# Christchurch Opioid Service

# Philosophical approaches

2 May 2014

# Opioid Dependence

- Opioid dependence is a complex, relapsing condition requiring a model of treatment and care much like any other chronic health problem.

# Who is opioid substitution treatment for?

- *The Ministry of Health's investment in opioid substitution treatment (OST) has ensured that people with opioid dependence have access to a comprehensive treatment package that provides them with the opportunity to recover their health and wellbeing*.

MoH 2014

# What is the goal of OST?

- *"The foundation of treatment for opioid addiction is suppression of street opioid use. Other objectives are most likely to be achieved if patients stop or markedly reduce their use of street opioids and other drugs"* (James Bell 2013

# Philosophical Approaches to OST

Review report

"there is a limited focus on harm minimisation from a psychosocial perspective and maximum focus on controlling co-morbid substance use/dependence and the associated concerns about driving".

"Absence of a clear philosophical direction on harm minimisation colours this document (SPF) and reduces its importance for consumers whilst reinforcing the risk averse approach"

- Why did you get into this work?

# Philosophical Approaches 2

- Harm Reduction
- Recovery-orientated approach
- Risk averse
- Integrated approach

# Harm Reduction

A harm reduction approach recognises treatment goals that are based on what a client is able and willing to achieve and seeks to reduce negative health and other consequences associated with opioid use.

Abstinence is not the major goal of treatment as the chronic relapsing nature of opioid dependence means abstinence goals carry significant risk for clients (NSW Health, 2001).

# RECOVERY

- Recovery in the context of OST is not simply about ceasing problem substance use but involves accruing positive benefits as well as reducing harms and moving away from uncontrolled substance use and its associated problems towards health, wellbeing and participation in society. Recovery orientated treatment embraces a person-centred, wellbeing focussed and coordinated network of community-based services and supports that focus on building up and maintaining the strengths and capabilities of people with addiction problems

NZ Practice Guidelines for OST –MoH 2014

# Recovery capital

- The personal, social and community resources developed by an individual in the process of recovery

- *"Fostering recovery capital and the physical, social emotional and cultural supports needed to sustain recovery – is an integral part of the treatment for opioid dependence"*

  James Bell 2013.

# Recovery focussed treatment

- Recovery focussed treatment recognises that many people receiving OST have complex social and medical needs, which may require a long-term coordinated system of care management aimed at assisting them to accrue and maintain their recovery capital.

# In a recovery-orientated system of care:

- a person-centred choice of treatment options is available
- treatment is strengths based
- service-user involvement in planning and delivery (and evaluation) of care is evident
- people with lived experience inform service delivery
- families are involved in the process
- there is a choice of OST medications
- there are strong relationships between prescribing and recovery-orientated services and the broader community (Scottish Government 2013).

# OST services can practise in accordance with a recovery-oriented approach by:

- assisting people to stay well, building support structures, developing contingency plans and joint crisis plans, and negotiating safety plans and advance directives that respect clients' preferences
- developing partnerships with other agencies designed to meet the diverse range of clients' needs
- training people in self-management and in setting their own agendas when working with professionals
- helping people to define and achieve their goals in ways that are acceptable to them
- practising according to an individual's need rather than using standardised solutions defined by professionals
- promoting empowerment approaches such as the Wellness Recovery Action Plan or strengths-based approaches reviewing services, therapies and treatments using a recovery lens (Victorian Government Department of Health 2011).

# Recovery focussed treatment service requirement

- Services should aim to provide recovery- and wellbeing-orientated practice, and use this as a measurable outcome in service evaluation

Ministry of Health 2014

# Risk aversive approach

- Definition of a safe service
  - For clients
  - For staff
  - For the organisation

- How do we set risk aversion in balance with a client-focussed, recovery and wellbeing approach to OST?

# Developing a new model/philosophy of care

- What does it look like
- What is the philosophy and model of care?
- What is the organisations goal for the future?
- What are the steps to achieving this goal?
- What are the values, attitudes, beliefs, principles required to foster the service's philosophy

# Model of Care

- To provide a model of care that facilitates a client-centred, recovery and wellbeing focussed approach to OST that is responsive to the needs of clients, their whanau, and the community by.....

# Delaying or deciding not to admit a client to OST (2.4)

- *Services should be cautious when excluding clients seeking OST, because such clients often have poor clinical outcomes if they do not receive treatment.* (WHO 2009)

- Where a service provider assesses a client as being unsuitable for OST, it must inform them of the reasons in person and in the presence of support people wherever possible. The provider must record the decision in writing, and offer appropriate alternative options. An MDT should review and document the decision not to admit a person to OST, in consultation with the referring agent and the client's primary care provider.

