Pacific Views

Newsletter for Healthcare Professionals

Summer 2018

SOUTH PACIFIC PRIVATE
Australia's Leading Treatment Centre

www.southpacificprivate.com.au
1800 063 332

Prescribed Opioids

Prof. John B. Saunders, South Pacific Private Hospital

In this article Professor John B. Saunders provides an overview of the current situation as regards the prescription of opioid medications. He shares opinion and insight in terms of the current Australian environment as well as insight into the pros and cons of prescribing opioids to persons with both malignant and non-malignant pain.

At South Pacific Private, the treatment and admission of individuals struggling with opioid medications is, as with all other addictive disorders, on a case-by-case basis. Each individual is assessed by our Client Care Team to determine their needs and to provide an appropriate treatment recommendation. A careful and thorough assessment of what is required in order to support an individual is made by the multi-disciplinary team.

Over the past 20 years there has been a four-fold increase in prescriptions issued for opioid medications. They have been prescribed typically for the management of chronic or recurrent pain. Given the extent of the problems we are now seeing with these drugs, questions are being asked as to how sensible this prescribing is.

Prescription opioids vary in their potency and their mode of use. Most are in tablet form but some are administered as patches, lozenges and by injection. Commonly prescribed opioids are listed in the table below.

Name of opioid	Examples of commercial names
Morphine	MS Contin, Kapanol
Fentanyl	Durogesic (patch) Actiq (lozenge)
Oxycodone	Endone, Oxycontin
Oxycodone-naloxone	Targin
Tapentadol	Palexia
Hydromorphone	Jurnista
Tramadol	Tramal, Ultram
Codeine*	Panadeine, Panadeine Forte

** Note that in Australia since February 2018 all codeine preparations have been classified as prescription only (Schedule 4).*

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Analysis of prescriptions for opioids (both subsidised by the Pharmaceutical Benefits Scheme (PBS) and private prescriptions) show that the number increased four-fold from 1990 to 2016, and there was also an increase in the proportion of stronger opioids prescribed compared with weaker ones (such as codeine). Hospitalisations for overdoses and other complications from prescribed opioids tripled during this time and now outnumber hospitalisations due to overdose from heroin. **Between 2011 and 2015 there were 2,145 deaths in Australia associated with oxycodone, morphine, codeine, fentanyl, tramadol and pethidine.**

This far outnumbers the number of deaths from heroin which was 985 in this period. The epidemic of prescribed opioids is even more evident in the United States where in 2017 there were more than 60,000 deaths due to these drugs.

How has this come about? Clearly, doctors have been more liberal in their prescribing of opioids. This has its origin in two factors. Firstly, a generation ago there was concern that both acute and chronic pain was under-treated and that opioids were under-prescribed because of their addictive properties. Prescription guidelines were introduced which favoured more liberal prescribing of opioids, including their greater use for various forms of non-malignant pain such as low back pain and migraine. Secondly, new opioids have been developed by pharmaceutical companies: oxycodone (as a controlled-release preparation) was approved by the regulatory authorities in 1999 and subsided through the PBS in 2000. Unsurprisingly, there was a huge increase in prescriptions of this preparation in the years that followed. The same has been seen after regulatory approval with various preparations of morphine, tramadol and fentanyl. Many patients will have been better treated and have suffered less pain as a result, but as these drugs have become more widely prescribed, so unfortunately have overdoses, hospitalisations and deaths.

To gauge the pros and cons of opioid prescribing, we need to consider the evidence base for the effectiveness of these medications for pain relief. Here a distinction must be made between the treatment for cancer pain and for non-malignant pain. For chronic and terminal cancer pain, opioids are the most effective analgesics. Uniquely, they also relieve the distress and emotional reaction to pain. There are probably no better forms of pain relief than opioids for patients in this situation. Tolerance for the opioid is to be expected but the dose can – and should – be increased correspondingly.

For non-malignant pain the evidence is different. There is evidence for some benefit (compared with non-opioid painkillers) in the short-term. Specifically, oxycodone, morphine and fentanyl patches can be of benefit for approximately three months. After that the side effects and complications outweigh the benefits. For treatment for six months or longer, there is no evidence of more effective after relief than the simple painkillers for oxycodone and hydromorphone and only weak evidence that six months for morphine and fentanyl patches. With continued use, side effects become frequent and serious, and these include respiratory depression (especially in combination with benzodiazepines and other sedating drugs, which are commonly taken by patients with non-malignant pain), constipation and colonic motility disorders. **Overall, there are more problems from prescribed opioids than benefits after six months. In patients who have an addiction history previously, problems outweigh benefits after a much shorter period.**

More caution in prescribing opioids to persons with non-malignant chronic pain is therefore necessary. But how to treat the person with chronic pain who has taken prescribed opioids for months or years? Often the dependence on opioids at this point means that patients are constantly drug-seeking and may be visiting numerous medical practices ("doctor shopping"). It is important for medical practitioners not to fall foul of the regulations that apply at both a federal and a state level.

