Substitution Therapy Evaluation Mission to Ukraine

Project Title and Number: Applied Human Rights/Governance of HIV/AIDS in Ukraine, 00015094

Post Title: International Expert on Substitution Therapy

Duration of Mission: December 19 to 24, 2005

R e p o r t

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December 24, 2005

Introduction

In September 2000, Ukraine signed on to the Millenium Development Goals, of which the sixth goal is to halt and begin to reverse the spread of HIV/AIDS by 2015. According to the best epidemiological estimates, Ukraine has the highest HIV prevalence of 1% among the adult population, defined as age 15-49, in Europe and CIS (UNAIDS 2002, in UNDP Ukraine, 2003). The number of reported cases of HIV infection in the country has increased 20 times in the past five years yielding estimates of 300,000 to 400,000 people already infected (HIV/AIDS Programme, Strategic Framework, UNDP Ukraine, 2003).

Trajectory of HIV/AIDS in Ukraine has shown a shift in the predominant means of transmission. The main source began with predominantly heterosexual sex in 1987-1994, then moved to injecting drug use in 1995-1998. IDU has remained predominant, but heterosexual and mother-to-child transmission have both been growing since 1999. However, injecting drug users continue to be the key vulnerable group in the spread of HIV in Ukraine, and the problem is becoming more global as their non-IDU sexual partners become a bridge for spreading HIV to the general population. Official statistics show, that almost 50% of all new infections occur among those aged 15-24. The highest HIV prevalence continues to be among injecting drug users, ranging from 20% to 60%, with southern and eastern cities like Donetsk, Odesa and Mikolayiv the worst (Ukraine and HIV/AIDS: Time to act, UNDP Ukraine, 2003). Of the total 83,868 Ukrainians registered as drug addicts as of January 1, 2003 the Health Ministry reports, 96% were injecting drug users. The numbers continue to grow by 11-12% per year (Ukrainian Institute on Social Research, 2000, in UNDP Ukraine, 2003). Some evaluate the real number of injecting drug users in Ukraine close to 560,000 (UNICEF, 2003, in UNDP Ukraine, 2003).

Access to treatment is a right guaranteed by the Ukrainian Constitution. The Millenium Development Goals, with an overall target of reducing the rate of the spread of HIV/AIDS by 13% between 2001 and 2015 is within the ability of Ukraine to achieve, but only if the level of response in prevention and care (in particular a serious scaling-up of access to substitution treatment for IDUs and access to ARV treatment for all who are need of it) is greatly expanded.

UNDP is supporting the Ukraine Government in translating human rights in principle to practice. UNDP's strategy in the Applied Human Rights Project is to apply the human rights of IDUs, commercial sex workers and PLHA by widening their access to necessary and quality social, medical and legal services. UNDP is parenting with UNICEF, UNFPA, WHO, local government and non-governmental structures, and other international organizations in order to create a model of targeted intervention in Kherson oblast. UNDP is supporting Ukraine's participation in a WHO collaborative multi-site research project on drug dependency treatment and HIV/AIDS to develop and test principles on integration of HIV prevention, treatment and care of drug dependent clients. In accordance with the above mentioned the agreements have been signed on setting up together Ednok (buprenorphine) Care and Rehabilitation Programmes for opiate drug dependent patients in the city Kiev and Kherson. The agreements have been signed between UNDP on one side and on the other side: Kiev City Clinical Hospital N 5 (AIDS city Centre); Kiev City Narcological Clinical Hospital 'Sociotherapy'; Kherson Oblast Narcological Dispensary and Kherson Oblast Charitable Fund Mangoost.

The Aim of the Mission

The aim of the mission was to evaluate the results of the pilot project on substitution therapy (ST) with sublingual buprenorphine (Ednok) for injecting drug users in two cities in Ukraine - Khersone and Kiev.

