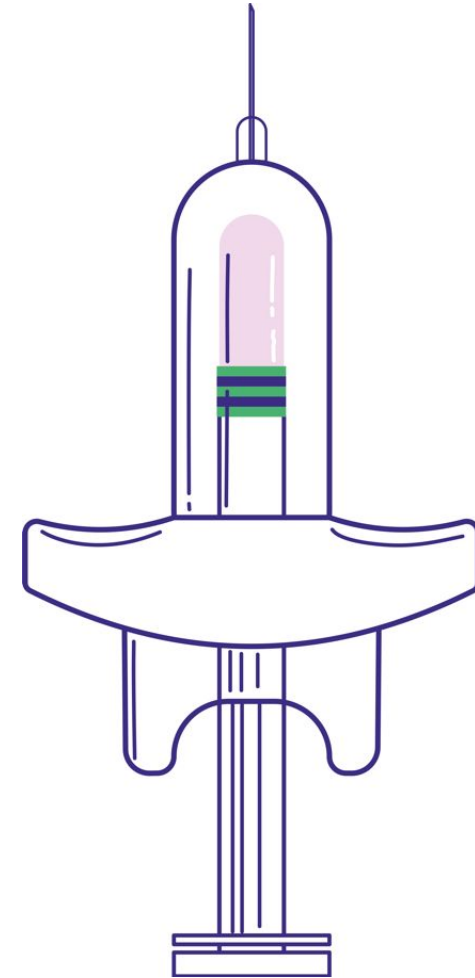


Long Acting Depot Buprenorphine - Client Literacy and Choice Course

**Supporting informed client
choice, treatment adherence, and
positive change**



This course was developed as part of the Unitaid LADB Trial

THIS COURSE WAS DEVELOPED AS PART OF THE UNITAID
HEPATITIS C PORTFOLIO ON HEPATITIS C IN LOW- AND
MIDDLE-INCOME COUNTRIES



HCV Portfolio Partnerships



MORNING REFLECTIONS

Session 1
Medication and Treatment
Model

- Opening Circle
- Your name
- Highlighting a positive benefit of OAMT for people with opioid dependence
- Trainer captures list of benefits on flip chart



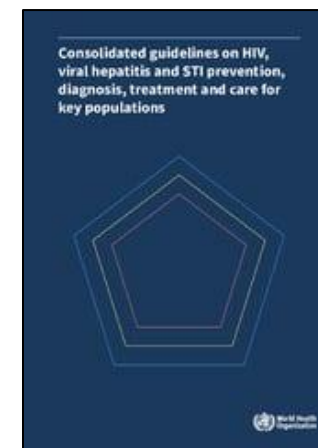
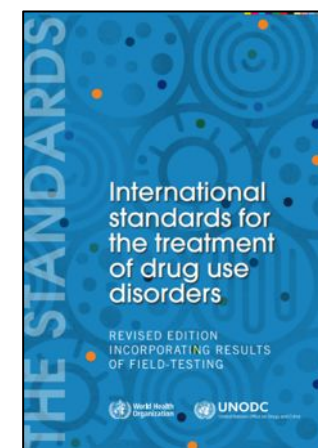
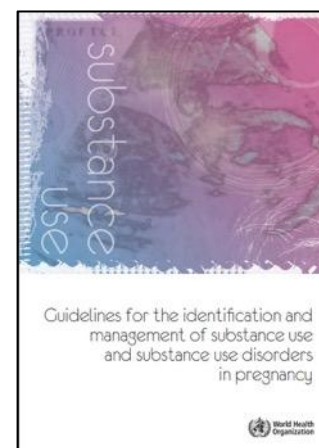
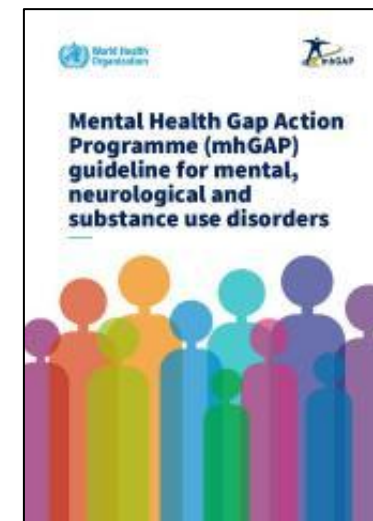
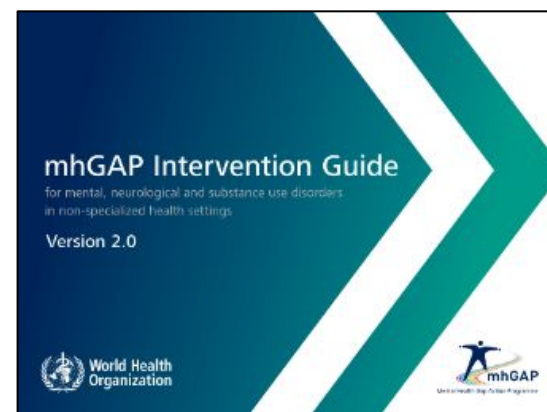
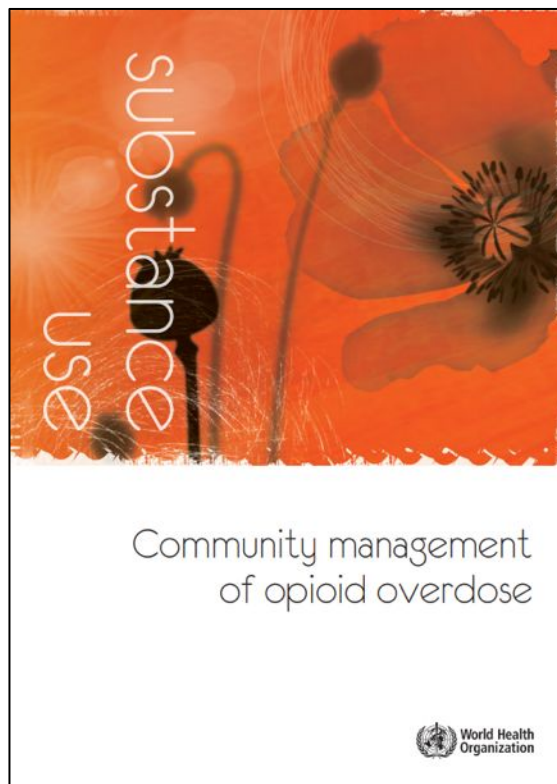
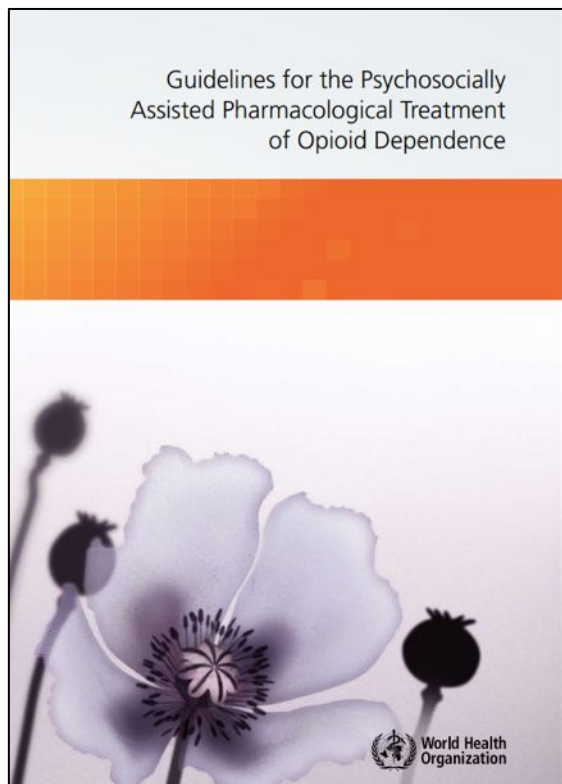
PRESENTATION

