

WHOS (We Help Ourselves)

**Opioid Treatment, Stabilisation and the
Therapeutic Community (TC) Model;**

**Profiling the first 18 months of WHOS
RTOD (Residential Treatment of Opioid
Dependence).**

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**Presenter – Carolyn Stublely Nurse Manager
WHOS RTOD**

Background

- WHOS developed the RTOD program for individuals receiving opioid treatment, unable to obtain stability in a community setting
- Stabilisation needs can refer to finding the optimum dose to addressing poly drug use and addressing mental, physical and psychosocial issues
- RTOD is focused on Harm Reduction
- RTOD does not facilitate withdrawal from opioid treatment
- Modified Therapeutic Community

Background

- **Situated at Broughton Hall, Rozelle, NSW**
- **Commenced in February 2009**
- **10 funded beds – Federal**
- **Mixed Gender– over 18's**
- **Must be on opioid treatment**
- **Methadone and Buprenorphine – any dose**
- **30-90 day residential program**
- **Based on a Tier system**
- **Access to further stay options onsite**

NDARC study of the first 18 months

- Describe the characteristics of WHOS RTOD clients in terms of demographics, drug use history, treatment history, mental and physical health and social functioning.
- Describe treatment episodes in terms of length of stay and treatment completion.
- Examine pharmacotherapy dose and mental health medication at admission and treatment cessation.
- Determine characteristics associated with treatment completion and retention.

Method

- Treatment episodes between 1st March 2009 to 31st August 2010
- Based on first admission data = 75 episodes
- Data collected from the NMDS, BTOM and WHOS specific research data
- Data collated and analysed by NDARC to be published as a report in 2011.

