Opioid Substitution Treatment in Opioid Dependence

By Georgia Henderson

Opioid dependence is characterised as a chronic relapsing disorder that involves compulsive, prolonged, self-administration of opioids, typically resulting in a tolerance where abrupt discontinuation of the substance causes withdrawal (Cacciola, Severt, Ruetsch & Tkacz, 2012). OST has been the primary treatment for opioid dependence in New Zealand for the past 40 years (Adamson, Deering & Sellman, 2014). People on OST receive a daily dose of a substitute drug, which is a long acting opioid that allows the patient to step away from the reinforcing effects of shorter acting opioids ("identifying and managing addiction to opioids", 2014).

As OST is the primary option for treating opioid dependence I thought it was important to establish if it is effective. I developed a research question, which aimed to identify if:

"In people with opiate dependence is opioid substitution treatment (OST) effective in reduction or cessation of illicit opiate use?"

Using relevant literature, I further aimed to establish what the factors are that may affect the treatments success and develop recommendations that could improve treatment.

Findings

- Negative perceptions & social/institutional stigma views OST clients as undeserving customers, discredits recovery & causes social exclusion
- Long wait-times are a barrier to clients accessing/engaging in treatment
- OST medications are effective in treatment if individual case factors e.g. client preference are considered & if a therapeutic dose is reached
- OST is most effective when used in conjunction with psychosocial support, however this is lacking for many clients
- Medications described as "liquid handcuffs" due to restrictions on daily life including holding employment and travel
- Most negative effects of OST are indefinite duration of treatment and "dependence" on substitute drug
- Takeaway doses & shift to primary care normalises treatment
- Treatment non-compliance, co-morbid psychiatric and substance use disorders & environmental triggers increase likelihood of relapse

Recommendations:

- Provide education to health professionals on OST and redirect the view of treatment inline with other chronic health conditions to reduce stigma and misperceptions of OST and its clients.

Stigma, misperceptions and unwillingness of physicians to Provide OST are major barriers to clients engaging with services and the shift from specialist services to primary care. Increased knowledge and reduced stigma may encourage client engagement and help seeking, and with More physicians willing to provide OST, increased numbers of clients can shift into primary care and out of specialist services to increase normalisation of OST and flexibility in the lives of its clients.

- Engage clients in treatment sooner and reduce wait times.

OST has been shown to be more effective when services are accessible and entry is prompt, so getting clients into treatment sooner should increase the likelihood of retention and continued engagement with the service as well as increasing the number of clients in treatment.

- Increase the level of psychosocial support available to OST clients throughout all stages of treatment.

Many sources have proven that OST is much more effective when used in conjunction with psychosocial support. OST clients have expressed the desire for support, however a small fraction received it, so providing psychosocial support at all levels of treatment should improve success in OST and provide a more holistic health approach.

- engage OST clients in all stages of care and goals setting to increase person-centred care.

Past OST providers have been focused heavily on medications and doses with little insight into clients' goals or desired outcomes for treatment, however for clients to fully engage and stay committed to treatment they need to be motivated and have a strong, trusting relationship with their care provider.

- Encourage OST staff to shift stable clients into primary care sooner, to allow normalisation of OST and greater flexibility.

Shifting clients to primary care for OST provision is a further step in the 'recovery' of the client from their opiate dependence. This shift may provide encouragement of achievements made by the clients in treatment, it provides more flexibility for daily life and it brings normality to prescribing of OST medications in conjunction with any other chronic condition.

References:

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Rationale

I have chosen to present my findings in the form of a poster because done well they can provide an eye-catching, creative and quite detailed means of communicating research findings to an audience. Poster presentations can be a useful means of disseminating findings because there is also the added benefit of being able to display them elsewhere later on, such as in hospital or university corridor notice boards, which can reach a wider audience (Schneider & Whitehead, 2013).

Due to my findings from the literature being around the stigma, misperceptions of opioid substitution treatment (OST) and its clients and the discrimination, institutionally and socially, towards those on OST I thought it was important to present the information in the form of a poster, aiming to educate people on what OST involves, what its issues are and how it could be improved, in the hopes that it might further normailse treatment and get the point of view in line with other chronic health and mental health problems.

PECOT category	Information relating to question	Explanation
Population	People with opioid dependence	This is a specific group that can be identified as only select groups that have sought treatment are known
Exposure (intervention)	People with opioid dependence using OST	I will be looking at statistics and arguments that show the success and/or effectiveness of this form of treatment
Comparison / Control	People with opioid dependence not receiving OST	I am interested to see if it has any significant benefits in reducing opiate abuse
Outcome	The dependence is controlled, substance abuse is reduced	I want to know if substance abuse is reduced or treatment is maintained when OST is the main form of treatment
Time	N/A	N/A

References:

Adamson, S., Deering, D., & Sellman, J. D. (2014). Opioid substitution treatment in new zealand: A 40 year perspective. *The New Zealand Medical Journal (Online), 127*(1397), 57-66. Retrieved from http://search.proquest.com.op.idm.oclc.org/docview/1543575582?accountid=39660

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[image pills via Shutterstock]