Session 1

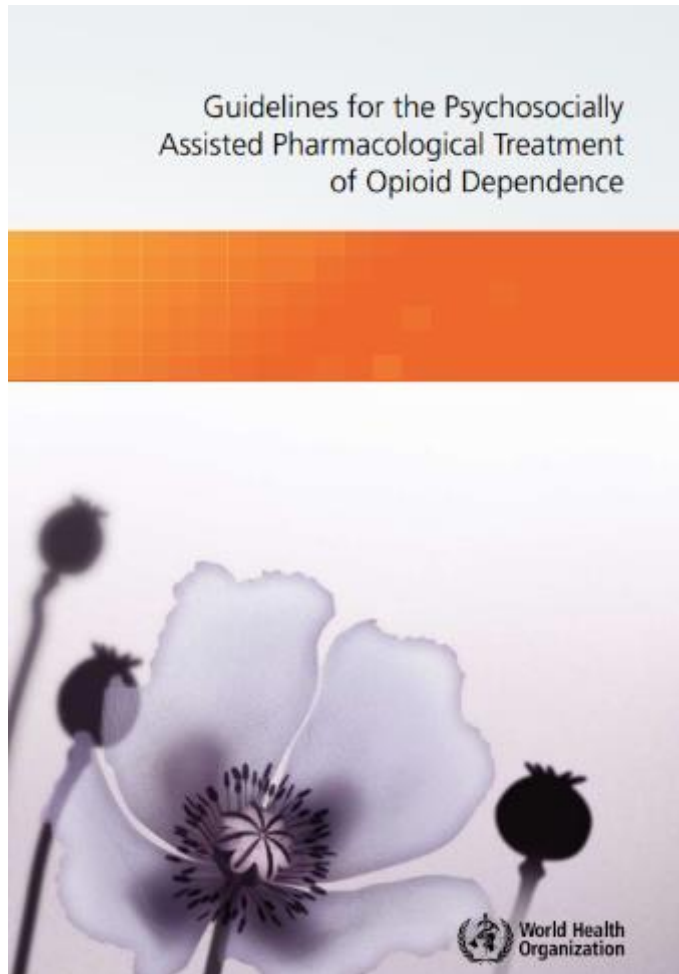
What does the evidence tell us about the value of Opioid Agonist Maintenance Treatment