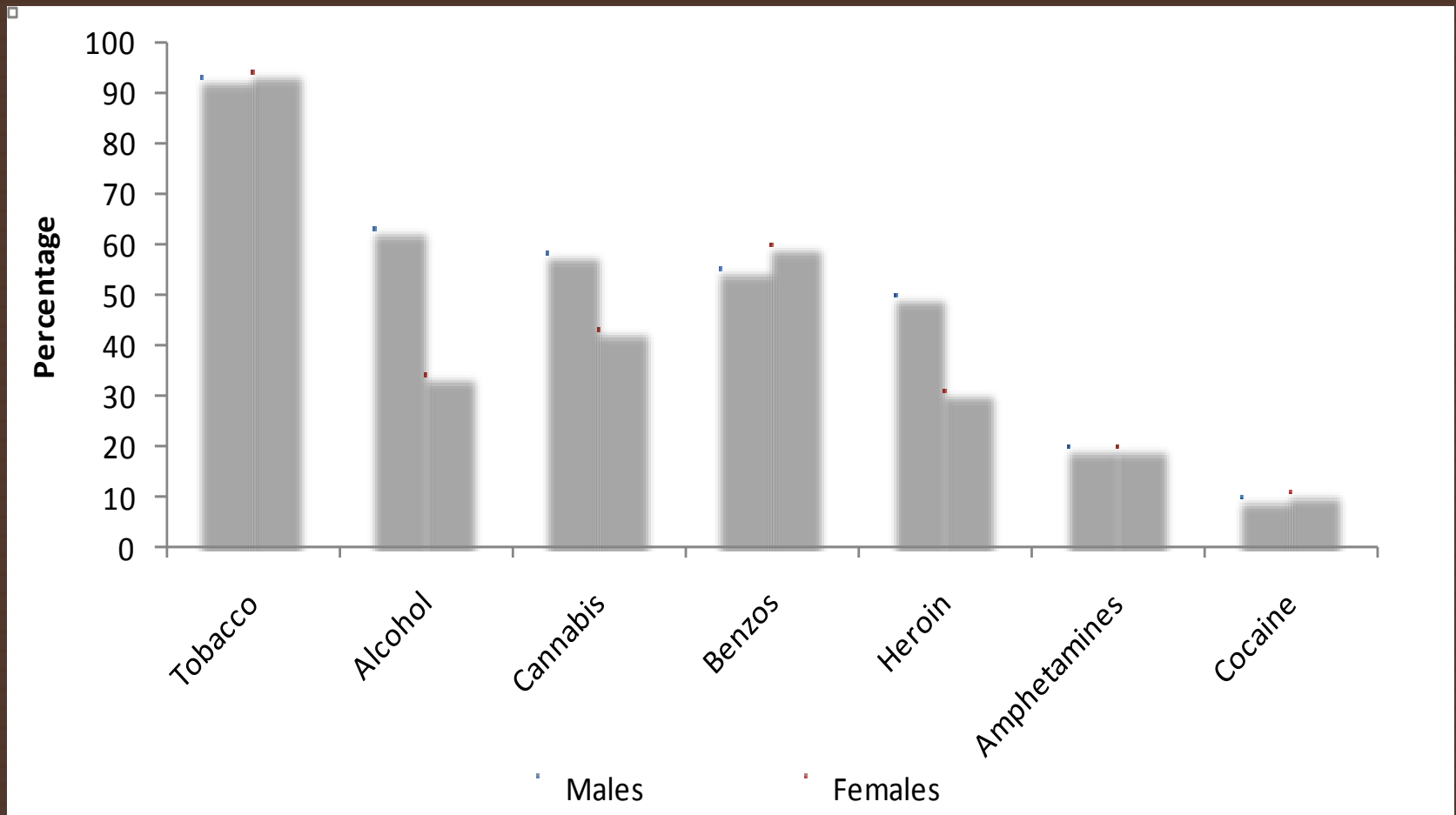
Demographics

- Males = 40 Female = 35
- Mean age = 33.7 years
- ATSI = 13%
- Nearly all on government benefits
- 40% did not complete to year 10; 7% completed tertiary education; 5% completed a trade certificate
- Under 25% had worked in the preceding 12 months

Demographics

- High amount of DOCS involvement in the 12 months preceding
- High levels of criminal history, with just under three-fifths reporting recent criminal involvement and recent arrests.
- Very few differences between gender in terms of demographics, drug use, current mental health and treatment retention.
- The clinical profile is one that is poor functioning and also associated with a chaotic lifestyle.

Recent Drug Use



Mental Health

- 71% had ever been diagnosed with a mental health problem
- The most common diagnosis were for depression and anxiety, followed by schizophrenia, post traumatic stress disorder (PTSD) and bipolar.
- Approximately 50% had ever felt suicidal and
- Just under two-fifths reported that they had previously attempted suicide

