WHOS (We Help Ourselves)

WHOS RTOD

Residential Treatment of Opioid Dependence

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WHOS – RTOD

- **WHOS** (We Help Ourselves) has 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

Identifying the Gap

- Creating a continuum of care

"It is recommended that consideration be given and resources be sought for a residential methadone-to-methadone service which provides respite and stabilisation for clients who do not seek abstinence."

From independent research on **WHOS MTAR** by George Klein (Evaluation of WHOS MTAR, 2003)

Conception of **WHOS RTOD**

- ‘Stabilisation Concept’ influenced **WHOS** ED by an overseas residential service, Su Casa, New York City who had been providing MMT stabilisation treatment services for 22 years +

- Consultation and support from Australian Addiction Medicine Senior Staff Specialists and consumers

- Submission written by Garth Popple **WHOS** ED

- Federal Government funded **WHOS RTOD** through NGO Treatment Grants Program

The Service

- Situated at Broughton Hall, Rozelle, NSW
- 10 funded beds
- Male and Female – over 18's
- Must be on opioid treatment
- Methadone and Buprenorphine – any dose
- 30-90 day residential program
- Access to transition house onsite
- Modified Therapeutic Community

Core Aims

- Optimising the benefits attainable from Opioid Treatment providing stabilisation whilst in a safe environment (TC)
- Enhance treatment provision by providing absence from illicit drugs and associated consequences
- Provide treatment, education, information, harm reduction strategies and healthy lifestyle choices
- Enhance social skills by being part of a community where self and group evaluation processes are facilitated
- Give opportunity for enhanced care management and holistic health assessment
- To improve clients treatment by creating a care pathway between clients prescribing service and the RTOD service

Evidence Base

- Several studies conducted on modified TC for methadone patients i.e. De Leon et al. (1995) & Sorensen et al., (2008)

- All studies indicate that a suitably modified TC can be employed successfully with methadone maintenance clients

- Recommendations in “Toward Better Practice in TC” for modified TC (Gowing et. al., 2002)

The RTOD Model

- Adherence to the components of a generic TC Program model (De Leon, 2000)
- Adaptation of the **WHOS TC** model
- A community environment
- Teaching of TC perspectives
- Personal Growth and Socialisation through group and self evaluation, peer group dynamics, conflict resolution and awareness system
- Peer role models
- Community activities
- Structured program

The Modified TC Model

Modifications identified by De Leon (1995) as applied to RTOD

- Greater emphasis on outreach and advocacy
- Increased flexibility in phase format
- Reduction in the intensity of personal and interpersonal interactions
- Graduated and guided implementation of all new expectations and greater responsiveness to individual differences
- At the same time seeking to develop a culture where clients learn through a self-help process to foster change in themselves and others

The Modified Model (Cont.)

- Adherence to the general guidelines for Modifications and Adaptations of the TC for Special Populations, Settings and Services (De Leon, 2000)
- Defining Treatment Goals from admission
- Planned duration of treatment according to treatment goals

The Modified Model (Cont.)

- Flexibility i.e. focus upon individual differences in respect to needs and services
- Case management
- Clients remain on pharmacotherapy during their residential stay

The Tier System - LOS

Tier 1 Profile

- 30 day
- Poly drug use especially cannabis; amphetamine and heroin
- Those wanting to stabilise in their opioid treatment i.e. missing days, never feeling stable on dose
- Client's that have housing and community support
- 14 – 30 day stabilisation offered to WHOS MTAR clients where appropriate, e.g. mental health

Tiers cont.

Tier 2 Profile

- 60 days
- most suited to stabilisation of poly drug users with co morbidities
- Medical issues i.e. diabetes, hypertension
- Stabilisation of mental health issues i.e. Anxiety and depression
- Clients that have current housing and community support

Tiers cont.

Tier 3 Profile

- 90 day
- most suited to the more complex needs client
- Homeless
- Complex mental health issues i.e. Bipolar, schizophrenia
- Complex physical health issues i.e. Chronic pain, as in T2
- Poly drug users especially benzodiazepine and alcohol
- Psychosocial issues related to chaotic lifestyle i.e. DOCS, DV, Recidivism
- Merit and Drug Court

Tiers and The Program

- Focus on Relapse Prevention and Harm Reduction groups from admission
- Progression of group topics
- Treatment Planning/goal setting
- Assignment/Tasks delegated to a 12 week cycle
- Physical and Mental Health assessments
- Longer stay – more privileges for greater responsibilities taken on
- Through care to onsite transition program post 90 days

The Program

- Peer support dynamics
- Self and group evaluation
- Harm Reduction education groups
- Living & Social skills
- Conflict Resolution & Awareness system
- Concern Runs (Daily Reflection Activity)
- SMART Recovery
- Stress Management
- Relapse Prevention
- Harm Reduction Strategies within mod. TC
- Physical and mental health assessment

Client Data – first 6 months data

- No. of admissions – 39
- Males - 17
- Females - 22
- Average length of stay – 48 days
- Completed treatment – 46%
- Non compliance – 25%
- Self discharge – 30%
- Highest Methadone dose – 190 mg
- Highest Buprenorphine dose – 32 mg
- Progression to transition stage - 4

Client Issues – so far

- Stabilisation of pharmacotherapy
- Poly drug use – benzodiazepine +++
- Physical Health issues – diabetes, cervical cancer, epilepsy, chronic pain, head injury, cardio
- Mental Health issues – anxiety, depression, social phobia, bi polar, schizophrenia, BPD
- Homelessness
- DOCS
- DV
- Criminal Justice

Client Feedback

Since being in WHOS RTOD it's much better now as I can start to see the changes I'm making for the better life I need! It's been good here it's the first time in my life I feel I'm moving in a forward position. I have had to look at my behaviours and beliefs. I've got real structure now. I've been able to set up personal boundaries that people know not to come inside. I'm stable on Buprenorphine. ***Male - 35 years old***

Being in RTOD for 90 days my attitude has completely changed I have had to learn a lot whilst here. I have left behind a whole lot of old behaviours and I have learnt how to change my thought patterns (I don't really think about using anymore). I now know how to deal with any cravings and high risk situations that arise in my life. I am stable on my methadone. ***Female – 25 years old***

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