

Ramping Up Harm Reduction Practice in Residential AOD Treatment Services

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BACKGROUND

Responding to escalating fatal overdoses in Victoria, 2017 (392 accidental overdose deaths) the Victorian Government invested in novel prevention programs¹. Windana received funding for a model targeting people at high risk of overdose while engaged in the Alcohol & other Drugs (AOD) treatment system.

Windana delivers residential withdrawal and long-term residential rehabilitation programs. Additionally Windana delivers a range of non-residential services to the community. Windana is committed to the provision of evidence informed services.

The Windana Harm Reduction Practitioner (HRP) applies a modified Care and Recovery Coordination (CRC) model. The HRP provides 1:1 consultation, client and staff overdose training, a wide range of harm reduction education and identifies risks prior to providing community-based support. The model includes, naloxone administration training with naloxone kits provided via discharge planning. In addition to Windana's residential services, HRP works with high volume pharmacotherapy prescribers.

The HRP works with clients referred by self, community health, hospitals and AOD agencies. HRP is referred clients mostly from two withdrawal facilities, Windana Adult Withdrawal Service in St Kilda, Melbourne and Windana Youth Community House Withdrawal Service situated in Dandenong, Melbourne. The youngest client being 12 years old and oldest client being 71 years old.

AIMS & OBJECTIVES

Collection of baseline data of clients in AOD treatment regarding: 1) prevalence of opioid use or history of opioid use 2) prevalence of accidental overdose(s) 3) if client had received naloxone training 4) if clients had retained the knowledge from previous naloxone training.

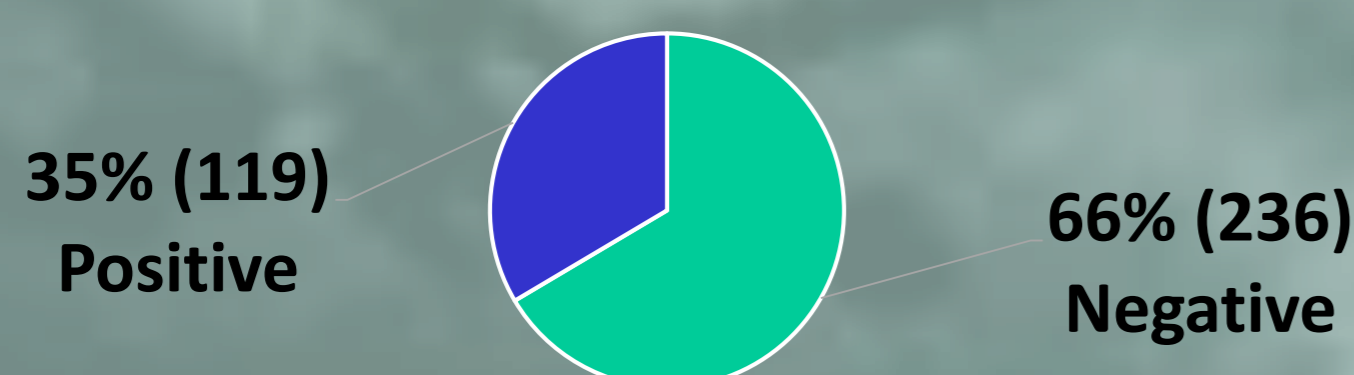
The data informed the design and delivery of harm reduction services to clients to prevent overdose and other harms from substance use. To use data to develop strategies around helping clients retain knowledge and skills from naloxone training.

METHODS

For the Windana internal evaluation, data were collected from clients engaged in AOD treatment regarding opioid use, accidental overdose and overdose response since July 2018 until August 2019 (n=355). The data was collected from clients with verbal consent during an individual harm reduction session or during group education sessions. Information collected included: 1) previous history or current opioid use, 2) previous history of accidental overdose from any substances, 3) how many times accidental overdoses over a lifetime, 4) what substance(s) were involved in accidental overdose(s), 5) previous naloxone training, 6) if they remembered how to use naloxone effectively and appropriately (assessed by asking client to run through naloxone use; how often they can administer naloxone in emergency; how long naloxone's effect last for).