Mental Health medication on discharge



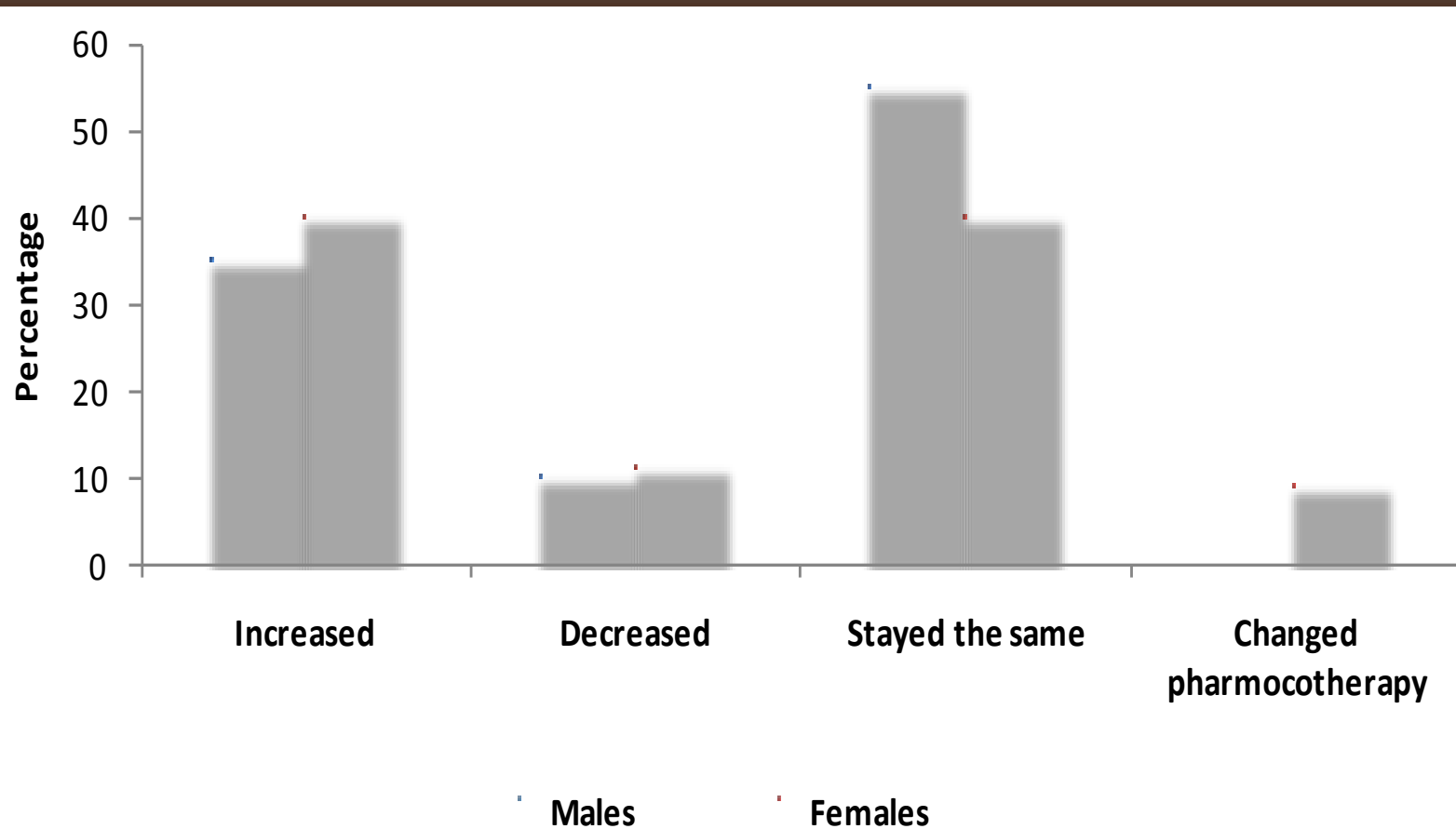
Physical Health

- **The majority of clients believed that their health in the preceding 12 months was fair to poor**
- **Just over half the sample reported that they spent time in hospital in the preceding 12 months**
- **Just under one-third reported that they had overdosed in the preceding 12 months**

Opioid Treatment at admission

Variable	WHOS RTOD (N=75)		
	Total (n=74)	Males (n=39)	Females (n=35)
Methadone	85	85	90
Median dose (mg)	87.5	82.5	86
Buprenorphine	13	13	90
Median dose (mg)	16	16	14
Buprenorphine-naloxone	1	3	16
Median dose (mg)	24	24	0