WHO Guidelines

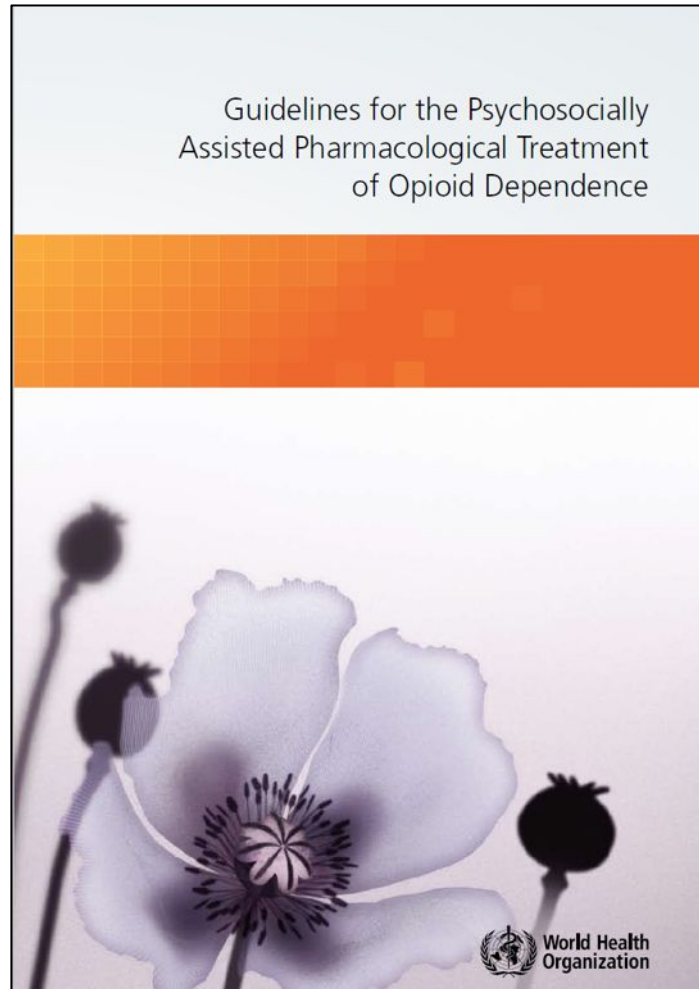


WHO guidelines for the psychosocially assisted pharmacological treatment (2009)



- **Opioid agonist maintenance treatment** - the administration of thoroughly evaluated opioid agonists, by accredited professionals, in the framework of recognized medical practice, to people with opioid dependence, for achieving defined treatment aims:
 - reducing or ceasing opioid use
 - preventing future harms associated with opioid use
 - improving quality of life and well-being of people with opioid dependence
- Psychosocial support should be offered routinely in association with pharmacological treatment for opioid dependence

WHO guidelines for the psychosocially assisted pharmacological treatment (2009)



MAIN MESSAGE of the guidelines:

Safe, high quality opioid agonist maintenance treatment (primarily using methadone in its syrup or liquid formulation) should be available, affordable and accessible

Make opioids available for medical use to people with opioid dependence in a way that maximizes the quality of life of people and minimizes the harms to the community

Key outcomes of OAMT programs



- Mortality and morbidity
- Opioid use
- Seroconversion to HIV
- Risky behaviours associated with opioid use
- Social costs associated with illicit drug use
- Crime

- Retention in treatment
- Psychological, emotional, and physical wellbeing of patients
- Enables opportunity to engage in other forms of treatment and harm reduction and other support

PRESENTATION

Session 1

What does community-led monitoring tell us about OAMT?

SERVICE USERS RIGHTS IN ACTION (SURIA) Locating The Service User Experience In A Human Rights And Equality Context

Right to adequate health



Human rights policy/instruments



Article 25 UN Declaration of Human Rights

Article 12 International Covenant on Economic,
Social and Cultural Rights

Article 11 European Social Charter

Public Sector Duty: Article 42 of Irish Human
Rights and Equality Act
2014

For more information
on Human Rights
and Equality...

[http://www.canaction.ie/
publications-service-users-
rights-in-action/](http://www.canaction.ie/publications-service-users-rights-in-action/)

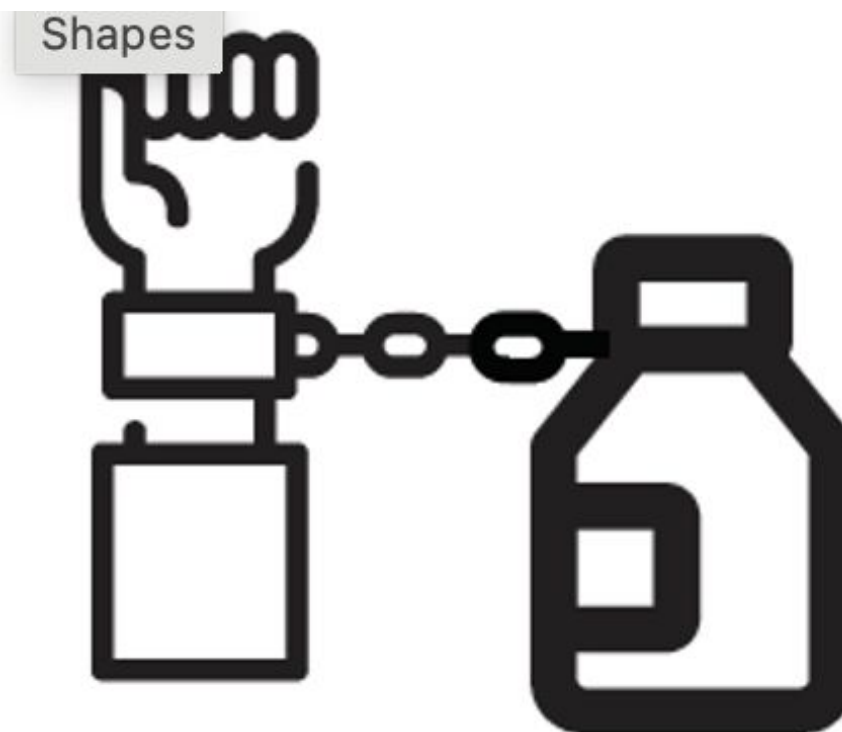


- Dr Richie Healy (Ireland) Service User Rights Information and Advocacy (SURIA)

