CONTINUATION OF METHADONE MAINTENANCE THERAPY IN THE CONTEXT OF PROTECTION OF PATIENT’S RIGHTS IN POLICE ARREST HOUSES OF LITHUANIA

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Content

- MMT historical background and
- MMT needs in police arrest houses
- International and national legislation
- Organisational regulation
- Cooperation with UNODC project office and support
- Practical implementation and realisation of needs
- Conclusions
MMT historical background and needs

- MMT in community has been implementing since 1995.
- 50 patients in 1995 and 512 patients in 2008 took part in this program.
- Now figures are going to increase.
- About 80% of all patients with HIV/AIDS in Lithuania are users of injecting (usually opioids) drugs.
Geography of the pharmacotherapy with methadone and buprenorphine in 1995 in Lithuania
Geography of the pharmacotherapy with methadone and buprenorphine about 2002 in Lithuania
Geography of the pharmacotherapy with methadone and buprenorphine in 2009 in Lithuania
Number of patients in the pharmacotherapy with methadone and buprenorphine 2005-2009 in Lithuania (Emilis Subata, 2010)
MMT needs in police arrest houses

- About 71% of drug addicts have experienced detention or imprisonment.
- Drug users' health problems require more attention from medical and police staff, necessitating more time and efforts.
- Discontinuation of prescribed treatment without patient's consent due to detention is harmful.
- Violation of patient's rights occurs: 1 in 3 complaints on violations of patient rights in police arrest houses deal with interruption of MMT.
- Health care possibilities inside police arrest houses are strictly determined, and this kind of care is ineffective.
- Police should pay attention to patients' needs but do not always fulfill them.
MMT needs ir police arrest houses (other circumstances)

• Necessary medical care in police arrest houses is within the competence of the nurse
• The procedures of medicines acceptance in different arrest houses are too free, grounded on different points of view
• The efforts to have well run MMT implementation are differently valuated and interpreted by police officers, authorities and medical staff
• UNODC project office moment questionnaire revealed that during last 2 years MMT was interrupted for 42 patients because of police arrest, from them in Vilnius – 16, in Klaipeda – 12
• At the same time there is no problems with MMT in arrest houses of Kaunas and other 5 smaller towns
<table>
<thead>
<tr>
<th>INDEX NAME</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td>Registered diseases and health disorders (A00-T98) (abs. number)</td>
<td>4358</td>
<td>4887</td>
<td>6253</td>
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<td>Index on 1000 persons</td>
<td>173,4</td>
<td>185,5</td>
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<td>Mental and behaviour disorders (F00-F99) (abs. number)</td>
<td>1962</td>
<td>2105</td>
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<td>70,1</td>
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<td>763</td>
<td>660</td>
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<tr>
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<td>28,9</td>
<td>23,1</td>
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<tr>
<td>Mental and behaviour disorders misuse opioids (F11) (abs. number)</td>
<td>969</td>
<td>818</td>
<td>1306</td>
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<tr>
<td>Index on 1000 persons</td>
<td>38,6</td>
<td>31,1</td>
<td>45,5</td>
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</table>
# Data on Health Care of Arrested Persons Outside Arrest Houses

**ABS. Numbers 2007-2009**

<table>
<thead>
<tr>
<th>INDEX NAME</th>
<th>2007</th>
<th>2008</th>
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<tr>
<td>Consulted in territorial health care institutions for mental and behaviour disorders From them:</td>
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<tr>
<td>misuse alcohol</td>
<td>20</td>
<td>48</td>
<td>49</td>
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<tr>
<td>misuse opioids</td>
<td>22</td>
<td>19</td>
<td>98</td>
</tr>
<tr>
<td>Ambulance calls for mental and behaviour disorders From them:</td>
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<tr>
<td>misuse alcohol</td>
<td>154</td>
<td>131</td>
<td>156</td>
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<tr>
<td>misuse opioids</td>
<td>238</td>
<td>183</td>
<td>266</td>
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<td>Hospitalizes to in-patient clinics From them:</td>
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<tr>
<td>misuse alcohol</td>
<td>39</td>
<td>28</td>
<td>47</td>
</tr>
<tr>
<td>misuse opioids</td>
<td>1</td>
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Universal definition

Continuous treatment means completeness of organisational measures and practical actions, grounded on integrated justice reglamentation, that realize condition of uninterrupted treatment of patient, that is inside penal institution because of trial proceeding.

