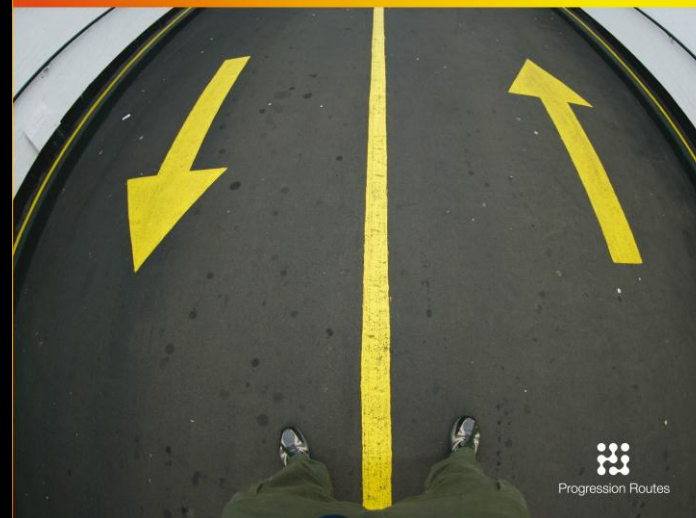


COMMUNITY
DETOXIFICATION
PROTOCOLS:
BENZODIAZEPINES



COMMUNITY
DETOXIFICATION
PROTOCOLS:
METHADONE



The National Community Detoxification Pilot

Aoife Dermody, *Progression Routes Initiative*

NDCI, 2011

Community Detoxification Protocols

Guidelines for outpatient detoxification from methadone or benzodiazepines through a structured process involving key workers and prescribing doctors.

Why?



How?



'They won't prescribe me benzodiazepines'



'I was told that it's unsafe, and I'm not ready'

Why?

Options: People Deserve Choice

Resources: We're a little low

Expertise: We're abundant

Collaborative working: Works

Innovation: It's exciting

Why?

Evidence for Outpatient Detoxification

Dr. Brion Sweeney.

Clinical Director HSE Northern Area

Addiction Service, Consultant Psychiatrist

in Substance Misuse & member of the

Community Detoxification Steering Group

OPIATE DETOXIFICATION

Evidence and Guidelines

Dr. Brion Sweeney

Evidence

6 Cochrane Reviews

- Alpha Adrenergic receptor assisted
- Adolescent- insufficient studies
- Buprenorphine Assisted
- Methadone assisted
- Under heavy sedation or anaesthesia
- Under light sedation

“What we need to know”: Professor Michael Gossop

UK

- *NTORS (National Treatment Outcome Research Study).*

US

- *DARP (the Drug Abuse Reporting Programme)*
- *TOPS (Treatment Outcome Prospective Study)*
- *DATOS (Drug Abuse Treatment Outcome Study).*

NHS

2005

Gossop: residential settings

- *The most stringent criterion for treatment outcome is abstinence, and this was an explicit treatment goal of the residential treatment programmes. Almost half (49 per cent) of the residential patients were abstinent from heroin after five years*
- *The percentage of residential clients who were abstinent from all six illicit target drugs increased from one per cent at intake, to 38 per cent after five years. This is an encouraging finding considering that it is such a strict outcome criterion and that it applies to such a severely problematic group of drug misusers.*

Cohort Studies

Scottish

- **DORIS 2007**
- **RESEARCH FOR RECOVERY (2010)**

Irish

- **ROSIE (2001-9)**

Guidelines

- **Treatment Improvement Protocol (TIP) 45 (2009)**
- **National Institute Clinical Excellence (NICE) 2008**
- **WHO Guidelines for psychosocially assisted pharmacological treatment of persons dependent on opioids (2007)**

(TIP) 45

- 1. Level I-D: Ambulatory Detoxification Without Extended Onsite Monitoring
- 2. Level II-D: Ambulatory Detoxification With Extended Onsite Monitoring
- 3. Level II.2-D: Clinically Managed Residential Detoxification
- 4. Level III.7-D: Medically Monitored Inpatient Detoxification
- 5. Level IV-D: Medically Managed Intensive Inpatient Detoxification

Society of Addiction Medicine (ASAM)

TIP 45

- ASAM criteria are being adopted extensively on the basis of their face validity, though their outcome validity has yet to be clinically proven.
- The ASAM guidelines are to be regarded as a work in progress, as their authors readily admit.
- They are an important set of guidelines that are of great help to clinicians.

