

# KEMPSEY DRUG AND ALCOHOL PROGRAM

PARTNERSHIP BETWEEN MID NORTH  
COAST LOCAL HEALTH DISTRICT AND  
DURRI AMS  
*SINCE 2000*

TWO DAYS A WEEK AT LHD AND  
ONE DAY AT AMS

FREQUENT TRANSFER OF PATIENTS  
BETWEEN THE 2 SERVICES

# AT AMS: DOCTOR AND AHW- D&A

AT LHD: DOCTOR AND BIG TEAM OF NURSES,  
PSYCHOLOGISTS AND COUNSELLORS.  
OST, CANNABIS CLINIC, WITHDRAWAL  
MANAGEMENT, ETC

# OPIATE SUBSTITUTION THERAPY:

## ***METHADONE AND BUPE***

SAFE, LEGAL, FREE, MEDICALLY  
SUPERVISED, ALLOWS PATIENTS TO  
LOOK AFTER THEIR OTHER PHYSICAL  
AND MENTAL HEALTH ISSUES

# METHADONE

- FULL OPIATE AGONIST
- NO CEILING EFFECT
- BIG VALUE ON BLACK MARKET
- RISK OF OVERDOSE
- RESTRICTIVE PROGRAM

# Buprenorphine

Introduced as an optional medication(2000)  
for the management of opioid dependence .

- detoxification and maintenance programs
- tablet, sublingual administration
- strong 'mu' receptor affinity, low intrinsic value
- previously available as Temgesic 0.2 mg

# How Does it Work

In essence simply by substituting a short acting, expensive, illegal and dangerous drug with a long acting, cheap/free, legal and safe drug(taken as directed).

- maintains steady blood level
- reduces and/or ceases heroin/opiate cravings
- provides the opportunity for clients to address other issues in their life
- exposes them to other health care providers
- retains people in treatment

# Suboxone Film

- suboxone film available 2011 has now superseded tablet version
- reduced risk of diversion
- faster dispensing



# Suboxone (2005)

- combination of buprenorphine and naloxone 4:1
- naloxone has poor oral /sublingual bioavailability
- maximised effect via parenteral route
- has little action in antagonising buprenorphine
- main use will be to minimise abuse and diversion and hopefully allow more liberal dispensing arrangements

# Potential Benefits

- the “ceiling” effect - flat dose response curve
- long duration of action allows for second/third day dosing
- easier transition to other medications such as naltrexone or methadone
- patients may find it easier to withdraw from

# DRUG AND ALCOHOL WITHDRAWAL MANAGEMENT PROGRAM

RICHARD ROGERS CNS2  
MID NORTH COAST – LOCAL HEALTH  
DISTRICT

# Treatment Aims

Methadone treatment aims to reduce the health, social and economic harms by;

- reducing illegal and other harmful drug use by those in treatment
- reducing spread of blood borne diseases
- reduce crime associated with opioid use
- reduce the risk of death associated with opioid use.
- facilitate social rehabilitation
- improve the health and well being of those in treatment

# COMPONENTS OF EFFECTIVE WITHDRAWAL MANAGEMENT

- SAFETY IN WITHDRAWAL - ACCURATE ASSESSMENT
- FOCUS ON THE SUBSTANCE NOT THE CAUSE
- EMPOWER CLIENT - EDUCATION
- TREATMENT, HAVE A PLAN – PATIENT FOCUSED

# ASSESSMENT

- PRESENTING PROBLEM
- PSYCHOSOCIAL HISTORY
- DRUG HISTORY
- MENTAL HEALTH
- DV/CHILD PROTECTION
- FORMULATION
- PLAN

# EDUCATION

- UNDERSTANDING DEPENDENCY

PHYSICAL – PSYCHOLOGICAL - CULTURAL

# TREATMENT

- **MEDICATIONS**

- Magnesium and vitamin B1
- Detox packs – alcohol withdrawal
- Neulactil – cannabis withdrawal
- Epilum, Neulactil – amphetamine withdrawal

- **INTRODUCTION TO BASIC CBT PRINCIPLES**

- Communication skills
- Positive thinking

- **SUPPORT**

- As required home visits, community centre or phone
- Education and support to carers