Many patients benefit from a period of hospital treatment in a specialist addiction service. Here an assessment can be undertaken as to the cause of the chronic pain and the identifiable physical pathology, and an assessment made of the existence of dependence (addiction) to the opioid medication. Depending on (i) the dose and duration of the opioid, (ii) the cause of the chronic pain, (iii) prospects for alternative treatments, (iv) associated disorders including mental health disorders, and (v) the patient's goal and wishes, a decision can be made as to the most appropriate treatment pathway.

The two opioids used in this situation are buprenorphine (as suboxone film) or somewhat less commonly, methadone. It is important also to encourage restoration of mobility and functioning in day to day life and this may involve physiotherapy, hydrotherapy and the judicious use of other analgesics and forms of pain relief. So many patients have found themselves in a vicious circle of chronic pain and opioid dependence, with seemingly no escape. However, a systematic approach to assessment and the careful use of opioid agonists can be extraordinarily helpful.

An Overview of Opioid Dependence

Rohan Keys, Research Coordinator, South Pacific Private

In this article the writer provides an overview of the history of opioid dependence as well as current statistical analysis. The article provides insight into current research findings and trends. The information in this article is shared in good faith and derived from sources believed to be reliable and accurate. However, readers of this article are responsible for making their own assessments and judgements on the information provided and are advised to verify all information. The content in this article is not necessarily representative of South Pacific Private's treatment approach.

Opioids are substances that act on opioid receptors in both the spinal cord and brain to relax the body and relieve pain. Opioids are typically used in a medical setting for pain relief (by reducing the intensity of pain-signal perception), but are sometimes abused for the ability to alter emotional states; causing euphoria through activation of the reward centres of the brain.

When a person continues to use opioids beyond what a doctor prescribes, whether to minimise pain or induce euphoric feelings it can mark the beginning stages of an opiate addiction (a chronic relapsing brain disease that is characterised by compulsive, and uncontrollable drug seeking behaviours, despite adverse consequences).

North America experienced an opioid epidemic in the late 1990s, which originated from an over-prescription of opioids for the relief of chronic pain[1]. Some of this epidemic is relayed below using available statistics.

- In 2012, there were 25 million American adults suffering from chronic pain on a daily basis[1]
- Beginning in the early 2000s, opioid analgesics were increasingly seen as a solution to the problem of under-treatment that had been a concern in the 1990s[2]
- From 1991 to 2011 the number of opioid prescriptions filled at U.S. retail pharmacies nearly tripled, increasing from 76 million to 219 million per year[2]
- Nearly half of all opioid overdose deaths in 2016 involved prescription opioids[2]
- Illegally acquired heroin and synthetic opioids such as fentanyl have become the leading cause of overdose deaths[2]
- From 2000 to 2015 the rate of opioid deaths in America increased 347%, with 33,000 deaths in 2015, and over 42,000 deaths in 2016 (over 115 per day)[3]

While deaths from prescription opioid overdoses aren't increasing as rapidly for Australia, the President of the Australian Drug Law Reform Foundation highlighted that Australia's problems with opioids was "going down the same route, and we have been going down that route for 15 years[4]".

- Australia is ranked 8th out of the top 30 opioid consuming countries in the world[5])
- There has been over a 100% increase in oxycodone (a slow releasing opioid) prescriptions between 2010 and 2015[5]
- There were 1808 drug induced deaths registered in 2016. The highest number of drug deaths in 20 years[5]

When a person continues to use opioids beyond what a doctor prescribes it can mark the beginning stages of an opiate addiction. Tolerance develops which describes a person's diminished response to a drug after repeated use[6], which eventually leads to dependence (a physiological adaptation to chronic exposure that causes neurons to adapt so they only function normally in the presence of the drug[7]). A cessation or decrease of a dependent drug will lead to withdrawal.

Common side effects for opiate withdrawal includes the following:

- Early withdrawal symptoms 6-12 hours for short-acting opiates, or 30 hours for longer-acting ones[8]
- Tearing up
- Muscle aches
- Agitation
- Trouble initiating or maintaining sleep
- Excessive yawning
- Anxiety
- Sweats
- Fever
- Hypertension

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Late withdrawal symptoms usually peak within 72 hours and last for a week or more[5].

- Nausea and vomiting
- Diarrhoea
- Goosebumps
- Stomach cramps
- Depression
- Drug cravings

Symptoms can be extremely uncomfortable and are one of the reasons many people find it so difficult to stop using opioids.

Opioid use disorders are typically managed by long term treatment and care. Effective methods for managing withdrawal encompass both pharmacological and psychological means.

Opioid Replacement Therapy (ORT) aims to substitute a user's opioid of choice with a less euphoric, and longer acting substitute[9]. Commonly used drugs for ORT include methadone and buprenorphine[10], however a recent 2018 study has shown that buprenorphine/naloxone is a preferential first line solution[11].

Behavioural therapies are aimed at helping an individual change their attitudes and behaviours towards opioid use. Common programs include cognitive behavioural therapy[12], multidimensional family therapy and 12 step programs[13].