Current Situation Concerning Substitution Therapy in Ukraine

After long discussions the official authorities have decided to start with the implementation of pilot project of buprenorphine ST in Ukraine in May 2004. The pilot programs have been started in collaboration of UN agencies - UNDP Office in Ukraine with Ukrainian state institutions - HIV/AIDS Centers, Narcological Dispensaries and non-governmental structures - such as Charitable Fund 'Mangoost' in Kherson Oblast. The work started in line with the Order No. 356 of the Ministry of Health and in the accordance with methodological recommendations (treatment protocols) for 'Application of Edonok' (sublingual buprenorphine) for substitution therapy in the treatment and rehabilitation of the patients with dependency syndrome on opioids. These were prepared by Sergei Dvoriak, M.D., Ph.D. - director of the Ukrainian Institute on Public Health Policy and Anatoly Vievsky, M.D., Ph.D. - Chief narcologist of the Ministry of Health in Ukraine. At the beginning, it was decided to start ST as a pilot project in selected HIV/AIDS Centers and Narcological Dispensaries. Kherson was chosen to serve as a model for multiplication and scaling-up of ST in Ukraine.

Meetings and Site Visits

UNDP Project Office in Kiev

Meeting with Mr. Vladimir Gordeiko the project manager and the project staff at UNDP Project Office in Kiev on Monday morning, December 19, 2005. Mr. Vladimir Gordeiko handed over a folder with basic written materials about the project. He provided orientation to the expert and they briefly discussed the itinerary of the mission.

Discussion with the project staff. Thomas Marilli, a lawyer: about 2% of population is tested on HIV in Ukraine per year. Because of the problems, which they are facing with HIV and AIDS, there is a good attitude to harm reduction in prison system. The antidiscrimination act is missing, despite of the presence of several relevant paragraphs in different legal acts. Katerina Shalayeva, a sociologist: The adherence is high in ST in Ukraine at present, but if ST is scaled-up, it will go down. There are 25+2 HIV/AIDS centers in UA and Kiev. Still, there is a lack of infrastructure, medical professionals are not educated enough on HIV/AIDS and ST. Because of long distances, it is difficult to visit HIV/AIDS centers for many patients on regular basis, to go there and to collect their medicines once a week, or even if it is only once in a month. It is long travel, and so it is expensive especially for poor people.

Narcological Dispensary - 'Diagnostiko-detoxifikacijna klinika 'Krok" v Kieve, Narkologicna klinicna likarnija, socioterapia'

Soon afternoon, December 19, 2005, we met with Head of the pilot project in Kiev Narcological Dispensary Alla Podsvirova, M.D. The work in ST here is a team-work. The team consists of HIV/AIDS specialist, infectious diseases specialist, intern, psychologists, medical doctors - narcologists, sociotherapists. They have a multidisciplinary approach. There are only 6 ST programs with buprenorphine, in the country. ST program in Kherson is the oldest, which went on even during the time, when there was a shortage of medicines because of the lack of money, and they had to stop temporarily their program in Kiev in May 2005. The reason was, that they administered higher doses in Kiev than in Kherson, so they run out of the medicine in Kiev earlier, while they managed to maintain the patients till the renewal of the program financing in Kherson. The first ST program in Kiev lasted from December 2004 till the summer of 2005, then they had to interrupt it. 11 out of 44 patients dropped out of the program mostly due to the lack of their motivation, because of the criminal reasons, and because they have started to take the drugs again. That time there was no sociotherapy. Two ST programs are in Kiev at present: this one in narcological clinic 'Krok' and the other one is in HIV/AIDS Center. The criteria for the provision of ST are very strict in UA. ST can be provided in the state, medical institutions, only. The license for medical practice and license for prescription of opiates must be granted to the institution, which is providing ST. The out-patient ST program will be expanded into the community in the Rehabilitation Center 'Steps' in Kiev in January 2006. The financing from the Global Fund is setting up the limits to the amount of medication - buprenorphine (Edonok, manufactured and imported from India) and so is limited the number of the patients in ST. The plan is to have altogether 200 patients in ST in UA, and out of them 30 patients in Narcological Centre and 25 patients in HIV/AIDS Centre in Kiev. The rest of the slots is for the regions.