- **Referral**



# TREATMENT

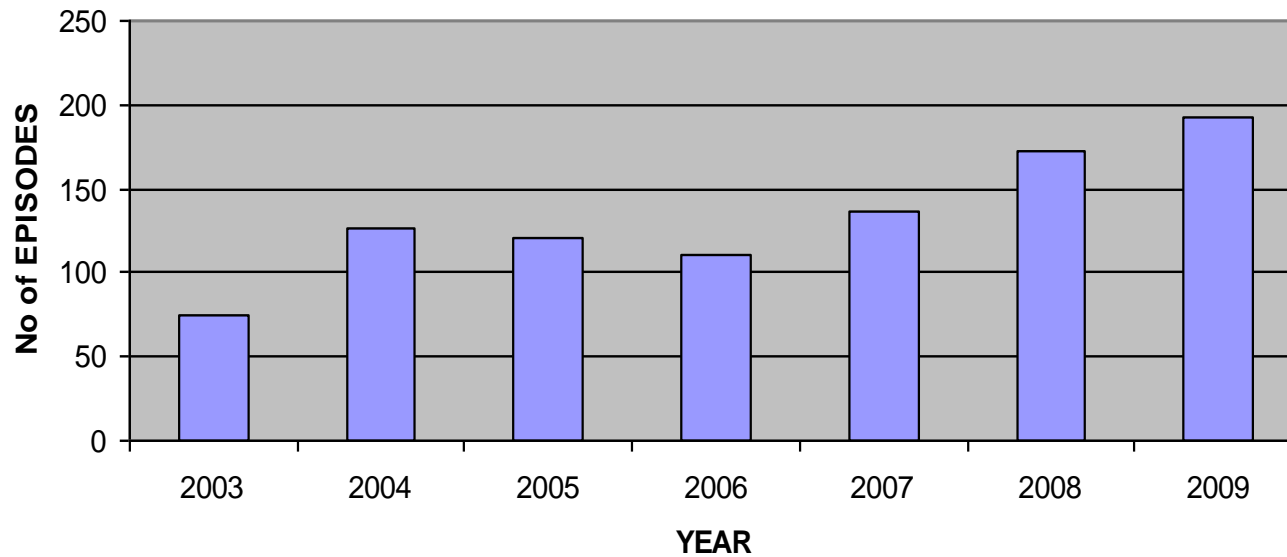
## PREFERENCE FOR HOME DETOX

- EFFECTIVE – GOOD OUTCOMES
- EFFICIENT UTILIZATION OF RESOURCES
- CLIENT MORE EMPOWERED – TIMING OF TREATMENT THE CLIENTS CHOICE
- EDUCATE SIGNIFICANT OTHERS

# 2003 - 2009

| YEAR      | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|-----------|------|------|------|------|------|------|------|
| O-P Detox | 74   | 126  | 120  | 110  | 136  | 172  | 193  |