For support regarding clients struggling with an opioid addiction please connect with Jessica Maher, Client Care Team Leader on info@southpacificprivate.com.au or by direct call at **02 9466 6462.**

[1] Manhapra, A & Becker, WC 2018, 'Pain and Addiction: An Integrative Therapeutic Approach', Med Clin North Am, vol. 102, no. 4, pp. 745-763

[2] Matthews, S 2018, 'Opioid use disorder in the United States: Diagnosed prevalence by payer, age, sex, and state', Milliman White Paper, viewed 5 July 2018 < http://www.milliman.com/insight/2018/Opioid-use-disorder-in-the-United-States-Diagnosed-prevalence-by-payer--age--sex--and-state/>

[3] CDC (Centre for Disease Control and Prevention) 2016, 'Increases in Drug and Opioid-Involved Overdose Deaths – United States, 2010-2015' viewed 2 July 2018, < https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm>

[4] Power, J 2017, 'Prescription opioid epidemic coming to Australia', viewed 1 July 2018, <https://www.smh.com.au/national/prescription-opioid-epidemic-coming-to-australia-20170803-gxobvt.html>

[5] ABS (Australian Bureau of Statistics) 2018, 'Causes of Death, Australia, 2016', viewed 2 July 2018 < https://www.smh.com.au/national/prescription-opioid-epidemic-coming-to-australia-20170803-gxobvt.html>

[6] Lynch, SS 2016, 'Tolerance and Resistance', viewed 1 July 2018, < https://www.msdmanuals.com/en-kr/professional/clinical-pharmacology/factors-affecting-response-to-drugs/tolerance-and-resistance>

[7] Koob, GF, Simon, EJ 2009, 'The Neurobiology of Addiction: Where We Have Been and Where We Are Going', J Drug Issues, vol. 39, no. 1, pp. 115-132

[8] Ries, RK, Fiellin, DA, Miller, SC, Saitz, R 2009 'Principles of Addiction Medicine Fourth Edition', Lippincott Williams & Wilkins, Philadelphia.

[9] Mattick, RP, Digiusto, E, Doran, C, O'Brien, S, Shanahan, M, Kimber, J, Henderson, N, Breen, C, Shearer, J, Gates, J, Shakeshaft, A 2001, 'National Evaluation of Pharmacotherapies for Opioid Dependence (NEPOD)', Australian Government, Department of Health and Aging, Monograph Series, no. 52.

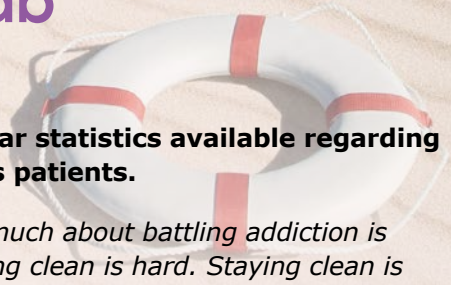
[10] Butler, S 2017, 'Buprenorphine-Clinically useful but often misunderstood', Scand J Pain, vol. 4, no. 2, pp. 148-152.

[11] Bruneau, J, Ahamad, K, Goyer, ME, Pouline, G, Selby, P, Fischer, B, Wild, TC, Wood, E 2018, 'Management of opioid use disorders: a national clinical practice guideline', CMAJ, vol. 190, no. 9, pp. 247-257.

[12] Beck, JS 2011, 'Cognitive behaviour therapy: basics and beyond', The Guilford Press, New York.

[13] Melemis, SM 2015, 'Relapse Prevention and the Five Rules of Recovery', Yale J Biol Med, vol. 88, no. 3, pp. 325-332

Addressing the Realities of Rehab - Making an Informed Choice



On his popular show, Last Week Tonight, John Oliver delivered a scathing report on the dangers of unaccredited and unregulated addiction treatment centres.

Talking specifically about the landscape in America he cited the current situation where there are literally thousands of treatment centres operating in an unregulated environment. One of the key messages he emphatically shared was the importance of seeking qualified advice from a practicing professional before being 'sold' into a treatment centre that is not regulated and not evidence-based in the care that it delivers.

He strongly urged people suffering to visit their GP or an addiction professional first and to take that first step towards understanding options available before committing to a large payment for admission to a treatment centre where there are no clear statistics available regarding outcomes for its patients.

As John said *'so much about battling addiction is really hard. Getting clean is hard. Staying clean is hard, but getting good evidence-based trustworthy help shouldn't be.'*

South Pacific Private couldn't agree more.

An admission to South Pacific Private is always accompanied by a referral from a GP or a Psychiatrist who has recommended South Pacific Private as an appropriate care option. We absolutely advocate that clients reach out as a first step to a treating professional to find out what options are available for them. One size does not fit all and it's incredibly important that clients and their families get the support they need intuitive to your personal circumstances.

John Oliver stated, '*Rehab should never be seen as a quick fix, it's often the first step in a lifetime of Recovery.'* At South Pacific Private we mirror this ethos and would never promise that a treatment episode here will 'fix' everything. In fact, it's quite the opposite. We engage in detailed and complex conversations with patients over a number of weeks to determine their plan for the future which includes how they will keep themselves safe, what they will do when they leave treatment to reduce their change of relapse and the importance of ongoing long-term engagement in care.

Addiction and mental health concerns can tear apart families and relationships and can place huge pressure on the family unit as well as the individual who is suffering.