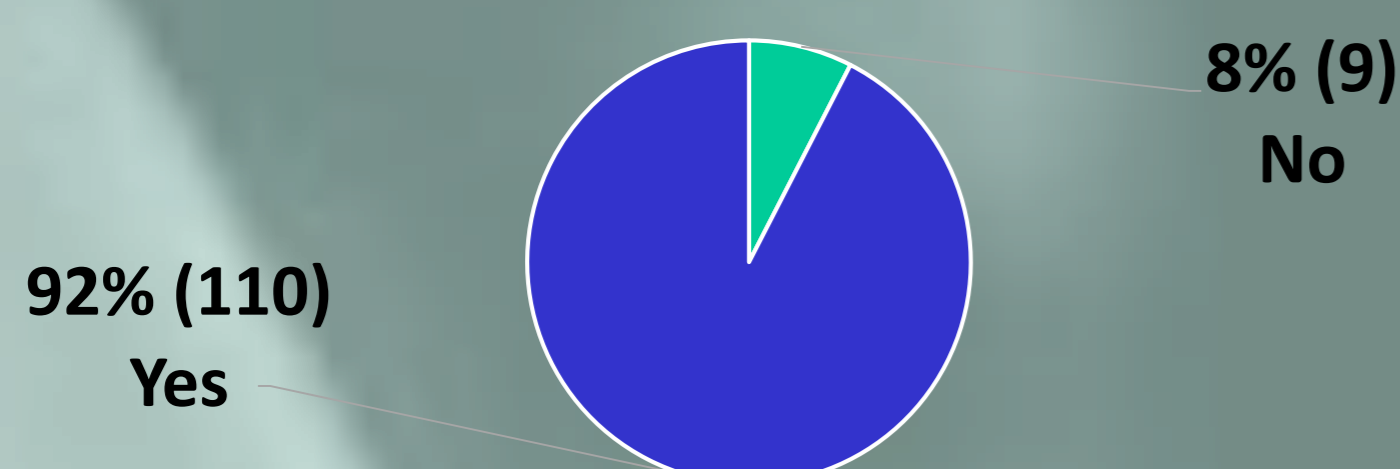
FINDINGS

1. Current or previous use of opioid drugs (Prescription or Non-Prescription / Illicit or Legal) (n=355)



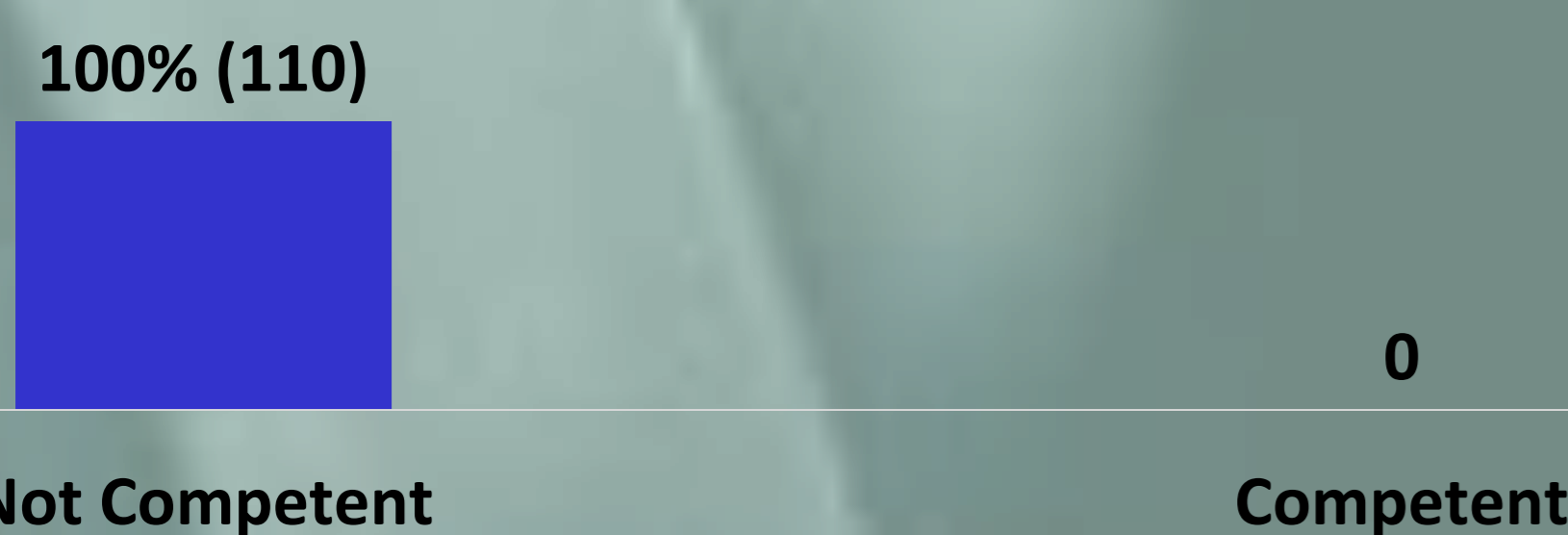
Legend: Negative History of Opioid Use (Green), Positive History or Current Opioid Use (Blue)