Tools of continuous MMT organisation

- International guidelines, recommendations and national laws
- Rules and regulations of subject
- Procedures and actions for continuous MMT
- Positive view, position, joint and integrated activity of police officers and nurses.
- Communications and cooperation of partners of MMT with psychiatric institutions, arrest houses, prisons, family members, interested NGO.
International legislation

European prison rules
Council of Europe
Committee of Ministers
Recomendation No. R (87)3

• 26.1 ... The medical services should be organised in close relation with general health administration of the community or nation.

• 100.3. ... The medical or psychiatric service of the penal institutions shall provide for the psychiatric treatment
International legislation

Council of Europe
Committee of Ministers
Recomendation No. R (93)6
OF THE COMMITTEE OF MINISTERS TO MEMBER STATES
CONSERNING PRISON AND CRIMINOLOGICAL ASPECTS
OF THE CONTROL OF TRANSMISIBLE DISEASES
INCLUDING AIDS AND RELATED HEALTH PROBLEMS IN
PRISON

General principles

• Such a policy should be developed in close collaboration with national health authorities and be incorporated in wider policy for combating transmissible diseases in prison.

• Protection of discrimination

Special measures.

• Drug addicts should be encouraged to follow such treatment programs.
International legislation

Council of Europe
Committee of Ministers
Recommendation No. R (98)7

OF THE COMMITTEE IF MINISTERS TO MEMBERS STATES
CONCERNING THE ETHICAL AND ORGANISATIONAL
ASPECTS OF HEALTH CARE IN PRISON

• equivalence of care.
• health policy in custody should be integrated into, and compatible with, national health policy.
• necessary to offer sufficient training to medical and prison personnel;
• to improve co-operation with external counselling services, in order to ensure continuing follow-up therapy on discharge to the community;
National legislation

Law on arrest prosecution

Quality and quantity of arrestees health care must be guaranteed as well as in community

Law on narcological care

Persons in prisons, police arrest houses have the right to equivalent narcological health care as well as in community
National legislation

Law on the rights of patients and compensation of the damage to their health

- The rights of patients may not be restricted in health care institutions because of gender, age, race, nationality, language, social status, faith, beliefs or convictions thereof;
- Patients must be accorded qualified health care

Law on nursing practice

- Within the competence provide health care service
- Respect and do not violate patient’s rights
Organisational regulation

Lithuanian medical standard MN 57:1998
„Community nurse. Functions, duties, rights, competence and responsibilities”
confirmed by the order minister of health

Community nurse working in arrest house have additional duties and responsibilities
Organisational regulation

Lithuanian medical standard MN 129:2004
„Medical office of arrest house of territorial police institution”
confirmed by the order of the minister of health

Duties, rights and responsibility of police arrest house nurse

- To take part in organisation of health care services, which could not be provided by the nurse
- Accept medicines prescribed by doctor, register and give them to patients under doctor’s prescription
- Dispose Naloxonum hydrochloridum 0,4 mg amp. for use in emergency cases
Organisational regulation

Convoy regulation
confirmed by the order of minister of justice and minister of interior in 2005

If the continuous treatment is prescribed for person under convoy, officer on duty of the penal institution passes the medicines to the heard of convoy in order to present these medicines to the point of task

Interior activity rules of police institutions arrest houses
confirmed by the order of general commissionier in 2007

- Quality and quantity of arrestees health care must be guaranteed as well as in community
- Arrestees have right to require medicines which are prescribed by doctor, except necessary health care
- Officers can bring to arrest house only medicines which are prescribed by doctor for arrestees
Cooperation with UNODC project office and support

UNODC project office:

- in 2009 elevated actuality of MMT problem extent and indicated that situation in the police arrest houses is not clear
- Proposed recommendations and support for Police department and Health care service under the MI
- Organized and contributed 2 training events in which took part 37 policemen and nurses from arrest houses
- Jointed together for cooperation interested police and medical institutions, NGO’s
- Organized and contributed the conference “Arrest and addiction diseases. Necessary aid and MMT” together with Medical faculty of VU and cooperation with Police department.
Practical implementation and realisation of needs