South Pacific Private shares a list of recommendations with clients and families who are struggling to ensure they have transparent advice on how to connect with an accredited service supported by a multi-disciplinary team of experts skilled in the treatment of addictions and recognised by a regulatory body.

This list was created to provide guidance and support during what can be an overwhelming, confusing and desperate time for families. We are sharing this with you as a support option for your clients and as a safeguard to encourage informed decision making. The list is as follows:

"We absolutely advocate that clients reach out as a first step to a treating professional to find out what options are available for them."

- If you are looking for a hospital that can support you or a family member in crisis you can start by searching on Google. A number of options will be listed and it's important to determine whether they are appropriate and suitable for you or a loved one.
- Look on the website of a chosen service and search for whether they are licensed by the Department of Health (for the relevant State). Look on the website of a chosen service and search for what standards they are accredited for. Legislation and compliance varies from State to State and across the health and community sectors. Search for the terms "compliance", "standards" or "accreditation" if you can't see reference to this information on the homepage.
- Find out whether the service is supported by the major health funds. Major health funds contract to accredited services. As a consumer this means you can be assured of the high standards of this service. If a service is contracted to a health fund, consumers are able to access treatment through their personal private health fund cover without the requirement to 'pay out of pocket'.
- Whether you believe that the service is accredited or not – we recommend you still call the service and ask them if that is the case (it is especially important to ask if you could not find this information on the website).
- Once you have begun the enquiry process – it's also important to find out whether you might be able to access cover from your health fund to access services. If you have psychiatric cover as part of your private health fund, then it's possible that your treatment will be covered.
- Services with accreditation and health fund support are able to conduct a health fund check in the moment and can advise you immediately of the cost of treatment. This means that you will have an accurate number for the cost of treatment that won't waver and, asides from any incidentals during treatment; you won't be hit with any surprise bills down the line.
- If you aren't sure whether you are covered with your health fund and can't remember the details of the policy – simply call your health fund and check. This way you can be certain.
- Ask the tough questions in the call to the service and find out costs, timelines, waiting periods upfront so that you can make a qualified and informed decision.

South Pacific Private is a registered Acute Care Psychiatric Hospital, fully licensed by the NSW Department of Health and is accredited by the Australian Council on Health Care Standards (ACHS).

South Pacific Private have several robust measures in place, including participation in nation-wide Health of the Nation Outcome Scale (HoNOS). Results indicate that our outcomes are comparable to other hospitals in terms of symptomatic improvement but superior in terms of psycho-social and long-term recovery. The hospital has also maintained accreditation with the Australian Council of Healthcare Standards since 1994 and actively maintains a comprehensive quality improvement plan promoting effective governance and continuous improvement practices.

Remember – services that are fully accredited and licensed can offer treatment for mental health and addiction concerns that are affordable and not crippling for families in crisis. We are lucky enough in Australia to be supported when we are in crisis and services exist in all States to support individuals in their time of need.

Tracking Improvements in Clients with Anxiety

South Pacific Private utilises the Hospital Anxiety and Depression Scale (HADS) as a tool to measure the effectiveness of treatment for patients presenting with anxiety. HADS is a standardised self-assessment scale devised 30 years ago by Zigmond and Snaith to measure anxiety in a general medical population of patients. It has become a popular tool for clinical practice and research.

At South Pacific Private, the HADS program is managed by our Research Coordinator who provides the results and analysis to the Research and Ethics Committee for quarterly review. This information is used to inform treatment and to identify areas of improvement.

There are two collection points for the data – one at inpatient admission, and one at discharge. By comparing the two scores, it is possible to calculate the effect size, or amount of improvement made to the patient's symptoms during their admission.

> "We are proud to report a significant level of improvement in anxiety symptoms across all data regardless of year of birth and of gender."

To provide deeper analysis and more context, client related demographics are collected alongside the HADS questionnaire. Information collected includes; date of birth, gender, and date of completion.

The HADS is comprised of a 14-item self-measured questionnaire designed to indicate the presence of anxiety. A linear scale from 0 - 3 is used to rank each question. A score of 0 indicates an area where no problem has been identified, increasing in severity to 3.

Measurement of the HADS is taken by tallying the total score for each question set. As there are seven questions for each component, a completed HADS will result in two scores ranging between 0 and 21.

The questions included on the HADS are listed below:

Anxiety Question Set

- I feel tense or wound up
- I get a sort of frightened feeling as if something bad is about to happen
- Worrying thoughts go through my mind
- I can sit at ease and feel relaxed
- I get a sort of frightened feeling like butterflies in the stomach
- I feel restless and have to be on the move
- I get sudden feelings of panic

Some of the recent results are displayed in the tables on this page. These two graphs align male and female scores side by side. The focus of these graphs reflects average levels of improvement in anxiety. In addition a colour backdrop has been added to range scores over HADS scoring criteria. Scoring criteria identifies a final score of 0–7 as normal, 8-10 as a borderline abnormality, and 11+ as an indicated abnormality.