SAMHSA

RESEARCH FOR RECOVERY: A REVIEW OF THE DRUGS EVIDENCE BASE

- There is clear support for effective engagement in recovery housing and in training and vocational support as parts of a recovery package of care.

**Study Commissioned by Scottish Dept of
Justice 2010**

www.scotland.gov.uk/socialresearch

RESEARCH FOR RECOVERY: A REVIEW OF THE DRUGS EVIDENCE BASE

- While there is some support for specific psychological or psychosocial interventions, there is increasing evidence that the context of treatment, in particular, the therapeutic alliance (the working relationship between the client and the worker or programme) and the level of client engagement, is an equally important predictor of treatment outcomes, with worker motivation and efficacy central to this effect.

RESEARCH FOR RECOVERY: A REVIEW OF THE DRUGS EVIDENCE BASE

- Effective continuity of care is essential with an increasing international evidence base around the benefits of 'assertive linkage' (active attempts by workers to ensure engagement rather than simply passing on contact details or addresses) to aftercare and community support and for the use of recovery management check-ups.

RESEARCH FOR RECOVERY: A REVIEW OF THE DRUGS EVIDENCE BASE

- There is a strong and consistent evidence base around the benefits of engaging in mutual aid and ongoing support.

RESEARCH FOR RECOVERY: A REVIEW OF THE DRUGS EVIDENCE BASE

- There is some supportive evidence for recovery in three key population groups – adolescents, offenders with drug problems and drug users with co-morbid mental health problems – but the evidence is more limited than in each of the other areas reviewed.

RESEARCH FOR RECOVERY: A REVIEW OF THE DRUGS EVIDENCE BASE

- The key recovery finding from the review emphasises the importance of ongoing support after structured treatment, the positive outcomes associated with mutual aid and peer support in the community and the importance of assertive follow-up support as aftercare.

RESEARCH FOR RECOVERY: A REVIEW OF THE DRUGS EVIDENCE BASE

- In Scotland, there is no adequate research or evaluation base on aftercare for drug treatment.
- In Ireland Keltoi uncontrolled cohort study showed that with the ingredients referred to above that success is possible with 65% abstinent 1-3 years later.

White E, Browne C, McKiernan B and Sweeney B (2011) Keltoi rehabilitation programme: post-discharge outcome study. *Drugs: education, prevention and policy*, Early online: 1–8. <http://www.drugsandalcohol.ie/14766>

DRUG INTERVENTIONS: WHAT WORKS?

COMMUNITY DETOXIFICATION WORKS

16/ 29 referrals went on to detox
7/16 successfully detoxed
7/16 still engaged at time of evaluation
4/29 key working but not detox

“The best part was the support and encouragement plus not having to buy drugs. I had a good experience of the detox”

Service User, Community Detox Pilot Evaluation 2009

“Most useful was support for client by key worker, with care planning and relapse prevention”

Doctor, Community Detox Pilot Evaluation 2009

“The best factor in process was the opportunity to provide services users with coherent structured support within the community while under clinical supervision”

Key worker, Community Detox Pilot Evaluation 2009

HOW?

