Time-limited supervised injectable opioid treatment – the FOpIT study.

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Aim: To provide an overview of the current NSW pilot of time-limited supervised injectable opioid treatment

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PRESENTATION 1: Rationale and design

Presenting Authors:
Prof James Bell

Background: Supervised Injectable Opioid treatment (SIOT) is an evidence-based intervention targeting opioid-dependent people for whom existing treatments have been ineffective. In this population, compared to methadone treatment, SIOT reduces illicit opioid use, reduces crime, and improves health and well-being. However, SIOT is supported in few jurisdictions internationally; barriers to widespread implementation include high cost and political reluctance to support treatment for stigmatised populations. In this project we examine the feasibility of a model of SIOT which is potentially sustainable and accessible.

Description of Intervention: The innovations in this project are (1) it is delivered in an existing public opioid treatment program. The existing network of public OAT clinics provides setting for scaling up and more diffuse access; (2) it is designed as a time-limited, two-year intervention to interrupt a pattern of compulsive injecting, followed by planned transfer to standard methadone or buprenorphine. Indefinite high-cost treatment is unlikely to be acceptable to government and the public.

Key Findings / Results: The project will assess feasibility in terms of safety, acceptability to participants and staff, and cost. The evaluation is by mixed-methods approach, involving qualitative interviews and structured research interviews at baseline, 12 months and 3 months following the last hydromorphone dose. A comprehensive cost assessment will be performed. Safety is assessed by systematic collection of adverse events.

Discussions and Conclusions: Governments in Canada, UK and Germany have been reluctant to fund indefinite SIOT; the current project investigates whether there is a feasible alternative.

Implications for Practice or Policy: If this model of SIOT proves feasible and acceptable, it has potential to invigorate OAT by offering an option for non-responding clients.

PRESENTATION 2: Baseline population characteristics

Presenting Authors:
Dr Craig Rodgers

Background: The demand for SIOT in the Australian setting was unknown and similar trials in other jurisdictions have had difficulty in recruiting participants. The FOpIT (Feasibility of opioid injection trial) initiative aimed to recruit 20-30 participants who met eligibility criteria.

Method / Approach: Inclusion criteria included: aged 21-60 years; minimum 5 years opioid dependence; previous access to treatment; currently injecting opioids 3 times per week; evidence of self-harm; and ability to provide written, informed consent. There was a six-month recruitment phase from April to September 2022. Participants could self-refer or were referred by other local services such as the Medically Supervised Injecting Centre.

Results: Sixty-nine people expressed interest in the trial with 53 people undergoing pre-screening with a research nurse. Twenty-two participants were screened by the study medical officer and deemed eligible for the trial. A sample of baseline characteristics include: age range 28-59 yrs (average 46 yrs); 59% male, 36% female, 5% transgender; 9% Aboriginal; 36% identifying as LGBTI; and 68% were on current OAT at baseline.

Discussions and Conclusions: Despite initial concerns, the recruitment for FOpIT was relatively easy, indicating that demand for SIOT as a second-line treatment exists amongst people who use drugs.

Implications for Practice or Policy: Results from the study will inform future development of clinical practice and policy to expand the range of treatment options for opioid use disorder.

PRESENTATION 3: Consumer perspectives

Presenting Authors:
Maureen Steele

Background: There is increasing recognition of the importance of consumer involvement in research but there remains a lack of clear processes to facilitate consumer involvement.

Intervention: Before the trial commenced, the Consumer Participation Worker (CPW) attended Steering Committee meetings and contributed to documents such as the Patient Information & Consent form, and client/staff information sheets.
During recruitment the CPW talked to potential participants about the trial, their expectations and goals and facilitated consumer meetings to answer questions. The CPW also fielded questions from clients who would not be participating in the trial and who had mixed positive and negative feelings towards the trial.
Continued support for FOPIT participants was made available with the CPW sitting in the waiting area during opening hours.
Three consumer forums will occur during the project to obtain further feedback in a group discussion setting.
The CPW also attends relevant clinical meetings.

