



This Project is funded by the European Union

Mission Report on state-of-the-art of Opiate Substitution Treatment (OST) and necessary supportive structures for scaling-up

Mission to Kazakhstan (17-19 November 2010), Kyrgyzstan (22-23 November 2010) and Tajikistan (24 November 2010)

Background:

“Substance abuse and dependence is a public health, developmental and security problem both in industrialized and developing countries. It is associated with health problems, poverty, violence, criminal behavior, social exclusion. (...)

Drug use is one of top twenty risk factors to health worldwide and among top ten in developed countries (WHO, 2004). Drug use disorders are associated with increased risk of development of many other diseases and health conditions, including HIV and AIDS, hepatitis, suicides, overdose deaths, tuberculosis and cardiovascular diseases (WHO, 2004, 2006).

Injection drug use is a major route of HIV and Hepatitis transmission in many regions, including Eastern Europe, Central, South and South East Asia and some countries in Latin America. (...) Drug dependence treatment aims to stop or reduce the use of drugs, decrease the progression rate from use to abuse and dependence, provide assistance for withdrawal, prevent relapse and control addictive behaviour, restoring interpersonal relationships, emotional reactivity and interest in normal life, and helping to build the individual vocational dimension, behavioural control and social skills. Integrated treatment has to target all the stages of clinical history including a wide range of interventions from pharmacological to psychosocial, from low threshold to high threshold, from outpatient to residential.

In a complementary way, drug dependence care aims to protect the health of people affected by drug dependence reducing the risk of drug-related diseases, HIV/Hepatitis infections, overdoses, car and workplace accidents, to provide social support and unconditioned sustainable livelihood opportunities (food, shelter, dresses, heat, temporary job), to target concomitant mental health disorders and to assist in prison setting. These interventions are also taking care of families and children of drug addicts trying to reduce the social consequences of drug use. Outreach work is an essential component of drug dependence care targeting drug dependent individual not motivated to treatment, relapsing after treatment and not in contact with health and municipalities institutions. (...)” ([Joint UNODC-WHO Action Programme on Drug Dependence Treatment, Vienna/Geneva 2010](#))

“(It has been) demonstrated that the provision OST is associated with a substantial reduction in the risk of HIV exposure associated with IDU across nearly all of the countries. The behavioural changes that resulted in this reduction of risk occurred soon after treatment commenced (in the first three months) and was maintained for the duration of (treatment). (...) (...) The data from process evaluation instruments reflected a surprisingly uniform positive judgment on substitution treatment to be an effective tool in dealing with opioid dependence, in spite of a wide variety of programme characteristics and performance. They describe an overall satisfactory acceptance, but also much criticism by clients. (...) The attitudes and knowledge of staff reveal some deficits, but also much enthusiasm. The need for expanding and supporting substitution treatment is clearly expressed. Networking with other services in the region is quite developed, however the standards of care in the regional network are open for many improvements, when assessed against the WHO standards for substance abuse treatment services. (...) We strongly believe, that as a result of this study,



that this methodology has been proven to be able to be successfully implemented in a diverse range of treatment settings and is suitable for use in a wider global context. (...) In conclusion, we have demonstrated that OST can consistently achieve very similar outcomes, in a diverse range settings in of developing nations, than those widely reported in developed nations. We have also demonstrated that the treatment evaluation methodology employed in this study is feasible to conduct and capable of yielding good quality, objective data from which to draw conclusions. Additional benefits gained from conducting this type of evaluation, both from this study and in the future, is that it assists treatment planners and providers to build local capacity in conducting research activities, promotes linkages to develop between treatment providers and different oversight bodies; and encourages an approach to providing treatment that focuses on the outcomes of treatment, not simply on inputs and costs. [\(The WHO Collaborative Study on Opioid Dependence and HIV/AIDS, Geneva 2008\)](#)