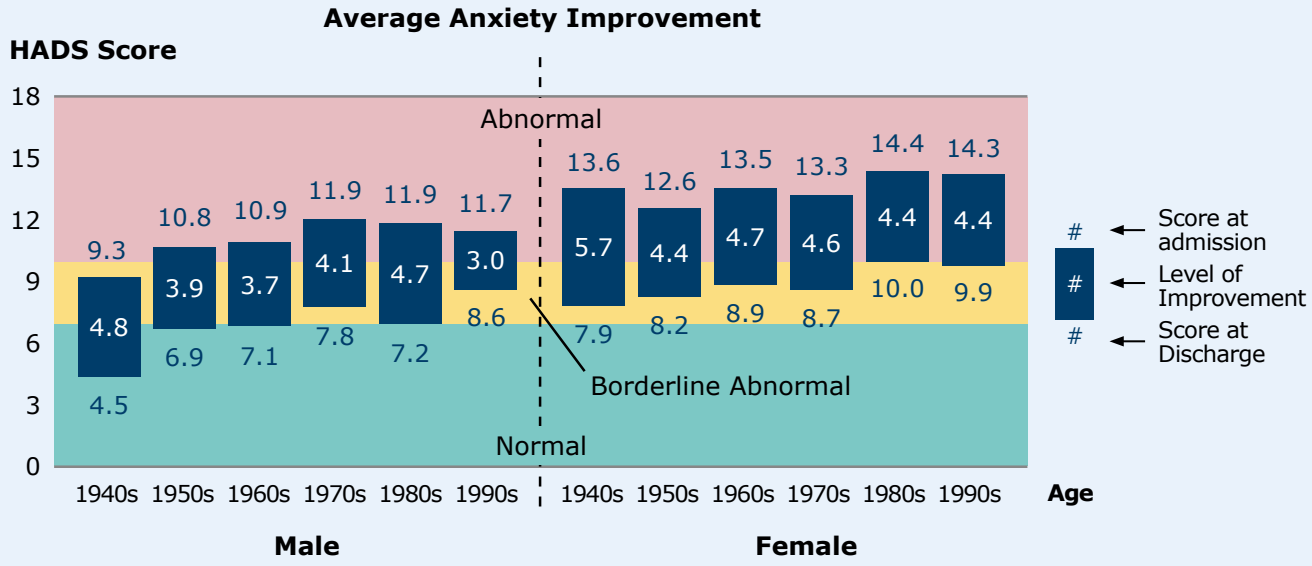


Figure 1: Anxiety HADS: Level of Improvement, mapped over HADS rating scores

We are proud to report a significant level of improvement in anxiety symptoms across all data regardless of age and of gender. Both males and females report markedly less symptoms of anxiety from the point of admission to the point of discharge.

A final rolling up step, can be made to recombine decade breakdown back to a final total average. Figures 1 and 2 do this, by showing the overall levels of improvement for anxiety.

It is evident, from both of these graphs, that improvements have taken place for clients tracked using this measure.

These results, however, are indicative only of the outcomes of an inpatient treatment episode. At South Pacific Private we know that continued engagement in care offers the best opportunity for clients to continue to improve and to stabilise their Recovery. We are wholly supportive of the development of an ongoing continuing care plan and work closely with clients to ensure they have a structured plan moving forward post their discharge from inpatient treatment. The article over the page details how that process is supported and managed.

Moving forward, South Pacific Private will continue to seek new ways to improve and report this data adding new datasets. However, at this stage we are delighted with the reported results and look forward to continued clinical improvements for our clients.

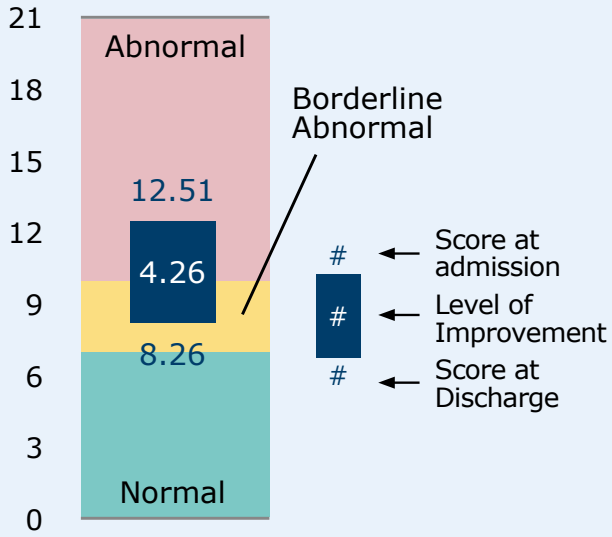


Figure 2: Anxiety HADS: Average Level of Improvement (without specificity of gender or age)

An Update on South Pacific Private's Continuity of Care

by Gael Seymore, Client Care Manager

Research suggests that the longer a client remains connected to a facility such as South Pacific Private, the better their chance of remaining in Recovery. At South Pacific Private we aim to improve long term outcomes for clients by extending client engagement with our programs and services.

Treatment Pathway

To this end, we are delighted to have recently completed a merging of our Intake Team with our Continuing Care Team, with the aim of extended connection for our clients. Under the new banner of ***Client Care***, our Client Care Case Managers now support and maintain contact with our clients from their very first engagement with the hospital to the time when our clients no longer require our services.