The number of the patients is 24 in Narcological Center at the moment and it will be 30 till the end of the year 2005. 2 patients are HIV-positive and they are receiving ART according to their CD4 blood count and also treatment for tuberculosis. Criteria for the admission to ST are: diagnosis of opioid dependence according to WHO/ICD-10 Diagnostic Criteria and infection with HIV and/or HCV and/or HBV and/or TB. Decision on the inclusion of the patient into ST is taken by the team of specialists - addictologist, specialist in infectious diseases, HIV/AIDS specialist, social worker and nurse. Homeless people are not accepted. They are in the needle-exchange programs (NEP). They accept only highly motivated patients to the program, who are willing to cure themselves and who have good prognosis, e.g. there is a lawyer with a good socioeconomic background. The substitution treatment program in Kiev is 'a high-threshold program', which is abstinence oriented. The waiting time for the patients on their waiting list is approximately one month. The waiting list has about 10 patients on it.

The informed consent must be signed by the patient before entering the program. ST is voluntary and free of charge for the patients. Induction phase starts with buprenorphine 12 mg at day 2, afterwards they decrease the dose, or increase by 2 mg per day, but daily dose is not less than 8 mg. The daily doses are between 12 to 14 mg. They evaluate the patient's condition every 10 days. Urinalysis is performed once in a week for six parameters. They do not terminate treatment if one urine sample is positive for morphine, but if two, they assess patient's condition and detoxify him and discharge from the program. The samples are frequently positive for benzodiazepines and cannabis. The patients are often asking different medications. They are prescribing neuroleptics such as chlorprothixene and antidepressants such as amitriptyline, if it is necessary. Patients have to come to collect their daily dose exactly at 14 hours, six days in a week, except of Sunday. Missing the appointment is a reason for termination of ST. The medicine is taken in the presence of a nurse. They are also seen by doctor. Every patient has to confirm by his signature in the special form, that he has taken the dose, also signatures of the

doctor and the nurse are compulsory. Medication is taken in the presence of the nurse and the patient has to wait from 10 to 15 minutes in doctor's office. This is the time during which the tablet should be dissolved sublingually. The patients are not allowed to take home any dose of buprenorphine. On Saturdays, they are receiving the double-doses to hold them till Monday. There is also a medical file with description of the patient's physical and mental condition, with the records on the check-ups and the notes on daily medication. Individual's data protection is observed carefully. As an example, the doctor did not let us see the names of the patients on the files, covering them by her hand. Duration of ST has no time limit. They are planning to continue with psychosocial rehabilitation in sociotherapy in the future, but they are doing only individual psychotherapy at present. There is not enough time. According to Dr. Alla Podsvirova the maximum program capacity is 40 patients, if all the current protocol regulations should be performed. The doctor has no information on possible substance diversion into the black market. There is no structured evaluation of the ST program as a whole. No problems with security or violence have been recorded.

Kiev Narcological Dispensary, where ST program is situated is in the old, partially renovated building in the wider city center. It is an out-patient facility, where also other mental problems due to the use of the other psychoactive substances are treated, predominantly alcohol. One room is designated for dispensing of ST. No special room for group psychotherapy. In fact, it is not conducted in the program. Trained staff is working in ST only in the part of the working time. They have also other duties and commitments.

The current situation on drug scene in Kiev. There is no heroine readily available. This is only for rich people. Mostly opiate extract, which is locally extracted from the poppy straw is self-administered intravenously. There is an increase in the misuse of amphetamine type of stimulants by drug users in the last period of time. Cannabis use is common among the youth.

