IOTOD improving outcomes in the treatment of opioid dependence

People who use drugs: What do they think about pharmacotherapy?

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Disclosure

- Dr Harris has received honorarium for speaking at meetings sponsored by Gilead Sciences and consultancy fees for advising on a Gilead Science educational campaign

Proposed learning objective

After this talk participants should be able to:

"**Consider the perspective of people who use opioids when deciding on opioid dependence treatment options**"

What is problematic about this learning objective?

How should we change it?

Reflection on the proposed learning objective

Consider the perspective of people who use opioids when deciding on opioid dependence treatment options

Do people who use opioids share a single common perspective?

Aren't clinicians already attending to their patient's perspective when considering treatment options?

Who 'decides' on the treatment options?

AND – what else, alongside perspective, might it be important to consider?

An improved learning objective

After this talk participants should be better able to:

"Critically reflect on the impact of context

when deciding with clients

on opioid dependence prescribing options"

Outline

- Why is context important? The role of qualitative research
- Perspectives of people who use drugs: opioid substitution therapy (OST) ambivalence
- Insights into ambivalence in context:
  - Prescribing
  - Dispensing
  - Consuming
- Long-acting formulations: a solution?
- Considering context: choice, ownership and access

Qualitative research: unpacking context

Why context? This – as much as 'the treatment option' provided – informs perspective and effect

- Natural sciences: medicines have stable properties which cause predictable changes in patients.


+ **Drug-drug interactions, co-morbidities, side effects, administration, dose** =


- Social scientists: medicines and their effects also relate to complex social and cultural factors.


+ **Social norms & meanings, social interactions & power, policy, access & environment** =


'Methadone is simultaneously a physical phenomenon with biochemical properties and a deeply social, cultural and political phenomenon… Methadone varies from one context to another.' (Neale et al., 2018)

Neale J et al. *Drug Alcohol Depend* 2018;189:1–7

Qualitative research: PWUD and perceptions of OST

We have a wealth of qualitative research in this area, primarily methadone focused…

Ranging from descriptive and applied…
(Including: barriers/facilitators; quality of life; access; impact on health harms and injecting risk)

PHILIPPE BOURGOIS

DISCIPLINING ADDICTIONS: THE BIO-POLITICS OF METHADONE AND HEROIN IN THE UNITED STATES

…through to conceptual/theoretically informed
(Including: identity, stigma, social control, embodiment, genealogies of drug treatment construction, relational material co-production of opioid substitution therapy etc.)

Throughout, if attending to perceptions of people who use drugs (PWUD), there runs a common tension…

De MaeyerJ et al. *Int J Nurs Stud 2011;*48:1244–57
Bourgois P. *Cult Med Psychiatry*. 2000;24:165–95

The tension between freedom and control

Freedom

- Enabling 'stability' and removing threat of withdrawal
- Removing constant imperative to generate money for illicit drugs/fear of arrest/eviction etc.

"[I was] going out every 10 minutes begging, [it was] a problem... but I wasn't on the juice then... I suppose it's the methadone. [It has made a] hell of a difference".

Control: "liquid handcuffs"

- More dependence inducing than heroin: 'rituals of consumption', prolonged withdrawals
- Restrictive treatment regimes: stigmatising, top-down, constraining work and lifestyle opportunity
- Negative health impacts: motivation, lethargy, libido

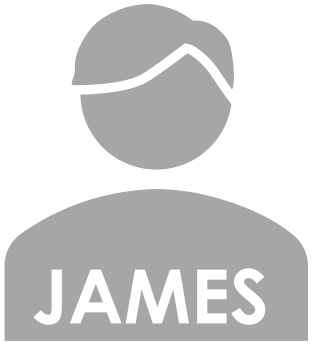
"It [methadone] is horrible, really really nasty shit"

PWUD perspectives: a profound ambivalence

Enables '**normality**'

"I'm scared of reducing in case I then start indulging in street drugs again so my main priority is to just sort of live ***some sort of normality of life which Methadone allows*** *me to, live at home, I don't steal, my mum doesn't have to hide things, all that crap".*

YET:

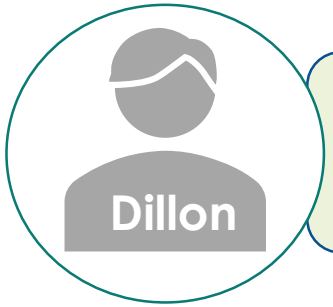


Precludes '**normality**'

"My ***life's just like one big f*cking appointment****. And there's no joined up thinking, there's no one person that's taking care of my leg, my Methadone use, my Diazepam… the GP for this drug, antidepressant, then I have to come upstairs here".*

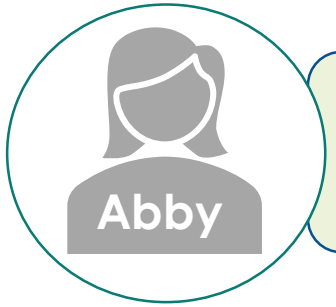
The impact of context: prescribing

- **Who holds the power in the prescribing relationship? Is it shared?**



"It's just sit there and keep your head down and shut up because they're writing your scripts. It's always been like that, it always will: the person who writes the script, they hold the power; you're not going do anything to piss them off."