Effectiveness: The CPW has become an essential part of the trial to assist participants to feel welcome, answer questions and help navigate problems the consumer is facing. Another important aspect was to continue to support people who were not accepted onto the trial, especially current methadone and buprenorphine consumers.

Next Steps: The CPW will continue their engagement with participants, other clients, workers and key stakeholders to ensure that consumers' voices are heard in the ongoing conduct of the trial.

Implications for Practice or Policy: Consumers need to be engaged in every part of the trial, from the initial conception onwards, as it is difficult for consumers to have any impact on a trial design once trial protocols have been approved.

PRESENTATION 4: Clinical Perspectives

Presenting Authors:
Gabi Kookarkin & Anna McVinish

Background: The unique operational factors of SIOT and its co-location within an established, public hospital-based opioid treatment program (OTP) has provided a unique challenge and continues to demand a sensitive and adaptive approach to patient-centred treatment planning.

Description of Model of Care / Intervention: The goals of service delivery remain true to the principle of reducing harms and far exceeds medication provision and the supervision of self-administration in case of overdose. Establishing the parameters and priorities of the FOpIT clinical intervention remains a negotiation frequently influenced by the institutional setting of the OTP clinic

Effectiveness /Acceptability /Implementation: As an intervention, the proximity between clinicians and participants is decreased and the level of clinician involvement in daily treatment planning is intensified. To enhance future implementation successes, core clinical skills such as opioid overdose management, high risk medication handling and safer injecting practices demand an equal emphasis to rapport building, trauma-informed de-escalation skills and person-centred treatment planning/case-management skills.

Conclusions and Next Steps: Reflection on the future scale and scope of SIOT has identified several unique practice considerations: the intimacy of increased contact with clinicians and the close supervision of the act of self-injection; a mandate to support a Harm Reduction rather than abstinence driven philosophy in therapeutic relationships; and the unique skill-mix required for future workforce development.

Implications for Practice or Policy: A future scale-up of the SIOT treatment modality will require a targeted workforce development strategy to appropriately mitigate clinical risks and enhance treatment effectiveness with the aim of positively influencing treatment completion rates and overall benefit to the community.

PRESENTATION 5: Qualitative data: why people decided to participate.

Presenting Authors:
Dr Jake Rance

Introduction: A key aim of FOpIT is to evaluate the acceptability of supervised injectable opioid treatment (SIOT) and its service model among participants. Understanding what motivated people to participate establishes some important context and background prior to exploring questions of acceptability.

Method: Qualitative data collected from in-depth, semi-structured interviews conducted at baseline (n=15).

Key Findings: Alongside its appeal as a free, safe, and injectable treatment, participants reported a range of motivations for taking part in FOpIT. Some participants described their desperation to stop using heroin / street opioids and their determination to 'make' the trial work. Others were less abstinence orientated, describing their participation in FOpIT as an opportunity to address the 'financial side' of their drug use, or as a means of introducing greater 'structure' and 'stability' around their drug use / lives. Several participants also identified housing as a priority.

Discussions and Conclusions: Underpinning the diversity of participant responses was a widespread desire for change, no matter how inchoate. For several participants, FOpIT represented not only a chance for personal change, but a ground-breaking shift in Australian drugs policy and practice. By offering something new and novel in the context of Australian opioid treatment, FOpIT afforded hope for change, both personal and collective.

Implications for Practice or Policy: As an implementation trial, FOpIT intends to establish an evidence base for the future scale-up of SIOT. Understanding why people experiencing opioid dependence are attracted to this model of treatment will inform scale-up efforts.

Discussion Section: In the Discussion, the panel will be invited to reflect on feasibility issues post the pilot, and audience will be invited to contribute comments about feasibility from their own perspectives.

The aims for those attending the symposium are to gain an overview of time-limited injectable opioid treatment, enhance their understanding of how this treatment differs from others, and consider scale-up issues across Australia.