The Kyiv city department of the ICO Rehabilitation Centre 'STEPS'

Late afternoon, December 19, 2005, we met with Mr. Oleksandr Libanov, director, practical psychologist and his staff in the Rehabilitation Centre 'STEPS' on Novodarnitska street in Kiev. This is non-governmental organization (NGO) operating in the sector of the Ministry of Family, Youth and Sport. The premises where it is situated are rented free of charge from district city council. The geographical location is in the city district, where are living many IDUs - the patients of the Kiev Narcological Dispensary. The city is covering also a part of the salaries and payments of all the costs for the maintenance and the amenities. The organization 'STEPS' is one of three NGOs, which are accommodated in the same building. All of them are involved in charitable work. The 'STEPS' should start its work with the clients on ST in January 2006, but one more license is needed, 'the bureaucratic problems', as Mr. Libanov said. They are planning to take stabilized patients on ST from Narcological Clinic for aftercare, sociotherapy and rehabilitation. Maximum up to 30 patients. The staff consists of 8 members: specialist in the addiction medicine, specialist in the infectious diseases, psychologist, counselor, two social workers and two nurses. The premises of the NGO are on the second floor, in recently renovated building. There is a doctor's office with safe and bars on the window ready for buprenorphine dispensing, one room for group therapy with a capacity 12-16 clients, the offices for clinical workers and administration, where also ex-users are working as volunteers. One room is for physical exercises, such as table tennis and fitness. At the moment of our visit there were several drug-free ex-users treated on the out-patient basis. There are three NEP in Kiev.

Kherson Oblast Narcological Dispensary

In the afternoon, December 20, 2005, we met with Ivan Ivanovich Garkuscha, M.D., Chief Doctor and Irina Oleksandrovna Blizhevskaya, M.D., the Head of the ST pilot project in Kherson city. Project is situated in the outpatient admission part of the Narcological Dispensary.

Situation. The industry in Kherson Oblast is mostly related to agricultural production, except of Kherson - the largest city, where are the shipyards and the other industries. It is difficult to find a job for ex-users, especially if they are mostly without any professional qualification and have police records. The same as it is in Kiev, the opiates are used by the members of all socioeconomic classes. Beginning of the epidemics is dated back to the eighties and the nineties of the twenties century. At the beginning, the opiates were used by young people in the city - Kherson, but in the last years the opiate use is spreading all over the region, also in the country side. Cannabis is smoked 'by everybody', but they do not use heroin, instead of it home made morphine. It is liquid, which is injected several times per day by drug dependent persons. There was continuos increase in the numbers of registered patients treated due to drug dependence till the year 1998. Because of the change of the law, the police stop bringing drug users to the Narcological Dispensary after 1998 and since that time the stabilization is seen in the numbers of treated patients. Children and poor persons are sniffing glue. The youngsters, in these years, are frequently injecting home made stimulants derived from the medication against flu - 'Efektin' and 'Coldrex' - bought in the pharmacies. It is cheaper than morphine. It causes very fast, after several months of injecting, serious health consequences. Amphetamine use leads to the neurological signs of bulbar impairment, ataxia, lethargy and dementia with premature invalidity. No toxic psychosis is associated with this type of ATS use. The toxic psychosis such as schizophrenia-like is frequently seen in the association with regular cannabis use. Cannabis usage is often mixed with alcohol abuse. The transition has been observed from the opiates to ATS. Some people have exchanged the opiates for alcohol in these years, which was not observed in the past. The changes on Kherson drug scene are characterized by stabilization, even decline of opiate usage and the increase of ATS use. The development has been observed since approximately the year 2000 up to now. An average age of the patients with opioid dependence is about 30-32 years and ranges from 18 to 50 years. They are usually seeking medical treatment due to opioid dependence after 3-5 years of their previous regular drug use. Women are entering the treatment later, after 7-8 years of regular drug use, because of the associated social stigma, which is much worse for them in the society. About 10% of the patients is HIV-positive in the Narcological Dispensary. But they do not know the exact figures, because HIV testing is voluntary and only about 50% of the patients were tested. Some are refusing the testing, but many do not have good veins, so the blood cannot be taken. They do not have any homeless people in Kherson. Nearly all the patients have parents or some family members who are willing to assist them. Sterile needles and syringes could be bought for reasonable price in the pharmacies, for about 18-50 kopeiok. This is the main source of the sterile needles, in an addition to it, there are 3 points in Kherson, where NGO is providing NEP free of charge. There is about 600 HIV-positive persons and about 4,000 IDUs registered in the city. They have no possibility to conduct the tests for HCV, but its occurrence is considered to be frequent among IDUs and practically all registered patients at the dispensary are positive for HBV infection. The Narcological Clinic is accepting all the patients with different types of dependencies on different psychoactive substances, with toxic psychosis, too. Alcoholic psychosis is prevailing in the ward with 35 beds. They have 4,810 patients in the medical register, and out of them 12% are women. Approximately 2% are suffering from diagnosis of dependence on volatile agents, about 1% cannabis, 1% stimulants and the rest - about 95% are patients with dependence on opiates.

