

OPIOID SUBSTITUTION TREATMENT

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OUR DEPARTMENT, THE SMPP

- Service Médico-Psychiatrique Pénitentiaire = Penitentiary Psychiatric Medical Department / CPL = Centre Pénitencier du Luxembourg
- Opened 02.07.2002, through an agreement between CHNP Hospital & Ministry of Justice
- A pluriprofessional team that provides psychiatric care to all CPL detainees



Ambulatory Care
(consultations)



Intensive Care Unit
(dedicated cells at P2 block)

Warning: The P2 is not an hospital ward!

OUR MISSION

- Detect
- Treat
- Prevent



Mental disorders



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PREAMBLE

- **Addiction-related issues are very common at CPL**
 - **Consumption of illicit substances or alcohol**
- **Those issues require care through a multidisciplinary & integrated approach**



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PREAMBLE

- Substitution drugs are part of the care strategy
 - There are not the only therapeutic means
- Patient care shall be coordinated between the different care entities inside and outside the prison



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THE MILESTONES OF PATIENT CARE

- Information, prevention, and psycho-education
- Detect and test
- Encourage medical care
- Adopt motivational approach
- Prepare release and linkage to external care entities

ROLE OF OST IN PATIENT CARE

- Opioid Substitution medication is a proxy to patient care
 - A way to attract patients and provide other treatments
- Objectives of OST:
 - Relieve craving, pain
 - Reduce risks linked to illicit consumption
 - Set up of a medical psycho-social care



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CARE PATHWAY FOR PATIENTS

We will present in the following slides the patient treatment process



1. EXAMINATION ON ADMISSION

- This first examination (by a nurse) is an essential step
- Non-judgmental attitude, reassure, present our department
- Must take place within 24hours
- Test all drug consumption and check addictive behavior
- Psychiatric comorbidity and treatment seeking
- Urine testing, when possible
- Referral to psychiatric consultation

2. PSYCHIATRIC CONSULTATION

- In case of opioid addiction
- Offer of drug substitution treatment
- Information on treatment
- Commitment to Treatment (*Contrat de Soins*)



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OST – METHADONE OR SUBOXONE?

- **Methadone (preferred medication)**
 - Acute dependence on opioids
 - Drug injection
 - Multiple drugs use
 - Socially vulnerable situation
 - Need of treatment with pain-killer or morphine
 - Comorbid psychiatric illness
- **SUBOXONE® (buprenorphine and naloxone)**
 - Ongoing and verified prescription
 - Contraindication to methadone
 - Warning: great risk of misuse

2016 (2015) STATISTICS

Methadone

- Nb of patients:
155 (139)
- Total Nb of doses:
18,269 (15,821)
- Average treatment duration: 118 d. (114)

SUBOXONE® (buprenorphine and naloxone)

- Nb of patients:
24 (42)
- Total Nb of doses:
5,182 (8,077)
- Average treatment duration: 216 d. (192)

THE OST – BEGINNING OF TREATMENT

- At the first symptoms of withdrawal
- Minimal effective dose
- Dose-escalation steps (to prevent risk of overdosing)
- Daily monitoring and evaluation by the SMPP team

4. MODALITY OF FOLLOW-UP WITH PATIENTS

- Dispensation: One daily medication intake under supervision of the nurse
 - (the intake should be considered as part of the therapeutic education rather than a coercive measure)
- This frame provides opportunity for local support

4. MODALITY OF FOLLOW-UP WITH PATIENTS

- Monthly psychiatric interview – referring nurse to attend itw if needed
- Urine testing as often as needed
- Exchange on a regular basis with referring persons for somatic medicine and pharmacy
- Favor and support patient care under the « tox program »
- Encourage linkage with outside care entities



5. RELEASE

- **Preparing release is a crucial step**
 - It is an opportunity to maintain the momentum of care started in prison
- **Ensure continuity or prescription, prevent disruption of care**
- **Dispense medication in case of release during week-end**
- **Prescription and appointment with external care entity or physician**

IN A NUTSHELL

- The OST is our “Trojan Horse”, a facilitator for patient care
- Care is multifaceted and integrated
 - The patient is at the center of a psycho-medical care circuit with partners inside and outside the prison
- Create a therapeutic alliance
- Nurture a process of change



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- Q&A
- Thank You!

