



ST VINCENT'S
HEALTH AUSTRALIA



Harm minimisation in primary care

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

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Opioid agonist therapy



- **Central concept to opioid agonist therapy is risk minimisation**
- **Doesn't resolve issues of physical dependence**
- **Well established that adherence to opioid agonist therapy associated with decreased mortality**
 - One retrospective study reviewing 55,347 individuals with opioid use disorder from 1996 to 2018 who underwent OAT – standardised all-cause mortality risk ratio was **4.6** on OAT compared with **9.7** off OAT [1]

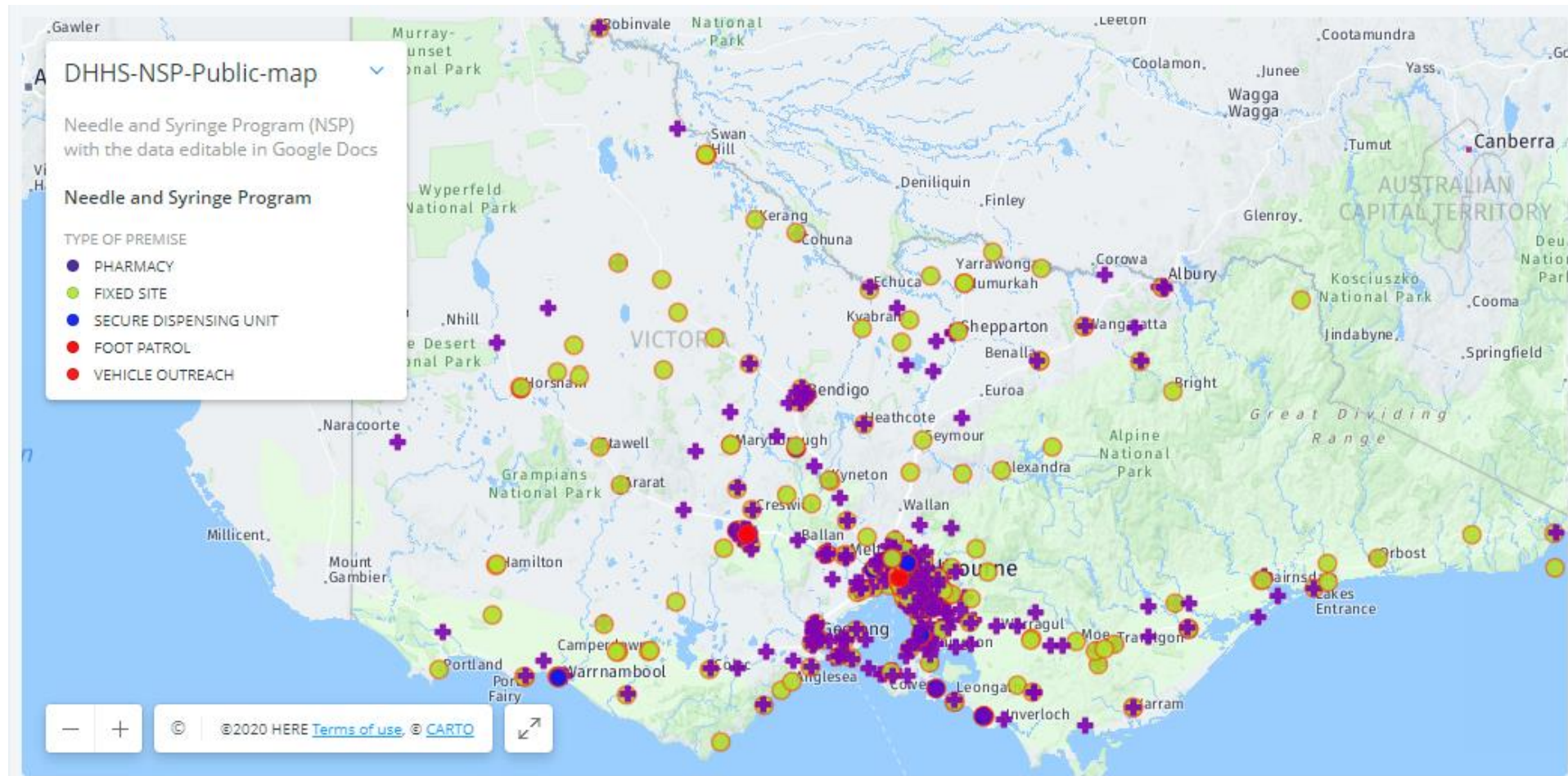
[1] <https://pubmed.ncbi.nlm.nih.gov/32234712/>



Needle and syringe program

- **Public health initiative aimed to minimise spread of BBV**
- **Program began in 1987 through range of services**
 - Funded NSPs
 - Community health services
 - ED services
 - Youth organisations
 - Participating pharmacies
- **Goal is to increase accessibility of new injecting equipment and safe disposal services**
- **Improved referral systems to enhance IDU access to other health and welfare services**

Needle and syringe program



[2] Needle and Syringe Program outlets in Victoria

Medically supervised injecting room



- **Goal of harm reduction by providing supervised space for injecting**
 - Reduce rate of community overdose and harm
 - Reduce incidence of public injecting and number of discarded needles in public areas
 - Mitigate risk of transmission of BBV through availability of needle syringe program
 - Improve pathways for healthcare engagement
 - Novel point-of-care testing for hepatitis C -> test & treat HCV all within time of attendance
- **June 2018 first Victorian MSIR opened at North Richmond Community Health**
- **A second MSIR on Flinders Street proposed**

Novel point-of-care testing



Portable point-of-care testing using reverse transcriptase PCR amplification technology

[3] <https://pubmed.ncbi.nlm.nih.gov/31993636/>



Fingerstick sample of capillary blood ~0.1ml

Polypharmacy



- **Reminder – polypharmacy increases risk of drug-related morbidity and mortality, particularly in context of opioid and benzodiazepine prescribing**
- **Ways to combat this:**
 - Real-time prescription monitoring (SafeScript) [4]
 - Drugs monitored include:
 - Prescription opioids (**Not tramadol**)
 - Benzodiazepines
 - The Z drugs (zolpidem, zopiclone)
 - Some antipsychotics (quetiapine)
 - **Not gabapentinoids**
 - Staged supply dispensing
 - Mitigates risk of misuse and overdose

Lest we forget



TAKE HOME NALOXONE

SMOKING CESSATION

SAFE DRINKING ADVICE

OVERDOSE PREVENTION ADVICE

STAGED SUPPLY OF OTHER MEDICATIONS WHEN APPROPRIATE

ENCOURAGING OF LESS HARMFUL ROUTES OF INGESTION (i.e. with THC)

ALL THE USUAL PREVENTATIVE INTERVENTIONS

References



[1] <https://pubmed.ncbi.nlm.nih.gov/32234712/>

[2] <https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/aod-prevention-harm-reduction/needle-and-syringe-program>

[3] <https://pubmed.ncbi.nlm.nih.gov/31993636/>

[4] <https://www.victoriaharbourmedicalcentre.com.au/2019/03/24/safescript-real-time-prescription-monitoring/>

