

Psychosocial Interventions in Opioid Pharmacotherapy

In this section you will...

- *Discover the range and types of psychosocial interventions to use whilst providing opioid pharmacotherapy treatment.*

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10 Psychosocial interventions in opioid pharmacotherapy

10.1 Psychosocial and Social Issues in Substance Use

Pharmacotherapy has traditionally been provided in ‘medical clinics’ or settings that focus on safe and appropriate provision of opioid replacement therapy. In such settings, emphasis is placed on medical assessments and reviews that include physical examinations and observations.

However, providing pharmacotherapy alone does not address the holistic needs of the client. A range of factors can have an impact on a client’s engagement and compliance with the pharmacotherapy program. That is, psychosocial factors (psychological and social factors) can have a direct effect on the success of treatment.

In early 2009, the World Health Organisation (WHO) recognised the need to address psychosocial factors when providing opioid pharmacotherapy treatment in Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence (2009). Similarly, the American Psychiatric Association’s Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium (2006) and the National Pharmacotherapy Policy for People Dependent on Opioids (2007) also support the inclusion of psychosocial interventions as a key component of opioid pharmacotherapy treatment programs. Therefore, the Tasmanian ADS will ensure that pharmacotherapy and psychosocial intervention programs are well integrated, and that private practitioners are aware of agencies or health professionals that are able to provide psychosocial interventions.

The Tasmanian Alcohol and Drug Service will ensure that pharmacotherapy and psychosocial intervention programs are well integrated into service delivery.

The Tasmanian Alcohol and Drug Service will ensure that private prescribers are aware of agencies or health professionals that are able to provide psychosocial interventions.

10.1.1 Psychosocial Factors Influencing Opioid Use

A range of psychosocial factors can influence the development, maintenance and recovery from alcohol and other drug dependence. Understanding these factors can help identify which psychosocial interventions will be suitable for clients receiving opioid pharmacotherapy.

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Psychological Considerations

Depression, anxiety, post-traumatic stress disorder (PTSD) and personality disorders are prevalent comorbidities amongst individuals with opioid dependence (WHO, 2009; Teesson & Proudfoot, 2003). A recent Australian study by Ross and colleagues (2005) found high prevalence of depression, anxiety, PTSD, and personality disorder amongst this treatment cohort. If untreated, the impact of these disorders can negatively influence treatment engagement and treatment outcomes (see McLellan et al., 1983).

Furthermore, many clients accessing the program use opioids and other substances to cope with stress, anxiety, depression, trauma, or other psychological issues. Assisting clients in addressing these issues is likely to improve their coping abilities and positively influence treatment outcomes.

Finally, a majority of people currently registered on the pharmacotherapy program (both public and private) in Tasmania have developed opioid dependence as a consequence of having access to prescribed or illicit opioids. Individuals with this type of dependence do not usually identify their use of medications as harmful and can be resistant to registration and treatment on the pharmacotherapy program. Psychological interventions benefit such clients by addressing in detail the individuals' understanding of their current situation, developing insight into the nature of their addiction, and working with resistance to change.

Social Considerations

Tasmania is faced with a range of social issues, including comparatively lower socioeconomic indicators, including lower levels of employment and education, and poorer health outcomes, in comparison to other Australian states and territories (with the exception of the Northern Territory). These factors impact on the individual's ability to access resources required for achieving lifestyle change. Since lifestyle change is central to recovery from addiction, pharmacotherapy treatment programs should include interventions to improve client skills in order to support lifestyle change.

Combined Psychosocial Considerations

Often the psychological and social factors influencing drug use and dependence are co-occurring and perpetuate one another. For example, social disadvantage and disrupted early family relationships can create poor adjustment and negatively influence psychological development. This can affect a person's ability to maintain stable and positive relationships in the future, which can in turn place them at risk of substance use. Therefore, providing access to a range of psychosocial interventions will be important for improving outcomes in opioid pharmacotherapy treatment. Case managers are well placed to assist clients to access a broad range of psychosocial services.

Case Management

The implementation of case management in the ADS opioid pharmacotherapy program further develops and extends the program, focussing on addressing the psychosocial needs of the client. It is anticipated that the increased level of care provided through case management will not only assist in assertively managing risk, but also enhance recovery, rehabilitation, and overall positive outcomes.