- Use of other substances should not be the basis of a decision not to admit a client to OST if he or she meets criteria for opioid dependence.

# Urine Drug Screens

Drug screening should be used to inform client-orientated treatment alongside the input of the client, their significant others, pharmacists and support people. Treatment decisions should be based on clinical judgement and an understanding of the individual client's situation; not wholly on the results of drug screens.

- The perceived need to observe urination should be balanced against the significant adverse effects of this process. .....
- Providers should consider other less intrusive methods of screening.

- Services are responsible for determining the frequency of the drug screening they undertake. Random testing may be more effective than a system of frequent screening.

# Psychosocial Inteventions

- Ensure interventions for opioid dependence promote harm reduction by maximising access to opioid substitution treatment and retention, supporting recovery and comprehensively addressing people's wider needs, including their physical, emotional and social needs. This will include extending the use of primary care that is well supported by specialist services to deliver interventions for opioid dependence (Ministry of Health 2012b).

# Managing problematic substance use

- Multiple substance use is common among people dependent on opioids, particularly at entry to treatment and during the stabilisation stage. Specialist services and general practitioner (GP) prescribers are expected to assist clients with reducing or ceasing use of other drugs (including alcohol) and minimising problems associated with it. However, opioid substitution treatment (OST) services should not focus on abstinence to the exclusion of substance using harm reduction.

- Use of other substances, particularly sedatives (such as alcohol and benzodiazepines), in combination with opioids significantly increases the risk of death by respiratory depression, overdose, serious illness and social deterioration. However, this risk is usually less than the risk arising from increasing substance use if OST is withdrawn.

# Managing problematic substance use 2

**Opioid substitution treatment services must seek to therapeutically engage clients who continue problematic use of alcohol or other substances by monitoring for issues that may exacerbate problems (such as anxiety, depression, cognitive impairment, medical issues, or pain), and by:**

- taking a non-confrontational approach
- setting clear expectations about behaviours, with clear rationales
- encouraging honest self-report within a therapeutic client-centred approach
- talking to clients about their own concerns regarding their substance use and associated behaviour
- acknowledging clients' experience and offering support to assist them to address and manage issues.

# Continued Opioid Use (6.1.1)

- When a client is not achieving or maintaining stability, the aim should be to optimise treatment by increasing the intensity of the OST rather than reducing it. This approach may also involve ensuring the dose is provided within the therapeutic range (60–120 mg methadone, 12-24mg buprenorphine), changing opioid substitutes, increasing case management or psychosocial interventions and increasing supervised consumption.

# Continued opioid use 2

- Large studies, TOPS in US, NTORS in UK, ATOS in Australia – provide consistent results –
  - Heroin use reduced, with 25-35% reporting continuing heroin use 3-5 years after beginning OST.

# Qualities and skills of specialist service staff

- a knowledge of the principles of the Treaty of Waitangi, and its implications for clients
- an understanding of the inherent power imbalance in the relationship between a client and an OST provider
- a positive, recovery- and wellbeing-focused, client-centred and non-judgemental approaches and attitude
- a willingness to work with all clients, regardless of race, ethnicity, age, disability, sexual orientation, gender or health status, and experience or skills in working with diversity
- an inclusive attitude towards clients' support people

# Quality and skills (2)

- flexibility in their approach to treatment, and a focus on treatment retention
- an awareness of key documents and publications relevant to OST and co-existing mental health and medical problems
- an understanding of and willingness to challenge stigma associated with addiction and OST
- a willingness to undertake further education in addiction, including study towards a relevant postgraduate qualification.

# Lead Clinician (12.5 pg 85)

- a recovery focus, which contributes to consumers living full and meaningful lives in the presence or absence of their addiction
- excellent services, focused on safety and the needs of consumers
- respect for consumers and their personal and cultural values
- giving effect to human rights, to protect or enhance a consumer's dignity or mana
- reflecting the importance of relationships with consumers, to support and enhance relationships between consumers and the community.

# Lets Get Real

Values:

- Respect, human rights, service, recovery, communities and relationships

# LGR - Attitudes

- Compassionate and caring: sensitive and empathetic
- Genuine: warm, friendly, fun, have aroha and a sense of humour
- Honest: have integrity
- Non-judgemental: non-discriminatory
- Open-minded: culturally aware, self-aware, innovative, creative and positive risk takers
- Optimistic: positive, encouraging and enthusiastic
- Client-centred: tolerant and flexible

# LGR Attitudes (2)

- Professional: accountable, reliable and responsible
- Resilient
- Supportive: validating, empowering and accepting
- Understanding