**C OUT-PATIENT DETOX COMPLETIONS**



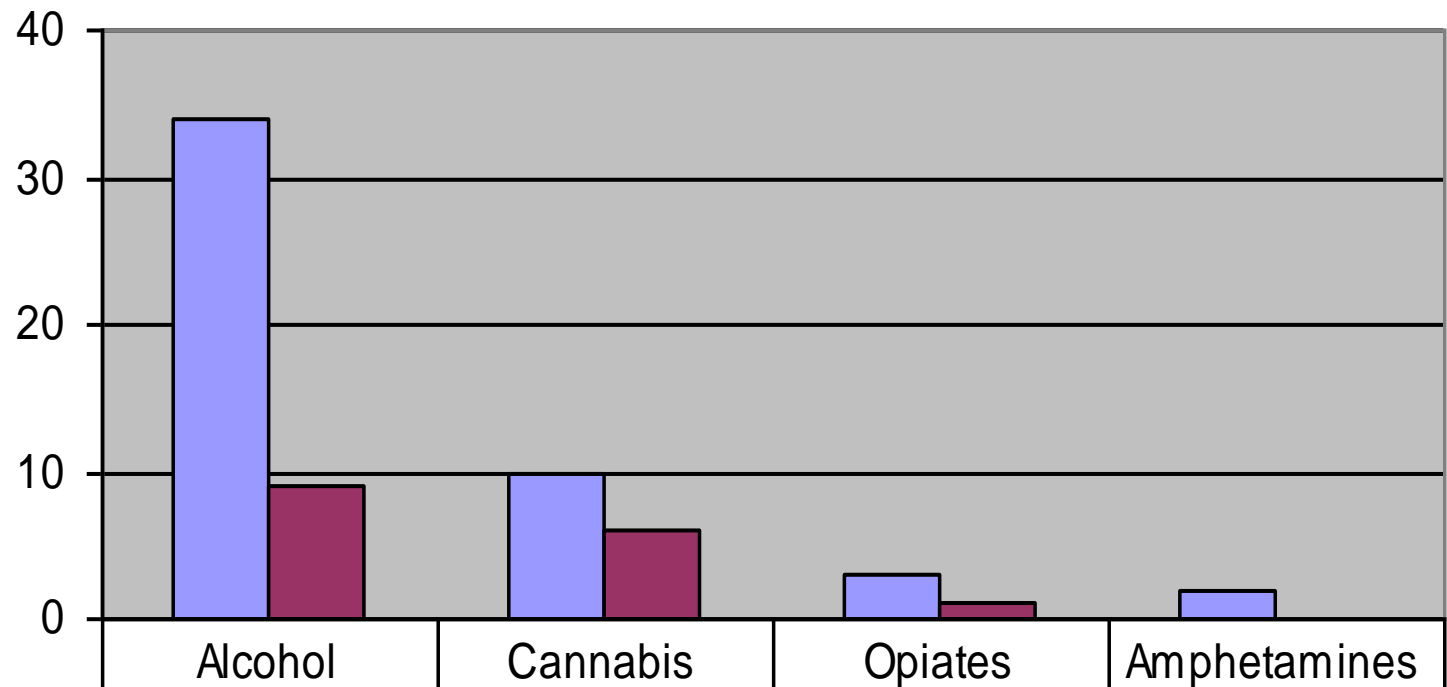
# Evaluation 2006-2007

- Descriptive study - four NSW rural sites
- 65 participants – most from Port Macquarie
- Referral: self = 28, GP = 16
- 35% female
- 39 seen in out-patient setting
- 20 seen at home

# Primary Drug of Concern (n=65)

- Alcohol 43
- Opiates 4
- Cannabis 16
- Amphetamines 2

# Completion of treatment (n=65)

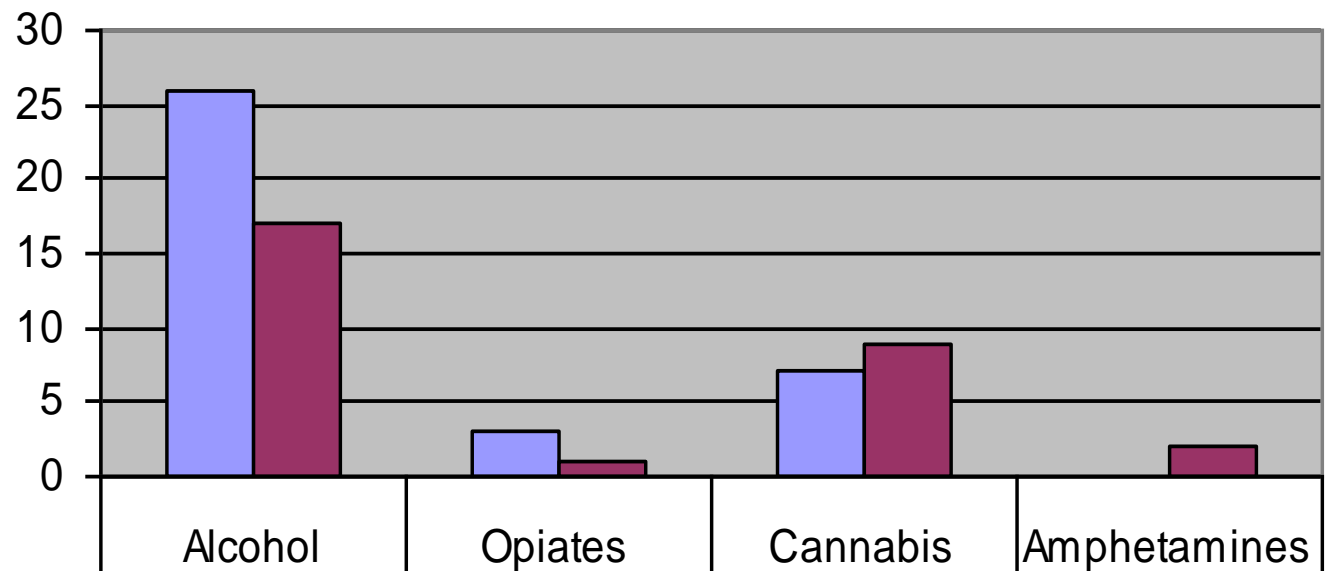


|            |    |    |   |   |
|------------|----|----|---|---|
| ■ Comp.    | 34 | 10 | 3 | 2 |
| ■ Non comp | 9  | 6  | 1 | 0 |