With the guidance of our ***Client Care Team Leader - Jess Maher*** - our team of Case Managers are available from 7.00am to 7.00pm Monday to Friday and from 8.30am to 4.30pm on Saturday and Sunday. This extension of hours allows for quicker access to treatment for our clients, as well as for health care professionals wishing to make contact on their client's behalf. If inpatient treatment is recommended, after the initial phone call and assessment, our Case Managers meet and greet clients on admission, are involved in their client's orientation, and ensure each client discharges from our inpatient program with a thorough continuing care plan. They then follow up with their clients within seven days of discharge and keep connected during the vulnerable stage of early recovery.

Having started to look at their underlying history (via Pia Mellody's ***Model of Developmental Immaturity***) as an inpatient, our clients are then invited to attend our recently revised ***Transitions Day Program***. Recommended for the majority of our clients immediately post-discharge from the inpatient program, Transitions offers 12 individual therapeutic modules; one per day over 12 days. The program aims to support clients in early Recovery who are transitioning from a highly structured inpatient program community back out into the wider world. To engage most effectively and receive maximum support in this program we invite clients to stay in our ***Beachwood Recovery House***, located next door to South Pacific Private. A modern 10 bed architecturally designed home, Beachwood is staffed 24/7 by a team of qualified Support Workers and a Beachwood Manager. *To find out more about Beachwood Recovery house you can also visit the dedicated website at www.beachwoodrecoveryhouse.com.au.*

A core aspect of staying at Beachwood is engagement in the Transitions Program for those checking in for two weeks (day programs run six days a week Monday to Saturday). Thereafter, for those staying up to three months, residents at Beachwood engage in our specialised day programs for depression, anxiety and other mood disorders, PTSD, life skills and addiction relapse prevention.

Our ***Day Program Team Lead, Jane O'Keeffe,*** supports a team of qualified and experienced therapists to facilitate a range of client and family specific day programs. Besides the specialised client programs mentioned above and South Pacific Private's cornerstone four-day Family Program, we also offer a one day Family Education & Support Group specifically for family members to ask questions about our model of treatment, to learn what boundaries are and how to effectively implement them, receive support regarding how not to enable their loved one/s, how to generally communicate differently and self care during emotionally challenging times.

Our new Children's and Parent's Programs complete the suite of holistic family programs offered by the hospital, aiming to break the intergenerational cycle of addiction and mood disorders and leave a healthier legacy for generations to come.

If you would like to refer a client to our inpatient and day programs, please call 1800 063 332 and speak with our ***Client Care Team*** or email info@southpacificprivate.com.au. You can also refer directly from the homepage of our website at www.southpacificprivate.com.au.

Vicarious Trauma 1 Day Workshop

Where: South Pacific Private, Curl Curl, Sydney

When: Saturday 9th February, 9.30am – 5.00pm

To register: email registrations@southpacificprivate.com.au

Cost to attend: $250 + GST *Please note: Places are limited and registrations are capped.*

This one-day interactive program provides a framework through which attendees are better equipped to recognise and respond to vicarious trauma and to transform the experience into a source of resilience and growth. By attending this training you'll be equipped with the knowledge, skills, tools and insights to better recognise the early signs of vicarious trauma and understand your own risk.

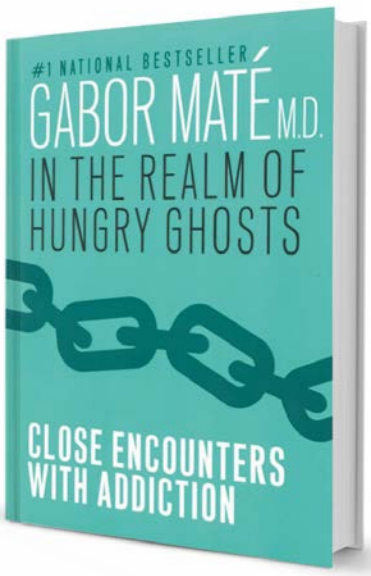
This will be achieved through a mix of psycho-education & group activities that provide the opportunity to incorporate knowledge both didactically and experientially.

About the trainer:
Sue Ward will draw upon her experience and current work with the Blue Knot Foundation (formerly known as ASCA) and her 10 years working both in private practice and facilitating 10 week Complex Trauma programs in Perth since 2015. In addition, she designed a Complex Trauma program at The Marian Centre Private Hospital in Perth. Finally, she is a psychoanalytic psychotherapist and has most recently gained accreditation as a Certified Clinical Neuropsychotherapy Practitioner.

In the Realm of Hungry Ghosts

Close Encounters with Addiction

Dr. Gabor Maté



Review by Gael Seymore, Day Program Manager, South Pacific Private

This was a book I just couldn't put down – especially given how closely it relates to the trauma-focused treatment we offer at SPP.

Whether it's the intimate case studies, the scientific evidence relative to trauma, stress and the biology of addictions, the vulnerability and authenticity shared by the author relative to his own addictions, or the conclusions with which he sums up a life-time of his own professional observations, this book is a compassionate must-read for anyone interested in understanding the impact of childhood trauma and how it relates to addictive behaviours as an adult.

