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<https://www.med.uio.no/klinmed/forskning/prosjekter/statusrapport-for-lar/statusskjema-2023---dips-arena.pdf>

Please treat this document as an informative reference, but exercise caution when relying solely on its content.

STATUS REPORT FOR LAR 2023 - DIPS ARENA

The survey is an important part of the quality assurance of drug-assisted rehabilitation. This is a key task for each individual DAR initiative. The interventions (centers) lead the implementation in their area. Where the social centers have the primary follow-up, they should complete the forms. Where doctors, psychiatric institutions or drug and alcohol services are responsible for direct follow-up, they should complete the forms.

Who completes the form? The patient's main contact (the person who knows the patient best) in collaboration with other therapists, preferably in connection with a responsibility group meeting. Special efforts should be made to discuss with the patient.

Timeframe: October 16 - January 15, 2024.

Target group: All OMT patients who have been in treatment during the current calendar year. If a patient discontinues treatment, the form is completed in relation to the condition at discharge. If the patient has been transferred to a new intervention and continues in treatment, this intervention must respond to the status report. The patient must be informed about the form, but **it is assumed that the main contact has or obtains the necessary information**, even without special contact with the patient.

The form is divided into **three sections**:

Section A. CURRENT SITUATION reports information valid for the date the form is completed.

Section B. LAST FOUR WEEKS applies to information from the last four weeks before the completion date.

Section C. LAST YEAR contains information on overdoses, suicide attempts, offenses and freedom from substance abuse in the current calendar year (or for the period of the year the patient has been included in DAR)

Please **read the instructions** carefully before completing the form.

Filler (the person completing the form)

Initials:

Position: _____

Date completed (ddmmyyyy):

Patient

Date of birth and social security number:

Initials:

Gender (M/K): M K

Age:

Municipality: _____

Health enterprise _____

Intake date, current LAR program,
(ddmmyyyy):

If discharged during the year, discharge date
(ddmmyyyy):

Consent to participation in research

**The information is coded in each individual LAR measure as part of the journal.
Aggregated anonymized information is sent to SERAF,
Center for Addiction Research, UiO by 15 January.**

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A. CURRENT SITUATION (at the time of completion, or at discharge)

A0. Treatment status - discharged or in treatment (one tick only)

- In treatment - Not discharged 0
Discharged - Own wish for weaning (treatment completed) 1
Discharged - Dissatisfied with the treatment or regulations, dropout 2
Discharged - Lack of effect, unjustifiable (against the patient's wishes) 3
Discharged - Treatment difficulties (resale, threats, etc.) 4
Discharged - Other reason, specify: _____ 10

A1. Employment

- a. Occupational status. Applies to paid work and education within primary school, upper secondary school, college or university. **Only one tick.**

- Not employed/unemployed 0
Full-time job 1
Part-time job 2
In education 3
Part-time job and in education 4
Unknown 9

- b. Is there any form of active vocational rehabilitation (work training/courses/work adaptation/education). **Only one tick.**

- No 0 yes 1 Unknown 9

If "No", specify the reason: _____

- c. Is there any kind of non-work-related activity offer (day center, courses, welfare offers, drug-free networks, training, etc.) **Only one tick.**

- No 0 yes 1 Unknown 9

If "No", specify the reason: _____

A2. Most important income. Select the source of income that is currently the largest for the patient. **One tick only.**

- Employment income 1
Supported by others 2
Unemployment benefit / unemployed 3
Sickness / rehabilitation benefit 4
Social assistance / AAP 5
Disability pension 6
Pensioner 7
Social benefits 8
Student loans / scholarships 9
Other / Unknown 10

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A3. Housing conditions. **Only one cross.**

- a. No permanent residence 0
Hospices / dormitories / hotels 1
Institution 2
Prison 3
With parents 4
With others (currently accommodated by friends/relatives) 5
Own accommodation (bedsit/apartment/house that the patient owns/rents, does not belong to a rehabilitation or treatment institution) 6
Other / Unknown 10
- b. Is the living situation considered stable and suitable for rehabilitation? No Yes, yes Unknown
 0 1 9

A4. Blood infection status (HIV or hepatitis C in the last blood sample, regardless of when the last sample was taken and any risk factors after this. Remember to check whether viral antigen is detected).