POOR QUALITY OF LIFE, CONTROLLED AND TRAPPED



LIQUID HANDCUFFS – TOOL OF SOCIAL CONTROL NOT EMPOWERMENT





69%

INTERNALISED LOW
EXPECTATION THAT ANYTHING
WILL BE DIFFERENT



DO NOT KNOW WHAT IS A
CARE PLAN SO NO CLIENT
CENTRED CARE AGREED

Session 1

Time for a new normal – the lessons from COVID-19 lockdowns

- OAMT are controlled medications. The fear of diversion is the main barrier to take-homes and greater treatment flexibility.
- COVID-19 lockdowns forced drug services to provide OAMT medications on take-home basis and vast majority of people manage well.
- Challenged established belief that people with OAMT could not be trusted to manage their medications justifying the need for daily and sometimes supervised dispensing
- Attendance at drug services and dispensing is often the most high-risk moment
- PWUD trusted to manage HIV, HCV, TB and other medications

Further reading

<https://www.changegrowlive.org/news/time-new-normal-guest-blog-mat-southwell>

SMALL GROUP WORK

Session 1 Defining a science and rights led OAMT system

- Small Group Work
- Each group will consider how one part of the treatment system could be delivered to maximise principles of client centred care and a therapeutic alliance that commits to building political health capital of people with opioid dependence
- **Group 1** - Assessment for OAMT
- **Group 2** - Dispensing of OAMT
- **Group 3** - Supervision of people on OAMT
- **Group 4** - Psychosocial support while on OAMT
- Feedback from each group



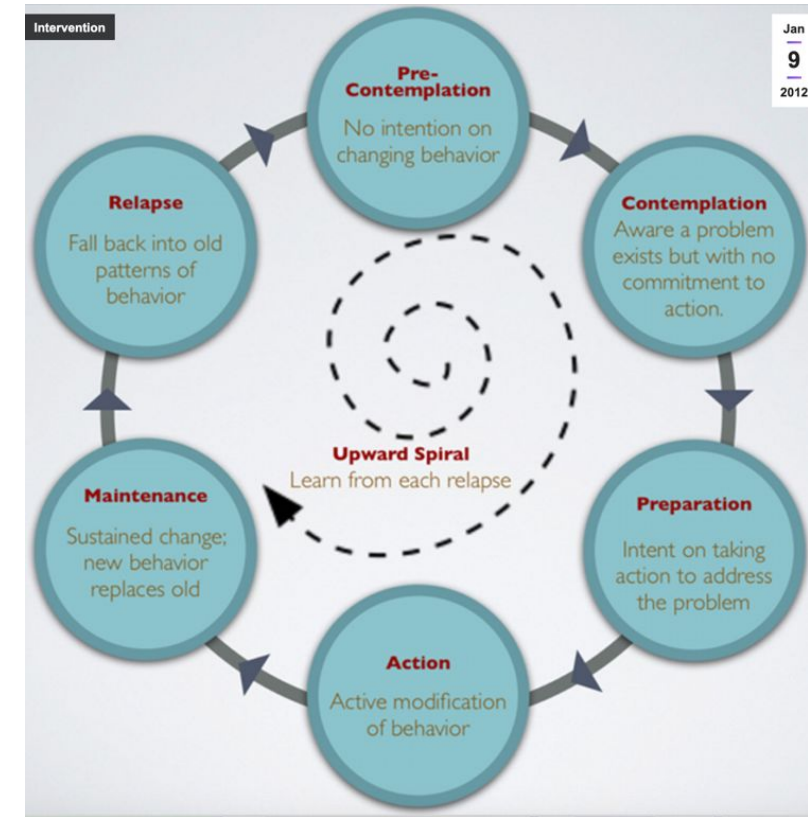
Morning Tea Break



Session 2

Matching Medication to Motivation

- Prochaska and DiClemente's Cycle of Change provides a map of the human change process
 - Precontemplation - Acknowledging that there is a problem but not yet ready, sure of wanting, or lacks confidence to make a change
 - Contemplation - Acknowledging that there is a problem but not yet ready, sure of wanting, or lacks confidence to make a change
 - Decision / Preparation - Acknowledging that there is a problem but not yet ready, sure of wanting, or lacks confidence to make a change
 - Action - Changing behaviour
 - Maintenance - Maintaining the behaviour change
 - Relapse – returning to old behaviour
 - Optimum Recovery / Termination – Sustained and integrated behaviour change