Substitution treatment program was characterized by Dr. Irina Oleksandrovna Blizhevskaya as a 'soft program'. It was started on May 15, 2004. Inclusion criteria for the patients are as it follows:

- the diagnosis of opioid dependence according to WHO/ICD-10 diagnostic criteria;
- the age 18 years and more;
- the diagnosis of opioid dependence for at least 3 years;
- several unsuccessful attempts with detoxification in the patient's history;
- good motivation to treatment;
- HIV infection, or HBV, or HCV and TB.

The physical examination, biochemical blood analysis, urinalysis, RBC, pulmonary X-ray and also other examinations are conducted, if this is necessary. The informed consent must be signed by the patient.

Admission and termination of ST, as well as the changes of daily doses are decided by the medical board, which consists of three medical doctors working in the Narcological Dispensary. The most difficult task is to assess the motivation of the patients. It is done by doctor based on his/her clinical experience. The board meets 3 times in a week. The waiting time on the waiting list is approximately one month, at the moment. There would be about 20 more patients in Kherson, and about 100 in Kherson Oblast, who would fulfill these inclusion criteria for ST, at present.

The first 8 patients of ST in Kherson were admitted to the ward for their first 3 days in the program, then the induction continued on the out-patient basis. They use to start with a daily dose of 12 mg of buprenorphine, afterwards they are either decreasing or increasing the doses in the accordance with clinical condition of the patient to 6 - 8 - 16 - 24 mg. Nowadays, they do not go below 8 mg, but in the past, when there was a shortage of the medication in the summer 2005, they had to decrease the daily doses to 2 - 3 mg or even 0.8 mg. Out of 108 patients 24 remained in the program. The drop-out rate was about 30%. It was not calculated exactly. All the patients have to come for supervised medication into the Narcological Dispensary on daily basis between 8 and 12 AM, six days in a week. They receive the double-doses on the Saturdays. Doctor is seeing all the patients every day. Urinalysis is conducted at least once in a month. It is directly supervised by the nurse. If it is positive again, it does not mean necessarily the termination of the patient's substitution program from the medical side. They are discussing each case and making decisions on case to case basis. If somebody did not come to collect his daily dose for more than 7 consecutive days in a row, he is excluded from the program. The length of the previous opiate use of the patients in ST varies currently between 10 to 20 years. There are 19 patients in ST, at present. 16 continue form May 2004 and 3 are new. Out of them are 7, who are HIV-positive and 2 of them are taking ARV therapy. 3 women are in the program. The pregnant women have never asked for ST. One patient has left the program in the induction period on day 2, due to pertaining withdrawal symptoms, even if his daily dose has achieved 52 mg on the second day. But the majority will stay in the program. There are 4 patients with the court orders in the program. The majority is working. They do not continue with their previous criminal activities and are not taking drugs. The doctors have no evidence of buprenorphine diversion. 4 medical doctors with medical nurses are working at dispensary. They had a psychologist, but no any longer. The burden is bureaucracy. Dispensary with this staff number could manage maximum of 40 patients on ST in a day. ST patients have a day-room in dispensary, where they can associate and socialize themselves, drink tee or coffee, read newspapers and have discussions. The doctors feel that patients are too restricted by the program protocol, which requires them to come to dispensary on daily basis. They do not see it is necessary for the patients, who are stabilized in ST. But they are obliged to comply with the orders and the law.