Maté writes descriptively, with a beautiful combination of grace, empathy and hope, on a huge topic that spans generations. While offering no quick or easy solutions, Dr. Maté concludes:

"The prevention of substance abuse needs to begin in the crib, and even before then, in the social recognition that nothing is more important for the future of our culture than the way children develop. Children who are emotionally well nurtured and brought up in stable communities do not need to become addicts."

This powerful, moving and humbling book is highly recommended to anyone interested in learning more about where/how addiction begins, how to view addiction with the empathy it so deserves, and how/ why addiction is a family disease and not isolated to one member of the family alone. The personal life stories shared by Dr. Gabor Maté reach right into his heart and mind and will stay with me – and I hope you too - for a long time to come. Dr. Gabor Mate has also recently recorded a podcast with Russell Brand as part of his 'Under the Skin' series which I highly recommend if you wish to hear personally from Gabor. It's an insightful and sometimes thought-provoking discussion which offers interesting perspectives from both.

South Pacific Private & Beachwood over the Holidays

South Pacific Private is often asked what a 'typical' day in treatment looks like. The main components of our program are included below for your interest and can also be found on our website here: www.southpacificprivate.com.au/health-professionals/referrals/treatment-approach/

South Pacific Private is pleased to inform you that, as usual, we are running a full program over the Christmas and holidays period for 2018.

Clients admitting during this period will be engaged in our full program (inpatient & day) as well as beachwood recovery house. There is arranged Christmas / holiday visitation for family members and special workshops that also run during this time.

What does a typical day in treatment look like? The table across details what clients can expect during treatment, over the holidays or at any other time during the year.

We are here to help.
Please call us 24/7 (including weekends) on 1800 063 332 to find out more about our programs and treatment or email info@southpacificprivate.com.au

- Community meetings with staff, other clients or ex-clients who share insight into their Recovery post SPP
- Psychoeducational lectures on subjects such as depression, addiction, family systems and anxiety
- Attendance at relevant 12-Step meetings such as AA
- Break-out groups which focus on specific aspects of Recovery
- Group therapy with clients assigned a primary group where they work through our structured treatment program
- Allocated time with members of the multidisciplinary team including a psychiatrist
- Morning beach walk or yoga to begin the day

Beachwood Recovery House - A safe haven in a season of triggers

Do you have a patient in crisis in need of a safe option for their recovery?

Are you concerned that a patient might relapse?

BEACHWOOD

Beachwood provides the ideal setting for those who are new to recovery as well as those who wish to have additional support in their ongoing recovery journey.

"There was a lesson learnt in all programs that enhanced my journey of recovery."

"The Beachwood program went above and beyond my expectations in all aspects. The team are amazing!"

"My stay was one of the best decisions of my life. I would highly recommend to anyone."

Contact us today to refer a patient to Beachwood and support their ongoing sobriety.

The Beachwood team can facilitate the assessment and eligibility process. These enquiries can be made during business hours by calling **1800 063 332** or by emailing **beachwood@southpacificprivate.com.au** at any time.

Understanding the International Classification of Diseases Eleventh Revision (ICD-11) In Relation to Addictive Disorders and Substance Abuse

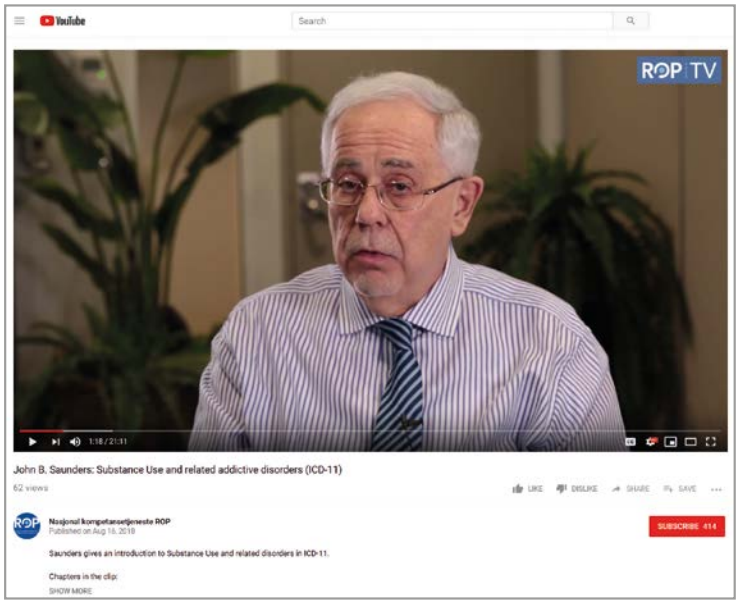
Professor John B Saunders, consultant physician at South Pacific Private and addiction specialist, has kindly provided a video summation of ICD-11 and its release in June 2018 for those interested in its application and impact.

In this brief presentation he reviews and summarises the main diagnoses that are included in ICD-11 from the substance and addictive disorders perspective.

As you may be aware, the ICD is the foundation for identifying health trends and statistics worldwide and contains around 55,000 unique codes for injuries, diseases and causes of death. It provides a common language that allows health professionals to share health information across the globe. Most of the initial news coverage of the ICD-11's release focused on its inclusion of gaming disorder, which it characterises as involving "a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming')."