10.2 Types of Psychosocial Interventions in Opioid Pharmacotherapy

Many of the psychosocial interventions discussed in this section apply to a broad range of substance abuse and misuse problems. For example, psychoeducation, motivational interviewing, cognitive behavioural therapy, drug refusal strategies and relapse prevention are all appropriate for clients with alcohol abuse problems as well as opioid pharmacotherapy clients. Therefore, flexibility in approach, and providing an intervention suitable to the client's needs (and within the scope of the clinician's skills) are essential.

However, in any intervention, developing a good rapport and therapeutic alliance is highly important in influencing positive treatment outcomes. As discussed in Section 6, the establishment of this rapport should commence from the beginning of the client's engagement into treatment and be monitored throughout.

In general, psychosocial approaches in pharmacotherapy treatment aim to address factors that maintain addictive behaviour, enhance engagement (compliance) with pharmacotherapy, or treat comorbid mental health issues that contribute to addiction or relapse. The key aspects of most interventions include:

- increasing motivation to change and to abstain or reduce substance use;
- learning coping skills and enhancing interpersonal functioning;
- developing skills in the area of affect regulation and tolerance;
- identifying and modifying reinforcers of drug use and other maladaptive behaviours; and
- developing social supports and relationships.

(American Psychiatric Association, 2006).

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10.2.1 Cognitive Behaviour Therapy

The most commonly applied psychological intervention is cognitive behaviour therapy, which is delivered in various forms (Drummond & Perryman, 2007). It is based on the principle that addiction is a learned behaviour, and, consequently, can be altered. Modification occurs by applying a combination of cognitive approaches that address faulty cognitions, promote positive thinking, and enhance motivation to modify behaviour (Beck et al., 1993).

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10.2.2 Relapse Prevention

Relapse prevention is a key component of any drug and alcohol intervention, including opioid pharmacotherapy. Many clients will experience either a lapse to unsanctioned opioid use or relapse to previous levels of harmful drug use at some stage of their treatment.

Relapse prevention encourages clients to identify triggers to their drug use and reduces the risk of relapse by increasing their capacity to manage their responses to these triggers. Stress, extreme negative or positive emotions, conflict, social and environmental cues and pressures, and use of other substances are common triggers for relapse into unsanctioned opioid use.

Relapse prevention can be improved by:

- helping clients to identify relapse warning signs;
- encouraging clients to maintain healthy lifestyle changes that decrease their need to use substances;
- developing coping strategies for managing urges and cravings;
- challenging unhelpful thinking styles that perpetuate desire to use drugs;
- utilising positive social and emotional supports;
- providing strategies for managing lapses; and
- minimising adverse consequences of relapse if it does occur.

According to Addy and Ritter (2000), relapse prevention can be delivered at any stage of treatment.

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Relapse prevention encourages clients to identify triggers to their drug use and reduces the risk of relapse by increasing their capacity.

10.2.3 Other Psychosocial Interventions

Psychosocial interventions can include assistance with accommodation, food, social networks, employment and community connectedness (WHO, 2009). There are also other more specific interventions, which include:

- relationship therapy;
- family systems therapy;
- problem solving;
- social skills training;
- insight oriented psychotherapy;

- twelve step program; and
- social behavioural network therapy.

Research evidence supports the use of the following specific interventions for people who are opioid dependent:

- behavioural therapies (contingency management);
- cognitive Behavioural Therapies; and
- some family therapies.

(National Quality Measures Clearinghouse, 2009)

There is a broad range of approaches that are classified as counselling, psychotherapy and case management. However, these require more definitive evaluation to determine their effectiveness for opioid pharmacotherapy clients (Drummond & Perryman, 2007). In the context of this document, psychotherapy includes a range of psychological therapies but does not include psychodynamic therapy, which has limited support within opioid pharmacotherapy treatment.

10.3 Applying Psychosocial interventions across the pharmacotherapy treatment spectrum

There are four identifiable phases in the delivery of opioid pharmacotherapy: assessment, stabilisation, maintenance and transition. These phases are presented in Figure 10.1.

Clients do not always progress through these phases in sequential order as indicated by the arrows in the diagram in Figure 10.1. For example, a client may reach maintenance, then relapse, and require re-stabilisation. The following section summarises each phase and suggests the types of psychosocial interventions that may be suitable.



