

Opioid Addiction Beliefs and Attitudes of Primary Health Care Clinicians in Ukraine

M.Filippovych, MS¹, S.Galvez, MPH², K. La Monaca, MPH², I.Pykalo, MPH¹, K.Dumchev, MD, MS¹, S.Dvoriak, MD, PhD¹, F.L. Altice, MD, MS²

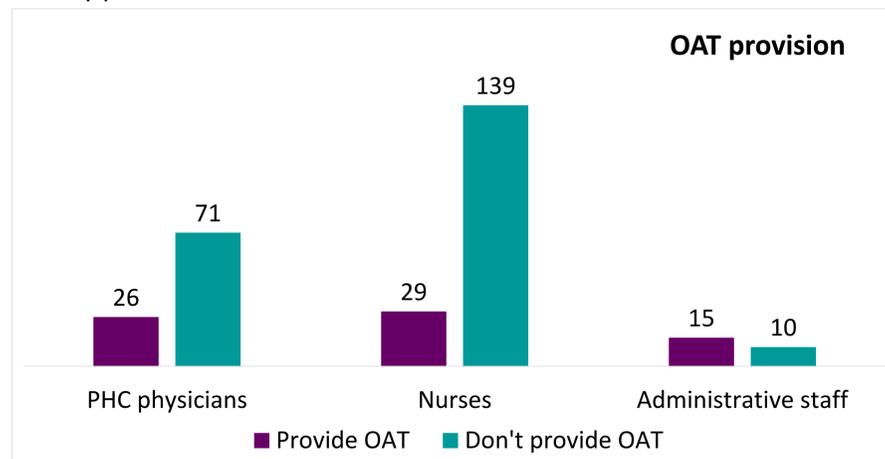
¹Ukrainian Institute on Public Health Policy, Ukraine; ²School of Public Health, Brown University, Yale School of Medicine, USA

Background

OAT as an evidence-based, cost-effective HIV prevention and treatment strategy is provided in Ukraine since 2004 and only in specialty clinics. According to the National OAT goals the coverage in 2019 should have been 5.3% and in 2020 is planned to be 6.1%. As of June 2020 the OAT coverage is under 4% of the estimated number of PWID. To scale up treatment and reduce the spread of HIV, cluster randomized control trial was initiated to introduce OAT at PHC clinics in 12 clusters country-wide where clients have access to the full range of needed services (primary and secondary care). The project has been started simultaneously with the Healthcare reform and OAT is in the guaranteed package of services which is a good prospect for further sustainability of OAT treatment at the primary care level.

Methods

Baseline and 12-month follow-up survey data was collected from 290 providers at 14 participating clinics in 7 clusters of Ukraine, from February 2018 through January 2020. 25% were trained to provide OAT, 75% wouldn't directly provide OAT.



Analyzed data includes feelings thermometer, resistance to program change, standardized instruments with adapted items related to discrimination, prejudice, internal shame, fear, stereotypes towards PWID, beliefs about addiction treatment.

Acknowledgements

The authors would like to acknowledge the National Institute on Drug Abuse for funding the research (R01 DA043125-01). We are thankful the State institution "Public Health Center of the Ministry of Health of Ukraine" and Public organization "Ukrainian Association of Family Medicine" for partnership in implementation of OAT in PHC settings in Ukraine; PHC clinics that were involved into the study for providing OAT and integrated care to opioid drug users; research assistants for data collection and all participants for their honest responses.

Aim

To scale up treatment, a cluster randomized control trial was initiated in February 2018 to introduce OAT at PHC clinics country-wide. PHC clinician beliefs and attitudes towards PWID and addiction treatment may affect overall OAT program effectiveness and sustainability.