## Average Length of treatment (days)

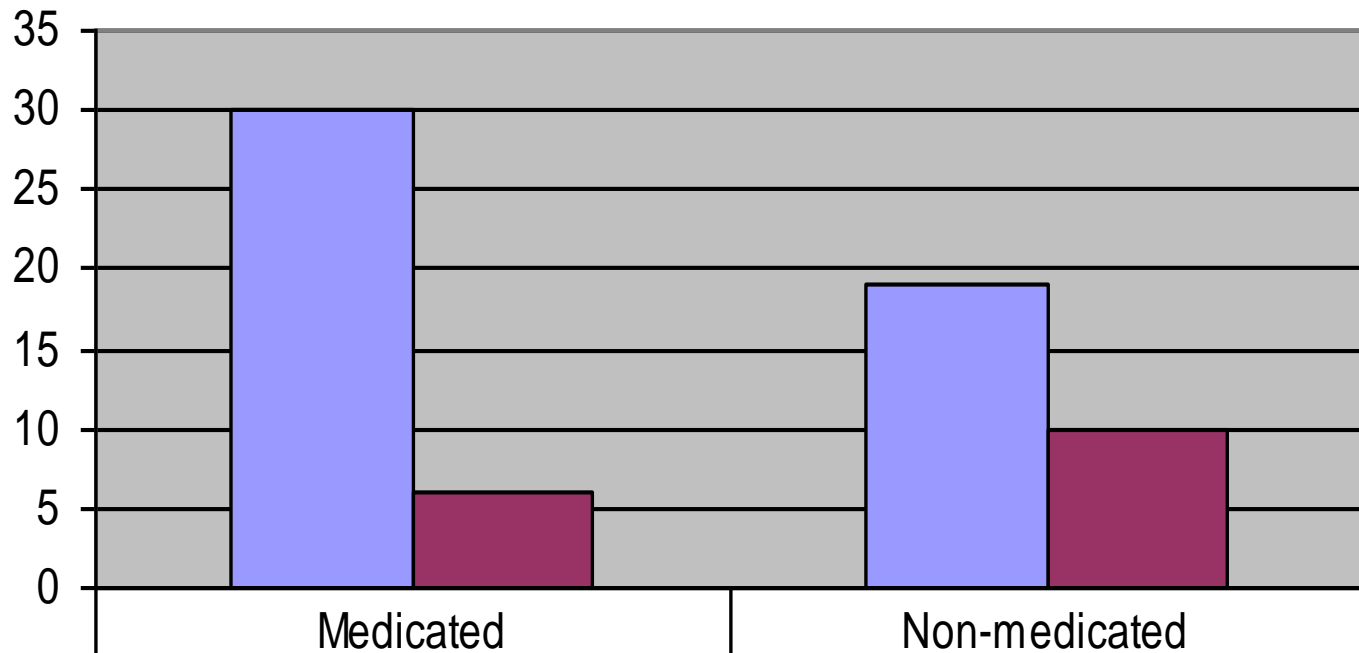
- Alcohol (n=42)
  - Mean 7.6
  - Median 6
  - Range 2 - 25
- Cannabis (n=15)
  - Mean 12
  - Median 10
  - Range 3 - 25

# Medicated/Non-medicated (n=65)



|                 |    |   |   |   |
|-----------------|----|---|---|---|
| ■ Medicated     | 26 | 3 | 7 | 0 |
| ■ Non-medicated | 17 | 1 | 9 | 2 |

# Medicated by completion (n=65)



■ Completed

30

19

■ Non-comp

6

10



# 60 – 90 day follow-up (by phone)

- 25% of original participants contacted
- 56% of these were abstinent
- 12.5% relapsed back to risky drinking level (between 6-12 on audit)
- 31% back to high risk drinking levels (over 13 on Audit)

# Satisfaction (n=50)

average scores of six questions  
on a 10 cm semantic differential scale

- Value of information
- Medical support
- Counselling support
- Medication effectiveness
- Nursing support
- Overall treatment