- a. **HIV. One tick only.**
Not infected (no HIV antibody in last sample) 0
Infected (HIV antibody in last sample) 1
Unknown 9
- b. **Hepatitis C. Only one cross.**
Not infected (no **antigen (HCV-RNA) detected** in last sample) 0
Previously treated (no antigen (**HCV-RNA) detected i n** last sample) 1
HepC positive **antigen (HCV-RNA) detected** 2
Unknown HepC status 9
- Date for Hep C test: _____
- c. Hepatitis C treatment.
Is treatment completed?
No No Unknown
 0 1 9
- d. Does the patient want Hep C treatment? No Yes, yes Unknown
 0 1 9

A5. LAR medication. **Only one cross.**

- a. Methadone 0
Buprenorphine 1
Buprenorphine depot 1 week 1a
Buprenorphine depot 4 weeks 1b
Buprenorphine/naloxone 2
SROM 3
Heroin 4

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Others 5, specify: _____
Unknown 9

b. Did side effects occur when switching to a synonymous product (switching to a generic medicine)? No, no Yes No Not applicable Unknown
 0 1 10 9

If "Yes", please specify: _____

A6. Dose (for medication in depot form, Dose and not Daily dose must be filled in)

Daily dose in mg (Code 999 if daily dose is unknown)
Dose in mg (Code 999 if dose is unknown)

A7. Prescribing doctor. **Only one tick.**

Doctor employed in LAR initiatives 0
GP 1
Other doctor 2
Unknown 9

A9. Special circumstances. **Only one tick per question.**

a. Has the patient received information about the right to appeal decisions in DAR to the state administrator (e.g. regarding choice of medication, collection arrangements and drug tests)? **Only one tick.**

No 0
Yes 1
Uncertain 2
Not applicable 9

b. If applicable, have you received guidance on how to submit a complaint to the state administrator? **Only one tick.**

No 0 Yes 1 If "Not applicable", check the box: _____

c. Drug testing, urine or saliva testing scheme, agreement type: No

tests 0
Random samples 1
Regular sampling 2
Unknown 9

d. Agreed number of tests per week (as of today) Less often than every two weeks is scored as 0. Every two weeks to weekly is scored as 1.

e. Are benzodiazepines or similar prescribed (diazepam (Valium, Stesolid, Vival), nitrazepam (Apodorm, Mogadon), flunitrazepam (Flunipam, Rohypnol), alprazolam (Xanor), clonazepam (Rivotril), oxazepam (Sobril, Alopam), zopiclone (Imovane), zolpidem (Stilnoct)

No 0
Yes, please specify 1, please specify: _____

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Unknown

9

f. Are any morphine substances other than the LAR medication prescribed (morphine sulphate (Dolcontin), oxycodone (OxyContin), fentanyl (Durogesic), buprenorphine (Temgesic, Norspan patch), tramadol (Nobligan, Tradolan), pentazocine (Fortralin), ketobemidone (Ketodan, Ketarax), dextropropoxyphene (Aporex), codeine-containing preparations (Paralgin Forte, Pinex forte), pethidine (Petidin) or others.

No 0

Yes 1

Unknown 9

If "Yes" specify type and indication: _____

A10. Dispensing of LAR medication

a. Number of deliveries per week (less than 1 delivery per week = 0)

b. Of which number delivered monitored

c. Most important delivery point. **Only one tick.**

LAR measures/specialist health service 0

Pharmacy 1

Municipal services 2

Institution/residential centre/prison 3

Doctor's office 4

Unknown 9

Other 10, please specify: _____

B. LAST FOUR WEEKS BEFORE Discharge Date (if the patient has stopped treatment during the year, the last four weeks before the discharge date are coded)

B1. Treatment and counseling in the last 4 weeks * NB: See separate instructions for use of these variables

a. Goal setting for the treatment:

Rehabilitation w/ drug-free 0

Stabilization/no drug-free requirement 1

Not agreed 9

b. Primary responsibility in Specialist health service/LAR ("not transferred")

0 Primary responsibility in first line ("transferred") 1

Unknown / other 9

c. Is the patient stably drug-free, with no need for intervention

(i.e.: is the patient "fully treated"; has achieved optimal rehabilitation goals and does not need active follow-up?)

No 0

yes 1

Unknown 9

d. Is the patient receiving treatment for mental

health problems? No 0

Yes, yes 1

Unknown 9

0 1 9

If "Yes", check either TSB / RuPo or mental health / **D P S**

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e. Has an individual plan been prepared in accordance with the guidelines in the Patients' Rights Act?