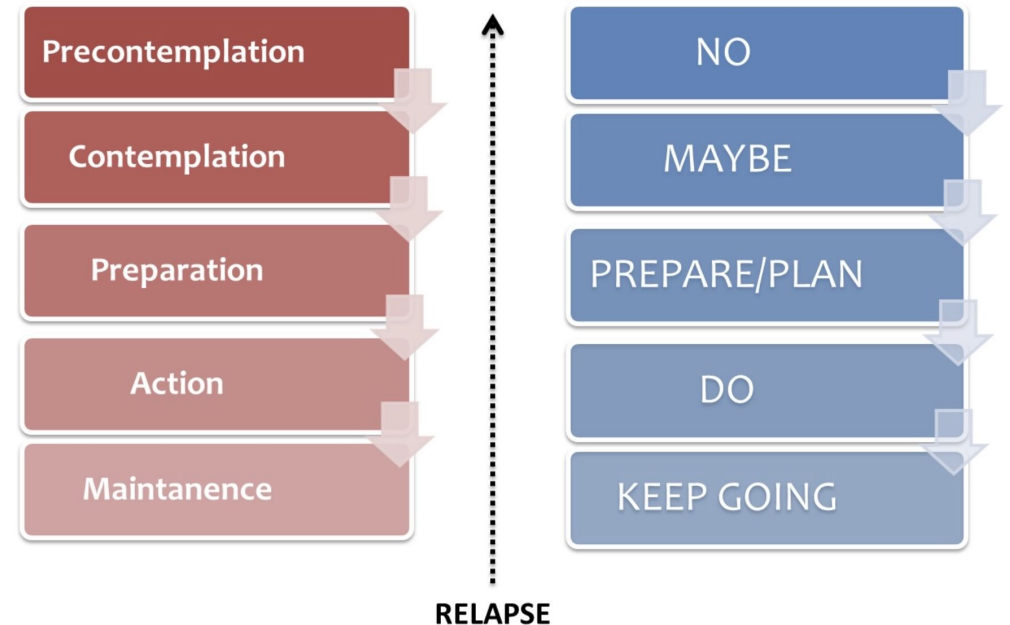
Session 2

Matching Medication to Motivation

Plenary Exercise

- Matching harm reduction and drug treatment strategies to different stages of change
- Matching OAMT medications to different stages of change

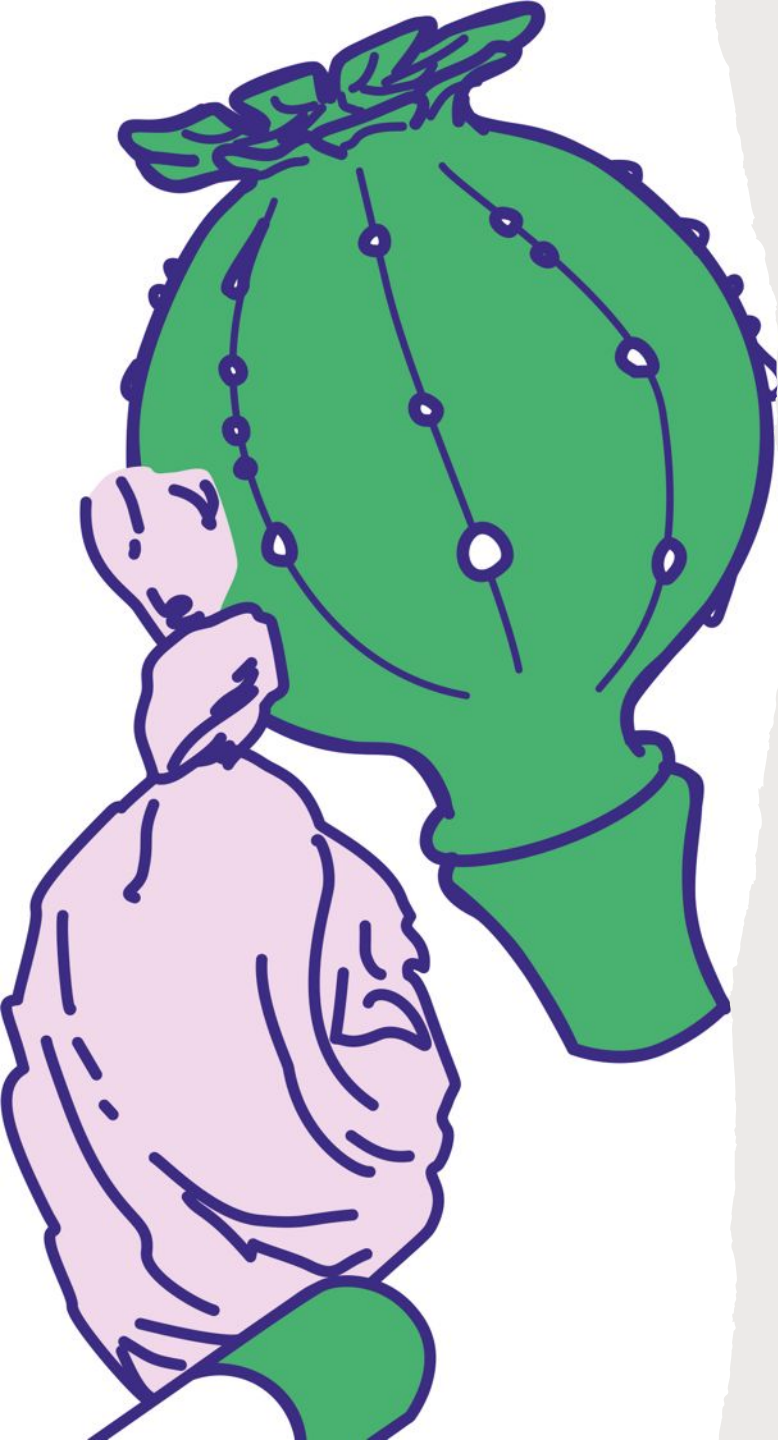
Transtheoretical Model Stages of change



Session 2

Matching Medication to Motivation

- How do we support self-motivation?
 - **Express Empathy** - Show understanding and acknowledge the person's perspective, even if you don't agree with it.
 - **Avoid Arguments** - Resist the urge to argue or convince someone to change. Instead, focus on understanding their reasons for not wanting to change and explore their ambivalence.
 - **Amplify ambivalence** - Help the person recognise the pros and cons of their current behaviour and the potential for change. This can help them see the complexities of their situation and become more motivated to explore options.
 - **Roll with resistance** - Help the person recognize the pros and cons of their current behaviour and the potential for change. This can help them see the complexities of their situation and become more motivated to explore options.