"Opioid Substitution Therapy (OST) is the most effective form of HIV prevention and treatment for drug dependence in counties where opioids are the main drug of use. (...) Quality combined with scale-up will make a vital difference to the intervention's impact on the epidemic. For example: OST programmes delivering low dose methadone will be far less effective and have less impact than those delivering higher dosages. OST provided in combination with psychosocial support is most effective and will have most impact. (...) OST coverage of 40% or more is considered "very good" coverage. This is based on coverage reached in countries with well established OST programmes, where 40% (or more) of opioid dependent persons in treatment is typically achieved." [\(The WHO/UNODC/UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users \(IDUs\), Geneva/Vienna 2009\)](#)

Mission Report

In the countries of Central Asia, the main driving force behind the HIV epidemic at this stage is injecting drug use, especially of opiates. In these conditions, the only possible way to stop the spread of the virus is through the rapid introduction of far reaching prevention programs among the major risk group – injecting drug users (IDUs). Opiate substitution treatment (OST) is the most effective way of treating opiate dependency (in combination with psychosocial support), and is an inalienable part of the range of intervention measures needed to prevent the transmission of HIV infection among IDUs. The governments of Kazakhstan, Kyrgyzstan and Tajikistan had made the decision to introduce substitution therapy programs in their countries, despite the fact that the approach is new for the region and despite the position taken by the government of the Russian Federation regarding substitution therapy. Nevertheless, the main problem in all the countries of the region is the very narrow scope of opiate substitution treatment (OST) programs. In Kyrgyzstan, where the coverage of patients is highest, just 1,037 people receive OST (while there are roughly 26,000 IDUs in the country); in Kazakhstan 50 patients in 2 pilot projects receive it, while in Tajikistan a pilot project had just started with 30 patients in Dushanbe, with the aim to reach 700 people by 2014. In Uzbekistan, 142 people received treatment before the program was closed down in June 2009. In Turkmenistan, no OST is available, but there are signs that the Government is

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planning to start also with OST. In Kazakhstan, Kyrgyzstan and Tajikistan, the medicine used in the programs (methadone) is bought with funds from the Global Fund to Fight AIDS, TB and Malaria.

The scaling-up of OST is now on the political agenda and the authorities in Kazakhstan, Kyrgyzstan and Tajikistan are asking for political and technical support by CADAP and other programmes of International Donors.

In addition and close cooperation with CADAP, GTZ offers in the context of the PPP (Public Private Partnership) project for Methadone substitution technical support and support with capacity building measures according to the positive experiences in India, Nepal and Malaysia. Technical support is provided through the provision of an IT-based documentation and dispensing system to enhance the cost-effectiveness, quality and security of OST programmes. The systems will be provided by CompWare Medical free of charge for a 1 year period. Capacity Building measures by GTZ include trainings of medical and social support staff in the field of OST and the combined treatment OST, HIV, and TB. Further the possibility for study visits (e.g. to Germany, China).

As OST implementation is a strategic decision to scale up access to treatment significantly for Opiate-addicted people, CADAP should take part – in close coordination with other stakeholders and donors – in this process.

For this reason the CADAP Programme Leader together with a delegation of GTZ PPP went to a mission to Kazakhstan, Kyrgyzstan and Tajikistan to get an impression of the state-of-the-art of OST implementation and on possible involvement of CADAP into this process.

Kazakhstan

17th November, GTZ Office

Meeting with Governmental authorities in Astana (see participant lists attached)

The representative of the Drug Control Commission explained that the scaling-up of Opiate Substitution Treatment (OST) is high on the political agenda of the Kazakh Government. This issue had been discussed in several meetings among the different ministries. The further development of OST is supported also by the Vice-Ministers, after the successful implementation of pilot projects in Pavlodar and Temirtau.

The representative of the Ministry of Justice explained, that OST is not yet planned to be implemented into the prison system, although the drug problematic is well aware (nearly 30%



out of 60,000 prisoners are drug users; it is known, that drug use is continued also in prison, the risk of HIV infections is high and also the prevalence of Tuberculosis is high).