2. Was naloxone training received for opioid users (n=119)

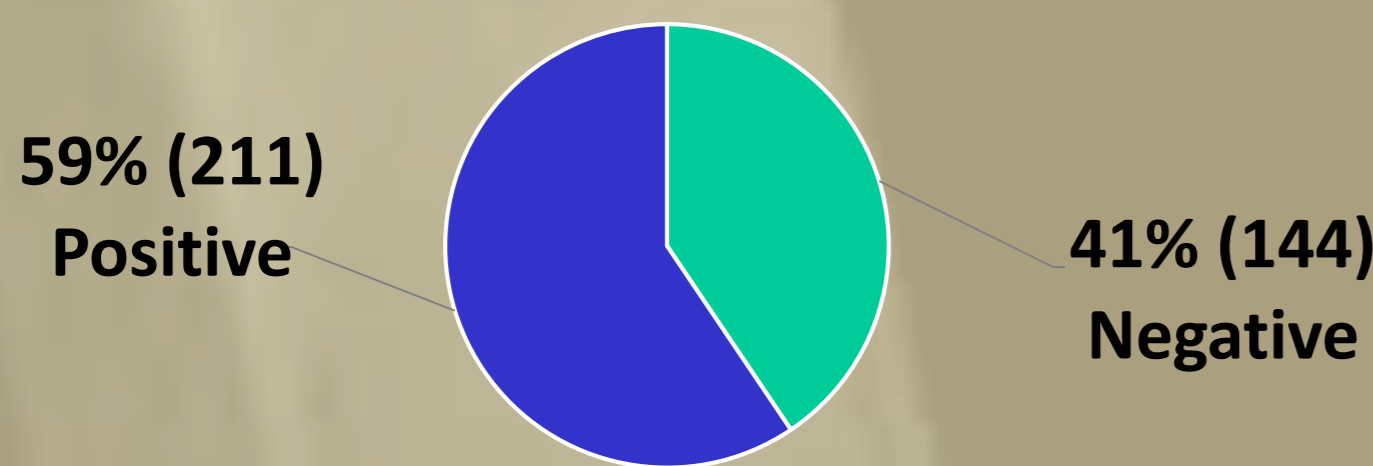


Legend: No to Previous Naloxone Training (Green), Yes to Previous Naloxone Training (Blue)

