

Tomorrow's Sector: How can we better ensure it is meeting the needs of people using drugs?

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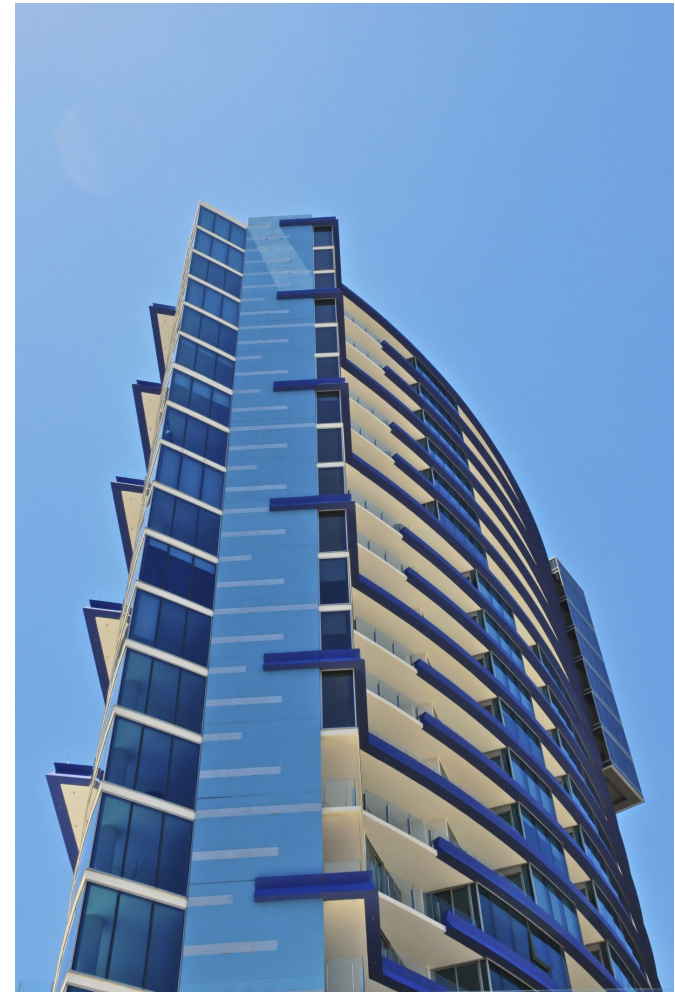
My background research experience

- Studies of heroin use, risk behaviours, benzo use & street based injecting; HIV & risk behaviours with ethnic Vietnamese heroin users in Melbourne
- Peer based interventions in Sydney & Melbourne with ethnic Vietnamese heroin users
- Buprenorphine detox study with young heroin users of Vietnamese ethnicity
- 2 Social Networks studies of drug injectors in Melbourne
- Harm reduction interventions in Vietnam
- **Currently most interested in longitudinal cohort studies of PWID looking at natural history, post release from prison, the impact of ageing and a range of studies on hepatitis C treatment for HCV positive injectors**

We need more blue sky thinking

Creative ideas not limited by current thinking or beliefs

- Why aren't our current service delivery models working?
- Centrelink; Job Networks; Housing Services; GPs; Justice; Pharmacies; Schools, Hospitals ?Everywhere
- How can they be modified and made more accountable to people who use drugs?



State-wide design, service and infrastructure plan for Victoria's health system 2017–2037

Released about 12 months ago, an important reference document providing the framework to guide service, workforce and infrastructure investment over the next 20 years



- People with complex needs require both health and social services as well as support and they have multiple providers and carers
- However, integration of the 'care' and 'cure' sectors has largely been elusive to date

Priority area 3: Integrating care across

Current state

Future state

Initial steps

Priority area 4: Strengthening regional

Current state

Future state

Initial steps

Priority area 5: Investing in the future—

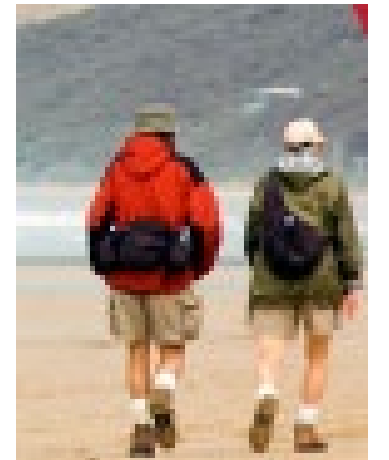
Current state

Future state

Initial steps

Priority 3 (p11) Integrating care across the health and social service system

- **Current state:** Some people experience poorer outcomes
- Provide better support for people who are vulnerable or have complex needs
- Expand access to specialist drug treatment and harm reduction services, and strengthen links with other services in contact with people who have problematic alcohol and drug use
- But who provides these services? (Slide 2)



Key features of integrated systems

Jon Rouse, former DG for social care UK Dept Health

- strong leadership across sectors and disciplines
- multidisciplinary teams led by primary care practitioners
- effective coordination across all types of care including social support and mental healthcare
- seamless transfer between acute, primary and community settings
- identifying people at greater risk, assessing their needs and providing care before things get worse
- improvement processes driven by data

Are 'our systems' currently delivering this
for people who use drugs?