- **What guarantees are in place for confidentiality and continuity of prescribing?**
- **How might these issues preclude trust and access to services?**



"They [women] suffer in silence, they just buy it [methadone] on the street ... do what they can to survive. And then there's the fear if they've got kids. That's one of the big issues, it's their kids".

Harris M et al. *Soc Sci Med.* 2013;83:19–26
Harris M and Rhodes T. Scaling up hepatitis C treatment: taking into account the needs and perspectives of people who inject drugs. In *Hepatitis C among drug users in Europe: epidemiology, treatment and prevention*, EMCDDA Insights 23. 2016. Publications Office of the European Union, Luxembourg

The impact of context: dispensing

- **How 'friendly' is service provision? Are 'conduct contracts' in use (and for general customers?)**
- **Are PWUD restricted to certain hours and locations of provision?**
- **How might this impact on OST meaning, acceptability and access to other services?**

*"Some pharmacies you have to sign a conduct contract … if you're intoxicated they won't give you your methadone ... Fine. But **I don't like the idea of getting works from there** because I want to minimise any chance at all of using that as an excuse not to dispense".*

(*Jeff*, 2012)

*"**They would literally watch you and follow you to the door**, like you've just been caught shoplifting. That's how you would feel."*

(Harris and McElrath, 2012)

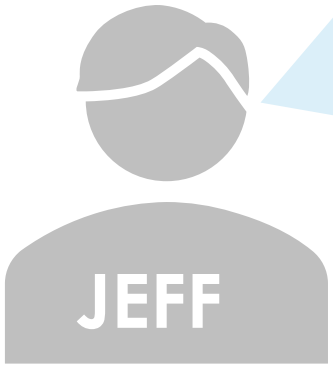
Speaker insight

Harris J and McElrath K. *Qual Health Res.* 2012;22:810–24

The impact of context: consumption

Trust – capacitates engagement more broadly, enables 'a leap of faith'

Supervised vs unsupervised consumption: a profound signifier of trust



Knowing that I've got it [methadone] there, to wake up in the morning. I haven't got to rush out to get it at the chemist before I've even had a wash or anything... I get it weekly, ***I've been trusted for a long time***

I've been on the script for about 8 months now and they still supervise. I don't know what they think I'm going to do. It's just silly really. It pisses me off... I'm too angry with the system at the moment. ***I don't really engage... Why don't they trust me?***

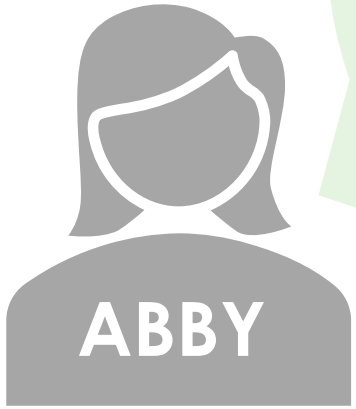
Speaker insight

Harris M et al. *Soc Sci Med* 2013;83:19–26

Self-regulation: mitigating ambivalence, enabling agency

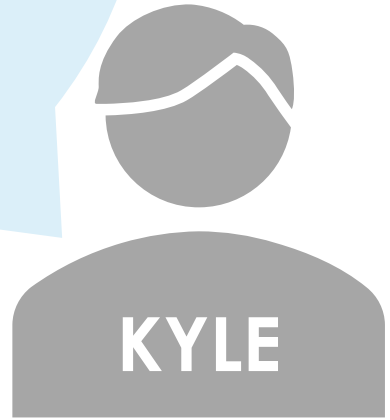
"I'm in control of it, it's not controlling me"

"I get to take it [methadone] away at the weekend, so I don't have to take it. If I don't feel that it's needed, I won't take it. ***That's my main focus now, is to get off my script, I've had enough. I'll do it my own way****. . . that's why I want to get back on unsupervised, so I can medicate myself that's what I want to do, is medicate myself again. It gives me control of it, I'm in control of it, it's not controlling me."*



"I try to regulate myself*... [getting takeaways] makes a lot of difference because then I can cut down a lot easier, I can like do 30 in the morning, cut down to 20 in the afternoon and then 20 at night... I was on 120, so I've cut myself down from that…* ***[I pick up] three times a week...***
I can bring myself down, that's the whole point of doing it."

This is only afforded by flexible dosing protocols



Harris M et al. *Soc Sci Med* 2013;83:19–26.

Inflexible prescribing: enhancing risk?

Missed doses → Withdrawal → Unsafe injecting practice → Blood-born virus (BBV) risk

"I've missed my weekly pickup twice… you lose the whole [lot], cause you're on weekly pickup. If you'd been on daily pickup you'd have lost a day and you could have carried on." (Colin)

Mistrust → Anger → Disengagement from hepatitis C virus (HCV) care

"It pisses me off... I'm too angry with the system ... I don't really engage... Why don't they trust me?" (Hakki)

Inadequate continuity of care → Avoiding hospital → Severe health complications

"As long as I didn't have the money [for drugs] I wasn't going to the hospital, [although] I needed to go" (Jill)

Speaker insight

Harris M et al. *Soc Sci Med.* 2013;83:19–26

Long-acting formulations as the solution?

