Polysubstance use and OAT

Victorian Opioid Management ECHO
Department of Addiction Medicine
St Vincent's Hospital Melbourne 2021

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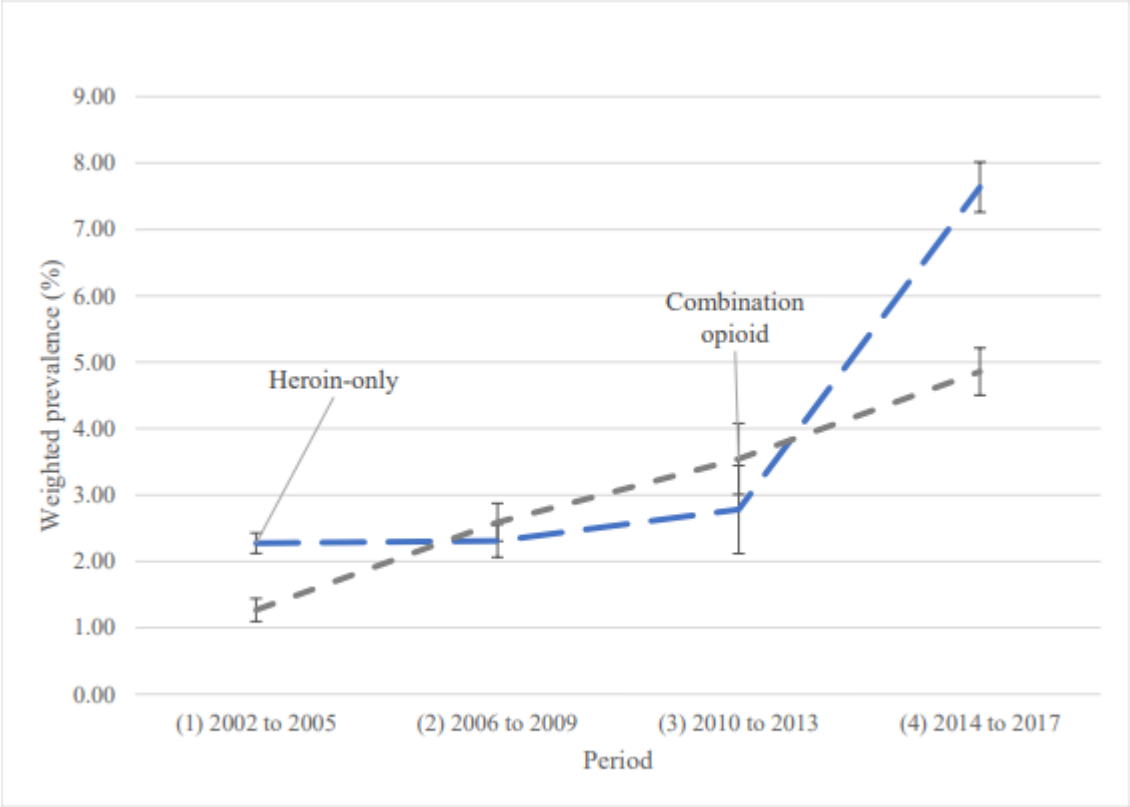

Figure 4.4 | Weighted prevalence of past-month heroin only and combination opioid use groups among PWUO by period (n = 1,088), NSDUH 2002 to 2017

Stojda, Diana Kuo, "Polydrug use among people who use opioids, national survey on drug use and health 2002 to 2017." (2019).
Electronic Theses and Dissertations. Paper 3208.
https://doi.org/10.18297/etd/3208