In the morning, December 21, 2005, we met again with Ivan Ivanovich Garkuscha, M.D., Chief Doctor and Dr. Irina Oleksandrovna Blizhevskaya at dispensary. We visited all the premises. We have seen medical records of the patients in ST and also we had an opportunity to be present at buprenorphine dispensing to one of the clients. This was done in the friendly atmosphere in dispensing room equipped with the appropriate medical equipment, supervised by the nurse and after a short talk - check up with medical doctor. The patient has confirmed by his signature, that he has taken his daily dose of buprenorphine in a special book, also doctor and the nurse signed. The doctor wrote a short record into the patient's daily sheet in his personal medical file. The nurse talked about the tricks, which the patients were using in the past with the intention to hide the tablet in their mouths and not to let it be dissolved sublingually, such as hiding it in the chewing gum, etc. The patients have to sit for about 10 minutes in dispensing room after taking their medicine. Besides buprenorphine, if this is necessary, the other psychotropic medications such as neuroleptics and antidepressants are prescribed to the patients.

Security. The personal data of the patients and their medical files are protected. The police can get to it only in the accordance with a law, if there is criminal charge against the patient and official properly issued written request is presented by the police officer. There was no violence, and if there is any threat they are calling nearby police station to assist them. All narcotic medications, also buprenorphine, are in line with the law kept in a safe, which is in the special room without the windows, behind the bars, and secured by 5 locks. The room has alarm system connected to the police station. It costs the institution quite a lot - 500 HRN monthly. The police is inspecting this room once in a year. The staff takes daily amount of the medication for all the patients from this room only one time during a day.

Discussion with the patients in ST program. We were introduced to the patients in their day-room at Narcological Dispensary. About 12 patients were coming and leaving in the room furnished with basic furniture. The discussion was very dynamic, open and friendly. They said that there is one NGO which is conducting NEP, but the majority of drug users is getting the needles from the pharmacies. At the beginning, the people dependent on opiates are trying to detoxify themselves without professional help. They go somewhere to the datcha in the woods and eat poppy seeds or try to sustain the cold turkey, but after coming back they are relapsing. The patients expressed very positive attitude to the ST program and to its personnel, not so to the other narcologists. One of the patients call them 'sadists' and on the question why? - he answered, because they chain the patient in withdrawal to the bed and let him go through the cold turkey in detox. According to their knowledge about 60% of the current opiate users would like to come into the substitution therapy. But the waiting time even after the selection is very long. One patient said, that she had to wait for the admission 6 months, the other patient said the same. They have also to wait too long for the results of their CD4 counts, e.g. now two of them are waiting more than 3 months. Otherwise ART is available. ST patients talked with a pride about their patients' NGO, which was established by them half a year ago. It has six members but all the others have been involved. They are attending seminars, round tables, conferences. They are doing advocacy for ST.

NGO charitable fund Mongoose

In the afternoon, December 21, 2005, we met Ms. Yevgenia Lysak, director of NGO charitable fund Mongoose and her staff in their office in Kherson. She has introduced us to 2 lawyers, 2 psychologists, 2 accountants, 1 information operator, 5 other employees dealing mostly with prisoners and doing other social work. She has also mentioned that they have altogether 40 employees and 5 consultants, mostly medical doctors. She gave as an overview of the activities of their NGO. They are working on several projects simultaneously. The