- Long-acting OST:
  - Buprenorphine implant (six-month duration) approved in US May 2016
  - Buprenorphine depot injection:
    - Monthly administration formulation approved in US November 2017
    - Weekly or monthly administration formulation approved in EU November 2018

Some rationales:

- No need for daily dosing: **reduces frequency of pharmacy/clinic attendance**
- **Less inconvenience** for clients and staff
- No need for take home doses: **removes diversion/injection of medication**
- **Better adherence** to medication (no missed doses)
- **Better treatment outcomes (??)**

Speaker insight

Camurus AB. Summary of product characteristics: Buvidal 64/96/128 mg prolonged-release solution for injection. https://www.medicines.org.uk/emc/product/9706/smpc [Accessed May 2019]
Camurus AB. Summary of product characteristics: Buvidal 8/16/24/32 mg prolonged-release solution for injection. https://www.medicines.org.uk/emc/product/9705/smpc [Accessed May 2019]
Indivior Inc. Prescribing information: SUBCOLADE. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/209819s000lbl.pdf [Accessed May 2019]
Braeburn Pharmaceuticals, Inc. Prescribing information: PROBUPHINE. https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/204442Orig1s000lbl.pdf [Accessed May 2019]
Rosenthal R and Goradia V. *Drug Design, Development and Therapy*. 2017;11:2493–505

Exploratory qualitative work

- Data were generated as part of a **qualitative focus group** (FG) study **exploring real and imagined OST delivery systems**: liquids, tablets, nasal sprays, implants and depot injections in the UK. (Neale et al., 2018)
- Participants, apart from one, had no experience of these treatments

Again, participant perceptions convey ambivalence…

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

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Full length article

Implants and depot injections for treating opioid dependence: Qualitative study of people who use or have used heroin

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Neale J et al. *Drug Alcohol Depend.* 2018;189:1–7

The tension between freedom and control

- **Freedom**

  Removing daily restrictions, breaking rituals and habits

  "A lot of the things that go along with getting a script… are habit-forming… they [daily routines] tie you down."

  Peace of mind: protection against contingencies, missed and lost doses

  "Easy, straight-forward, you know where you are."

- **Control**

  Disempowering: reduced choice and control

  "I want to be in control, not some substance under my skin."

  'Invasive' – concerns about scarring, infection, inability to remove quickly

  You would want to know that you could remove it. For instance, if… you had a bad reaction to it."

Neale J et al. *Drug Alcohol Depend.* 2018;189:1–7

The impact of context: ownership

- Is 'ownership' of the intervention and its implementation top down or shared?
- How are treatment goals arrived at and whose needs do they meet?

- For example, is the goal of 'stability' client or practitioner (policy) led?

  "I don't like the sound of that [depot injection] because it means that you're on a level for the whole month… I used to like getting up in the mornings and taking my methadone, knowing that in half an hour I'm going to have that really warm glow inside."

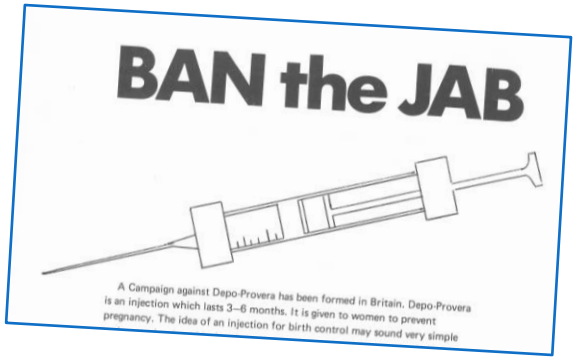
- What options might there be for people who wish to self-regulate and feel drug effects?
- Is this a viable treatment goal?

Neale J et al. *Drug Alcohol Depend.* 2018;189:1–7

Working with ambivalence: control vs freedom

"I want to be in control, not some substance under my skin"

- OPT offers freedom from restrictive treatment regimens: capacitating work, holidays etc and will be embraced by some people
- However, it also removes control over drug administration and effect and will be perceived with suspicion by others
- It is crucial to honour both perspectives (and those in-between) recognising the problematic ethics associated with long-acting medications and marginalised populations



Speaker insight

Organisation of Women of Asian and African Descent. BAN the JAB. https://blogs.kcl.ac.uk/kingshistory/category/teaching/ [accessed May 2019]

An enabling context: choice, ownership, access…

What impact can you have on how opioid prescribing options are perceived?

- Choice: Multiple treatment options, with long-acting formulations one of many
- Ownership: Shared decision-making, working with 'unconventional' goals consulting and working in partnership with PWUD and their organisations
- Access: Recognising and working to remove the multiple barriers caused by stigma, inflexibility and restrictive policies (including those that criminalise)