



ST VINCENT'S
HEALTH AUSTRALIA

FOpIT Trial

Feasibility of Opioid Injection Trial

Implementation of time-limited parenteral hydromorphone in people with treatment-resistant injecting opioid use disorder: Safety, feasibility, acceptability and cost

Scottish Drugs Forum: Trends in Drug Use and Harms in Scotland.

Stirling, United Kingdom

30th of May 2024

Anna McVinish, Clinical Nurse Consultant

Acknowledgement of Country



And another...



Background

- Australia has a *relatively* well-developed opioid agonist treatment (OAT) system but not all people respond to current treatment
- 5-15% people engaged in treatment continue injecting street opioids and experience severe harms (Lintzeris 2009)
- Approximately 10% clients who visited MSIC to use opioids in 2017 first registered with the service in 2001 – 2002, indicating prolonged injecting opioid use
- A MSIC client survey in 2017 found 43% respondents were currently on methadone and a further 35% had been on methadone previously

Lintzeris, N. (2009). Prescription of heroin for the management of heroin dependence. *CNS drugs*, 23(6), 463-476.

Injectable opioid treatment

- Supervised injectable Opioid Treatment (SIOT) is a second-line treatment option for people who continue to inject opioids despite access to OAT ^{1, 2}
- Involves prescribing pharmaceutical heroin or hydromorphone for people who continue to inject despite access to treatment
- People may also receive supplementation with oral methadone to prevent withdrawal during inter-dosing intervals
- Injected opioids are more rewarding than oral OAT and can attract and hold people in structured treatment where methadone and buprenorphine have not been effective

Injectable opioid treatment is not a new idea!

1. Bell, J., Belackova, V., & Lintzeris, N. (2018). Supervised Injectable Opioid Treatment (SIOT) for the Management of Opioid Dependence. *CNS drugs, online 21st August, 2018*. doi:DOI 10.1007/s40265-018-0962-y
2. Bell, J., van der Waal, R., & Strang, J. (2016). Supervised Injectable Heroin: A Clinical Perspective. *The Canadian Journal of Psychiatry, 62(7)*, 451-456.

Therefore...

Integrating SIOT into existing public clinics represents a potentially more sustainable and accessible approach to managing people who have not responded to methadone or buprenorphine

Why FOpIT?

- Most studies have investigated the effectiveness of SIOT vs methadone and have not tested the effectiveness of 'time limited' SIOT
- Studies have shown that most benefit from SIOT occurs in the first 6 months of treatment ^{1,2}
- Data suggests that moderate-term SIOT and transfer to methadone may be a more effective use of resources than indefinite maintenance
- Participants in FOpIT are offered parenteral hydromorphone as an adjunct to methadone (or other agonist treatment) for up to 24 months followed by transfer to oral methadone or other agonist treatment

1. Verthein, U., Bonorden-Kleij, K., Degkwitz, P., Dilg, C., Köhler, W. K., Passie, T., . . . Haasen, C. (2008). Long-term effects of heroin-assisted treatment in Germany. *Addiction*, 103(6), 960-966.

2. Oviedo-Joekes, E., Guh, D., Marchand, K., Marsh, D. C., Lock, K., Brissette, S., . . . Schechter, M. T. (2014). Differential long-term outcomes for voluntary and involuntary transition from injection to oral opioid maintenance treatment. *Substance Abuse Treatment, Prevention, and Policy*, 9(1), 23.

Partners

The project is a partnership between:

- Uniting NSW/ACT (MSIC)
- St Vincent's Hospital, Sydney
- University of NSW (UNSW)

Investigators

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Dr James Bell
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Associate Investigators

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Prof Nick Lintzeris
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Prof John Strang
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Prof Eugenia Oviedo-Joekes

Study design

- Single-site, uncontrolled, open-label implementation study recruiting 20-30, injecting, opioid-dependent people who have not found available treatments effective
- Participants are offered parenteral hydromorphone as an adjunct to oral methadone for up to 24 months
- Following transfer to oral methadone (or other agonist treatment), participants will be followed up for a further 3 months
- Participants are people who inject opioids not previously responding to conventional opioid agonist treatment
- The study will investigate the feasibility, safety, and cost of time-limited injectable hydromorphone treatment

Early data: recruitment

- 69 people expressed interest in the trial during the 6 month time frame
- 53 people underwent pre-screening with a trial nurse
- 22 participants screened by Medical Officer and deemed eligible
 - unfortunately unable to screen further participants due to limitations of space, staff and dosing times