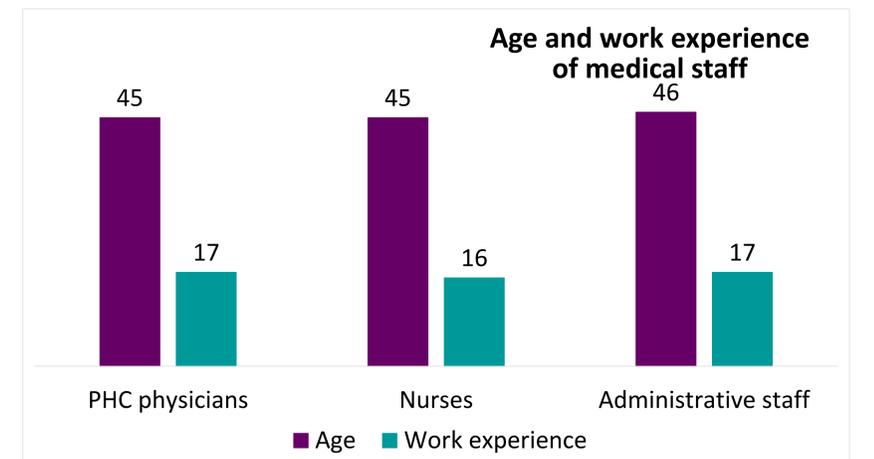
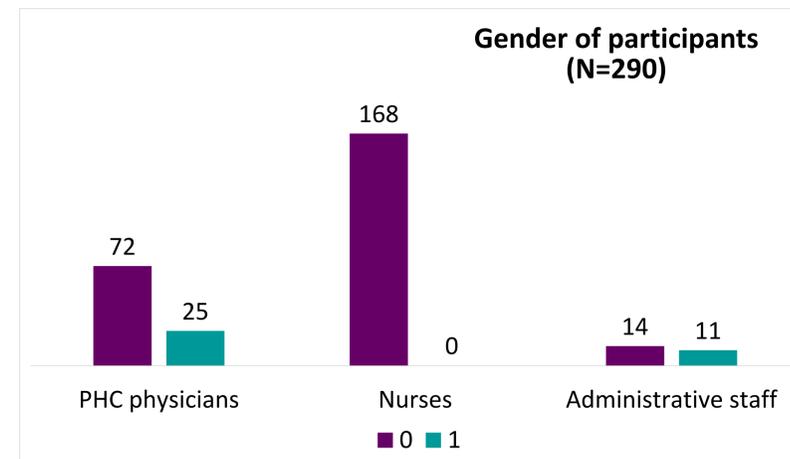
Medical staff of the OAT sites in PHC received one basic OAT/HIV/TB training and are undergoing distance learning sessions on OAT/HIV/TB on a bi-weekly basis. Reported data here is from clinicians who practice at 14 participating PHC clinics in 7 clusters (Dnipro, Zhytomyr, Kropyvnytskyi, Kryvyi Rih, Mykolaiv, Kramatorsk, Cherkassy).



Results

Among PHC physicians were 72 women and 27 men, among nurses were 168 women and no men, among administrative staff were 14 women and 11 men.

Average age of medical staff were 45 years. Average work experience of PHC physicians were 17 years, nurses - 16 years, administrative staff - 17 years.



Analyses of mentioned instruments showed significant differences between regions on all instruments ($p < 0.01$ for all). There were no significant differences in scores between sites within single region, demonstrating geographic cluster effect. Additional analyses will be needed to characterize the longitudinal effect of these regional differences.

Conclusions

Expanding of OAT to PHC clinics country-wide can increase coverage of OAT across Ukraine thus reduce HIV incidence. Regular education and experience of OAT patients treatment may effect on attitude changes, fear, stereotypes towards PWID, beliefs about addiction treatment. Differing staff beliefs, attitudes towards PWID and addiction treatment may influence program implementation uptake and patient outcomes at clinic level, with clinics demonstrating more positive beliefs having greater effectiveness. Additional analyses will be conducted after 24 months to affirm the regional differences in attitudes and beliefs of PHC providers