Health care service’s actions

- Got acknowledged with the sense of problem the authority of the Police department
- Analized information got during visits to arrest houses in 2007-2009
- Initiated and prepared on cooperation with the Police department standard model of medicines receiving, storage and delivering over to patients
- Consulted on this subject chiefs of the arrest houses and medical staff and underlined legality of the MMT to doubtful officers
- Encouraged arrest houses to develop contacts with territorial psychiatric institutions
- Activated medical staff education and foresaw measures in national program of mental health
- Performed purposeful questionnaire of medical staff and
- Made correction of inadequacies of implementation of standard model in places
Practical implementation and realisation of needs

Standard model of medicine’s receiving, storage and delivering over to patients

- This Standard model includes special chapter for MMT
- It is due, that if arrestee is a patient on MMT program, the staff of the arrest house informs psychiatric institution
- Coordinates the conditions of receiving and delivering of methadone or buprenorphine
- Health care specialists or other commissioned person, according to Ministry of Health issued order, already can visit their patients in the arrest house, give them prescribed medicines
- On the first visit health care specialist or other commissioned person must leave in arrest house medical office document of prescription of methadone (buprenorphine), signed by doctor
Practical implementation and realisation of needs

Standard model of medicine’s receiving, storage and delivering over to patients

- Methadone (buprenorphine) should be registered and taken under arrest house’s health care specialist and (or) arrest house’s staff control

- Health status of patient and medicine’s consumption are registered in his/her medical documentation

- Health care specialists or other commissioned person have a possibility to leave some doses of methadone (buprenorphine) according specific situation

- There is determinate order on patient’s release from arrest house and for his/her transferring to another penal institution
Practical implementation and realisation of needs

eexample

REGISTER OF MEDICINES ACCEPTED FROM PACIENT’S REPRESENTATIVES

<table>
<thead>
<tr>
<th>Priėmimo data, laikas</th>
<th>Duomenys apie vaistinį preparatą</th>
<th>Duomenys apie pacientą</th>
<th>Pristačiusi o asmens duomenys</th>
<th>Priėmusio asmens duomenys</th>
<th>Duomenys apie likučius</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pavadinimas, dozuotė</td>
<td>Kiekis</td>
<td>Davimo pacientui pagrindas</td>
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<td>4</td>
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</table>
Practical implementation and realisation of needs MMT

**MMT ACCEPTABILITY FOR PATIENTS IN POLICE ARREST HOUSES**
*(2007-2010 I quarter)*

<table>
<thead>
<tr>
<th>Name of index</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010 I quart.</th>
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</thead>
<tbody>
<tr>
<td><strong>Mental and behaviour disorders misuse opioids (F11)</strong> (absolute number)</td>
<td>969</td>
<td>818</td>
<td>1306</td>
<td>363</td>
</tr>
<tr>
<td>From them:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Was on MMT before arrest</strong> (absolute number)</td>
<td>22</td>
<td>45</td>
<td>50</td>
<td>35</td>
</tr>
<tr>
<td><strong>Percent part in MMT from all opioids misusers</strong></td>
<td>2,3</td>
<td>5,5</td>
<td>3,8</td>
<td>9,6</td>
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<tr>
<td><strong>Continued MMT inside arrest house</strong> (absolute number)</td>
<td>0</td>
<td>15</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td><strong>Change percent of MMT acceptability</strong></td>
<td>0</td>
<td>33</td>
<td>80</td>
<td>91</td>
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</table>
Conclusion

Advantages of continuous MMT in the police arrest houses

• Health policy in the police arrest houses becomes more integrated into national health policy
• This is a condition of equal continuous treatment in the police arrest houses
• This is one step more strengthening patient’s rights in the police arrest houses
• This is protection of trials to incriminate making harm to patients by territorial police institutions
• Presently this is most effective way to solve health problems of part of opioids addicted persons inside police arrest houses, where other possibilities are poor
• Progress of cooperation between local police and community psychiatric institutions, interested NGO’s and their representatives is encouraged and supported
• More trust and community respect to police, police arrest houses and their staff
THANK YOU
AND
GOOD LUCK