No yes Unknown
 0 1 9

f. Is a clinical/practical treatment plan prepared and updated at least annually? No

 Yes Unknown
 0 1 9

B2. Has a responsibility group meeting been held in the last 3 months? Meeting on status registration is included. **Only one tick.**

No yes Unknown
 0 1 9

B3. Mental health problems in the last 4 weeks. The filler's assessment based on contact with the patient. Must have been present for at least one consecutive week. Only one tick per diagnostic group. **Only one tick for each type of disorder.**

a. Severe depression (Depressed, lack of energy, initiative or interest in some things, have difficulty completing daily tasks)

No yes Unknown
 0 1 9

b. Severe anxiety (Persistent nervousness/severe worry or frequent panic attacks, such that normal tasks have been left undone or severely inhibited)

No yes Unknown
 0 1 9

c. Delusions/hallucinations (Experiencing and being convinced of things that were not rooted in reality, and/or experiencing sensory impressions that could not be perceived by others)

No No Unknown
 0 1 9

B4. Substance abuse of alcohol, illegal drugs or medicines (prescribed or illegal) in the last 4 weeks. Detected by urine tests or known in some other way. **One tick per substance.**

	No	Yes	Unkno
a. Morphine substances, especially heroin, but also others LAR medication should not be included.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
b. Cannabis	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
c. Benzodiazepines etc. on prescription	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
d. Benzodiazepines etc. without prescription	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
e. Stimulants	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
f. Alcohol use that causes demonstrable problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9

B5. Frequency of drug and alcohol use in the last 4 weeks. Regardless of substance. Alcohol: only that causes detectable problems (see B4). **Only one tick.**

Never (no drug use) 0
Few single episodes (up to 4 times) 1
Regular use (more than 4 times) 2
Unknown 9

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B6. Severity of drug and alcohol use in the last 4 weeks. Only one tick.

- Never under the influence of alcohol 0
Sometimes under the influence of alcohol 1
Addictive, substance-dominated 2
Unknown 9

C. LAST YEAR (if the patient has not been included for the entire year, the information should apply to the period the patient has been included). The basis is self-reporting.

C1. Offenses in the last year. Arrested, detained, prosecuted, convicted. Only one tick.

- No 0 yes 1 Unknown 9

C2. Overdose in the last year. Life-threatening poisoning. Only one cross.

- No 0 yes 1 Unknown 9

C3. Suicide attempt last year. Only one tick.

- No 0 No 1 Unknown 9

C4. Use of illicit drugs in the past year. Only one tick.

- a. Never 0
Some one-off, short periods 1
Used for longer periods or all the time 2
Unknown 9
- b. Use of syringe in the last year. **Only one tick.**
Never 0
Some one-off, short periods 1
Used for longer periods or all the time 2
Unknown 9

Physical health last year:

C5. Physical injuries/illnesses that persistently affect lifestyle or quality of life during the past year. Less serious conditions such as colds and minor wounds/injuries are not included.

- No 0 yes 1 Unknown 9

C6. Medical examination/physical health

a. Has a medical examination been carried out in the last year (with discussion of side effects, chronic somatic disease, any age-related impairment, and drug dosage)

- No 0 If "No", reason: _____
Yes 1
If "Yes", tick GP , TSB doctor , other doctor or unknown .

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Don't know 9

b. Did the medical examination include HepC assessment including assessment for treatment? No Yes, yes Unknown

0

1

9

c. Does the patient have chronic pain (more than 3 months duration)? No Yes, yes Unknown

0

1

9

d. If "Yes", is the patient receiving treatment for chronic pain? **Only one tick**

No

0

Yes, but without drug treatment 1 Yes, with

opioids other than the OMT drug 2 Yes, with

non-opioid painkillers 3

Unknown 9

e. Diseases and treatment. During the past year, did the patient have (check all that apply and if applicable, check treatment)

Heart disease

1

If "yes", treated?

High blood pressure

2

If "yes", treated?

Chronic lung disease (e.g. COPD, Asthma)

3

If "yes", treated?

Kidney disease / Kidney failure

4

If "yes", treated?

Liver disease / Liver failure

5

If "yes", treated?

Diabetes

6

If "yes", treated?

Overweight

7

If "yes", treated?

Malnutrition

8

If "yes", treated?

Dental problems

9

If "yes", treated?

Reduced cognitive function

10

If "yes", has MoCa etc. been implemented?