However, many other significant changes to the mental disorders section of ICD-11 have occurred and Professor Saunders shares insights in this summation.

Professor Saunders's involvement in the development of the international classification system extends from the 1980s. Over 25 years have passed since ICD-10 was published (in which he was also involved) which makes the revision to ICD-11 significant.



This video shares insights and information specific to the newest release and will support those looking for more understanding and insight into the classification as it relates to addictive disorders.

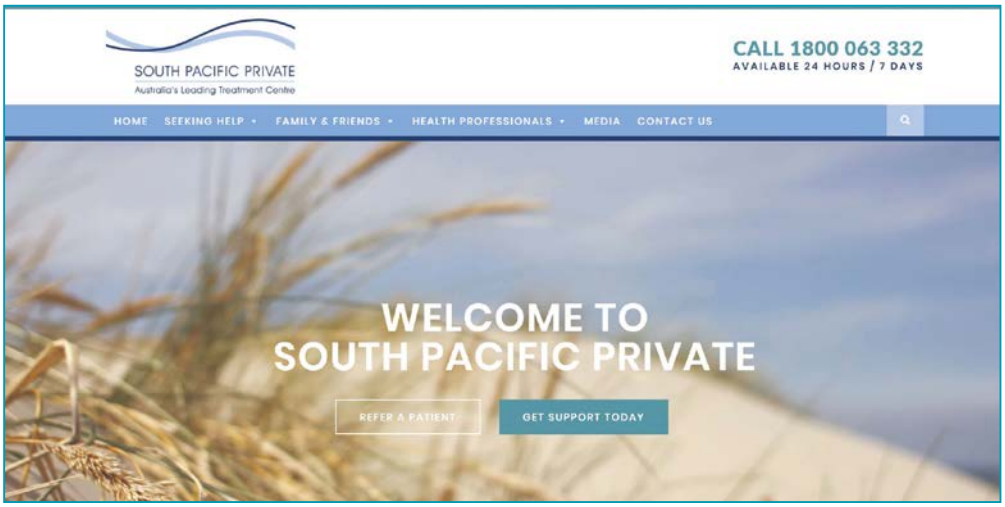
Please find the video here for your interest: https://www.youtube.com/watch?v=lSGWp7Mc1WQ (hyperlinked web version)

You are also able to access this content through our blog under the media section of our website.

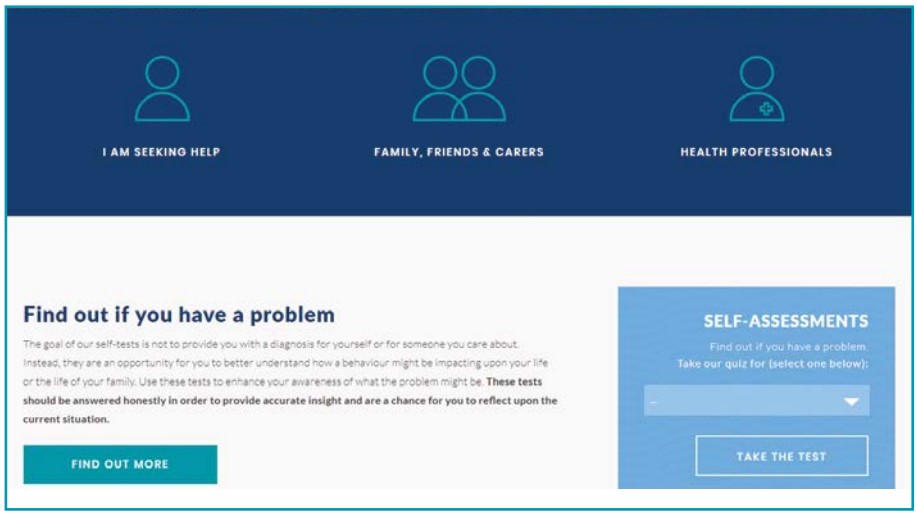
South Pacific Private has a New Website

South Pacific Private is delighted to announce a newly upgraded and refreshed website.

In 2018 South Pacific Private reached out for feedback from professionals, patients, alumni and staff to ask for their input regarding their website. Incorporating and considering all that feedback, they worked closely with a local web developer and have refreshed and revised their website with a new look, feel and content. The board and project team believe this new website really encompasses South Pacific Private's vision, values and mission and are delighted with how it has evolved.



Treatment Pathway



This project was driven by a desire to make the website more accessible, more engaging and easier to navigate. On the home page there are three easy entry-points for different users as well as quick access to individual self-assessments which can be completed to determine whether a problem exists.

The project team were especially excited as regards the improvements this new site offers healthcare professionals. There is a dedicated comprehensive section of the site entirely tailored to referral, admission and treatment information from a healthcare perspective. From here you can download our referral form, find out more about our treatment approach and treatment options, meet our clinical team and download our service catalogue. You are also able to click to refer a patient directly from our homepage.

South Pacific Private hopes that you find this upgrade comprehensive and valuable.

If you would like to reach out regarding a referral or potential admission please contact Jessica Maher, Client Care Team Leader, directly on **02 9466 6462** or email info@southpacificprivate.com.au.

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