

Opioid Replacement Therapies

Position Statement

This UnitingCare ReGen (ReGen) Position Statement addresses policy options for increasing the therapeutic and socio-economic benefits associated with therapeutic interventions for opioid dependence in Australia.

Introduction

Opioids are the family of substances derived from or copying compounds present in the resin of the opium poppy. This includes drugs such as heroin, morphine, oxycontin and codeine. In Australia, public attention to opioid dependence has generally focussed on heroin use, but recent research indicates a strong increase with dependence on prescription opioids, such as oxycodone (Lloyd, 2011; NCHIVECR, 2009). This changing pattern of opioid dependence highlights the need for demonstrably effective treatment responses.

Opioid Replacement Therapies (ORT) are the group of pharmacotherapies including methadone, buprenorphine and buprenorphine/naloxone (suboxone). They mimic and/or block the effects of opioids in a measured and consistent way, thereby alleviating the overwhelming urges which drive much of the problematic behaviour associated with opioid dependence. ORT have been used for more than 40 years in the treatment of opioid dependence and they have been recognised as the gold standard in reducing harm and supporting sustainable change. Combining ORT with complementary supports (such as drug, financial and family counselling, employment and housing services) has been demonstrated to significantly improve the sustainability of treatment outcomes (Best et al, 2010).

ReGen believes that:

- ORT provide a platform of stability on which people can rebuild their lives. It allows them to remove themselves from the chaos and cycle of criminal activity often associated with illicit opioid use and to re-engage with society;
- ORT are the preferred treatment option for opioid dependence and should always be available as part of a holistic approach to support sustainable behavioural change;
- ORT support a range of treatment goals to meet individual needs, including short-term withdrawal, medium-term gradually tapered withdrawal and long-term maintenance.

Rationale

By providing a consistent and sufficient dose of long acting pharmaceutical opioids, ORT removes the need for injecting drug use, reduces cravings and the risk of overdose and prevents withdrawal symptoms. It is available at specialist drug treatment services or in community programs (comprising

authorised GPs and pharmacies). The aim of the community program is to provide effective treatment in a way that is geographically accessible, affordable and non-stigmatised. While ORT are not, in isolation, a 'silver bullet' for opioid dependence, they are a powerful enabler of change when included as part of a holistic response to the interrelated factors associated with individuals' opioid use. When combined with complementary supports, they have been shown to reduce drug use, improve health, improve social functioning, reduce blood-borne virus transmission and reduce criminal activity (Stotts et al, 2009).

Over the long term, the stability provided by remaining on ORT allows people the opportunity to further support their efforts to make sustainable changes to their health, lifestyle and family relationships. This is a similar process as with other pharmacotherapies for conditions, like diabetes and heart disease, that reduce immediate risk while enabling behavioural changes to support longer term improvements. For some people, ORT will remain a permanent support to reduce the harms associated with their opioid dependence. For others, they will provide a key support for a gradual reduction and/or cessation of opioid use.

Although the aim of the ORT program in Victoria was to increase access and to normalise drug treatment in community settings, the reality is somewhat different. Access is constrained because less than 10% of medical practitioners are registered to prescribe them, and less than 40% of pharmacies are able and willing to dispense the various medications. Research on the issue has consistently identified concerns about the accessibility of ORT, particularly for people in rural and regional areas. Clients of community programs also often report that they feel stigmatised and experience service discrimination (King, Ritter & Berends, 2011). The ongoing cost of the medications has also been noted as a barrier for those amongst the most vulnerable in our community (Ritter & Chalmers, 2009). The Victorian Government acknowledges these problems and has recently increased program funding and introduced changes to suboxone policy in an attempt to increase GP participation and client access (Department of Health 2012).

While for many in the community, the concept of supplying ORT to opioid-dependent people may seem counterintuitive, it has been shown to be a cost-effective approach to improving community health, law and order and community wellbeing (Chalmers et al, 2009).

ReGen recommends that:

- All people planning to undertake treatment for opioid dependence consider the role that ORT can play, combined with a range of complementary services, to support sustainable change;
- Friends, family members and all those supporting people in treatment for opioid dependence are assisted to understand that achieving sustainable change is a long-term process and that quick 'solutions' are unlikely to achieve lasting benefits;
- The Victorian Government work with the Commonwealth Government and the AOD sector to increase the accessibility and affordability of ORT and complementary supports for all Victorians, with particular focus on:
 - Availability of ORT prescribing and dispensing services, in regional/rural areas;
 - The financial barriers to regular access to essential medications posed by pharmacists' dispensing fees; &
 - Providing a comprehensive range of services to facilitate ongoing sustainable behavioural change and personal development.

ReGen resolves to:

- Continue to advocate for measures to increase the accessibility of ORT in Victoria;
- Continue to maintain up to date knowledge of advancements in provision of ORT and to deliver effective treatments for opioid dependence;
- Communicate clearly to staff and clients the criteria and reasons for available treatments;
- Disseminate this position statement among our communication networks and appropriate forums.

Further Reading

Accompanying [Supporting Evidence on Opioid Replacement Therapies](#) is available at www.regen.org.au

References

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Disclaimer

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Authorised by the Board of ReGen

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About ReGen

Our purpose is to promote health and reduce alcohol and other drug related harm.

ReGen is the lead Alcohol and Other Drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. ReGen is a not-for-profit agency, which has over 40 years experience delivering a comprehensive range of AOD treatment and education services to the community.

These services include Counselling and Support, Assessment and Intake, Community Outpatient, Home-based and Residential Withdrawal for adults and youth, Supported Accommodation, Drug Diversion programs, Youth and Family Services, an Intensive Playgroup, Alcohol Community Rehabilitation Program and AOD services at Port Phillip Prison. ReGen also delivers Education and Training programs nationally.

UnitingCare ReGen, 26 Jessie St, Coburg, VIC 3058 Australia

Tel: +61 (0)3 9386 2876 Fax: +61 (0)3 9383 6705

Email: contact@regen.org.au **Website:** www.regen.org.au



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