Opioid substitution treatment (OST) in four Nordic municipalities

Aarhus

The interviews in Aarhus were conducted in the Center for substance abuse treatment. In Denmark the access to OST is easy. Detoxification is not required. The patient does not need to have stable housing. For the first two weeks the medication is dispensed daily at the treatment unit. After this, take-home dosages become possible. Criminality or use of drugs during the treatment is not sanctioned. The patient needs to have access to treatment in two weeks but usually it does not take that long.

Results and conclusions

The main result of the four interviews in Aarhus revealed that the patients do not usually tell about their wishes to wean off the medication and to become drug-free. There is also a fear of relapse related to the wish to be drug-free and this ambivalence seems to be common. The personal aims of the treatment often change during the treatment and the staff should take this into consideration. Weaning off the medication should take place in co-operation with the treatment unit and patients´ families and networks. In the case of relapse, the return to treatment should be made easy. The continuity of psychiatric treatment needs to be also safeguarded.

Helsinki/Espoo

There are two sorts of substitution treatment in Finland: substitution treatment with rehabilitation aim or substitution treatment with harm reduction aim. In rehabilitation treatment the aim is abstinence and in harm reduction treatment minimization of drug-related risks and improvement of quality of life. Patients go first to treatment needs assessment and after that they can have access to OST usually in three months. Patients from two different treatment units receiving rehabilitative treatment were interviewed. The units are located in Espoo and in Helsinki. The rehabilitative treatment in both units is only for persons over 18 years of age. The treatment in both units includes medication, treatment plan and its evaluation, discussions with personal nurse, doctor´s appointments, rehabilitative group meetings, utilization of social networks, drug tests, service guidance, and planning of the follow-up treatment.

Results and conclusions

Patients who have discontinued their treatment are difficult to reach. Two interviews were conducted. There are many obstacles before a patient can return to treatment after the discontinuation (the statutory treatment guarantee, three month waiting period before a patient can have access to a new treatment needs assessment in Helsinki). The patients seem to experience that they have a double dependence; dependence on opioids and dependence on the opioid substitution treatment. The treatment of the two patients was discontinued because they misbehaved themselves. The possibilities of increasing flexibility in treatment should be investigated, both in terms of access to treatment and treatment practices.

Umeå

In Sweden health care is responsible for the OST. Long-term substitution treatment is multidisciplinary: both health care and social welfare play important roles. OST in Umea is offered by the Psychiatric clinic of the Norrland´s university hospital. Patients need for treatment is assessed by a psychiatrist. The patient must be over 20 years of age with documented opioid dependence for at least one year. Before the treatment commence, the patients must pass drug tests (excluding opioids) two times a week for a two month period. The medication is dispensed at the clinic in the beginning of treatment. After six months, take-home dosages become possible. The treatment can be discontinued, if the patient cannot prove after different treatment interventions and psychosocial support that he/she is genuinely aiming at drug-free life.

Results and conclusions

The interviewees felt that they were not listened to and that they were treated unfairly. The patients also felt that they needed psychosocial support in addition to the medication. It is not possible to recover, to have healthy relationships, or to learn to live without drugs, if there is no psychotherapeutic treatment. Co-operation between the police, social services, and the health care is important, because that way the illegal use of opioids and other drugs can be prevented and the safety of the patients in treatment guaranteed. The rules of the treatment have to be made clear to the patients from the beginning of the treatment in order to guarantee that they understand what the treatment requires.

Stavanger

Legemiddelassistert rehabilitering (LAR) i Norge er et trepartsamarbeid mellom spesialisthelsetjeneste, allmennlege og sosialtjenesten i kommunen. Henvisning til LAR går fra sosial- og/eller helsetjenesten i kommunen til vurderingsenhet i Tverrfaglig spesialisert behandling (TSB). LAR er en del av TSB. I Stavangerregionen er det LAR Helse Stavanger som tar i mot søknader om LAR. LAR Helse Stavanger avgjør om søker får tilbud om substitusjonsbehandling. I Stavanger kommune er det helse-og sosialkontoret (HSK) som søker bruker inn til LAR. Dersom bruker innvilges LAR avholdes et samarbeidsmøte mellom bruker, LAR og HSK. Helse- og sosialkontor bestiller LAR-koordinatortjeneste i Rehabiliteringsseksjonen og overfører bruker til Rehabiliteringsseksjonen for oppfølging av koordinator. LAR-koordinators ansvarsområde er å sørge for koordinering av tiltak i kommunen, kalle inn til ansvarsgrupper, ha samtaler med bruker, bistå med søknader og kontakt med andre deler av hjelpeapparatet, ordne praktisk med utdelingssted.

Resultater og konklusjoner

Nye sentrale retningslinjer har medført at få pasienter skrives ut av behandling fra LAR Helse Stavanger sin side. Få pasienter skriver seg ut på eget initiativ. Noen blir satt på medikamentpause. Ingen brukere passet inn i kriteriene for studien. Da vi lettet på kriteriene ble tiden for knapp til at vi klarte å gjennomføre mer enn ett intervju. Informanten ble reelt sett ikke skrevet ut av LAR, men satt på pause. Han sluttet å hente medisiner pga at han opplevde å få feil substitusjonsmedikament. Han var dessuten lei av det strenge regimet rundt substitusjonsbehandlingen. Han startet opp igjen ettersom han ikke klarte holde seg unna heroin, og hadde helseplager. Datagrunnlaget er for lite til å generalisere, men konklusjonen for denne ene brukeren er at den individuelle friheten oppleves svak i LAR, men belastningen med å være utenfor LAR er større.