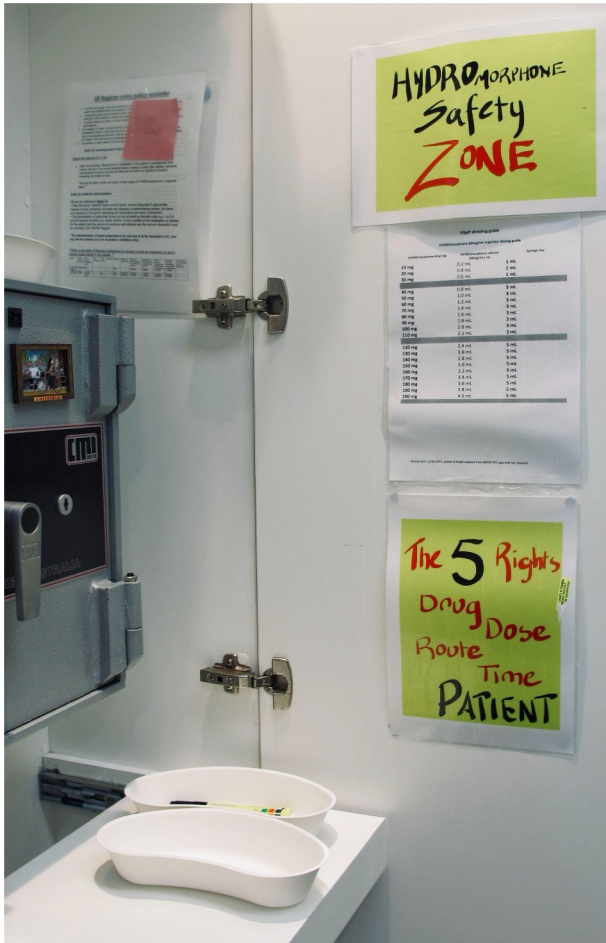
Recruitment characteristics

- Age range 28 – 59 yrs (average 46 yrs age)
- 59% male, 36% female, 5% transgender
- 9% Aboriginal
- 36% identify as LGBTI
- 68% on current regular OAT at enrolment
 - (90% methadone, 5% Suboxone, 5% Buprenorphine)

Study procedures

- Participants self-administer (intravenous or intramuscular) parenteral hydromorphone (listed on Australian Register of Therapeutic Goods) twice-daily for 24-months under direct observation by nursing staff.
- Hydromorphone to commence at 10mg and increase incrementally each dose
- Dosage range **50-400 mg/day** (maximum 200 mg/dose)
- Co-administration of methadone (or other OAT) **prior to** any injection of hydromorphone
- Injection in **upper limbs only**
- Participants have only **approximately 5 minutes to inject**
- At 24 months all participants will transfer to standard OAT

Clinical flow



1. Dose confirmation of conventional OAT, administered within Rankin Court “dosing” hours.
2. Subsequent attendance for FOpIT side of the waiting room - shared space with Rankin Court.
3. Baseline observations and sedation assessment including self-report of recent use and sedation level.
4. Preparation of medication by RN 1 and RN 2.
5. RN 3 in injecting area observing self-administration and providing vein care.
6. 5-minutes post-dose observations and sedation assessment.
7. Move from injecting area to waiting room: aftercare, tea and a biscuit, opportunistic case management.
8. 15 mins post-dose - visual sedation assessment by nursing staff and clearance to leave.

Challenges

- Fear/Stigma
- Covid
- Space; design and utility
- Co-location OTP
- Co-location acute care; tertiary referral + teaching hospital
- Clinical Emergency Response
- Emergent practice area:
 - Workforce
 - Education
- Hydromorphone



Innovation for OAT nursing workforce



Dignity

PCC

TIC

Non-judgemental

Shame sensitivity

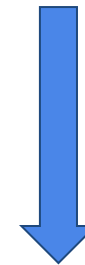
Treatment planning

Administration ritual

Research contribution

Harm reduction

Treatment expectations



OD risk

Procurement
and occupational stress

Infection risk

Unsterile equipment

Criminal justice system


Fear

Barriers navigating treat
ment system

Rules and regs

Essentialist abstinence

Fopportunities!