It is planned to develop new Drug Free Rehab Centres ('Atlantis') – implemented already under CADAP 4 in Pavlodar and Astana – in women prisons in Karaganda and Almaty and it is hoped that CADAP 5 is supporting this development.

Meeting with representatives of UNODC in Astana

UNODC representatives explained that they are working in close co-operation for a concrete Action Plan on scaling-up OST. UNODC had – according to the international guidelines of WHO, UNAIDS and UNODC – asked the Government to reach 40,000 out of the estimated 100,000 heroin users for OST, but according to the expected costs of the treatment the coverage rate in the Action Plan has been reduced to 10,000 heroin users. Even those numbers are not yet agreed upon, although the Government accepted the proposal of UNODC as basis for the decision. It is now planned to scale-up OST attendants to 2,000 in 2014. One big obstacle is the estimated high cost of nearly 20 Mio.USD for such a programme for 5 years covering 40,000 patients, because of the very high price of the imported methadone (from India).

UNODC is still supporting the Kazakh Government in implementing OST. It was decided to organize under the umbrella of UNODC a donor meeting at the end of January 2011 in Astana, to discuss the different roles of the International Organizations vis-a-vis the Plan (and activities already planned by the ministry), and then in the afternoon - to meet with representatives from the relevant ministries to agree on roles and responsibilities.

(Shortly after the meeting, UNODC informed about the latest meeting of the Working Group on OST at the Ministry of Health on 22 November. It was chaired by one of the Deputy-Ministers who had been well briefed in advance on OST/pros and cons and was very serious about the discussed issues. There were minimum of presentations and maximum of discussion about very practical issues like how to make procurement of methadone cheaper, how to start its manufacturing in KAZ, how/whether to begin OST in penitentiary. The main concern was that the state funding allocated for OST scaling up covers only procurement of methadone and not other expenses (i.e. capacity building, M&E, etc.). Some of the expenses will be borne by local health departments (i.e. renovation of facilities). Anyhow, financial concerns prevailed above all others. And of course some of the expenses should be paid by GFATM/PIU. During the discussion UNODC took the liberty mentioning



that there is a great interest of a number of development aid organizations in supporting OST expansion and there may be a possibility to discuss with them how they could assist this country. UNODC specifically mentioned USAID, CDC, CADAP/EU. There was a very positive reaction to this intervention from the ministry and they fully supported the idea of having a special meeting with those organizations to discuss their participation in the process of OST scaling up.)

18th November

Meeting with representatives of the Republican Narcological Drug Research Centre in Pavlodar

The objective of co-operation with the centre is the quality insurance and the expansion of treatment and rehabilitation services for opiate users in Kazakhstan. Currently the RNC has the following departments: methodological, scientific, educational, outpatient and diagnostic, inpatient treatment, as well as a centre for medical and psychological support for minors. The centre is also responsible for implementing new sites for Opiate Substitution Treatment (OST) and for the evaluation of its effects. The Director of the centre welcomed again the co-operation with CADAP and GTZ, which is also part of a MoU, signed with the centre. He explained that there are still obstacles for scaling-up of OST, although the pilot projects in Pavlodar and Temirtau are working successfully with positive results. Some NGO's are still campaigning against OST, e.g. the association of health/care workers and the president of this association. She wrote letters to the president and other officials of the government not to start with scaling-up of OST 'too early'. They also try to influence the narcologists in Kazakhstan against this treatment.



Meeting at Republican Narcological Centre in Pavlodar, MoU with Clinic Director

The Director has invited the CADAP PL and an expert of OST from Germany for the National Conference on Treatment Issues from 9-10 December in Pavlodar, to present the

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experiences with OST in Europe and Germany. He explained that the installation of computer-based Methadone dispensary automates would significantly help to improve the dispensing procedure of Methadone and its documentation and would both improve quality and safety of treatment. This would help to get also support by law-enforcement side.

