

The 'acceptability' of supervised
injectable opioid treatment:
Staff and participant reflections from the
Australian 'Feasibility of Injectable Opioid
Treatment' (FOpIT) study

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Leiani Tallulah Knight, "U goma listen now?", 2021

CONFLICTS OF INTEREST

- Jake Rance: Nil to declare
- Carla Treloar: Nil to declare

THE QUESTION OF 'ACCEPTABILITY'

- Today's focus is the question of 'acceptability' among FOpIT participants + staff
- Tacitly understood as the degree of support for an intervention among stakeholders
- Become a key consideration in the design, evaluation & implementation of health-care interventions
- Efforts to theorise acceptability using component constructs (e.g., Sekhon et al., 2017) *but* intentionally broadbrush today
- Draw on in-depth, semi-structured interviews conducted with participants (n=12) following final injectable HM & with staff (n=10) during second year

PARTICIPANT PERSPECTIVES: GRATITUDE, SAFETY, RESPITE

- Near universal praise & gratitude *:

“I’m really grateful to be where I am today & that’s because of FOpIT” (P4)

“something I never even dreamt of” (P2)

“A godsend to us. We were really grateful for it. We wanted to stop.” (P8)

* Important to contextualise within the inertia of recent Australian drug policy

- Respite + time afforded the emergence of alternative possibilities:

“I guess one of the useful things for me was I didn’t have to partake in the drug world anymore. Knowing that [FOpIT] was there, it was sort of safety [...] But then, when I realised that my desire for heroin had sort of drifted away ... I thought, ‘*Well, I can do something with this.*’ Then that’s when I sort of got the change. [...] Without it I don’t know where I’d be.” (P6)

PARTICIPANT PERSPECTIVES: THE THERAPEUTIC ALLIANCE

- The importance of relationships with staff featured prominently in most participant accounts, *especially* relative to previous OAT experiences:

“Because we’re not getting treated like children [...] [P]eople are trusted and treated like adults. [Staff] are actually asking your opinion. And they’re respecting your answer. When you already feel like no-one’s listening to you, that makes a huge difference [...] It was the first time that we felt like we were being seen [...] I wouldn’t have had the confidence to tackle getting clean and all of that if I didn’t have the support of staff here [...] It felt like we were coming back to getting support every day and using in a safe place [...] To have any opportunity where we can have a treatment, self-administered, something that we obviously really like ... it works. We’re already doing opiates and injecting opiates. So, if it was any other way, it wouldn’t have worked.” (P2)

STAFF PERSPECTIVES: CHALLENGES OF INTEGRATION (HOSPITAL)

- Implementation is necessarily a process intertwined within social, organisational & institutional context. Integrating FOpIT within the context of the OAT clinic and the hospital raised challenges:

“[Being in a hospital] creates all these other challenges with how we interact with this client group. It makes it sort of so formalised that it becomes a hindrance in some ways.” (S2)

“People [hospital staff] didn’t value it [FOpIT]. People were incredibly anxious and nervous about it, but they didn’t really value it. Like they were kind of all over the wrong things.” (S1)

CHALLENGES OF INTEGRATION (HOSPITAL) continued ...

- Among some FOpIT staff there was a perception that hospital staff held “huge judgement and fear” (S4) toward the trial – that it was a “grossly irresponsible” project (S9)
- Sense of professional isolation & a perceived lack of support among FOpIT staff:
 - “It felt like they [FOpIT leadership] dropped FOpIT onto us and then just walked away.” (S4)
 - “For [FOpIT] to be successful and best potentiated, there needs to be improved support structures because it’s hard. It’s really hard.” (S1)

STAFF PERSPECTIVES: CHALLENGES OF INTEGRATION (OAT CLINIC)

- Relational challenges between FOpIT & OAT staff complicated by shared physical space & operational responsibilities
- Also, important differences in respective staff cultures, including conflicting values & anxiety around what constitutes 'proper' treatment & the role of SIOT:

“Bless RCTC’s socks. It’s definitely on the less-progressive side [...] RCTC is old school because it’s all about methadone ... very medication-focused rather than all of the social stuff that goes on with our clients [...] A lot of staff from RCTC had such negative views of FOpIT because they came from that conservative, OTP background, which was like, ‘We *stick to what we do*’, which is dose methadone with a little bit of case management ... it was hard to bring in FOpIT into that.” (S5)

STAFF PERSPECTIVES: SIOT & THE NURSING ROLE

- Supervising self-administration of opioids in tension with nurses' training:

“I was a bit scared that – or I was led or encouraged to be terrified about the fact that – what I was doing was wrong’. “ (S9)

- Opportunities + challenges of managing the daily intimacy of the SIOT process:

“[I]t's hard to have a therapeutic relationship [in OAT] because ... you might be honest about how much you're using and you might be risking losing your take-away doses, and things like this. FOpIT gave an opportunity for people to be honest about everything they were doing and there was gonna be no repercussions ... it was just great to see really open, honest relationships between clinician and participant. (S7)

“[W]e had so much interaction with participants that it kind of got blurred. I don't think we had enough training for staff in order to deal with situations like that, being in each other's pockets every single day.” (S5)

CONCLUSION

- A strong argument for implementing SIOT within Australia's existing OAT clinics is its potential to reinvigorate & reorientate the latter towards person-centred care (PCC)
- FOPIIT afforded glimpses of PCC; at its best, an enabling place largely free of the stigma routinely reported by those on OAT
- Regarding scale-up, findings from FOPIIT indicate the following:
 - If and where appropriate, some of the most important work must focus on supporting cultural / attitudinal change within host services
 - staff need to feel professionally equipped to deal with the unique opportunities & challenges SIOT presents
 - staff must feel supported within clear governance structures, including lines of responsibility and accountability, rather than contending with feelings of professional isolation

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