

# Medication assisted recovery – what does it mean to a doctor?

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# What medication?

- Opioid substitution
  - Not discussing detoxification here

# What recovery?

3 possible definitions/stages:

1. Abstinence from street drugs and harmful drinking ('stability')
2. That, plus 'health and citizenship' (Betty Ford)
3. That, plus abstinence from opioid substitution (BBC)

# Journey of a drug treatment provider: back in the dark ages...

- GP x 10 yrs (familiar with NRT for smoking)
- Prescriber in local CDT
- Almost no clinical leadership, no evidence base, few £££
- **‘Reduction model’**
  - Clients v clear wanted brief period rx
  - Downward pressure: dose reductions by negotiation
  - Usually achieved lower doses for a while, but often relapsed
- vs **‘maintenance model’**
  - Clients clear main goal to get methadone, or ‘failed’ reductions
  - Underdosing, continuing to use
  - little keyworking, chaotic clinics

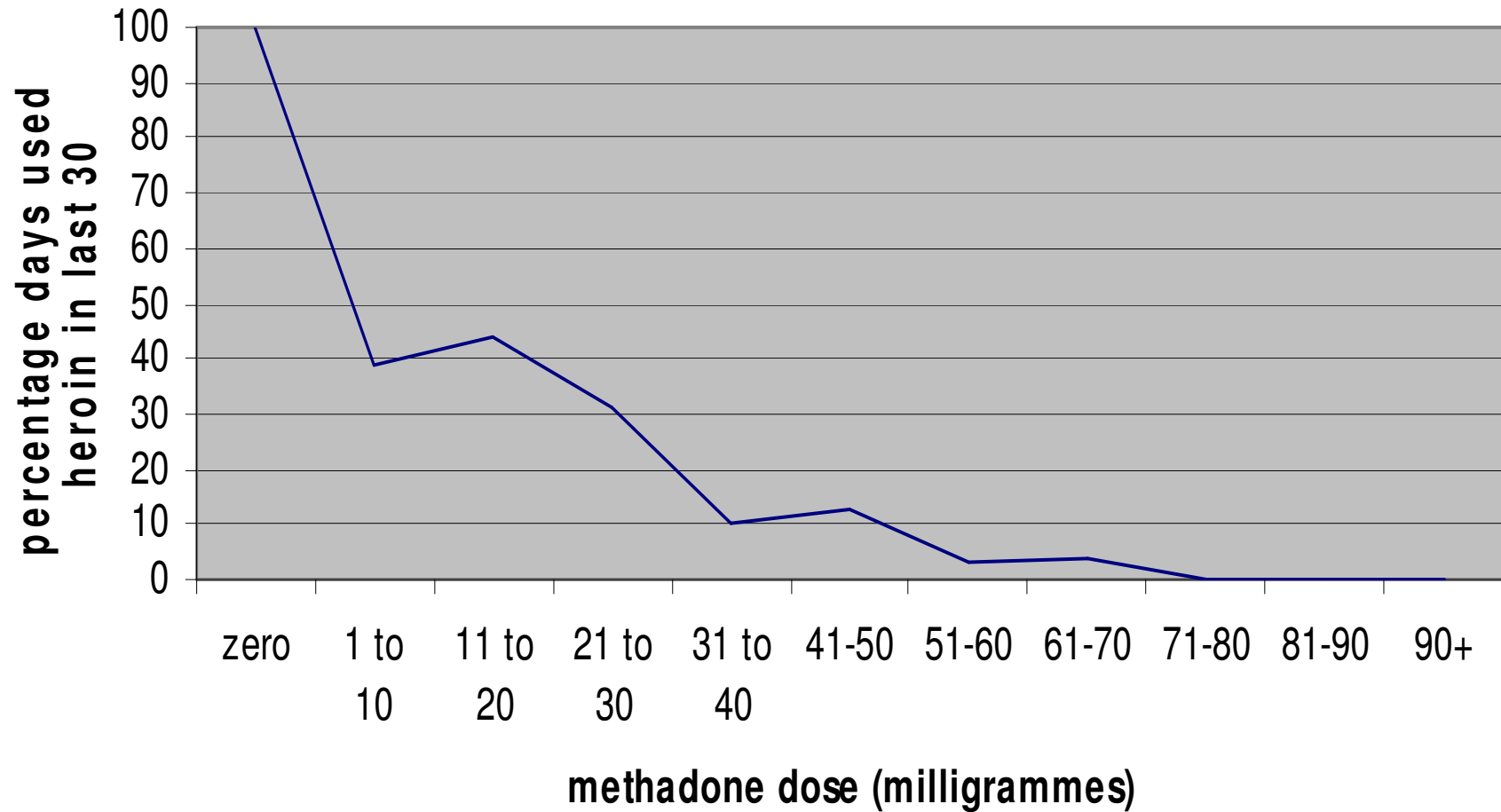
# Along came NTORS....

- Focus on **outcomes**
  - Risky behaviour esp injecting
  - Health
  - Social functioning
  - Crime
- Reduction model doesn't work
  - Muddled, aims unclear
  - Outcomes v poor
- Maintenance model does work
  - Good outcomes

And from other research....