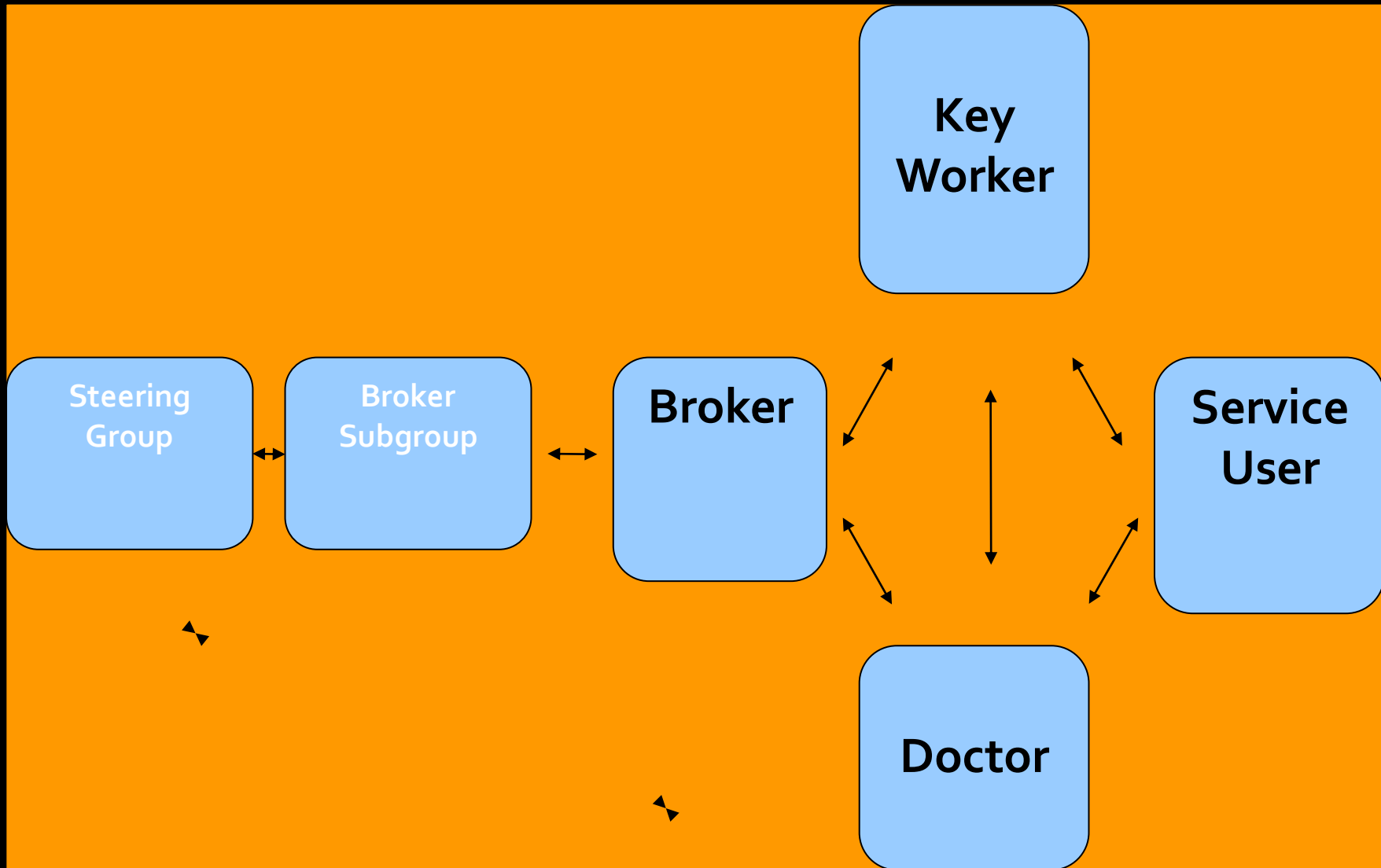
COMMUNITY
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Key Worker

Service User

Doctor





4 Stages

1. Brokering
2. Preparation
 - o Care Planning
 - o Relapse Prevention
3. Detoxification
4. Aftercare





'My doctor felt confident that I would have support to do this right, now I'm on my way to being off benzos'



'I got a key worker and a detox, and now I'm methadone free'

National Community Detoxification Initiative

Why?

Because we need it

Because it works

How?

National Pilot in 8 new areas 2011 - 2012

Evaluation of national pilot 2012

For more information contact:

National Community Detox Pilot

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