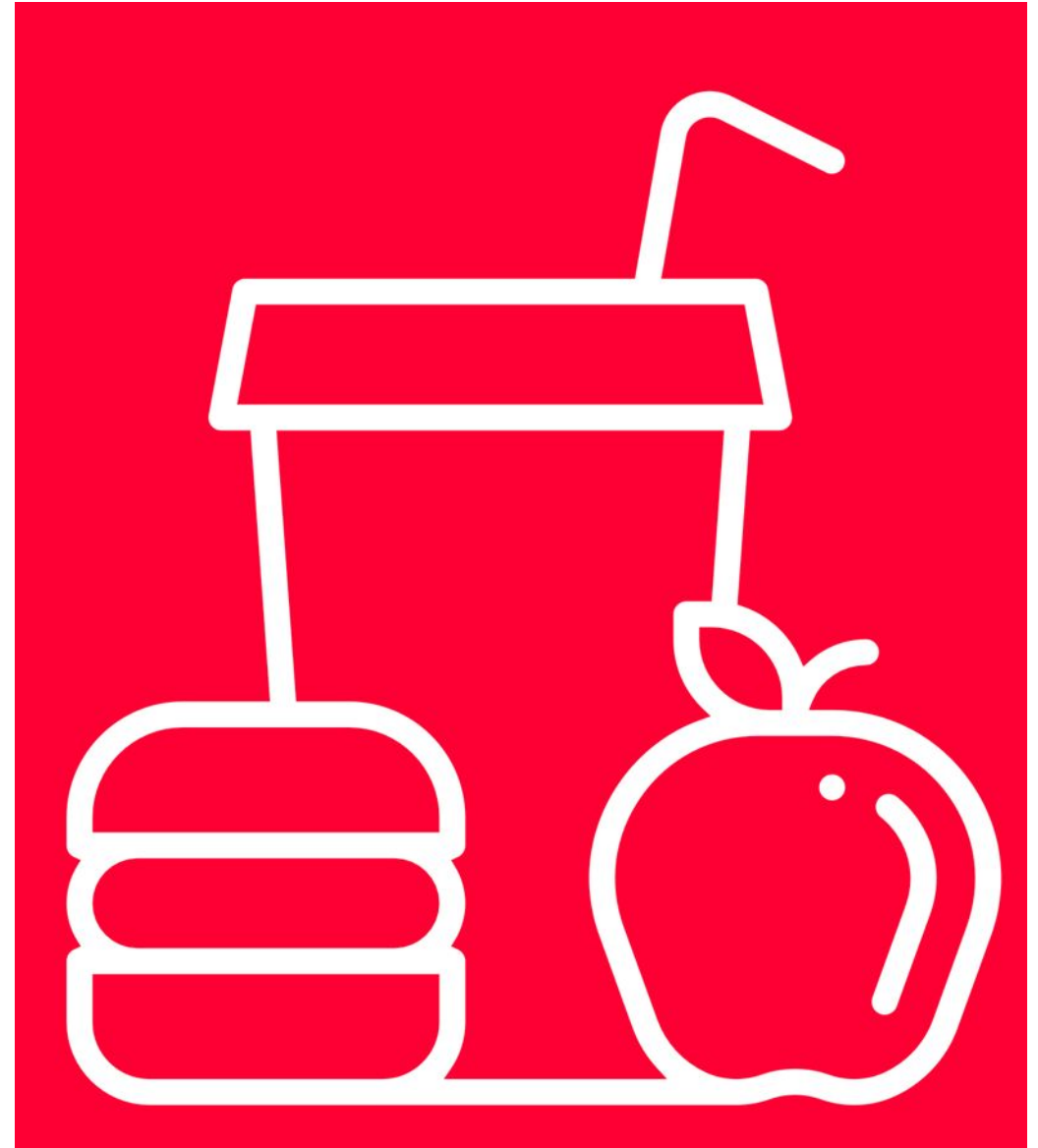


Session 2

Change journeys of positive change with OAMT

- Small Group Work
- Identify the person in your case studies reasons for seeking change, their positive change goal, and suitable psychosocial interventions that could be used to support the person to achieve their goals. Map these on the linear model of change.
 - Group 1 – Person with opioid dependence looking to stop injecting and control their use
 - Group 2 - Person with opioid dependence looking to quit engaging in shoplifting and to have days off from active use
 - Group 3 – Person with opioid dependence looking to stop taking street heroin and stabilise on OAMT
 - Group 4 – Person with opioid dependence looking to stop taking opioids
- Feedback from each group

Lunch Break



PRESENTATION

Session 3 Informed Client Choice in OAMT Treatment

Why do people with opioid dependence choose LADB?

- Prof. Jo O'Neill research into those recently started on Buprenorphine in UK – concern about doctor's advice having too much influence
- Lessons from Ukraine emergency LADB prescribing with 30% drop out rates – missing community and access to support services
- Experience of Buprenorphine study in Wales during COVID-19 – number of study dropouts once oral OAMT take homes offered
- Concern from INPUD about the coercive use of LADB to impose abstinence from short acting opioids

Session 3

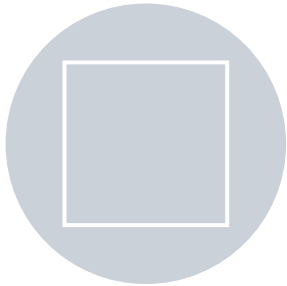
What is informed consent?

Whole group discussion –
what is informed consent?