Key facts: (page 58) Alcohol and drug misuse

- Between 2009 and 2016, there was a 26 per cent increase in the number of overdose deaths in Victoria
- This includes a 26 percent increase in overdoses involving pharmaceutical drugs, and a 75 per cent increase in overdoses involving illicit drugs
- There continues to be an increase in alcohol and other drug related treatment episodes where amphetamines were the primary drug of concern, increasing from 19 per cent of treatment episodes in 2014-15 to 21 per cent in 2015-16
- Ambulance attendances for illicit substances increased by 29 per cent between 2013-14 and 2014-15, influenced by a 48 per cent increase for ice

Sources: Coroners Court of Victoria 2017; Phillimore J, Bradby H, Knecht M, Padilla B, Brand T, Cheung S, Pemberton S, Zeeb H 2015; Australian Institute of Health and Welfare 2017

Narrative for developing an 'action' plan?

- *The exponential increase in use and associated harms of the methamphetamine known as 'ice' over the last four years, combined with increases in alcohol harm and the number of complex clients, has meant the treatment system is increasingly being challenged to provide the right service mix to meet client needs*
- Clearly we all know that there are people who miss out and fall through cracks
-



Action 8: (page 43) Expanding access to alcohol and other drug treatment services

Using the Ice action plan to expand access to AOD treatment services

- Stage 1 (2015)** • additional support for families • expanding drug treatment services • enhancing the capacity of Needle and Syringe Programs • training and supervision for workers • Community Ice Action Groups in regional areas
- Stage 2 (2016–17)** • further training and support for frontline ice workers • a 20-bed facility in the Grampians region • expanding the Drug Court of Victoria • continuation of a partnership program to respond to ice in Aboriginal communities
- Stage 3 (2017–18)** • establish 30 new residential rehabilitation beds • create new treatment places for parents and those on community corrections orders • plan for and purchase land for three new residential rehabilitation facilities in regional Victoria • expand support for people at risk of harm within the treatment system • increase earlier access to telephone and web based support services • support upgrades to alcohol and other drug and mental health service facilities.

Tomorrow's sector ...

- Clearly there is a need to provide more than a one size fits all service model
 - Includes people working at the 'pointy' end of AOD system as well as all other parts of the human service system (Slide 2)
- **One example pharmaceutical opiate scripts**