3. Number of clients (with previous naloxone training) that were competent with naloxone administration (n=110)

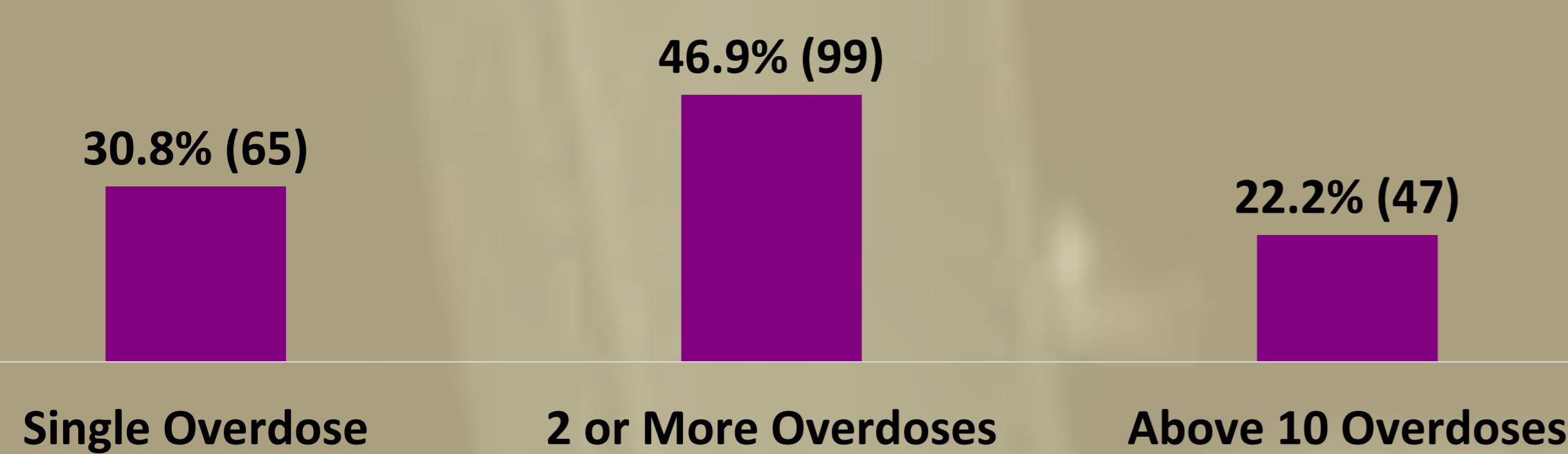


4. History of self-reported overdose(s) from any substance(s) (n=355)

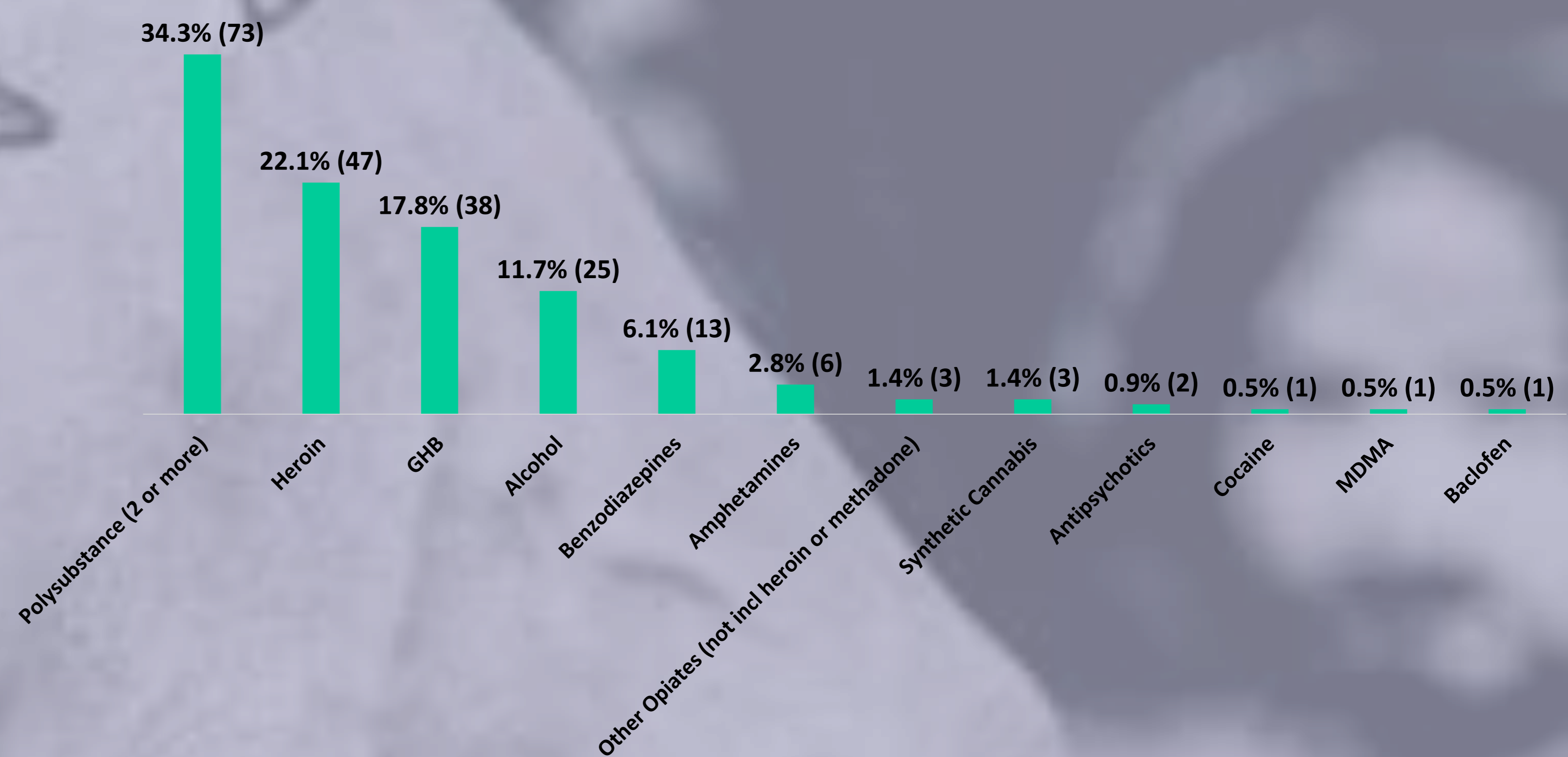


Legend: Negative History of Overdose (Green), Positive History of Overdose(s) (Blue)

5. Number of self-reported overdose(s) from any substances(s) (n=211)



6. Reported substances(s) involved in overdose (n=213)



7. Combinations of substances in reported polysubstance overdose (n=73) Number of clients

Alcohol + Amphetamines	7
Benzodiazepines + Heroin	7
Alcohol + GHB / GHB precursors	6
Alcohol + Heroin	4
Alcohol + Benzodiazepines + Heroin	4
Amphetamines + GHB / GHB precursors	4
Alcohol + Benzodiazepines	3
Alcohol + MDMA	3
Amphetamines + Heroin	3
Benzodiazepine + Heroin + Methadone	3
Alcohol + Other Opioids (not incl. heroin or methadone)	2
Benzodiazepines + GHB / GHB precursors	2
Heroin + GHB	2
Heroin + Sedative Antihistamine	2
Alcohol + Antipsychotics	1
Alcohol + Cannabis	1
Alcohol + Synthetic Cannabis	1
Amphetamines + Cocaine	1
Amphetamines + Other Opioids (not incl. heroin or methadone)	1
Benzodiazepines + Antipsychotics	1
Cocaine + MDMA	1
Heroin + Methadone	1
Heroin + Pregabalin	1
Alcohol + Heroin + Methadone	1
Alcohol + Amphetamines + Cocaine	1
Alcohol + Amphetamines + Benzodiazepines	1
Amphetamines + Benzodiazepines + Heroin	1
Alcohol + Amphetamines + Benzodiazepines + GHB	1