organization is conducting primary prevention on drugs and HIV/AIDS predominantly among the youth, they have a telephone help-line, they are doing social work and education on HIV and drug use in the prisons, the needle-exchange in Kherson, pre- and post-test HIV counseling, individual and group psychotherapy and political and public advocacy, also for substitution treatment. NEP program has 8 points, some are fixed in the pharmacies, mobile is in the bus, one was presented to us in their headquarters. It was a small room, next to the offices of NGO workers, without window, simply furnished with many printed materials, the leaflets for drug users. One member of the staff has demonstrated the procedure. They are keeping the records on NEP in the special book. According to the notes there were 4 - 5 client entries per day, of those who came to change the needles. They said that in their register of NEP is about 5,000 IDUs from Kherson city only, who were registered during the period of 3.5 years, with approximately 50 new clients every month. About 20% of them are ATS IDUs, mostly youngsters, and 80% are injectors of the opiates. Their estimation is that about 5,000 clients is using the NEP and about the same number of people is buying the needles and the syringes in the pharmacies. The clients are from poor socioeconomic groups. Buying the needles from the pharmacies is too costly for them. About 60 - 70 % out of these NEP clients would like to be in the ST. Mongoose was doing a propaganda for substitution treatment among their clients and the advocacy among the politicians. They also prepared the space for ST in their NGO facility, but the narcologists took over the program from them, without having a psychologist, with no rehabilitation program. Mongoose wishes to have a rehabilitation program for the users, such as Monar in Poland. They have already tip for the house in the country, have a project for the program, but it needs to obtain a grant about 20,000 USD. The testing which was conducted by the staff from HIV/AIDS Centre in Kherson in their NEP has detected, that about 65% of the clients were HIV-positive. The dealers are the important source of the infection because they are using the blood taken from IDUs for manufacturing of the illicit morphine. What they consider to be missing in Kherson is the lack of social advertising, according to Mongoose, the patients have no possibility to continue in the treatment in the rehabilitation center. There is only one in the Kherson oblast. They are ready to assist the patients in ST from Narcological Dispensary. They have already visited their program.

Regional state administration

In the morning, December 22, 2005, we had meeting with the head of Regional State (Oblast) Administration - Mr. Borys Vitalyevich Sylenkov in his office. Mr. Vladimir Gordeiko, UNDP project manager has briefly described the project, and afterwards we presented the main objective of this mission and preliminary reflections. Mr. Sylenko seemed to be well informed and was a good listener. We concluded that the work of the specialists in the substitution treatment program is outstanding, as well as the program as such. But we have stressed the urgent need to scale-up the ST program to achieve in the first place the stabilization of HIV epidemics among IDUs in Kherson and afterwards even its reduction. More funds to achieve this objective would be necessary. Consistent with this was our presentation during the press conference, which followed immediately afterwards. All our visits and meetings in Kherson, their time-table, was very well prepared and organized by Natalia Kravets, so that it could be fully accomplished.

The meetings with Dr. Anatoly Vievsky and Dr. Sergej Dvoriak

First, we met with Dr. Anatoly Vievsky, chief narcologist of the MoH in UA after our return back to Kiev in the morning, December 22, 2005. In the afternoon in the Project´s office, we met with Dr. Sergej Dvoriak, director of the Institute on Public Health Policy in UA. Both experts confirmed to us the data, which we have obtained during our site visits. Dr. Vievsky told us about the plan that Kiev City Council will be paying for additional 200 patients in ST and one of the capital district city council will be also paying for smaller proportion of about 60 - 80 patients in ST program. Dr. Dvoriak has stressed the necessity to relax strict rules and let the other programs to expand. He sees the way for the future, where GPs should be able better to cover the needs of the population and will be dispensing ST to their patients with even less social stigma. This way ST would be much more accessible to the patients, so that it could fulfill one of its may tasks, which is to stabilize and also to decrease the spread of HIV infection among IDUs in Kiev.

Wrapping-up of the mission was in a discussion with UNDP programme manager Ms. Klavdia Maximenko and the project manager Mr. Vladimir Gordeiko at the UNDP Office in the evening, December 22, 2005.

Conclusions and Recommendations

Pilot substitution treatment project for people suffering from opioid dependence, especially intravenous drug users and those who are infected with HIV, was found to be implemented professionally and correctly in two Ukrainian cities, which were visited by the expert during his mission. It applies to the medical aspects of the therapy such as: the diagnostic process (in the accordance with the WHO ICD-10 criteria); the treatment process - induction and maintenance on medication with buprenorphine (in the accordance with the treatment protocols); access to ART and TB therapy (for those in need of it); as well as such issues as the patients' data protection, pre- and post-test counseling and the efforts in social and economic rehabilitation and reinsertion of the patients. The treatment facilities were somewhere very basic, but sufficient to achieve the objectives in this stage of the project.