RESEARCH ARTICLE

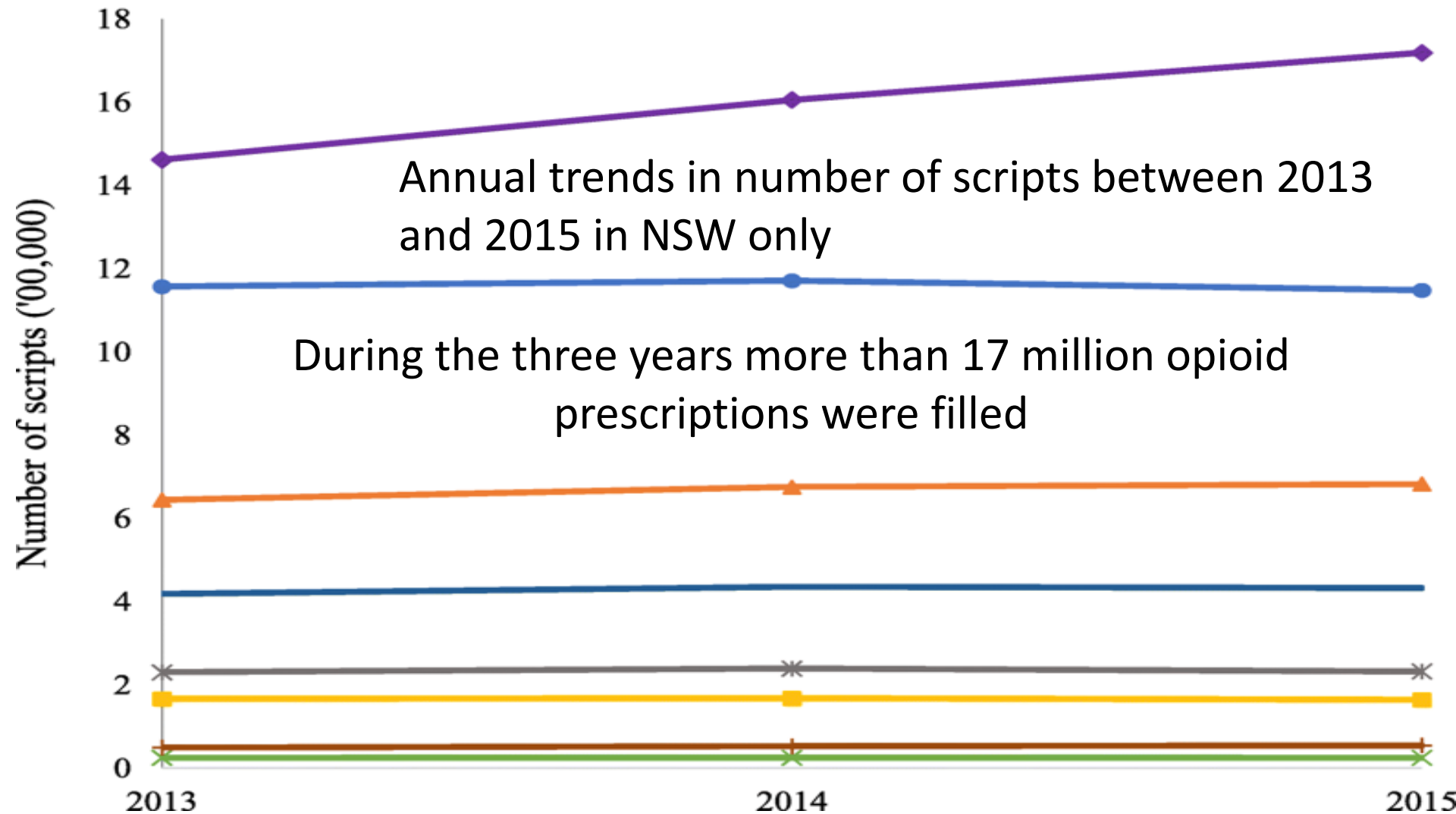
Open Access

Prescription opioid dispensing in New South Wales, Australia: spatial and temporal variation



M Mofizul Islam^{1*}, Ian S. McRae², Soumya Mazumdar³, Paul Simpson⁴, Dennis Wollersheim¹, Kaniz Fatema^{5,6,7,8} and Tony Butler⁴

- ◆ Oxycodone; Oxycodone and Naloxone
- ✱ Fentanyl
- Codeine; Paracetamol + Codeine
- Buprenorphine
- ▲ Tramadol
- Morphine
- ✕ Methadone
- ✚ Hydromorphone



Pharmaceutical opiates example

- Most people who are prescribed opiates are provided with a monthly script
- Shared responsibility between the 'health system' and people who use drugs
- Differential consumer cost and 'burden'
 - Observed daily pick up V. monthly dispense
- What does this say about the way our system views and treats 'our people' (who use drugs)?

Tomorrow's workforce... undergrad teaching

- Elective (core for some course)
- In mid 2016 subject underwent an intensive redevelopment. The core goals of this re design were to:
 - **Renew the subject - give subject broader appeal & relevance across disciplines and colleges eg, public health, criminology, anthropology, psychology**
 - **Improve student engagement with the course material**





A Blended design was adopted to achieve these core goals.

Challenges and constraints in the re-design of this subject:

- Little usable existing content
- Boring presentation /slides
- Recordings of poor quality
- Tutorial activities prescriptive rather than especially engaging

TIMETABLE **Revised 2016-2018**

Week 1 : What is a drug?

Week 2: Addiction

Week 3: Licit vs Illicit

Week 4: From Prohibition to Legalisation

Week 5: Harm Reduction – A public health approach to drug use

Week 6: Responses to drugs by governments, community organisations

Week 7: Case studies of interventions and programs - Methamphetamine

Week 8: Case studies of interventions and programs – Alcohol

Week 9: Case studies of interventions and programs - Opiates

Week 10: Case studies of interventions and programs – HIV

Week 11: Case studies of interventions and programs – Hepatitis C

Week 12: Application to a public health framework



[Subject Learning Guide](#)

Syllabus **2014**

Week	Lecture
1	Introduction
2	Definition and classification of drugs
3	Pharmacokinetics & pharmacodynamics
4	Thorley's model of drug related harm
5	Continuum of drug use -> Substance related disorders
6	The host
7	The environment
8	Other sources of harm and the costs of drugs
9	Demand reduction
10	Supply control
11	Harm reduction
12	Review

Challenges were addressed by:

Use of research & evidence to challenge myths about drug users and to reflect on these with a critical lens:

- Eg. Students do National Household Drug survey, then look at data from the survey
- How is other data reported?