Figure 10.1: Tasmanian Alcohol & Drug Service Pharmacotherapy Services Delivery Mode: Phases of Opioid Pharmacotherapy

10.3.1 Assessment

In this phase, mental health stability, comorbidities and other social issues are crucial to the identification of risk and protective factors. Referrals to other specialist and social services may be necessary to enhance social and psychological stability prior to initiation onto the pharmacotherapy program.

A thorough assessment will also allow the clinician to identify appropriate psychosocial interventions that may positively support pharmacotherapy treatment outcomes

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throughout treatment. Section 5 contains more information on assessment of risk and protective factors, which include psychosocial factors.

10.3.2 Stabilisation

During this phase, encouraging the client to make connections between their psychosocial health status and drug use is important. Brief and opportunistic strategies can include:

- psycho-education;
- crisis management;
- implementing safety and harm minimisation strategies;
- motivation enhancement (motivational interviewing);
- relapse prevention;
- strategies to reduce illicit substance use; and
- strategies for improving sleep and sleep hygiene.

10.3.3 Maintenance

Once maintenance is established, the client may be able to engage in in-depth discussions with their health professional about how psychosocial factors are affecting their drug use patterns. At this time it is useful to review the treatment plan and to assist the client to identify strategies that may help them to achieve their treatment goals. In reviewing and up-dating the treatment plan consideration should be given to the client's risk and protective factors. These factors may have an impact on the clients capacity to maintain changes, engage in treatment, reduce or abstain from drug use and ensure program compliance.

Some psychosocial intervention strategies appropriate in this phase include:

- psychotherapy;
- in depth relapse prevention;
- problem solving;
- goal setting;
- communication skills;
- stress management;
- anger management;
- assertiveness training;
- strategies for improving sleep;
- pain management;
- maintaining motivation for change;
- cognitive restructuring of unhelpful thinking styles;

- craving management;
- emotional regulation;
- creating appropriate emotional and behavioural boundaries;
- managing antecedents or triggers of drug use;
- encourage positive replacement behaviours;
- assisting the client develop interests and hobbies;
- address gaps in vocational functioning;
- re-establishing supportive relations;
- parenting interventions;
- crisis management plans;
- addressing issues of grief, loss, and adjustment; and
- addressing housing, accommodation, and legal issues.

When appropriately trained, pharmacotherapy clinicians can directly deliver many of these interventions. More complex issues may require specialist interventions beyond the scope of the Alcohol and Drug Service. In such circumstances, appropriate referrals should be made.

Sections 11 and 12 contain more specific information about interventions and management strategies for specific population groups and clients with complex presentations.

10.3.4 Transition

The transition phase refers to a period in time where the client's circumstances will be changing. This period may require more intensive psychosocial intervention to reduce the risk of relapse once pharmacotherapy treatment is complete, or while being transferred to another provider. The focus of interventions at this time should be on sustaining lifestyle change, maintaining motivation and relapse prevention. Assertive follow-up is also essential during any transition to ensure easy access to treatment services and to assist in separation after lengthy periods of engagement.

10.4 Benefits of Including Psychosocial Interventions

Key research findings in the alcohol and other drugs literature indicate that:

- psychosocial interventions such as cognitive behavioural approaches can contribute to the effectiveness of opioid agonist treatment (WHO, 2009; Drummond & Perryman, 2007);
- inclusion of cognitive behavioural therapy and contingency management enhances the effectiveness of opioid pharmacotherapy (Drummond & Perryman, 2007);
- pharmacotherapy is more effective when used in conjunction with counselling (Marsh & Dale, 2006 & McLellan, 1993);

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- counselling combined with pharmacotherapy reduces the rates of relapse (Marsh & Dale, 2006);
- relapse prevention interventions can lead to long lasting reductions in injecting-related risk-taking behaviours (O'Neill et al., 1996);
- provision of psychosocial interventions in opioid treatment setting recognises the complex nature of opioid dependence (WHO, 2009);
- treatment programs that do not address underlying psychosocial issues and facilitate lifestyle change have poorer client outcomes and decreased client satisfaction with treatment (Marsh & Dale, 2006); and
- psychosocial interventions are an effective component of treatment plans for individuals receiving opioid pharmacotherapy treatment (National Quality Measures Clearing House, 2009).