Alcohol + Amphetamines + Benzodiazepines + Methadone	1
Alcohol + Benzodiazepines + Cannabis + MDMA	1
Alcohol + Benzodiazepines + Synthetic Cannabis + Ketamine	1
Benzodiazepines + Antipsychotics + GABA analogues (incl. pregabalin) + Sedative Antidepressants	1
Benzodiazepines + Other Opioids (not incl. heroin or methadone) + GHB + Pregabalin	1
Alcohol + Amphetamines + Benzodiazepines + GHB + Other Opioids (not incl. heroin or methadone)	1
Amphetamine + Heroin + Methadone + Sedative Antihistamine	1

CONCLUSIONS

The data strongly support the need for increased harm reduction education in the community and the development of further innovative overdose prevention strategies. The data highlight, in particular the critical need for strategies that enhance retention of pertinent knowledge for the effective naloxone use in overdose response.

REFERENCES

1. Penington Institute – Australia's Annual Overdose Report 2019

ACKNOWLEDGEMENTS

I would like to acknowledge those that have passed away from accidental overdose and loved ones affected. I would like to thank the clients that participated in this data collection. Finally, I would like to thank my supervisor (Molly) and the team at Windana. Windana has an enduring commitment to the reduction of substance related harms in our community a vested interest in the ongoing development of integrative harm reduction responses. The background picture is a work by Nigel Brunsdon (UK) – The Hands Project – depicting hands that save lives through harm reduction.