Group work across disciplines

Rather than lecture, students do an activity based on a key questions

- encourage independent learning in the elective context



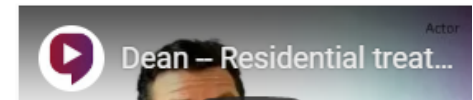
Using engagement tools like 'Lives of Substance' website



PERSONAL STORIES OF ALCOHOL OR OTHER DRUG ADDICTION, DEPENDENCE OR HABIT

Welcome to *Lives of Substance*. This website has two aims. First, it aims to support people who consider themselves to have an alcohol or other drug addiction, dependence or habit, and second, it aims to inform the public by sharing personal stories of these experiences.

PREVIEW PERSONAL STORIES



- Using real life scenarios in class based discussion

Mini observational social research activity for PHE3DUB

Walking a mile (or at least a few hundred metres) in my shoes ...

You can choose to either immerse yourself in the activity by 'pretending' to be someone who really needs these services OR you can tell the pharmacy staff that you are doing this as a class activity at University

You may find that you get more out of it by pretending to be the person who needs the service – but it is entirely up to you

Please go in to your local chemist/pharmacy and ask if they have sterile 1 mil syringes available

Do they offer methadone or suboxone and if so how to get on the program ? If not why not?

Reflexive narrative on the experience to share in class



Other engagement strategies

- Posting job advertisements volunteer opportunities
- Providing referee for applications to post grad courses
- Advice on placement opportunities
- Hons and Masters (PhD) supervision

News forum

Drug and Alcohol Jobs advertised

◀ Need another procrastination excuse?

Export whole discussion to portfolio

Display replies in threaded form ▼

Move this discussion to ... ▼

Move

Pin



Drug and Alcohol Jobs advertised

by Peter Higgs - Monday, 24 October 2016, 2:24 PM

<http://www.vaada.org.au/vaada-jobs-board/>

Your new job? Odyssey House

◀ Friends using meth? Refer them to this confidential study !

Export whole discussion to portfolio

Display replies in threaded form ▼

Move this discussion to ... ▼

Move

Pin



Your new job? Odyssey House

by Peter Higgs - Wednesday, 9 November 2016, 11:53 AM

The AOD Therapist contributes to the life of the TC by assisting ir

Student feedback (end of semester SFS)

- *The course material was very interesting, engaging and relevant. The assignments are also interesting and challenging but in a good way- the way that allows you to explore new ideas. Also loved all the supporting readings and videos which were interesting*
- *Staff were very open to providing an interactive class forum and in using LMS in place of lectures to post informative articles and this interchange provided flexibility in learning methods*
- *Best subject I have studied at Uni due to its relevance to society; Assessments follow the flow of what is learned in class; Love how class discussion is promoted through viewing of videos and other resources*
- *Everything. By far my favourite subject throughout my degree*
- *The subject is very interesting overall and it definitely made me question my opinions and approach toward drugs*

2019 and beyond

- Enrolments have increased from ~50 to over 180 students (over 400 undergrad students have been 'exposed' to this subject in 3 years)
- Consider the implications for other electives – look to more cross disciplinary students
 - Mostly 'Health Science' undergrads
 - Small proportion of Arts, Biomed and other science students
 - ? Social work; ? Law; others?
 - Coursework Masters students

Letter to a future student of PHE3DUB....

You will get so much out of this class if you participate in great discussion.

Enjoy learning about everyone's opinions and experiences about drugs, this class will most definitely broaden your view on drugs.

It certainly changed my harsh opinion on drug users for the better. ~~and~~ I have become a much more understanding person having done this subject, and hopefully

you might become one too!

Dear future students,

I hope you become as educated & open minded as I have become this semester after completing this Subject.

A lot of your thoughts & feelings will be contradicted!

Enjoy class!

Letter to a future DUB student ...

THIS CLASS PROVIDES GOOD KNOWLEDGE AND A CLEAR UNDERSTANDING ABOUT DRUGS IN GENERAL, LIVID EXPERIENCES OF USERS AS WELL AS BETTER SKILLS FOR FUTURE WORK AS HEALTH PROFESSIONALS. THE ASSIGNMENTS WEREN'T DIFFICULT DUE TO THE AMOUNT OF CONTROVERSY TO DO WITH EACH DRUG. I HAVE LEARNT MORE THAN I THOUGHT, GLAD THAT I GOT TO PARTICIPATE IN SUCH A LAID BACK CLASS.

GOODLUCK, DON'T DO DRUGS KIDS!

↳ IF YOU DO, AT LEAST YOU'RE NOW EDUCATED.
BE SAFE ☺.