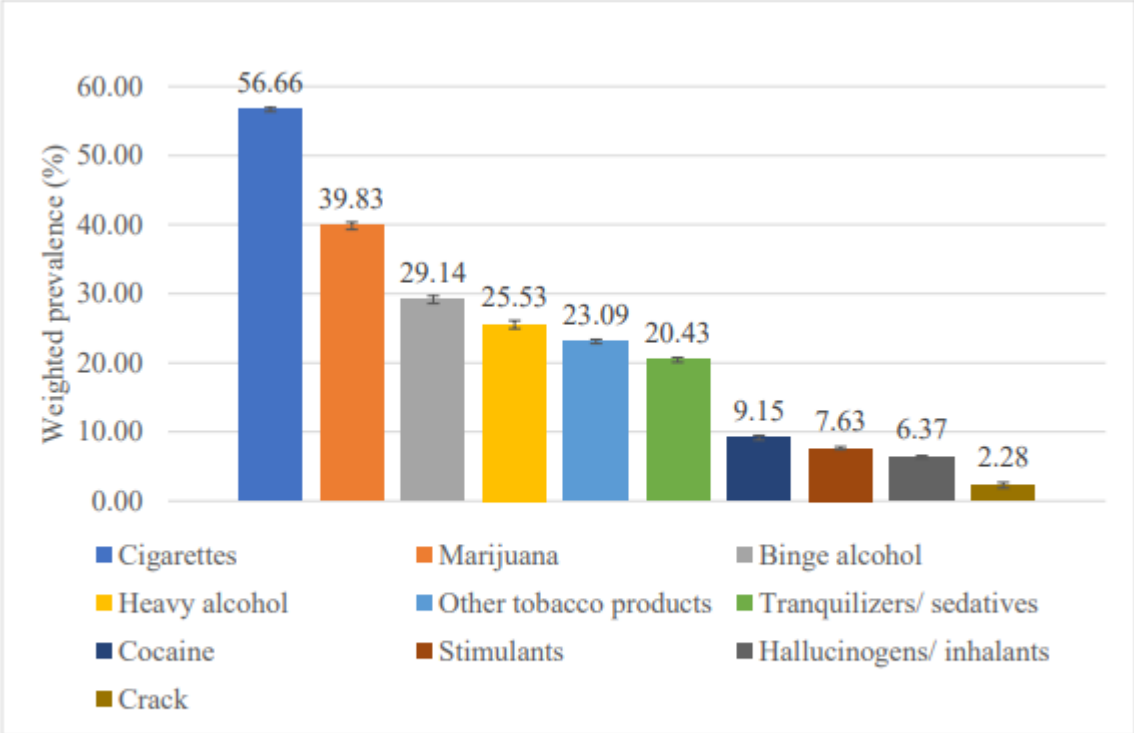

Figure 4.17 | Overall weighted prevalence of past month use of all core substances among the past month PPR-only group (n = 15,897), NSDUH 2002 to 2017

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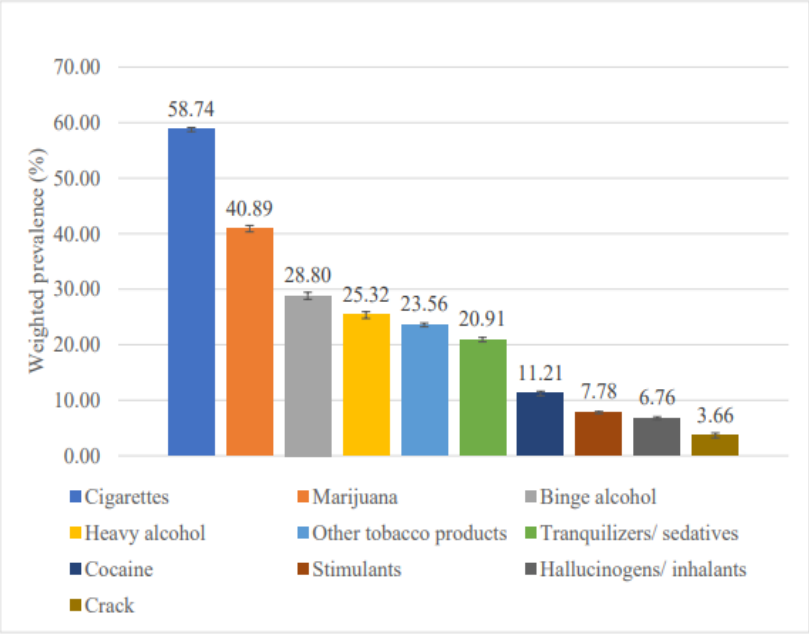


Figure 4.8 | Overall weighted prevalence of past month core substance use among PWUO (n = 16,985), NSDUH 2002 to 2017

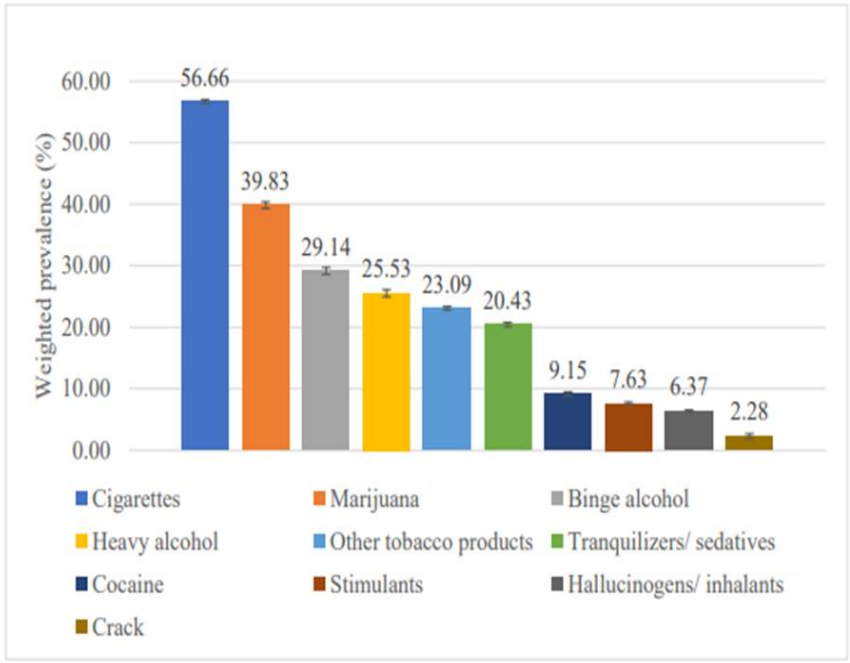


Figure 4.17 | Overall weighted prevalence of past month use of all core substances among the past month PPR-only group (n = 15,897), NSDUH 2002 to 2017

