

Providing OST in rural/regional settings – opportunities to enhance viral hepatitis prevention & care

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OST - nationally

- N in treatment ~47,000
 - (doubled since 1998)
- 65% male, 35% female
- Median age 40
 - ageing population
- 9% Indigenous

NOPSAD 2012

OST - nationally

- 70% methadone, 30% buprenorphine
- ~1800 prescribers (2.5%)
 - 65% GP/private
 - 27% clinic
 - 7% gaol
- 2200 dosing sites
 - Community pharmacy 70%
 - Clinics (public/private) 16%

NOPSAD 2012

Where treatment is delivered

- Dosing
 - Major cities 84%
 - Regional 14%
 - Remote 2%

Treatment - NSW

	N OST/population
NSW	260/100,000
Sydney LHDs	258/100,000
Rural LHDs	228/100,000



Treatment uptake

- Rates may relate to
 - Access to treatment
 - Demand for treatment
 - E.g. less heroin, other drugs, Rx opioids

Rural healthcare issues

- Access/availability of services
 - Workforce, visiting services
 - Competing demands for services
- Implications for OST
 - GP/pharmacy involvement challenging
 - Confidentiality challenging (Allan 2010)
 - Coverage intermittent
- Larger Aboriginal populations
 - Access to treatment
 - 15 x rate incarceration

ETHOS as an example of opportunity to enhance HCV treatment

- Investigators
 - Greg Dore, Jason Grebely, Michelle Michaleff, Pip Marks, Carla Treolar
- Site Investigators
 - A Balcomb, P Haber, C Day, N Phung, M Weltman, P Abbot, I VanBeek, A Dunlop
- Sites
 - Clinic 36, RPA, Kite St, Newcastle Pharmacotherapy, Centre for Addiction Medicine, Gateway Clinic & Woodlands, Rankin Court, Regent House, Kirketon Road
 - Site staff
 - Patients

Newcastle Pharmacotherapy Service

- ~500 patients
 - ~120 dosed on site
 - regionally accessible site
 - demand for treatment – ~30 patients W/L
 - limited other treatment options



Facilitators

- Support from JHH & Pop Health
 - Tracey Jones, Brian Hughes, Stephen Bolipo
- Partnership with NUAA
 - Peer workers: Hope Everingham, Nick Shrestha
- ETHOs
 - Funding for Nurse 0.4 FTE: Sue Hazelwood
- HNE contribution
 - Julian Keats: Addiction Med trainee 0.1 FTE



Delivering Treatment for HCV Infection in an Opioid Substitution Treatment Setting with Integrated Peer Support: An Effective Model of Care

Keats J¹, Michaleff MF, Grebely J², Hazelwood S¹, Everingham H^{1,3}, Shrestha N^{1,3}, Bath N⁴, Treolar C⁵, Dore G⁶ and Dunlop A^{1,7} on behalf of the ETHOS Study Group

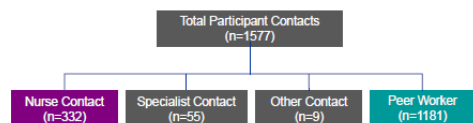
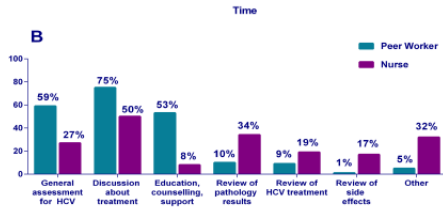
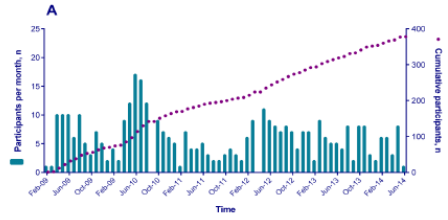


Figure 4. Number of contacts among participants attending the Newcastle Pharmacotherapy Service, Australia. Recorded between May 2009 and August 2012.

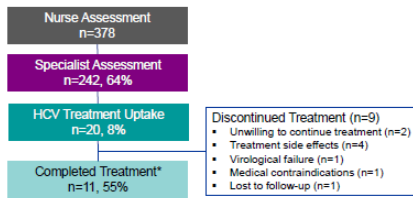
Roles



Treatment over time



Assessment/treatment ~5%



SVR 15/20

Key issues

- Lessons
 - Partnerships
 - Organisational culture
 - Feasibility - uptake remains low
- From here
 - How to expand to target?
 - Support for rural sites
 - Telehealth?
 - Aboriginal access
 - AHWs to promote
 - OTP few additional resources
 - Few new funding initiatives