

Medication Assisted Treatment
(MAT)

Patient Handbook
Program Requirements & Patient Rights

VALLEY HEALTH ASSOCIATES

338 Monterey Street
Salinas, CA 93901
(831) 424-6655 phone
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MISSION

Valley Health Associates is a non-profit organization offering intervention, prevention, and treatment services for those suffering from opioid and alcohol use disorders. Through Medication Assisted Treatment (MAT), Valley Health Associates offers an individualized and evidence based approach provided in a safe, caring, and supportive environment. Our main focus is to promote recovery and wellness through healthy and productive lifestyles changes while using a whole person approach to care.

CORE VALUES

Here at Valley Health Associates we are committed to achieving excellence by ensuring each person served is:

- Treated with dignity and respect
- Ensured their privacy and confidentiality is and will be maintained and protected
- Given supportive and responsive service in a professional manner; and is
- Provided compassionate and meaningful drug treatment

If there are any problems with the patient's participating in our programs, they are encouraged to discuss the problems with their primary counselor, the medical staff, and/or the program director. Any conflicts of interest which may arise between the patient and staff will be resolved to the best interest of those concerned. If you have any questions, concerns, or suggestions regarding our program requirements, patient's rights, or the philosophy of VHA's programs, please address these issues with staff.

CHARITABLE CHOICE

In compliance with Title 42 of the Code of Federal Regulations, Part 54, it is the practice of VHA and all contracted staff that they shall:

Incorporate language prohibiting discrimination against individuals based on religion within service modalities.

The purpose of this belief is to ensure that VHA staff and contract providers comply with guidelines in Title 42, Code of Federal Regulations Part 54: Nondiscrimination and Institutional Safeguards for Religious Providers.

CLAS STANDARDS

The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.

Valley Health Associates is committed to the collective set of CLAS mandates, guidelines, and recommendations issued by the HHS Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services.

PATIENT INFORMATION

Valley Health Associates' Medication Assisted Treatment (MAT) program offers quality medical evaluation, examination, and assessment for opiate and alcohol addiction, as well as individual and group counseling services, treatment planning, medical follow-up services, referral services, and alcohol and drug education.

Our staff, which includes qualified, experienced medical and counseling personnel, is dedicated to helping you, the patient, to eliminate physical and psychological addiction to opiates and other drugs. We are here to help you make these positive changes in all areas of your life; educationally, vocationally, spiritually, socially, medically, and legally. You also have the right to participate in all decisions related to your care. Every effort will be made by our staff to provide effective, efficient, and, comprehensive care for you in a safe, clean, accessible, and confidential environment during your treatment.

VHA's MAT program is operated within the laws and regulations under state statutes: Health and Safety Code, Article 3, California Code of Regulations (CCR), Title 9 (Revised June, 1998). We are also regulated by federal regulations; Center of Substance Abuse Treatment (CSAT); and Drug Enforcement Administration (DEA). We are accredited by the Commission on Accreditation of Rehabilitative Facilities (CARF).

All information and records obtained in the course of your treatment are also subject to the following; Confidentiality and Disclosures provisions contained in Article 7 (commencing with Section 5325) of Chapter 2 of 1 of Division 5 of the Welfare and Institution Code; Title 42 of the Code of Federal Regulations; HIPAA Privacy Rule and VHA's Privacy Practices. Your primary counselor will explain your rights to confidentiality during program orientation.

According to the Federal Government and SAMHSA authority, MAT is a form of pharmacotherapy and refers to any treatment for a substance use disorder that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan with an ultimate goal of patient recovery with full social function.

In the US, MAT has been demonstrated to be effective in the treatment of alcohol dependence with Food and Drug Administration approved drugs such as disulfiram; and opioid dependence with methadone and buprenorphine.

As part of a comprehensive treatment program, MAT has been shown to:

- Improve survival rate of those at risk of overdose
- Increase retention in treatment
- Decrease illicit opiate use
- Decrease hepatitis and HIV seroconversion
- Decrease criminal activities
- Increase employment
- Improve birth outcomes with perinatal addicts

HOURS OF OPERATION

Monday-Thursday 6:30 am - 3:00 pm
Fridays 6:30 am - 1:00 pm
Saturday, Sunday, Holidays 7:30 am - 10:00 am

DISPENSING HOURS

Monday-Friday 6:30 am - 1:00 pm
Closed for Lunch 11:30 - 12:00 pm
Saturday, Sunday, Holidays 7:30 am - 10:00 am

IMPORTANT PHONE NUMBERS

Clinic Phone Number (831) 424-6655
Natividad Hospital (831) 755-4111
Salinas Valley Memorial (831) 757-4333
Emergencies 911
After Hours Support (831) 424-6655 Ext 55

TREATMENT OPTIONS

Methadone is a full opioid agonist. Methadone works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone.

