



# AOD ECHO Network

## Session 5

09/11/21

**Didactic:** Opioid Use Disorder  
**Case presentation:** Dr Clare Fairweather

This project is supported with funding from Wellbeing SA

Contributing partners:



Wellbeing SA

phn  
COUNTRY SA

An Australian Government Initiative

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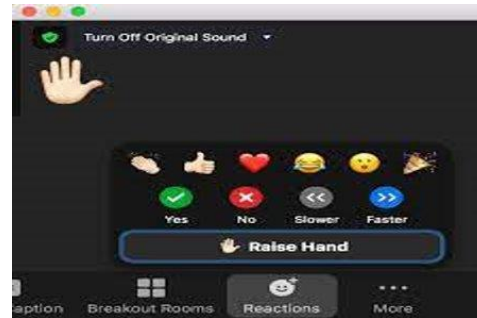
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# AOD ECHO Network - Agenda

- Welcome and introductions
- Announcements
- Didactic presentation: **Panel**
  - Questions on the didactic
- Case presentation –
  - Clarifying questions for **Dr Clare Fairweather**
    - Recommendations
- Post-session evaluation survey

# ECHO Etiquette

- Remain on 'Mute' except when speaking.
- Ask questions or make comment by raising your hand (in 'Reactions')



- Use 'Chat' if you wish to communicate with the ECHO Coordinator.
- Maintain confidentiality.



# OPIOIDS - Withdrawal Management and MATOD

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Shelley Toepfer, Kate Kelly.

Project ECHO 9 November 2021

# Opioids in General Practice

- > Illicit vs licit.
- > Illicit- heroin, pills, fentanyl, suboxone. Can be IV, oral, inhaled
- > Prescribed opioids- short term, cancer pain, palliative
- > Opioid use disorder- less than 1% of the population, why is it such a big issue?
  - Overdose risk
  - Cost to medical system- treatment of OD, other medical consequences of IVDU
  - BBV transmission
  - Criminal activity
  - Effects of QOL to users and their families

# Opioid Use disorder

- > Loss of control over use, which can occur with licit or illicit use.
- > Watch for Aberrant behaviours- injecting, early scripts, doctor shopping, 'storing up' medications.
- > Risk of overdose is high.

## Who can be safely weaned off opioids, and who requires MATOD?

- > If risks are low, wean off....slowly (5+% per month). Watch for substitution with alcohol, cannabis.
- > If risks are high, switch to MATOD
- > MATOD- GP's can have up to 10 patients on suboxone (buprenorphine/ naloxone)- partial opioid agonist
- > Eliminates WD, controls cravings, blocks euphoric effect of further opioid use
- > Use in conjunction with psychosocial support

# Psychosocial support by GPs : Relapse Prevention

## > Psychoeducation

- What to expect/normalise (symptoms, duration)
- MATOD process, might take time to get dose right

## > Preparing for change

- Destroy paraphernalia/scripts and any opioids at home
- Delete dealer contact details
- Increase accountability / minimise opportunity
- Change how getting paid
- Schedule regular visits to GP, therapist
- Plan how to fit chemist visit in with life/work/kids
- Group support, list of people/services to contact if struggling
- Scheduling activities



# Psychosocial support by GPs

## > Scheduling:

- *People with substance use disorders do not schedule their time. Scheduling your time will help you achieve and maintain abstinence.*
- Plan your day, hour by hour (at least a few weeks)
- Write schedule down (prevent emotion/urge revision)

## > Plan and Do Different Behaviour (instead of drug using/seeking)

- Filling in time and do when triggered/craving
- Naturally rewarding activities (socializing, exercise, being creative, hobbies, learning new things, accomplishing tasks)
- Activities in line with who/what is important to you
- Normalise: May be boring at first

## Psychosocial support by GPs

- > Identify and avoid triggers (external/internal)
  - People, places, time of day/week, opportunity, money, pain, events, emotions (positive/negative), boredom, loneliness
- > Plan around triggers that can't be avoided – distracting or naturally rewarding activities
- > Avoid using other drugs and alcohol
- > Remember: Cravings only last 15 mins

# Safe Using

- Start the conversation
- Risk Assessment- past experience of OD
- Vein Care
- Clean equipment and where to access
- injecting alone
- Use of other CNS depressants

# Overdose Prevention

- Education – Safe using, tolerance, chronic health conditions that cause respiratory depression, what to do if someone drops
- Withdrawal management
- Intoxication
- Clean Needle Program (CNP)

# Naloxone

- Available over the counter at Pharmacies – No cost
- Education and Information for client – how to administer
- Intranasal
- Intramuscular
- Not just people who inject >> consider for high dose CNCP patients, while tapering. (>60mg OME)

# Community perspectives

## MATOD:

- Benefits: lifestyle, financial, social
- Problems: financial, stigma
  
- Illicit use of MATOD medications

# Resources

- **ADIS 1300131340**
- **DACAS 7087 1742**
- Know your Options web site  
([knowyouroptions.sa.gov.au](http://knowyouroptions.sa.gov.au))
- CNP - <https://hepatitissa.asn.au/our-services/clean-needle-program/169-hepatitis-sa-cnp-sites>
- DASSA – SA Health web page  
[Opioid withdrawal management | SA Health](#)
- Penington Report  
<https://www.penington.org.au/publications/australias-annual-overdose-report-2021/>
- Stigma video  
[www.sahealth.sa.gov.au/thebestjobintheworld](http://www.sahealth.sa.gov.au/thebestjobintheworld)
- Peer administered naloxone [Naloxone | SA Health](#)



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