- Detox is dangerous

**Graph showing inverse relationship between methadone dose and heroin use (Ball and Ross 1991)**



# Clinical leadership and the NTA

We did well on numbers

- Focus on **numbers in treatment:**
- *Then: 300+, Now: 1000+*
  
- Focus on **waiting times:**
- *Then: 8m, Now: 1 wk*
  
- Focus on **doses**
- *Then: 35-40mg (approx) Now: 80mg*

# But what about the quality?

- Vast majority on maintenance rx
- **Keyworking**
  - unchallenging, cosy
  - ‘keeping people alive’
- **Clients**
  - Many continuing to use
  - Few in work
  - ‘drifting’

Cynical ‘old guard’ culture:  
“Patrick will always be Patrick”

# Treatment effectiveness

- Coincided influx new workers
  - New skills – challenging, optimistic
  - New client experience: ‘listened to me for the first time’
- Planned care
- Wraparound services:
  - Housing/ETE on site
  - Structured daycare
- Inpatient detox and stabilisation

# Typical client journey now

- Start substitution
- Induction > 'decent dose'
- **Social** (housing, parental support, employment, prison maintenance)
- **Psychological** (motivational, coping strategies, goal setting, all > responsibility, identity change,)
- Dose increases
- (possibly) I/P stabilisation
- Still using
- Use going down...
- And down.....
- > Eventual stop!

# Client in charge of life

Taking responsibility for own recovery

Keeping appointments

Looking after health

Improving relationships

Employment/education/training

Assume non-addict identity

# Client in charge of treatment

Taking medication home

Experiment with reducing the dose at own  
pace

**Client-led reduction**

New challenges...

Crack

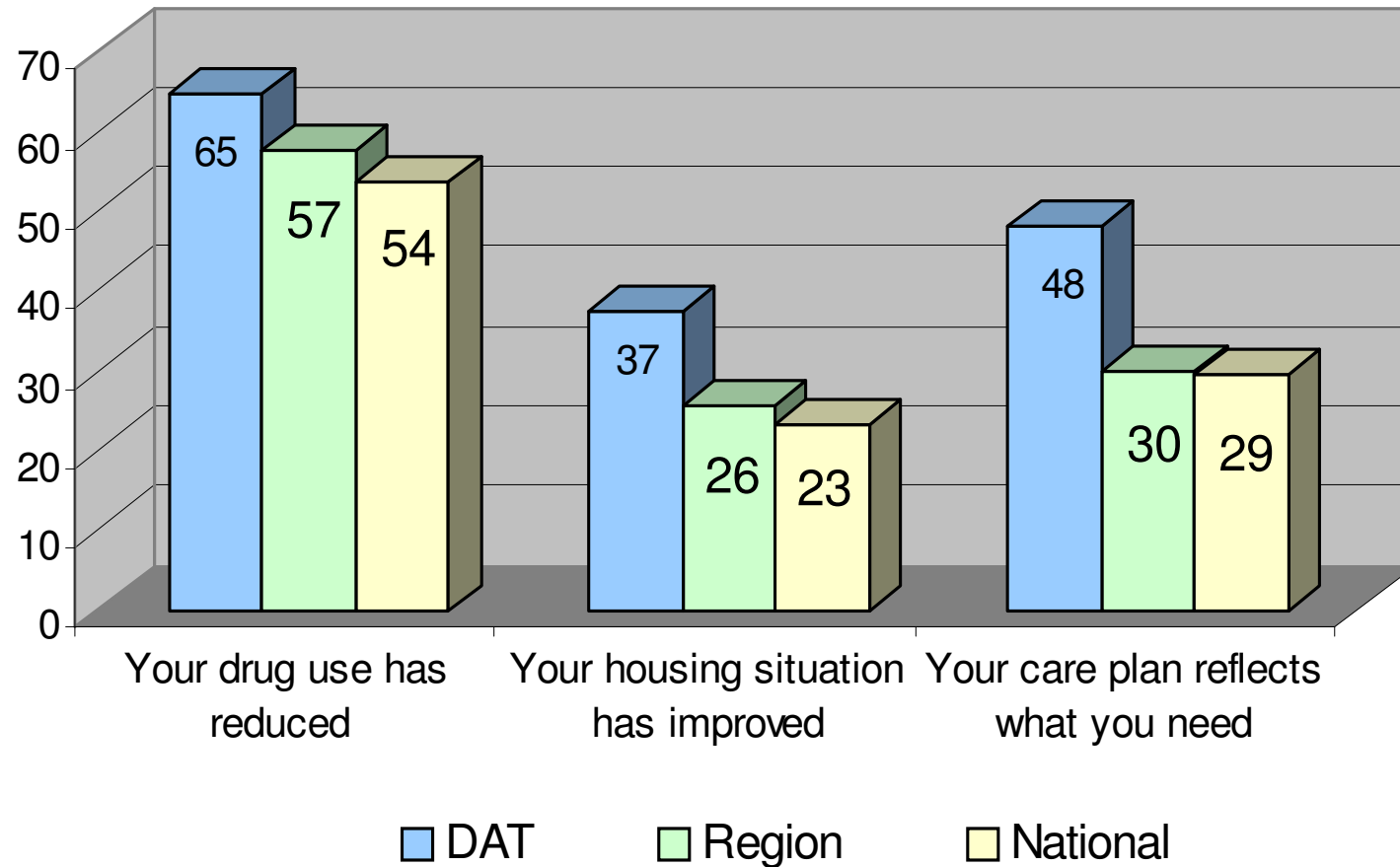
Alcohol

# The service now

- 90% have a care plan
- 36% stopped using heroin
- 16% reducing own medication
- 30% working - struggle to find clinic space after 5
- Recovery forum/programmes
- 12-step
- Very high patient satisfaction

# Patient satisfaction survey 2006

## Treatment Impact - Since Starting Treatment



# Summary

- Medication didn't always assist recovery
- But we're much better at it now
- Plan the care
- Provide support
- Empower the client
- Medication is a catalyst:
  - brings people and their problems together
- If recovery is getting control of the problems in your life, medication can assist you to get there