Buprenorphine is an opioid partial agonist. This means, like opioids, it produces effects such as euphoria or respiratory depression. With buprenorphine, these effects are weaker than those of full drugs such as heroin and methadone.

Disulfiram- Daily Medication used to treat chronic alcohol dependence.

Nalaxone- Is used to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose.

PATIENT ADMISSION CRITERIA

Before admitting an applicant to detoxification or maintenance treatment the patient MUST complete an INITIAL CONTACT, the required RPR lab work, and a ASAM risk assessment. The medical director shall conduct a full medical and physical evaluation prior to admission on the patient’s scheduled day of intake.

Prior to Admission Patients MUST meet the following Criteria per Title 9 Section 10270:

- Confirmed documented history of at least two years of addiction to opiates.
- Confirmed history of two or more unsuccessful attempts in withdrawal treatment with subsequent relapse to illicit opiate use.
- A minimum age of 18 years, 16 years of age with parental consent.

- Certification by a physician of fitness for replacement narcotic therapy based upon physical examination, medical history, and indicated laboratory findings. Plans for correction of existing medical problems should be indicated.
- Evidence of observed signs of physical dependence.

An applicant who has resided in a penal or chronic care institution for one month or longer may be admitted to maintenance treatment within one month of release without documented evidence to support findings of physical dependence, provided the person would have been eligible for admission before he or she was incarcerated or institutionalized and, in the clinical judgment of the medical director or program physician, treatment is medically justified.

Previously treated patients who voluntarily detoxified from maintenance treatment may be admitted to maintenance treatment without documentation of current physical dependence within six months after discharge, if the program is able to document prior maintenance treatment of six months or more and, in the clinical judgment of the medical director or program physician, treatment is medically justified. Patients admitted pursuant to this subsection may, at the discretion of the medical director be granted the same take-home step level they were on at the time of discharge

Pregnant patients who are currently physically dependent on opiates and have had a documented history of addition to opiates in the past may be admitted to maintenance treatment without documentation of a two-year addiction history or two prior treatment failures, provided the medical director in his or her clinical judgment, finds treatment to be medically justified.

LOITERING

Loitering in and around the clinic is prohibited by law. Unless you have legitimate business in the clinic, you are expected to leave the clinic and area outside the clinic immediately after receiving services. Loitering before dosing hours is also prohibited.

PRESCRIPTIONS

All drugs prescribed by other physician must be reported to our clinic staff as soon as possible. If you are required to obtain medical care away from the clinic, it is absolutely necessary that the physician treating you be informed that you are taking prescribed methadone. This is extremely important if you are scheduled for surgery. If you must use a prescription drug for any reasons, please follow these steps:

- Do not tamper with the prescription bottle or label in any way.
- Leave the medication in the original container.
- Bring the prescription to the clinic within the first week after received.
- Register the prescription with both your counselor and the nurse within the first week after received.
- Unless the prescription medication is approved by the program, a positive urinalysis test resulting from the medication will not be excused.
- Do not take medications that were prescribed for someone else.

VISITORS

Due to confidentiality requirements (VHA's Privacy Practices, and Federal Regulations), **NO ONE** other than our patients will be allowed in the clinic or the immediate vicinity during dispensing hours. We do, however, encourage family members to be supportive during your recovery from drug dependence. Individualized arrangements will be made by you counselor to accommodate their involvement during our regular business hours.

PATIENT ORIENTATION

Valley Health Associates shall advise patients of the nature and purpose of treatment which shall include but shall not be limited to the following information.

- (1) The addicting nature of medications used in replacement narcotic therapy.
- (2) The hazards and risks involved in replacement narcotic therapy.
- (3) The patient's responsibility to the program.
- (4) The program's responsibility to the patient.
- (5) The patient's participation in the program is voluntary in which the patient may terminate his/her participation in the program at any time without penalty.
- (6) The patient will be tested for evidence of use of opiates and other illicit drugs.
- (7) Medications (methadone) is transmitted to the unborn child and may cause physical dependence
- (8) Take-home medication which may be dispensed to the patient is only for the patient's personal use.
- (9) Misuse of medications will result in specified penalties within the program and may also result in criminal prosecution.
- (10) The patient has a right to a humane procedure of withdrawal from medications used in replacement narcotic therapy and a procedure for gradual withdrawal is available.
- (11) Possible adverse effects of abrupt withdrawal from medications used in replacement narcotic therapy.
- (12) Protection under the confidentiality requirements.

