

OPIOID SUBSTITUTION TREATMENT IN IRELAND: REVIEWING THE PROTOCOL TO IMPROVE TREATMENT RETENTION

Jessica Lochtenberg | Royal College of Surgeons in Ireland

AIMS + HYPOTHESIS

The aim was to review the Irish Opioid Substitution Treatment (OST) clinical guidelines and assess whether they fulfilled recommendations made in the 2010 review of the Methadone Treatment Protocol (rMTP) regarding treatment retention.

A need to design a plan addressing barriers to adopting these changes was projected.

BACKGROUND

In Ireland there is a high dropout and re-initiation rate into OST. Since the first 4 weeks of initiating OST represents a period of increased mortality risk, cycling in and out of treatment cumulatively increases this risk. The rMTP highlighted a need to develop structured care plans for patients, which should be reviewed yearly. This would facilitate patient progression through tiers of the service and improve treatment outcomes. The care plan should be incorporated into the Electronic Patient System, to facilitate clinical governance.



METHODS

1. Identified aspects of the rMTP and the HSE's 'Clinical Guidelines for OST' relevant to treatment retention.
2. Qualitative review including 16 research papers from searches of 3 electronic databases (ClinicalKey, EMBASE, and OVID).
3. Critical interpretive synthesis of the research.
4. Development of a 5-year plan.

RESULTS

The need to implement patient care plans as a standard of care still exists. A key barrier is that the demand for OST outweighs the supply of treatment providers. Treatment providers may therefore respond to patient's primary needs, rather than future needs. This issue ties into a further recommendation to increase the number of treatment providers.

CONCLUSIONS

Incorporating OST training into the Irish GP scheme training programme and offering incentives to GPs for providing OST within the remit of the care plan may reduce the burden on the system, and improve patient care. Rates of dropout should be monitored over the 5-year period to assess the impact of this intervention.