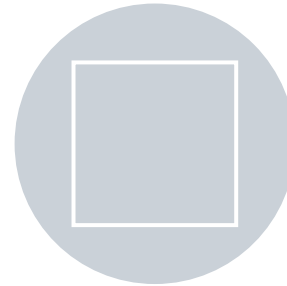
Trainer / partner document on flip chart in
country language

Session 3

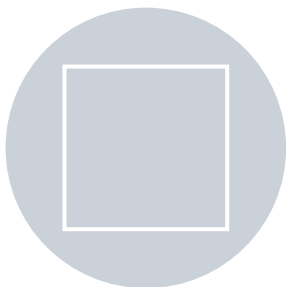
Key principles of informed consent



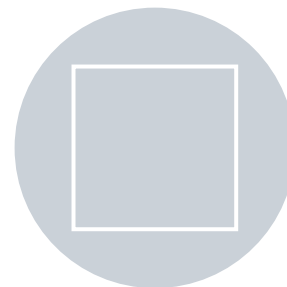
Disclosure: The healthcare provider must disclose all relevant information about the proposed treatment, including its purpose, risks, benefits, and alternatives.



Understanding: The patient must have a reasonable understanding of the information provided, including the ability to ask questions and receive answers.



Voluntariness: The patient's consent must be given freely, without coercion or undue influence.



Competency: The patient must have the capacity to understand the information and make an informed decision.

Session 3

LADB Client Resources

LADB
Peer Education Tool:
Long Acting Depot
Buprenorphine

Developed as part of the Unitaid LADB Values and Preferences Study

Client Guide
to Opioid Agonist
Maintenance
Treatment and
Long Acting Depot
Buprenorphine

Developed as part of the Unitaid
LADB Values and Preferences Study

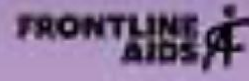
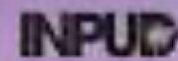
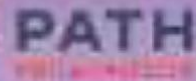
- Flip-A4 card Peer Education Intervention
- Comprehensive Client Guide A5 booklet
- Short LADB explainer leaflet also available

LADB Explainer Video

<https://youtu.be/BLxjih0c9JE>

LONG ACTING BUPRENORPHINE EXPLAINER VIDEO

DEVELOPED AS PART OF UNITAID LADB VALUES AND PREFERENCES STUDY



SMALL GROUP WORK

Session 3

Defining a science and rights led OAMT system

- Each group will review a client who is actively considering LADB. Each group will review a case study and plan how to engage the peer using the peer education intervention
 - Group 1 – Mother who uses methadone but finds dispensing too demanding to manage alongside childcare
 - Group 2 – 30 year old man who takes sub-lingual buprenorphine but finds that visiting the OAMT centre high risk for meeting other peers and buying heroin together
 - Group 3 – 20 year old man who smokes heroin every day and has the offer of working away to deliver contract building work
 - Group 4 – Young person who is at college studying. They are using heroin 3 times a week while on 60MG of oral methadone. They struggle to get to the dispensing clinic each day as dispensing centre only open during college hours.
- Feedback from each group

PLENARY EXERCISE

Session 3
**LADB Peer
Education
Intervention**

- Modelling the use of the LADB Peer Education Intervention
- Practice with one of the cases planned in the small group exercise