ADVERSE SIGNS & SYMPTOMS

It is very dangerous to mix methadone/buprenorphine with alcohol, sleeping pills, other sedatives and narcotics, stimulants, and tranquilizing drugs. Talwin must never be ingested. Combinations of these drugs may easily result in overdose and death.

If you or anyone you know are experiencing any of the following overdose signs and symptoms, contact our medical staff or 911 emergency services immediately"

Opioids (heroin, methadone, buprenorphine, morphine, etc.)

Slow- shallow or labored breathing, flushing of the face, weak pulse, euphoria, dysphoria, agitation, pinpoint pupils, bluish skin/fingernail/lips, dizziness/drowsiness, disorientation, visual disturbances, low blood pressure, dry mouth, impaired walking or speaking or coma.

Nalaxone (Narcan)

Symptoms of an allergic reaction from naloxone include; hives or swelling in the face, lips, or throat, should seek medical help immediately. Use of naloxone may cause symptoms of opioid withdrawal, including: Feeling nervous, restless or irritable, body aches, dizziness, weakness, diarrhea stomach pain, nausea, fever/chills and goose bumps.

Disulfiram (Antabuse)

Disulfiram should never be taken while intoxicated and it should not be taken for at least 12 hours after drinking alcohol. Unpleasant side effects include: nausea, headache, vomiting, and chest pains. Difficulty breathing can occur as soon as ten minutes after drinking even a small amount of alcohol and can last for an hour or more.

INTOXICATION

Patients who come to the clinic, and are assessed by the dispensing nurse to be under the influence of alcohol and/or other drugs, **WILL NOT** receive methadone on that day. This is for your own health and safety. Should positive breath analyses occur on a regular basis, you will be given a warning, placed on probation contract, and/or terminated from treatment. You may be required to submit to daily breath analysis' (BA) is suspected of alcohol use. Should your test register any amount of alcohol, or if you refuse to take this test, it will count as a positive result and you will not receive methadone on that day.

HOME DELIVERY

VHA can not arrange for home deliveries if you are medically incapacitated, hospitalized and/or placed on strict bed rest of any kind. However, our program physician or medical director may approve a medical exception for "take home" for medication not to exceed a two week period. Please see your counselor if you feel you meet criteria. Note: the patient must have written documentation confirming this medical disability or crisis.

PATIENT'S RESPONSIBILITY TO THE PROGRAM

Each patient has a responsibility to keep all appointments at the clinic. He/she must obtain their medication only during dispensing hours, except in an emergency and/or by special arrangements. Appointments with counseling staff may be scheduled on an individual basis.

Remember to carry your VHA program ID card with you at all times. Should you lose your ID card; a \$5.00 replacement fee will be assessed.

Setting up drug deals and dealing drugs; verbal abuse; violence or threats of violence against others or acting in a manner so as to enhance the occurrence of threats and/or other illegal activities are grounds for immediate involuntary termination from the program. A patient who is in noncompliance with program rules will be given a warning, placed on probation contract, and/or involuntarily terminated from treatment.

DISPENSING MEDICATION PROCEDURE

Upon entering the clinic, the patient is to report to the front office staff and present their ID card. They will then be informed of any messages from your counselor or other staff regarding counseling sessions, drug testing, referral for lab tests, and/or past due program fees. The patient will then need to wait in the lobby until the nurse indicates that he/she is ready to provide them their medication. The patient will be identified by program number issued on day of intake. The patient's identifying number will be called over the loud speaker in which the patient will then proceed to the dispensing window. There is to be only **ONE** patient at the dispensing window at any given time. Depending on the type of medication, it must be swallowed or dissolved in front of the nurse prior to leaving the dispensing window. The patient then must speak directly to the

nurse in an effort to verify consumption. The empty medication cup is then given back to the nurse for disposal. Patients are not to linger around the dispensing window, as this distracts the nurse and slows down the process, and may lead to accidents such as spilled doses. Once a patient receives their medication, they should exit the clinic and parking lot immediately.

MEDICATION DOSES

VHA does not have a "blind-dosing" policy. However, if you feel that your current medication dose is too low or too high; complete a medication dose adjustment form with your assigned counselor. Your counselor will then make a recommendation, and submit the request to our medical director for approval. Medication levels are confidential between patient and staff.