Victorian coronial data

2020 > 690 methadone-related deaths in last 10 years

2021 likely from diverted methadone

- **300 pharmaceutical drug-related deaths/yr**
- **BZDs most commonly detected drug group**
- **Pharmaceutical opioids next most common**
- **What does this tell us?**

Is it dependent or just co-use?

Following the ICD10 criteria for substance use disorder will help establish whether there is a dependence or not

Three or more of the following must have been experienced or exhibited at some time during the previous year:

1. A strong desire or sense of compulsion to take the substance;
2. Difficulties in controlling substance-taking behaviour
3. A physiological withdrawal when substance ceased or reduced
4. Evidence of tolerance, such that increased doses are required in order to achieve effects originally produced by lower doses;
5. Progressive neglect of alternative pleasures or interests because of substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects
6. Persisting with substance use despite clear evidence of overtly harmful consequences

History of substance use

Which substances?

What route?

How much – points or $$

How frequently used, pattern

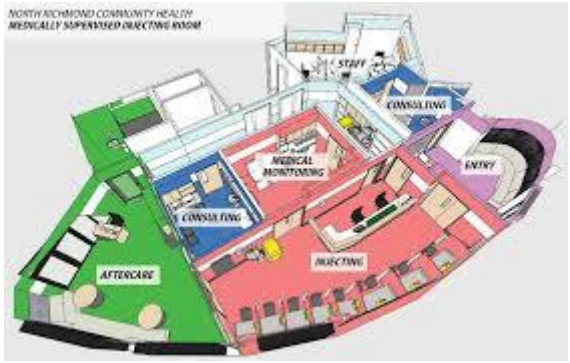
Do you have any concerns about your use of xxx?

IV ?– if so where do they inject ?

Use with anyone/alone? Location of use- at home, in street, MSIF?

Longitudinal history

- **when started?**
- **daily use?**
- **onset of heavy use?**
- **previous withdrawal/abstinence periods?**



Important questions

Ever overdosed? If so when last?, how often?, which drug(g) responsible?, what happened?, do they understand why?

Always ask re shared/clean needles?

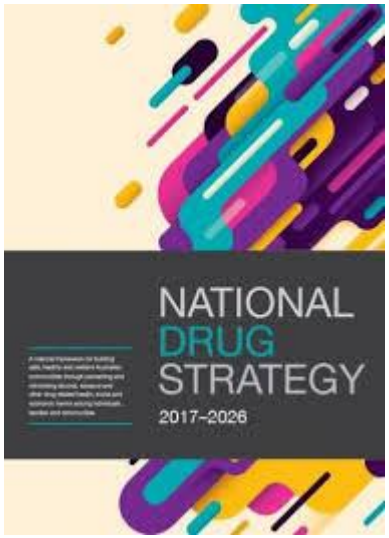
Complications from use? Concerns?

Previous (opioid agonist) treatment (OAT) experience/outcomes

Treatment planning 1

Important to involve the patient in the planning

- **Individualised care**
- **Shared decision making**
- **Therapeutic alliance**
- **Trauma informed care**
- **Culturally safe care**
- **Safety around prescribing**



- **HARM MINIMISATION SHOULD BE THE FOCUS**

Treatment planning 2

Determine most appropriate modality of opioid treatment

- **Discuss types of treatment**
- **Inform patient**
- **Risks/benefits of each- open discussion**

Safe induction to OAT (and continuation of treatment)

- **Minimise withdrawal symptoms- maximize engagement**
- **Consider home vs withdrawal unit**
- **Reduced risk of harm during induction**
- **Contingency planning**
- **Consider safety re TAD/access to other meds**

Treatment 3

Comprehensive care

- **Trauma informed care model**
- **Involvement of other services**
  - **Role for case management**
  - **Psychological support**
  - **Group based care**
  - **Rehabilitation units**

- **What harm reduction strategies need to be considered?**

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What have I "forgotten"?


NYXOID 1.8 mg
nasal spray, solution in a single dose container
Nasenspray, Lösung im Einzeldosisbehältnis
naloxone
Naloxon
Nasal use
Nasale Anwendung
For overdose of opioids (such as heroin)
Bei Überdosierung von Opioiden (wie Heroin)


Prenoxad® Injection
Naloxone Hydrochloride 1mg/1ml Solution for Injection


PENINGTON INSTITUTE

And what else?


SAFE
SCRIPT

And just for a change