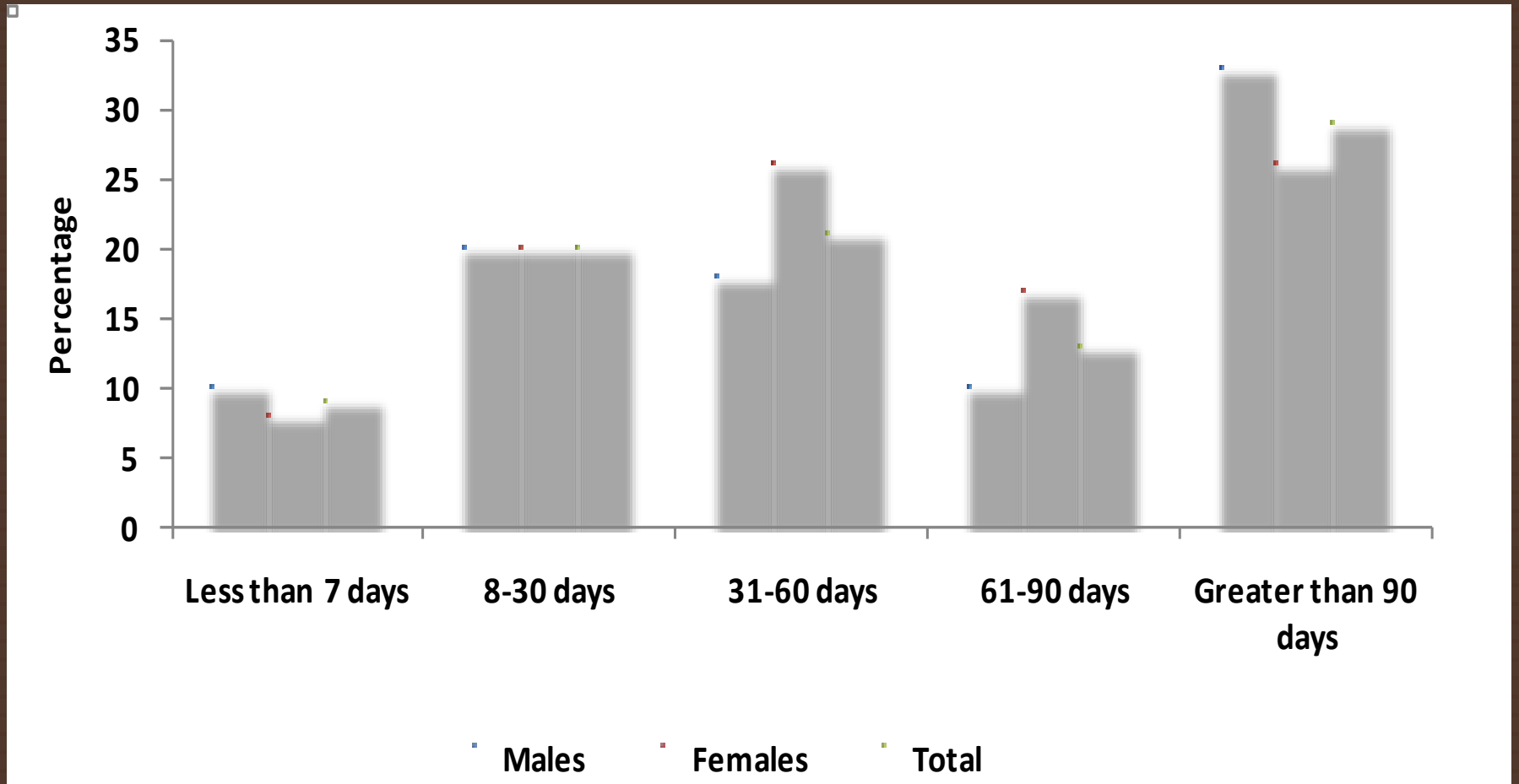
Opioid treatment at discharge



Treatment outcome at completion

- The vast majority (74%) felt that their health had improved after their treatment stay.
- Clients reported receiving the following
 - ▣ medical, dental and mental health support
 - ▣ high level of education and support around health promotion, harm minimisation, relapse prevention, living skills
 - ▣ housing assistance and counselling.
- High rates of satisfaction with the service

Treatment Retention



Conclusion

There were 4 main findings;

- Firstly, the poor social functioning of clients presenting for treatment
- Secondly, the relatively high rates of treatment completion.
- Thirdly, the successful stabilisation of clients on pharmacotherapy and mental health medication.
- Finally, the apparent lack of differences between male and female clientele.

Conclusion

- ❑ There appears to be no predictors of treatment completion or retention
- ❑ Of those clients that were readmitted two-thirds went on to complete treatment.
- ❑ Treatment completion rates were relatively high
- ❑ Many clients remained in treatment over 90 days.
- ❑ Vast majority of clients were satisfied with the treatment they received

Conclusion

“Most importantly WHOS RTOD has successfully met the requirement of providing stabilisation to high complex needs clients on opioid treatment in a modified TC model of care”

Acknowledgements

NDARC Report (pending publishing)

“WHOS RTOD –Residential Treatment for Opioid Dependence-Stabilisation Program (G. Campbell, C. Stubbley, S. Darke and G. Popple, 2011) .

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