

**WHOS (WE HELP OURSELVES) OPIOID  
TREATMENT PROGRAM THERAPEUTIC  
COMMUNITY INITIATIVES – IMPROVING  
SERVICES TO MULTIPLE COMPLEX NEED CLIENTS  
ON OPIOID SUBSTITUTION TREATMENT.**

**ATCA Conference – Gold Coast October 2013**

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# Working with clients on OST

- **WHOS have 13 years experience working with OST clients**
- **MTAR (Methadone to Abstinence Residential) reduction program in 1999**
- **RTOD (Residential Treatment of Opioid Dependence) stabilisation program in 2009**
- **Both Services commenced in response to identified need of this client group**
- **Identifying what more we can provide**

# Recognising the Gaps

- Responding to the multiple complex needs of the client group
- Acknowledging that not all clients do well coming off OST within a timeframe
- Lack of skilled base training taken up by this client group in the community
- OST clients have limited options to support and aftercare in the community
- Dispensing options

# Overview of Complex Needs

- The following has been identified from research and surveys conducted in the OTP programs at WHOS 2009 – 2012
- High incidence of mental and physical health issues
- High levels of criminal history, with just under three-fifths reporting recent criminal involvement and recent arrests.
- Nearly all on government benefits

# Mental Health Screening Questionnaire (2011,2012

N=120, RTOD =20)

During your lifetime have you ever experienced?	Lifetime	Lifetime RTOD
Anxiety / Panic symptoms	79%	89%
Strong fears (e.g. agoraphobia)	80%	90%
Taken psychiatric medication	74%	93.8%
Depression	81%	94%
Psychiatric hospital admission	42.9%	76%
Attempt to kill yourself themselves	43.4	66.6%
Heard voices / saw objects others couldn't see	34.7	31%
Nightmares / flashbacks from traumatic events	67.7%	89%

# Complex Needs



- **Two thirds with children had FACS involvement in the 12 months preceding admission of those 3/5 had a child removed in preceding 12 months**
- **High incidence of loss of consciousness**
- **40% did not complete to year 10; 32% completed year 10; 15% completed HSC; 7% completed tertiary education; 5% completed a trade certificate**
- **Under 25% had worked in the preceding 12 months up to admission**

# And the Ageing Client

- LOC 15yrs or longer-clinical profile**
  - 70% history of overdose**
  - 2/3 history of imprisonment (2/3)**
  - Higher levels of polydrug use and injecting**
  - Significantly poorer health**
  - 15% of those with more than 15yrs of use classified as having a severe physical disability (mean age 40)**

Darke, Mills Ross, Williamson, Havard & Teeson *The aging heroin user: career length, clinical profile and outcomes across 36 months*, Drug and Alcohol review (May 2009) 28, 243-249

# Aftercare and Outreach



- ❑ Easier for those coming off treatment
- ❑ Not so easy for those staying on OST
- ❑ Thinking outside the square
- ❑ Breaking down barriers in the community – starting whilst in the TC
- ❑ Accessing Day Programs
- ❑ Assertive follow up



# Response to the Gaps

- **MTAR and RTOD**
- **In 2012 WHOS OTP Services secured funding from NSW Ministry of Health to enhance services to OST clients**
- **Setting up of OST dispensing onsite,**
- **A day program in a regional area**
- **Employment Skills, Aftercare and Outreach services**
- **Multidisciplinary teams, care planning, liaising with community**

# Challenges

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- ❑ **Collaboration between community OTP Providers is essential to ensuring continuity of care for the clients OST whilst in WHOS and on their return to the community – We do this well**
- ❑ **Breaking down the barriers around discrimination of this client group**
- ❑ **There is always more to do**

# Recognition

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- In 2012 WHOS was given the status of Dual Diagnosis Capable in the 4<sup>th</sup> year DDCAT Review
  
- In 2012 the WHOS OTP Therapeutic Community Initiatives was awarded “Excellence in Treatment and Support” at the National Drug and Alcohol Awards.

# Conclusion

- Individuals on OST have traditionally been a marginalised group in terms of treatment options.
- Most have co morbidities requiring detailed assessment to ensure the needs of this multiple complex needs population can be met by the WHOS OTP services.
- Staying on treatment can reduce aftercare and outreach options.
- Improving services to the OST client is constantly being undertaken by the WHOS organisation to ensure continuity of care from admission to exit planning back into the community and follow up.

# Acknowledgement and References

- Thank you to Garth Popple; Lyn Roberts; Gaye Byron; Jo Lunn; Dr. Peter Kelly and Gabrielle Campbell.
- Campbell, G; Stublely, C; Darke, S; and Popple, G., (2011). NDARC Technical Report No. 318 - WHOS RTOD –Residential Treatment for Opioid Dependence-Stabilisation Program
- Kelly, P Dr., (2012) Dual Diagnosis Capability in Addiction Treatment (DDCAT) Summary Report Year 4
- Darke, Mills Ross, Williamson, Havard & Teeson, (May 2009) *The aging heroin user: career length, clinical profile and outcomes across 36 months*, Drug and Alcohol review 28, 243-249