dhhs.vic.gov.au <Irrelevant information@dhhs.vic.gov.au>; Helen Taylor
Irrelevant information@health.qld.gov.au; Irrelevant information@health.qld.gov.au
Cc: Elliot, Fiona <Irrelevant information@aihw.gov.au>
Subject: NOPSAD 2020 data submission reminder [SEC=OFFICIAL]

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Hi there,

Just a friendly reminder that initial data submissions for the 2020 NOPSAD collection were due **Monday 12th October 2020**.

How do I submit my data?

When your jurisdiction is ready to submit, please send an initial email to the AIHW at Irrelevant information@aihw.gov.au, expressing intent to submit data for the NOPSAD 2020 collection year. Please do not attach any data to this initial email. Once acknowledged by the AIHW, you will receive an invitation email via a secure message. Please enter the message portal via the link and create an account to login and view the message. Data providers are to reply to the email with their data submission attached.

Please get in contact if you have any questions or concerns.

Thanks,

Elyse Kambisios

Tobacco, Alcohol and Other Drugs Unit
Australian Institute of Health and Welfare

P: 02 Irrelevant information | E: Irrelevant information@aihw.gov.au



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RTI RELEASED

Courtney Butcher-Brown

From: John Reilly
Sent: Thursday, 29 October 2020 8:54 AM
To: Bill Loveday; Helen Taylor
Cc: Lee Bergman; John Osborne; MHAODB-corro; CMOHRB.Corro; Laura Crilley; CP_ESO
Subject: RE: NOPSAD 2020 - Release of Queensland data to AIHW

Hi Bill,

Sorry for my delay, I support this data release,

Thanks

John

From: Bill Loveday <[redacted]@health.qld.gov.au>
Sent: Monday, 26 October 2020 11:21 AM
To: John Reilly <[redacted]@health.qld.gov.au>; Helen Taylor <[redacted]@health.qld.gov.au>
Cc: Lee Bergman <[redacted]@health.qld.gov.au>; John Osborne <[redacted]@health.qld.gov.au>; MHAODB-corro <[redacted]@health.qld.gov.au>; CMOHRB.Corro <[redacted]@health.qld.gov.au>; Laura Crilley <[redacted]@health.qld.gov.au>
Subject: NOPSAD 2020 - Release of Queensland data to AIHW

John & Helen,

Please find enclosed the draft 2020 NOPSAD data for the Queensland Opioid Treatment Program (QOTP) for submission to the Australian Institute of Health and Welfare (AIHW).

The AIHW compiles the national report for all jurisdictions.

The 2019 NOPSAD report is available the following link for comparison and reference:

<https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics-2019/contents/introduction>

The information has been extracted from the MODDS database that is managed by MMU. The method of extraction is the same as that undertaken for previous years. However, this year now includes the new OTP medicines, Long Acting Injectable Buprenorphine.

As Mental Health Alcohol and Other Drugs Branch acts as policy custodian of the QOTP, I am seeking your support for the release of the attached spreadsheet to the AIHW for the preparation of the 2020 NOPSAD report.

Please let me know if you would like any further information.

Regards,
 Bill.



Bill Loveday

Director - Monitored Medicines Unit

Chief Medical Officer and Healthcare Regulation
 Branch, Prevention Division | Queensland Health
 Working hours Monday to Friday

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E [redacted]@health.qld.gov.au
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