For 2011 it is planned to install OST in 18 oblast narcological centres in all regions of Kazakhstan, for 2012 also in AIDS Centres. For 2011 the scaling-up to 1,000 patients is planned, for 2015 up to 2,000. It is planned – according to a decree of the MoH, and the definite decision of the Government – to train the medical staff of the 18 centres from 28th November to 8th December in the Pavlodar Republic Centre (with financial support of the Global Fund).

The representative of the GTZ PPP project assessed the need for technical support. E.g. the need for support in the development of a curriculum for OST for medical staff and social workers was discussed, but the Republican Center's Director explained that there is no need in that field, since they already use their own curriculum.

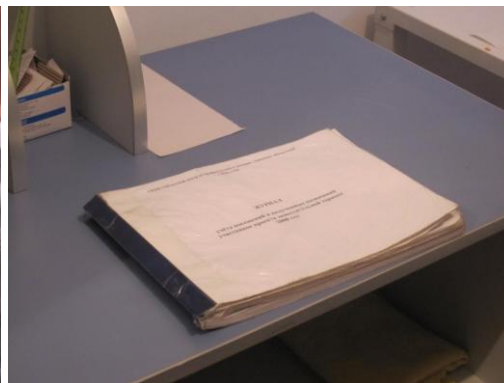
It was agreed, that the PPP project will equip 2 sites with IT- based documentation and dispensing systems for the duration of one year free of costs, including training of the relevant medical staff in handling the system.

The Director asked for signing a Memorandum of Understanding with CADAP for getting support in implementing the new scientific programme of the centre 2011-2013 regarding questions of social epidemiology, drug consumption patterns, combination of drug trafficking and extremism and narco-terrorism, influence of sects (scientology), effective programmes of drug prevention. The programme will be jointly supported by the Ministries of Education, Health and Economy and the Republican Centre will ask CADAP for support for finding scientific expertise for the programme from European Universities and Research Centres.

One of the two pilot projects in Kazakhstan was installed in the Oblast Narcological Clinic in Pavlodar, which has been visited after the meeting in the Republican Centre. The outcomes of the pilot are very positive.



Methadone Dispensing site at Oblast Narcological Clinic in Pavlodar, Medical Doctor in charge of OST



Methadone Dispensing Pump and Documentation Book at Pavlodar OST site

19th November

Meeting with representatives of USAID and Centre for Disease Control (CDC) in Almaty

USAID will start a new "Quality Health Project" with a specific component of supporting and scaling-up outreach work in Kazakhstan, Kyrgyzstan and Tajikistan within the period 2010-2015 to reach hard-to-reach groups such as injecting drug users (IDU), sex workers (SW) and men having sex with men (MSM). 15 NGOs in these countries will get a grant to implement such services. Additionally Abt Assoc. and AIDS Projects Management Group (APMG) will conduct programmes to strengthen the access of these marginalized groups to the public health care system. (see box).

On 12th November CADAP PL and NC from Kazakhstan had a meeting in Almaty with staff members of the "AIDS Projects Management Group" (APMG)(Australia) and Abt Associates Inc. (Abt)(USA) who are conducting the new "Quality Health Care Project" of USAID for Central Asia. The part of the 2 organization will be implementing of syringe exchange schemes, support of scaling up Opiate Substitution Treatment and improving access of People Living with HIV-AIDS (PLWHA) to ARV treatment in Kazakhstan, Kyrgyzstan and Tajikistan (15 Mio. USD per year for 5 years). The challenges of the project will be the long-term effect on the health systems in the three CA countries. The objective of the programme will be to improve and enhance outreach activities of clinics and service providers and to open "entry points" to the health system (improvement of STI, TB and HIV care). As most of the clients are injecting drug users, there are several points of common interests and sharing activities. Further co-operation in delivering trainings for staff members of drug treatment



facilities will be discussed end of January when the core team will organise a mission to Kyrgyzstan and open an office in Bishkek.



