

THE INTEGRATION OF HARM REDUCTION STRATEGIES INTO ABSTINENCE-BASED THERAPEUTIC COMMUNITIES: A CASE STUDY OF WE HELP OURSELVES

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Background

- **WHOS (We Help Ourselves) has been operating for 44 years (Established 1972)**
- **Ex - users self-funded and ran the service**
- **Name of We Help Ourselves due to self-help nature**
- **Therapeutic Community model – community as method**





Our Mission

*To foster personal growth within an
Alcohol and Other Drugs therapeutic program,
incorporating Harm Minimisation
and Co-existing
Mental Health Initiatives*





Services (TCs)

- Gunyah for men
- New Beginnings for women
- **OSTAR (Opioid Substitution Treatment to Abstinence)** reduction program mixed gender
- **RTOD (Residential Treatment of Opioid Dependence)** stabilisation program mixed gender
- **WHOS Hunter Valley (mixed gender)**
- **WHOS Sunshine Coast (mixed gender)**
- **WHOS Newcastle Day Program - OST**





Client Group

- Over 18
- At risk of infectious diseases
- Multiple services users of drug treatment
- Poor quality of life
- Coexisting mental health issues
- Entrenched / chronic dependence
- Criminality e.g. MERIT, Drug Court
- Individuals on OST
- Australia-wide

Incorporating Harm Reduction

1986

- Evidence of users/clients presenting with HIV
- Drug overdose on the increase
- IV drug use on the increase
- help limited in quantity and quality

Processes Undertaken

- Proposed introduction of NSP into the residential service
- Consulted residents in treatment at the time
- Interviewed ex-clients irrespective of using status
- Reviewed initial “internal” organisational challenges
- Consulted external stakeholders

Challenges

- “Abstinence Only” issues had to be resolved
- Dilemma: moral or reality based approach?
- Does NSP equipment pose a threat to recovery?
- Elimination of ‘success / failure’ thinking & more focused on health gains
- Counsellors feeling a loss of control

WHOS Approach

- Not all individuals can achieve total abstinence
- Drug users are much more likely to take multiple, small steps than a few huge ones
- Harm Reduction = keeping people alive and preventing irreparable damage
- Obtaining funding to increase the harm reduction initiatives in all programs



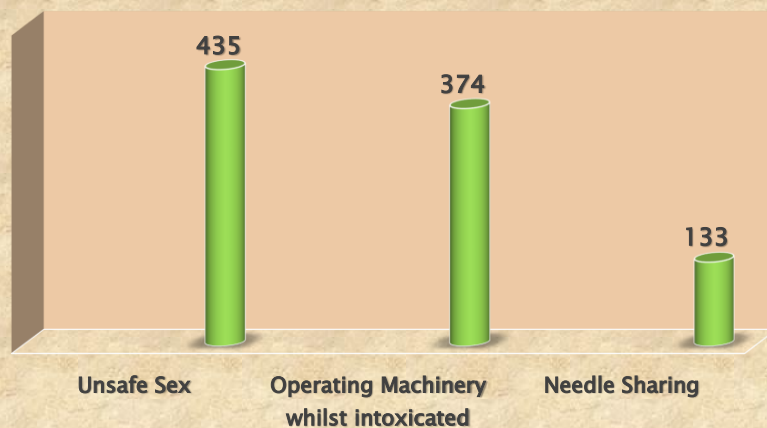
WHOS Harm Reduction Strategies

- Access to safe kits (not monitored by staff)
 - If you use do it safely!
- Provision of resource kits
 - For non IVDU
- Harm Reduction Workers
 - Oversee HR strategies at each TC
 - Collect risk behaviour data from anonymous questionnaires
 - Conduct Educational Groups
 - Collect data monthly relating to HR initiatives



What Risk Behaviours

Risk Behaviours 2014–2015 (740)



WHOS Harm Reduction Strategies

- ▶ **Harm Reduction Nurse**
 - Oversees sexual health and BBV screening and referral
 - Pap smears and women's health clinic
 - Onsite Liver Clinic/ Hep C treatment/Hep B
 - Monitors those on Hep C treatment
- ▶ **Education/Groups – OD prevention/CPR; BBV and Safe Sex Groups; infection control**
- ▶ **Opioid Treatment Programs**



Are we telling clients something new?

- ▶ Health professionals may presume their clients have investigated their health issues or looked at the impact of risky behaviours when in the community

However

- ▶ In 2014-2015 of those admitted to WHOS – 97% of clients reported increased knowledge through attendance at all Harm Reduction groups.