KOFFIT

Name	Koffe	Tea	Milk	Sugar	other
	Strong	No	Regular	None	Xtra hot
[redacted]	✓	—	✓	3	—
[redacted]	—	✓	✓	3	—
[redacted]	—	✓	✓	2	Milk+weat
[redacted]	Norm	—	Lots	4	HEAVY
[redacted]	Norm	—	Lots	2	HEAVY
[redacted]	Norm	—	Norm	4	HEAVY
[redacted]	Norm	—	✓	2.5	HEAVY
[redacted]	N	—	✓	2	HEAVY
[redacted]	WRAK	—	✓	4	HEAVY
[redacted]	Norm	—	✓	4	HEAVY
[redacted]	DECAF	—	✓	2	HEAVY
[redacted]	Strong	—	✓	4	HEAVY
[redacted]	✓	—	✓	2	HEAVY



Summer meeting for participants

Friday Nov 3
9.00am

Meet at BandsStand in Green Park and we will go for coffee! My shout

Speak to Maureen for more info

FOPIT'S FAVOURITES

QUODDY

Kit Kat

Peggy & Eric

Koshka

Frau

Tako

Summer

Eric

Bonnie

Stumpy

Butlers

Harlie

Summer

Merlin

Clover

Haven

Clyde

Wylie

KOSHENKA

OO worm

Genghis

Bonnie & Clyde

INTRODUCTION TO MUSIC INDUSTRY STANDARDS

Have a passion for making music? Join this course with an industry professional and learn about copyrighting your music, social media platforms, Stagecraft and digital media platforms like Bandcamp, Spotify. No previous experience required. START DATE TO BE CONFIRMED.

BASIC HOSPITALITY

Gain the skills that you need for hospitality work, from food preparation to food safety. START DATE TO BE CONFIRMED.

To register your interest, chat to staff or call 9559 8100.

OZANAM LEARNING CENTRE

Unifing

Help yourself! Donating and making items for the benefit of Australia's first supervised injectable opioid treatment clinic.

Open to all

Location

Registration

What to bring

What to expect

TAFE NSW HORTICULTURE

Interested in horticulture and learning some about gardening? Come your knowledge and pass through with this course! To register and chat to staff or call 1500 4700.

