

Opioid Treatment Planning in a Disaster Context: Stories from Aotearoa/New Zealand

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Figure 1.
Christchurch
earthquake 2011¹.

As of June 2015, there were 5,362 Opioid Substitution Treatment (OST) clients within Aotearoa/New Zealand². Providing ongoing OST to these clients is critical to their physical and psychosocial wellbeing, just like treatment for any chronic health condition³. However, little is known about planning for OST provision in the reduction and response phases of a disaster, as OST is largely overlooked in disaster research⁴.

This study explored views about OST provision following a disaster for professionals working in OST and the emergency management field.

Research Design

In-depth semi-structured interviews were conducted with 17 participants from Wellington, Auckland, Christchurch and the Nelson region. They represented a range of relevant health and emergency management professionals, covering the multidisciplinary nature and approach to OST:

- Two District Health Board emergency managers
- One community-based emergency manager
- Two community-based pharmacists
- One OST service pharmacist
- Four OST managers
- One OST case worker
- One OST administrator/health and safety officer
- One OST client advisor
- One allied alcohol and drug professional
- Three professionals from central government (Ministry of Health).



Figure 2. Map of Aotearoa/
New Zealand.

Thematic analysis was used to make sense of the views, experiences and practices of disaster planning within OST as expressed by the participants. Data was grouped into 152 codes using Nvivo 11 software. Further refinement identified the following key themes.

Findings

Participants highlighted the importance of service continuity to ensure accessibility and availability of opioid treatments. This was perceived as important for the health and wellbeing of clients, the development of suitable emergency plans, and issues with stock, dose verification and scripting in a disaster context. These findings are consistent with research highlighting access, verifying correct dosages, and scripting following disasters in the USA^{6,7,8}.



Figure 3. Lower Hutt
flooding⁷.

Health and wellbeing

You cannot physically get to a place of safety because you haven't had your dose... I do think it can become a matter of life and death - maybe you can't drive your car very well because you are hanging out, or maybe you have an accident. (AoD worker)

On the whole clinicians all want the best for the client and the most effective way that benefits everybody, so I think you have to stand by them. (Ministry of Health worker)

A lot of our clients, they've come from trauma backgrounds, which does impact on your capacity to be resilient in circumstances like [an emergency]. (OST staff)

Developing an emergency management plan

You can prepare and prepare and prepare but you don't know until it happens, and hopefully it doesn't happen because it is all hypothetical. (OST staff)

I don't know that it's well connected... the District Health Board plan whether it's connected to the pharmacies plan, pharmacies have their own[plan] but whether ours fits with theirs, don't know. The Primary Health Organisations - don't know how it all fits together. There's no overall global approach. (OST staff)

When Christchurch happened that was the kind of smack in the face that, oh my god, you can't not be prepared, you've got to have something in place, and the manager was determined that we were going to have something in place. (OST staff)

Stock, dose verification and scripts

Worst case scenario is communication failures and access problems, we've got some limited capability with communications so we've got a radio telephone network in through the health sector across the Region. (Emergency Manager)

I know there are security reasons, but there needs to be some designated place where there is a stockpile of these medications. (OST staff)

What we've been looking at is making sure we've got the information about these people offline, so if we lose our computer network we can do that. (OST Staff)

Recommendations

Preparedness planning must include service continuity that values clients' unique and multiple needs to avoid undue distress for them, their families and wider communities. Preparedness strategies require flexibility and inclusiveness to fit a range of natural hazards, human-made disasters and the characteristics of the clients. Appropriate training and cultural specificity should prepare frontline responders, organisations and emergency managers to deal with the needs of people on OST and/or who inject drugs.

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