Danielle Parsons (APMG country office Kyrgyzstan), Aram Manukyan (APMG country office Armenia), Sheila O'Dougherty (Abt Regional Projekt Manager, Almaty), Dave Burrows (APMG Director, Australia), Ingo Michels (Project Leader CADAP), Lou McCallum (APMG Director, Australia)

USAID will support the already existing OST sites with trainings (training needs has to assessed). They had been informed that even in Turkmenistan it is planned to implement OST. Regarding PPP involvement, USAID has got a 500,000 USD support by the Oil Company Chevron to support Drop-In Centres in Tajikistan. USAID works together with the AIDS Centres because the programme is focussed on HIV prevention. They agreed in having a Donor Coordination Meeting organized by UNODC in January 2011.

The representative of CDC explained great interest in closer co-operation with CADAP and also with the GTZ PPP project. CDC is focussing on supporting the scaling-up of OST in the region. The evaluation of the treatment effects will be conducted by the Columbia University. As also in CADAP an evaluation of treatment effects is planned, the exchange of experts from Columbia University, DAMOS and TREAT components from CADAP will be organized. In Kyrgyzstan it is planned to open up 7 new sites within 2011 (February, March), 4 in prison settings. CDC will support with investments and additional money for salaries and the "Regional Harm Reduction Centre" to organize trainings for staff members. In Kyrgyzstan, the Methadone-costs are low, because is produced by pharmacies based on Methadone powder. In Kazakhstan a ready-made solution is imported from India with a very high price (in comparison: 400 USD per person per year in Kyrgyzstan, 2,000 USD per person per year in Kazakhstan).

The CDC representative proposed as an idea to organize a **Regional Conference on OST** in spring 2011. The representatives of CDC, CADAP and PPP agreed to organize this conference as a **joint activity** of several International Organizations. The PPP project will



support such a conference financially and logistically and jointly with CADAP with expertise (e.g. on experts who should be invited from Europe).

It was further discussed and agreed to jointly (CDC, CADAP, GTZ-PPP project) organize need based trainings for OST staff and study visits to China and/or to Europe for policy makers or OST staff to exchange the international experiences.

The possibility to equip 2 sites with the IT based documentation and dispensing system was discussed and very appreciated by CDC.

KYRGYZSTAN

22nd November

Meeting with representatives of government authorities in Bishkek

Kyrgyzstan is currently the regional leader in terms of OST. The treatment has been used in the country since 2002 and is currently in use in 35 centers in nine regions of the country. It was possible to achieve this positive growth due to the solid progressive position of a number of people in the government, especially those working in the Ministry of Health. NGOs played an enormous, positive role, and were supported by international donors such as the Open Society Institute, the World Bank and others. As in other countries of the region, a key factor was the support of the Global Fund to fight AIDS, TB and Malaria.



Meeting at CADAP Regional Office with representatives of the Kyrgyz authorities and the Regional Director of the GTZ Health and HIV prevention programme



At the meeting we had been informed by the Director of the Republican Narcological Centre – as coordinator of OST in the country – that they are planning to install additional 6 new OST sites with support of CDC, 3 of them in prison settings. 9 sites had been planned, but due to lack of structural support, only 6 sites can be installed.

The Director asked for technical assistance with Methadone documentation and dispensing systems, which he already knows from the Vienna AIDS-Conference where he visited the booth of CompWare Medical. It was agreed, that in the context of the PPP project 2 systems will be provided for Kyrgyzstan in February or March 2011, free of charge. Technical training of the staff in handling the system will be provided by CompWare Medical, also a hotline will be installed. After 1 year the equipment can be purchased (approx. 20.000 €) or rented (approx. 450 USD per month).