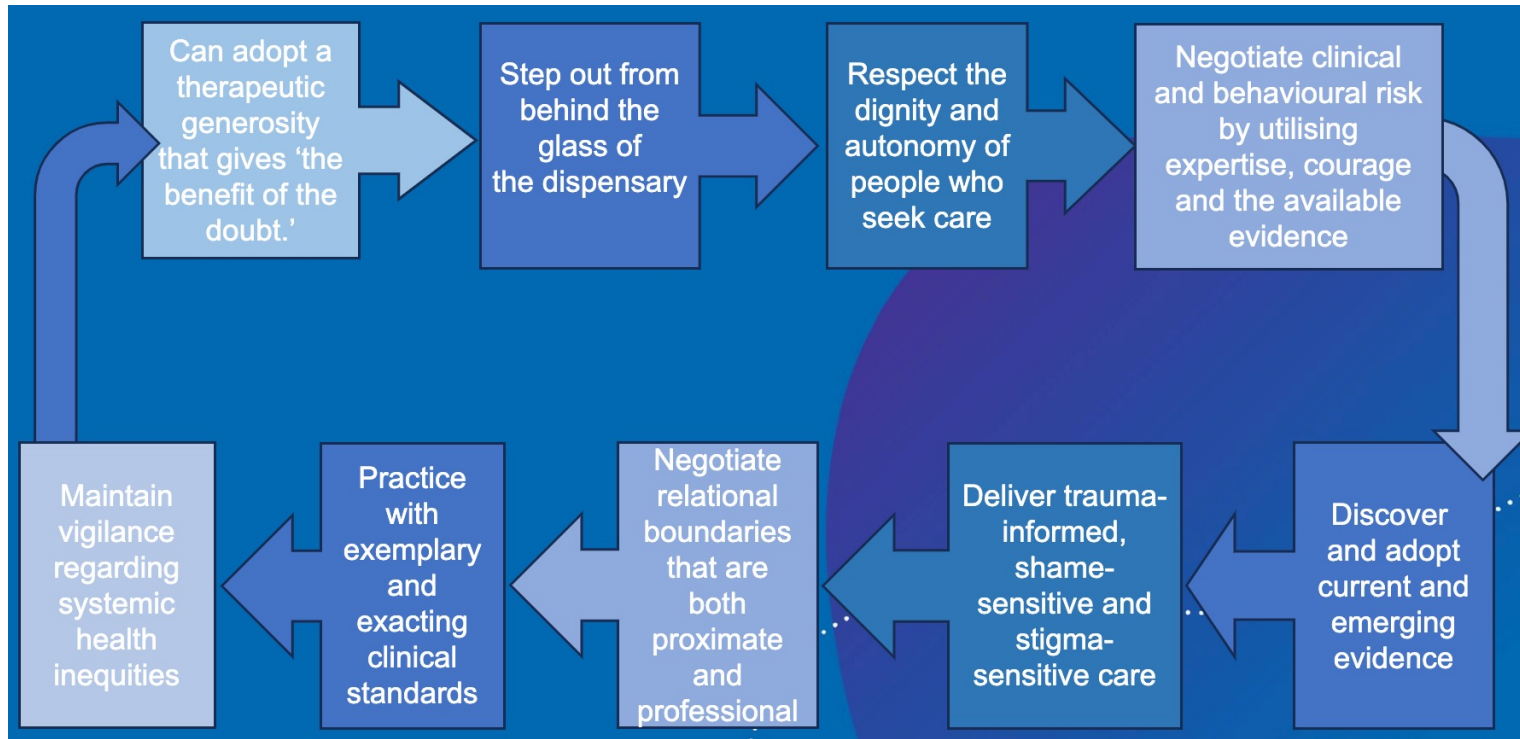
Wednesdays July 24 - November 22

1.30pm - 3.30pm

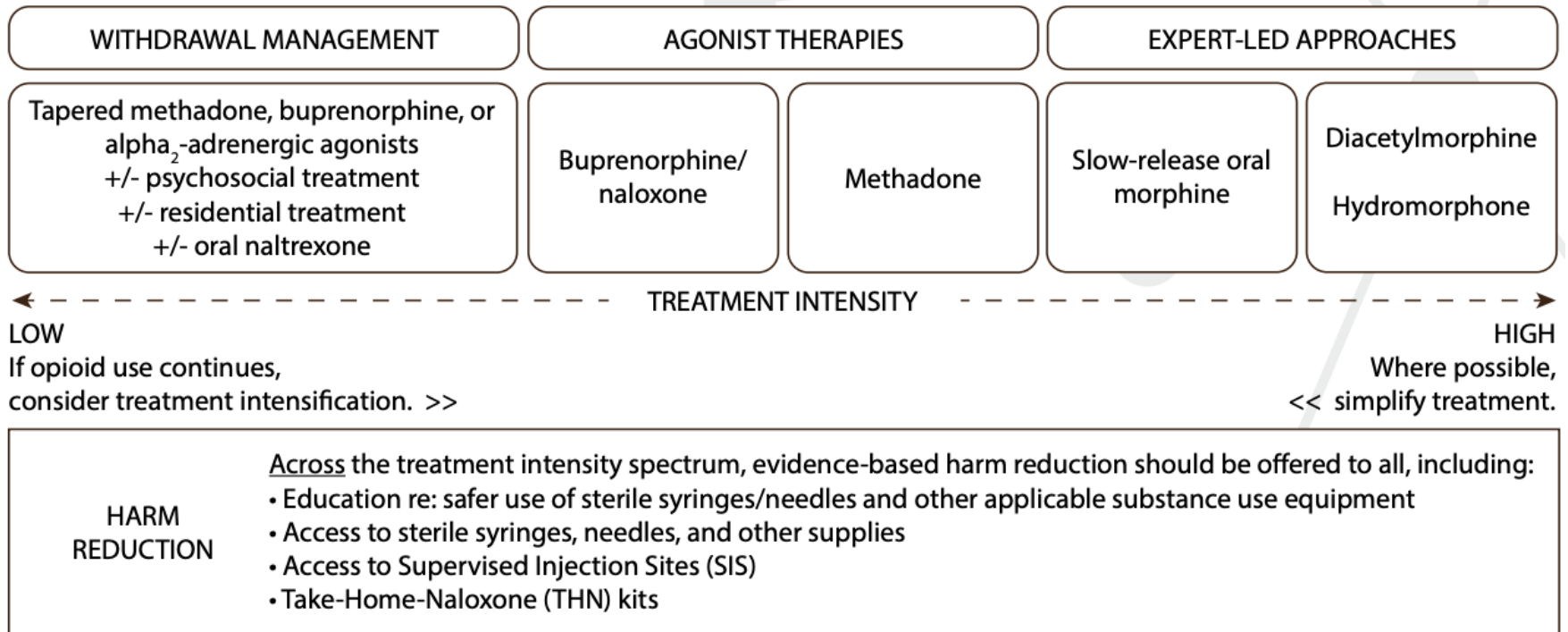
OZANAM LEARNING CENTRE



SIOT requires a workforce who:



But what does it do?