**LADB
Peer Education Tool:
Long Acting Depot
Buprenorphine**

Developed as part of the Unitaid LADB Values and Preferences Study

Afternoon Tea Break

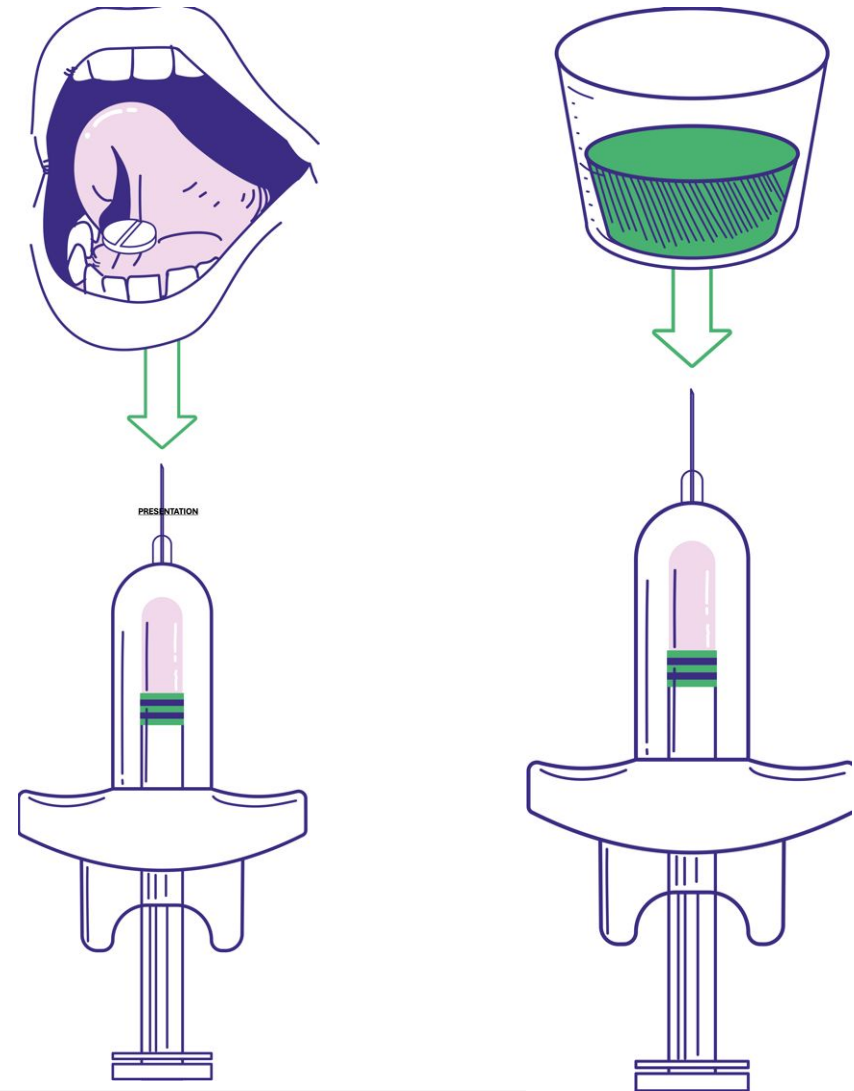


Session 4

Supporting Treatment Adherence

Supporting study participants at key moments in their engagement with LADB –

- Informed decision making (covered by peer education intervention)
- Transition onto buprenorphine / LADB including titration
- Psychosocial support needs as settling on buprenorphine
- Administration and redosing
- Troubleshooting including stopping LADB

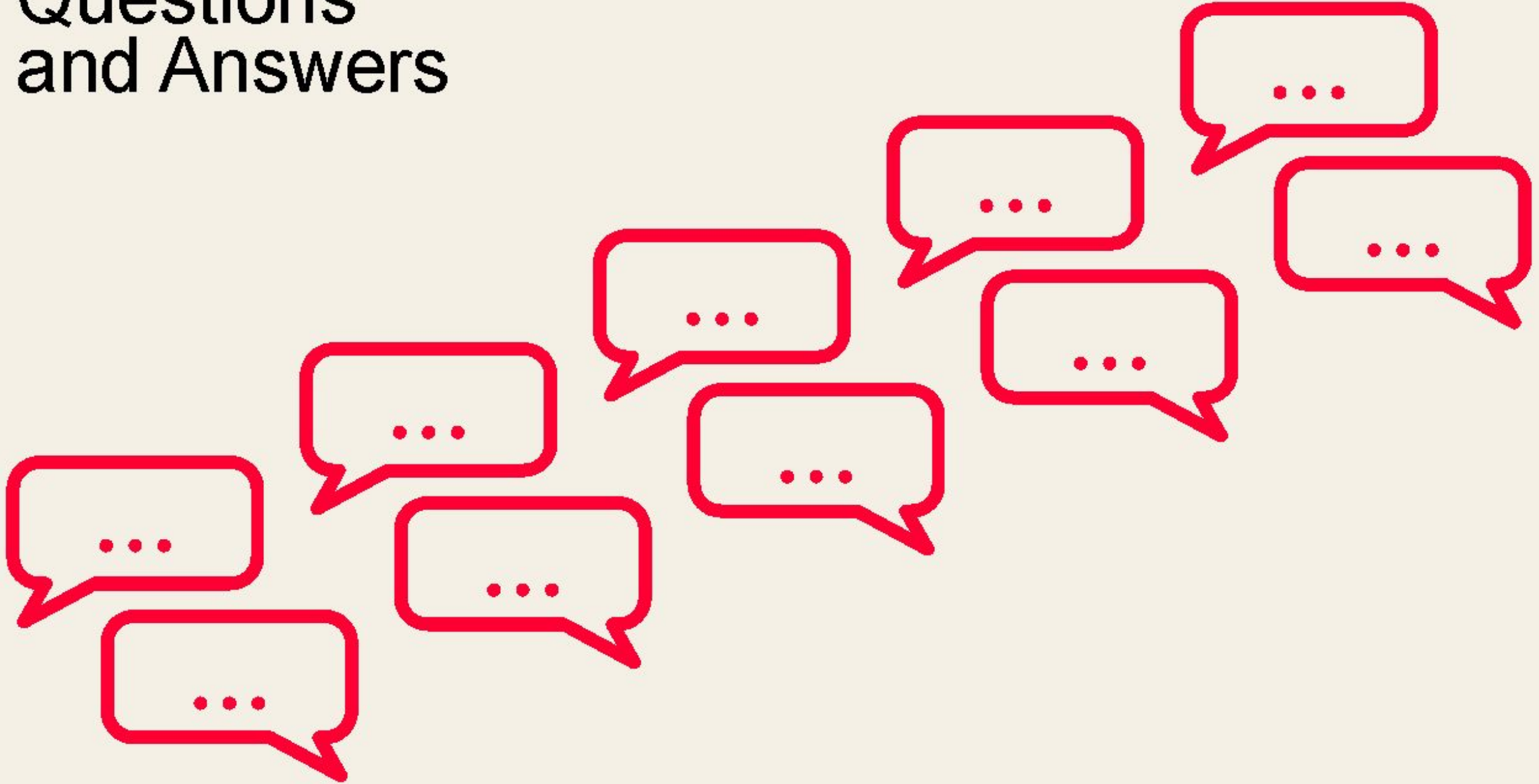


Session 4 Supporting Treatment Adherence

- How can practitioners and peer workers support client / study participants to manage :
 - Group 1 – Transition onto buprenorphine / LADB including titration
 - Group 2 – Psychosocial support needs as settling on buprenorphine
 - Group 3 – Administration and redosing
 - Group 4 – Troubleshooting and option to switch OAMT option
- Feedback from each group



Questions and Answers



Session 4

Take Home Messages on Peer Support



REFLECTIONS AND
LESSONS



PERSONAL NEXT
STEPS