Harm Reduction Maintained

- Continue to promote a “common sense” approach to drug treatment based soundly on HR evidence, e.g. Australian HIV prevalence for people who inject drugs is still less than 2%
- Is Harm Reduction and Abstinence Based Treatment compatible? Our experience demonstrates much common ground
- TC ideal model for pharmacotherapy, justice, mental health and sub population clients

WHOS OTP Services

- ▶ WHOS OSTAR reduction program commenced in 1999 as a supported reduction service for clients on OST with a goal of abstinence
- ▶ WHOS RTOD stabilisation program commenced in 2009 as a stabilisation service for chaotic OST clients and is an identified harm reduction service
- ▶ Newcastle Day Program commenced in 2012
- ▶ Family Support & Aftercare/outreach
- ▶ Dispensing services

Working with clients on OST

- ▶ OTP Services commenced in response to identified need of this client group
- ▶ Incorporating a goal of abstinence from problematic drug use and principles of harm reduction
- ▶ Identifying what more we can provide for individuals remaining on OST during the WHOS program and their return to the community

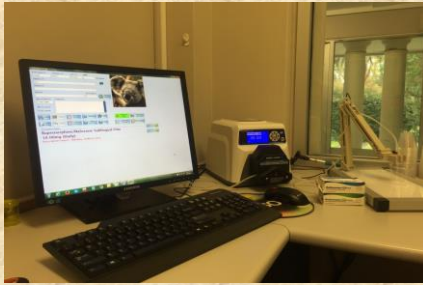


WHOS Dispensing Service

- ▶ First Residential AOD NGO to have a clinic onsite
- ▶ Up to 50 residents on OST at WHOS Rozelle
- ▶ Latest electronic dispensing system - iDose
- ▶ Biodone (Methadone) and Suboxone
- ▶ Reduction regimes
- ▶ Stabilisation



OST Dosing at WHOS



Recognition

- ▶ In 2012 the WHOS OTP Therapeutic Community Initiatives were awarded *"Excellence in Treatment and Support"* at the *National Drug and Alcohol Awards*.
- ▶ In 2014 WHOS OTP Initiatives won the Australasian Therapeutic Community Association (ATCA) *"Excellence in Treatment"* Award
- ▶ In 2016 the Harm Reduction program was given a commendation at the NADA Awards



Finally

- Continue to promote a “common sense” approach to drug treatment based soundly on evidence
- Are OST, Harm Reduction and Abstinence Based Treatment services irreconcilable opposites? No they complement each other
- Message to drug free TCs and rehabs - take the first step onto the HR continuum

WHOS CommUnity Cafe

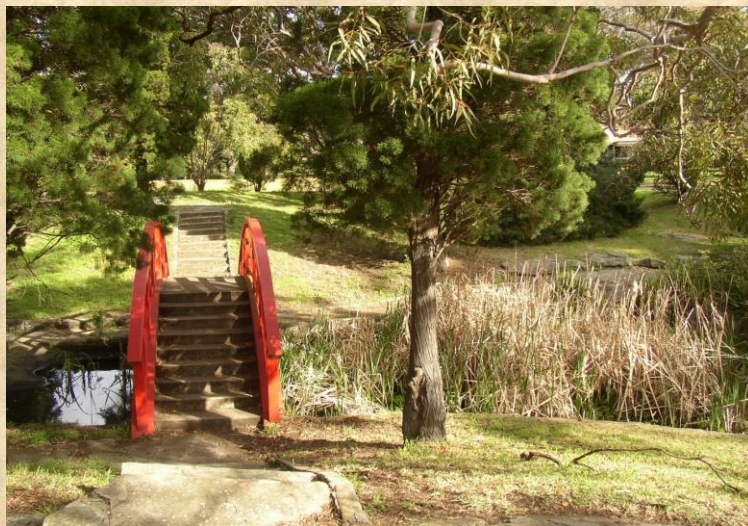


WHOS CommUnity Café Fountain



WHOS
helping people help themselves

Chinese Garden



WHOS
helping people help themselves

WHOS Metro - Men's program



WHOS
helping people help themselves

WHOS New Beginnings – Women's Program



WHOS
helping people help themselves

WHOS New Beginnings – Front Garden



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Acknowledgements

- ▶ Garth Popple – Executive Director WHOS
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- ▶ WHOS Nursing Staff

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