SPIILLED DOSES

Spilled doses of medication will be replaced only at the discretion of the nursing staff and must be observed. Each incident will be treated individually, on a case by case basis.

ATTENDANCE REQUIREMENTS

In most cases, a patient shall be expected to attend the clinic daily or as directed by medical staff. An exception to this is patients who are on step level/take-home status; or on a temporary transfer to another clinic. A patient may be absent without notifying the program for no more than two (2) weeks. After two weeks (14 days) of no contact, the patients' participation in the program shall be terminated. There are no penalties for absences of less than two (2) weeks unless the patient is in non-compliance with program requirements. The program physician will order a dose reduction for patients who are absent for three consecutive days or more days. The only exception is when a patient is receiving MAT medications while in a hospital and/or correctional setting. If the patient is discharged and wants to be readmitted into the program, he/she shall be admitted only as a new patient upon the approval of the medical director.

INDIVIDUAL AND GROUP COUNSELING

All patients receiving treatment at Valley Health must attend at least 2 monthly individual counseling sessions for a minimum of 5 units of service (50 minutes) each session, unless otherwise recommended by the counselor and/or Medical Director.

All new patients will be required to attend a minimum of 8 group therapy sessions prior to consideration of any additional step levels. An exception to this is if the new patient is transferring from another MAT provider and is on step level at time of admission, without a break in treatment. Please note, group therapy is open to all others patients who wish to attend at any time and for any reason.

INCARCERATION

If you are arrested and incarcerated in the local county jail, you will need to inform their medical staff that you are receiving treatment from our clinic. Remember, your medical care is the responsibility of the jail physician while incarcerated.

- (a) If the program is aware that a patient has been incarcerated, the program physician and/or nursing staff shall attempt to cooperate with the jail's medical officer in order to ensure the necessary treatment for opiate withdrawal symptoms, whenever it is possible to do so.

- (b) The patient's record shall contain documentation of:
- (1) The program physician's coordination efforts with the jail; and
 - (2) The date(s) of incarceration, reason(s), and circumstances involved.

HOSPITALIZATION

If you are hospitalized while participating in our MAT program, please inform VHA's nursing staff immediately. It is essential that the hospital staff be made aware of the medication the patient is receiving for opiate dependency. Again, the patient's participation must be disclosed in order to continue receiving your medication in the hospital setting.

- (a) If the program is aware that a patient has been hospitalized, the program physician and/or nursing staff shall attempt to cooperate with the hospital's nursing staff in order to ensure the necessary treatment for opiate withdrawal symptoms, whenever it is possible to do so.
- (b) The patient's record shall contain documentation of:
- (1) The nursing staff and/or program physician's coordination efforts with the hospital;
 - and (2) The date(s) of hospitalization, reason(s), and circumstances involved.

PATIENT'S RIGHTS

Each patient receiving service(s) from VHA shall have rights which include, but are not limited to, the following:

1. The right to privacy and confidentiality as provided in 42 CFR. Part 2(Code of Federal Regulations), and VHA's Privacy Practices in compliance with the HIPAA Privacy Rule.
2. To be accorded dignity at all times by the staff and other participants in our programs. In addition, a respectful and safe treatment for women is accomplished through staff sensitivity towards women's issues and adequate female staffing.
3. To be accorded clean, safe/accessible, and sanitary accommodations in an alcohol and drug free environment. In addition, the facility will be well lit and supervised by competent staff.
4. To be free from: abuse (intellectual, emotional, physical and sexual); financial or other exploitation; retaliation; humiliation; and neglect.
5. To be assured of nondiscrimination on the basis of age, mental or physical disability, ethnic group identification, race, national origin, religion, sex or sexual orientation.
6. To be given an orientation of VHA program requirements: education on addiction, and the effects of methadone on opioid dependency; program expectations; regulations; fees assessed for services and refund policy; referrals to legal entities for appropriate representation or other legal right; and referrals to 12-step meetings and other community resources.
7. To be made available, upon written request to the Program Director, all clinical records relating to your treatment.
8. To be able to file a grievance or appeal, or to request an investigation and resolution for any VHA decisions regarding your treatment - including but not limited to involuntary discharge or infringement of your rights: first, you should contact your counselor; then, the next course of action is to contact VHA's Executive Director, Salinas; Monterey County Health

Department, Behavioral Health Division, Salinas; or the Department of Alcohol and Drug Programs, Sacramento, CA. In addition, any suggestions or comments are welcomed.