Y No
ES

C6b. Use of tobacco.

a. Does the patient use tobacco daily or almost daily;

No 0

Yes 1

Unknown 9

b. If "Yes", which type. **Only one tick.**

Smoking/Cigarettes

0

Snuff

1

e-cigarette

2

C7. Satisfaction (Overall assessment of/opinion on OMT). **Only one tick.**

Should only be assessed if the patient has been asked for their opinion - use 9 if not asked.

a. Patient assessment

Satisfied/successful 0

Both-and 1

Dissatisfied/failed 2

Not asked 9

b. Practitioner's assessment

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Successful/satisfied	<input type="checkbox"/>	0
Both-and	<input type="checkbox"/>	1
Not successful/dissatisfied	<input type="checkbox"/>	2
Unknown	<input type="checkbox"/>	9

C8. Should the treatment plan and/or goal setting be revised? Completer's

assessment No	Yes, yes	Unknown
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9

C9. Who has participated / been asked in the completion of the questionnaire? (**One tick for each category a, b and c**)

	No	Yes	Unknown
a. Patient	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
b. Collaborative partner	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
c. Responsibility group	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9

PRACTICAL GUIDANCE FOR COMPLETION

1. General advice: You **can only put one tick** per box. **All questions must be answered.** If necessary, obtain information from medical records, staff or patients. If you do not have or cannot obtain the necessary knowledge, use the answer option "Unknown".

2. One form must be completed for each patient who has been treated during the year. If a patient has been discharged and readmitted during the year, one form must be completed for the last stay. If a patient completes treatment without re ad m i s s i o n, the status at discharge applies. In the event of death, the status at the time of death is used.

3. The LAR measures lead the work of completing the form. Where there is a responsible coordinator/case manager, this person must complete the form. Where the patient has a main contact at the social center, the case manager there is asked to complete the form. If the patient only has contact with a GP, the GP should complete the form.

4. The main rule should be that the patient is contacted for completion, possibly in collaboration with the responsibility group.

CLARIFICATION OF SELECTED CONCEPTS AND QUESTIONS

A0 Treatment status: Here the most common answer will be "In treatment, not discharged". **"Discharged" means that OMT has been formally terminated** so that continuation requires a new referral. If the patient has stopped attending and is not taking medication, but has not been formally discharged, answer option 10 "Discharged - Other reason" is used. Specify the status if possible.

A4b Hepatitis C: Antibody test must be available for "yes/no" answer, test date must be indicated. **If no sample is available, check "Unknown HepC status"**. Separate tick for "antigen" question.

A5a OMT medication: Use answer option "Other" for all other medications used for stabilization. This applies to both other opioids (Dolcontin etc.) and antagonists such as naltrexone. It is important that you specify the medication in question.

A5b synonym preparation: specify the **preparation that has been switched to** and what side effects occurred after switching. B1a Goal setting. **An overall objective must be agreed with each patient.** "Drug-free" means the absence of

all substance use except for socially acceptable use of alcohol and medication from a doctor. The response option "Rehabilitation with freedom from substance abuse" should be used when the goal is such freedom from substance abuse. The option "Stabilization" should be used when the patient has no such goal. In essence, "Stabilization" will correspond to the term "harm reduction".

B1b Primary responsibility. The question does not ask who prescribes or whether there is contact between LAR and GP/NAV. The key issue is **who is responsible for further follow-up**. If this is **outside the specialist health service, the patient is "transferred"**. When DAR is involved in or leads the ongoing

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follow-up of the patient, tick "not transferred". If DAR is only involved in such follow-up in connection with annual status examinations etc. **"Transferred" is similar to the term "discharged" as follows**

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is used, for example, in mental health care. However, DAR always has an overall responsibility that includes admission, discharge and the right to take action in the event of medically unjustifiable treatment (cf. the guidelines for DAR).

B1c stably drug-free, without the need for intervention: "Completed rehabilitation" - maintenance follow-up. The aim here is to examine the proportion of patients who, as far as the therapists can assess, have reached their **optimal rehabilitation to a stable situation in terms of substance abuse control and social development**. This means that the patient can be said to be "fully treated" and mainly needs medication prescribed by a doctor.

B1d "treatment for mental health problems": This refers to a degree of additional psychiatric problems that trigger the need for therapeutic conversations under the auspices of RuPo / TSB or through mental health care in DPS or other specialist-affiliated mental health care.

B1e "Individual plan": This refers to a formalized plan (IP) in accordance with the Patient Rights Act. Various forms of systematic treatment plans are not sufficient for a "yes" option, these are coded in subsequent question f.

Regarding consent

Consent means that data from this questionnaire will be included in research projects where several status reports from several years can be linked together and also linked to other national or regional registers to increase knowledge about the patient group and treatment outcomes. It will not be possible to recognize individuals or their responses in published material and all will be anonymous to anyone reading reports from the research.

Not consenting to participate in this research will not result in any consequences for your treatment. Participants who consent may withdraw from the study at any time and request that their data be deleted.

Consent; Yes, no

When giving consent, please provide an 11-digit personal identity number for possible future linkage to register data.