Maintaining amber



More than medication!



Summary

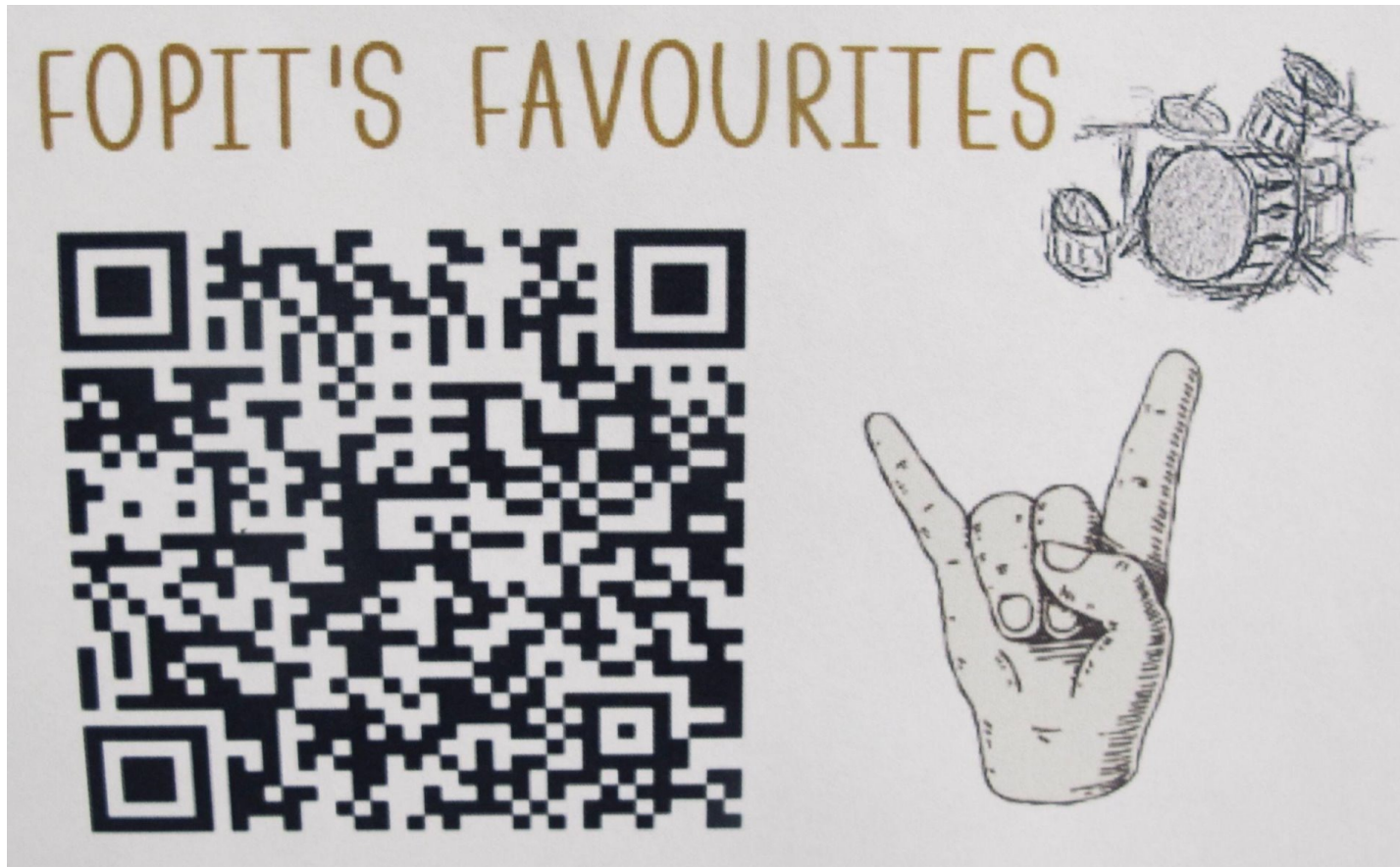
SIOT is a uniquely relational, nursing led treatment intervention that meaningfully expands Australia's current OAT delivery model.

And, it requires the synthesis of multiple care approaches and the delivery of adjunct therapies.

The Future



Questions?



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