TAKE-HOME MEDICATION STEP LEVEL & SCHEDULES (METHADONE)

Step I Level –Admission a single take home if determined responsible for State approved Holidays §10380.

Step II Level –After 90 days of continuous maintenance treatment, the medical director or program physician may grant the patient not more than a two-day take-home supply of medication. The patient shall attend the program at least five times a week for observed ingestion. *Plus one (1) if State holiday.

Step III Level –After 180 days of continuous maintenance treatment, the medical director or program physician may grant the patient not more than a three-day take-home supply of medication. The patient shall attend the program at least four times a week for observed ingestion. *Plus one (1) if State holiday.

Step IV Level –After 270 days of continuous treatment, the medical director or program physician may grant the patient not more than a six-day take-home supply of medication. The patient shall attend the program at least one (1) time a week for observed ingestion. *Plus one (1) if State holiday.

It is VHA Policy that a maximum of 6 take homes (Step IV) will be granted, unless further authorization has been approved by both the Medical and Program Director(s).

Step V Level –After one year of continuous treatment, the medical director or program physician may grant the patient not more than a two-week supply of medication. The patient shall attend the program at least two times a month for observed ingestion. *Plus one (1) if State holiday.

Step VI Level –After two years of continuous treatment, the medical director or program physician may grant the patient not more than a one month take-home supply of medication. The patient shall attend the program at least one time a month for observed ingestion per CCR Title 9 §10380(b)(1).

*Buprenorphine patients are provided step levels at an accelerated rate per policy.

CRITERIA FOR MAT TAKE-HOME MEDICATION PRIVILEGES

Take-home medications shall only be provided to a patient when the medical director, in consultation with the nursing and counseling staff, determine in their clinical judgment that the patient is eligible based on the following criteria:

- Absence of recent (minimum of 90 days) abuse of drugs including alcohol. Refusal to drug test is considered a positive test.
- Regularity of clinic attendance.
- Absence of serious behavioral problems on the premises.
- Absence of known criminal activity including drug dealing.
- Stability of patient's home environment, and social relationships.
- Length of time in opioid maintenance treatment program(s).
- Assurance that take-home medications can be safely stored (locked box).

- Determining the rehabilitative value of decreasing the frequency of clinic attendance versus potential risks of methadone diversion.
- Completion of a minimum of 8 group counseling sessions.
- Is in program compliance and attends all individual counseling as scheduled

CALL IN BOTTLE CHECKS

Patients with take home privileges will be called periodically during the course of their treatment by either the program director and/or dosing nurse and asked to physically bring in all take-home bottles. At said time the patient may or may not be required to submit a urine sample for drug screening. When the patient is called by the program director and/or dosing nurse, the patient must present all remaining doses to the nurse/program director by the close of business and requested day. The nurse will inspect the integrity of the methadone and count the number of take home bottles. Failure to come to the clinic by a given time when called will result in immediate suspension of all take home privileges. It is the patient's responsibility to notify the program in advance when the client changes his/her telephone number, person of contact, leaves for vacation, and/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 their consequences.

INVOLUNTARY TERMINATION & FAIR HEARING PROCESS

In accordance with Title 9 of the California Code of Regulations, "a patient has a right to a predetermination fair hearing in all cases of involuntary termination from the program for cause where continued participation in the program does not create a physically threatening situation for staff or other patients." A written Notice of Termination will be given to the patient by the program staff. This notice will include the following: reason for termination; requirement(s) for continuing in the program; effective date of the intended action to terminate services; patient's right to pre-termination hearing before an impartial hearing officer; procedure for obtaining a fair hearing and having legal representation. If the patient is receiving Drug Medi-Cal benefits (Title 22) for their treatment, they will be advised in writing at least ten (10) calendar days prior to the effective date of the intended action to terminate or reduce services. This written notice shall include: action we intend to take; reason for the action; citation of the specific regulations supporting the intended action; and information for appealing the termination by requesting a fair hearing under Title 22. The patient must respond with a written notice to the program within 48 hours of receipt of termination notification in order to exercise his/her right to a predetermination hearing. The hearing will be scheduled within seven (7) working days from the time the patient requests the hearing. The hearing officer shall render a decision not later than the first working day following the hearing. A copy of the record of the proceedings and/or hearing decision shall be provided to the patient upon request. All related materials will be retained for one year.