We found all the persons participating at the project, the staff and the patients very open to the discussion, and helpful in the assistance to the mission. We had access to all documents and had opportunity to visit all the facilities where ST is provided. Itinerary was well prepared, precisely followed and fully accomplished due to the careful attention of the project manager. We did not find any resistance or opposition to the project implementation among the people we had possibility to meet with. However, it was mentioned from the time to time by them, that there are some opponents among medical professionals and also in the public. But this did not seem to be a major problem for the project implementation, at least not at this stage and in this time.

We heard about the intentions of Kiev municipal authorities to finance from their budgets the additional slots for the patients in substitution treatment programs. This, as well as commitment of Kherson oblast authorities are very promising and important signals and the opportunity to scale up the project and to achieve its sustainability in the future. It seems this is the result of good advocacy work done by NGOs, UNDP project staff and due to very good treatment results of ST in the cities.

What we found as important to be mentioned and to comment on in the report's conclusions is, as it follows:

- It is important to conduct structured recording of the main out-come indicators for the assessment of the substitution treatment programs as a whole, which should not to be finalized by now, but to be collected in a systematic way by the project sites. This would be very helpful during the future assessments of the project goals. Which means not to loose from the focus such indicators and characteristics of the patient group as a whole as: the retention rates of the patients in the program; but also proportion of the urinalysis negative for morphine among the patients in ST; the reduction of criminal activities and improvement of employment status, the improvement of their physical health and where is it possible the quality of their life in general. Nearly all the data for these indicators are there in the patient's individual medical record, however it would be very helpful if they are collected in a systematic way. It might be strong evidence, which can serve as an argument in the future.
- This is more technical remark - the motivation should not be mentioned as an important point among inclusion ST criteria in the future. It is very difficult to measure the motivation of the patient, because it is very dynamic and fluctuates. However, ST can be very effective in the treatment of the patients with non stabile, even lower motivation.
- If the goal is to curtail HIV epidemics among injecting drug users, the homeless and poor people should not be excluded, directly or indirectly, but just the opposite. The action must reach those most vulnerable and marginalized, to link ST, harm reduction, HIV/AIDS treatment and care, and drug control services to ensure common public health objectives are achieved.
- The perspective way leading to the project's goals would be in the lowering of the high-threshold substitution treatment programs into the low-threshold programs. The other example of very demanding, the high-threshold approach is an exact time of methadone disposing, which was mentioned in Kiev.
- An example indicates, that buprenorphine, with its ceiling effect, will not be enough for some people. Because their number will increase with the expansion of the treatment, so the methadone substitution should be also available in the future.
- In the future, the scaling-up of the project will require that treatment sites to be more focused and aware of the project as a whole, and not only to the individual patients. They should look for the ways how to lower the time necessary for the individual patient in ST, with the intention to increase the patients' case-load capacity of the facilities.
- The articulation of state medical services with non-governmental organizations providing psychological, legal and social assistance to the clients seems to be well designed in both sites. It is not expected that all of the patients and clients of the both types of organizations will be using them simultaneously, the services are complementary with respect to the phase of the patient's treatment and the current needs of the client. Probably regular managerial or staff meetings , e.g. on monthly basis would be helpful in tuning -up of their collaborative efforts.

Conclusions of the Mission

We found the personnel of the project sites performing the technical part of their work in the substitution treatment project with very good standard of medical practice. The substitution treatment of all the patients involved in it was evaluated as being conducted in a proper way. The effectiveness of the project is good and change of the behaviour, elimination of the intravenous drug use has been achieved among the people with long history of several decades of IDU of opiates. When it was necessary regular medication of ART has been provided for the patients of ST programs. The positive changes in their working status and criminal activities have been also recorded. The project in two visited treatment sites is well functioning in this phase and should continue in the same direction. Promising are the plans of Kiev authorities to budget partial expansion of the ST by the way of its co-financing. Its expansion and scaling-up is critical to ensure that common public health objectives are achieved.

References

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