TERMINATING TREATMENT

A patient may elect to withdraw from the program at any time and for any reason. Medication dosages may be decreased as slowly or as rapidly as desired within our "open dose" system limits and approved by our Medical Director. If during voluntary withdrawal the patient changes his/her mind, the decrease efforts may be stopped.

Immediate involuntary discharge from treatment will occur for these reasons:

- Diversion of methadone prescribed and dispensed by VHA staff.
- Violence or threat of violence to program staff or other patients in the program.
- Verbal Abuse towards program staff or other patients in the program.
- Multiple registrations in another narcotic treatment program.
- Illicit drug usage in facility and/or surrounding area(s).
- Selling illicit drugs in facility and/or surrounding areas.

A 15-day involuntary discharge from treatment will occur for these reasons:

1.

- Noncompliance with your individual probation contract.
- Failure to comply with program rules including nonpayment of program fees.
- Verified alteration or submission of falsified urine drug screen
- Diversion from prescribed daily methadone regiment (takes homes)

* Other forms of behaviors not indicated above may constitute an immediate and/or 15 day involuntary discharge contingent on both Executive and Medical Directors approvals.

DRUG TESTING

The purpose of drug testing is to monitor the presence or absence of MAT medications and their metabolites and to assist in the determination of take-home status. Since specimens are randomly collected at some time during each calendar month, each patient should be prepared to give a urine specimen each day when he/she comes to the clinic. Once the patient is prompted to submit a UA, the patient will be walked to the testing area by a staff member where the patient will be provided with a urine specimen bottle. It may be required that the patient provide a urine specimen under observation by a staff member. Leaving the building and/or failing to provide the required amount of urine will result in a “refusal” since state regulations specify that the program must then assume that the patient is providing a “positive” test, meaning that there is an unauthorized presence of illicit drugs.

Testing is performed by San Diego Reference Laboratory which is licensed and certified by the State Department of Health Services. All results both negative and positive are faxed directly to this office. Any test results showing the presence of illicit drugs and/or the absence of methadone and/or its metabolites, one two consecutive occasions, will result in the removal of take-home level as determined by our medical director.

Substances to be tested or analyzed in the collected patient’s urine specimens include the following: methadone/buprenorphine and metabolites; heroin and other opiates; cocaine; codeine; morphine; hydrocodone; hydromorphone; amphetamines; methamphetamines; benzodiazepines; oxycodone; barbiturates; butalbital; secobarbital; phntobarbital, Phenobarbital and ETG. Testing for alcohol (via breathalyzer) is performed by our nursing staff prior to dispensing medication when a patient is suspected of alcohol use. Patients who test positive for alcohol will not receive their medication on that day.

PREGNANCY – (FEMALE PATIENTS)

No drug or medication is absolutely safe during pregnancy, but Methadone has been taken by many pregnant women and has not shown harm to infants. The long term effects of methadone

on pregnant mothers and their unborn infants are unknown, however methadone is the preferred treatment for women who are opiate dependent and pregnant. It is ultimately the patient's responsibility to notify the program when she is pregnant.

When the medical staff is informed of the patient's pregnancy, the staff will consult with the patients OBGYN to coordinate Methadone services based on the patient's needs and fetus development. Our Medical Director in coordination with the patients OBGYN will must determine that the patient is medically able to begin and/or continue participating in the program on a monthly basis.

Pregnant patients will be provided the following directly by our staff or by appropriate referrals to other agencies, and these are required by state law for continuation in treatment:

- Periodic physician consultations (minimum of once a month).
- Nutritional counseling
- Parenting training (including infant care, handling, and safety).
- Family planning.
- Weekly collection of urine specimen for testing or analysis for illicit drug use.

FEMALE PATIENTS OF CHILDBEARING AGE

Valley Health shall provide the following orientation to female patients of childbearing age:

- The effects of medications used in replacement narcotic therapy on pregnant women and their unborn children is presently inadequate to guarantee that these medications may not produce significant or serious side effects.
- These medications are transmitted to the unborn child and may cause physical dependence.
- Abrupt withdrawal from these medications may adversely affect the unborn child.
- The use of other medications or illicit drugs in addition to medications used in replacement narcotic therapy may harm the patient and/or unborn child.
- The patient should consult with a physician before nursing.
- The child may show irritability or other ill effects from the patient's use of these medications for a brief period following birth.

TEMPORARY TRANSFER TO OTHER PROGRAMS (Courtesy Dose)

A patient who must travel to another town will be given information on the availability of methadone treatment in that area. A release of information (ROI) form must be signed prior to our staff contacting the out of town program to arrange for medication services.