Both representatives of CADAP and PPP explained that the projects could assist in training staff members of the new OST sites and organize jointly study visits both to Europe or Asia. A Memorandum of Understanding (MoU) will be needed with the Ministry of Health. Trainings are needed both for narcologists and family doctors (general practitioners), because it is planned to involve more family doctors in treatment to scale-up the treatment coverage.

Clinical Guidelines on OST are prepared and will be printed soon.

23rd November

Visits at Methadone Clinics in Bishkek, Chui Oblast and Kant

The Republican Narcological Centre is the coordinating centre for OST in the country. The centre started 2002 with OST. Currently 85 patients are in treatment:

Patients:	85	Countrywide:	1,037
Female:	14		
HIV+:	3		216
TB:	56		154
HEP C:	80		288

The Methadone solution (0,1%) is produced in the clinic pharmacy. Hepatitis and TB treatment is provided by the Infection Hospitals, but discrimination and stigma is still great.

Dispensing of Methadone is done by a pump and documentary is done hand-written.



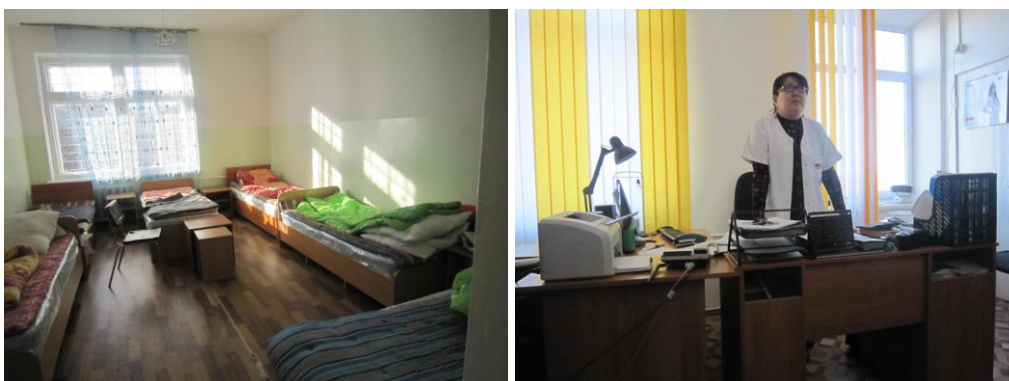
Dispensing Site at Republican Narcological Centre in Bishkek



Dispensing Site at Republican Narcological Centre in Bishkek

The Republican Centre is also providing national trainings for medical staff in OST.

At one of the 5 Detoxification Units at the Republican Centre Methadone is used since some months successfully. It might function as pilot project for further implementing of the use of Methadone as a routine medication for detox.



Detoxification Unit at Republican Narcological Centre, Medical Doctor in Charge for Methadone assisted Detoxification

At the Family Medical Centre Nr.6, not far away from the Republican Narcological Centre, a second Methadone dispensary point is installed, In this centre another 56 patients are provided with OST.



OST unit at Family Medical Centre Nr. 6 in Bishkek

Outside of Bishkek, Chui Region, near Novoprokova another Methadone Dispensing Point was visited which is working for 3 years with 69 patients (16 female). The experience was very positive, only 10% dropped out.



OST site in Chui Oblast, near Bishkek

In Kant, 40 km outside of Bishkek on the way to Issykul Lake, another Methadone Dispensing Point was visited, which is part of a big clinic, well integrated in the normal clinic units.



OST unit in Kant, 40 km away from Bishkek

Tajikistan

24th November

Meeting with representatives of government authorities in Dushanbe

In Tajikistan, the National Centre for Drug Monitoring and Prevention (NCDMP), established by the government under the Ministry of Health, is our strategic partner. The aim of the partnership is the improvement of the quality of services for drug users. The clinic started with installing a Methadone Dispensing point in summer 2010.



Meeting with Government authorities and UNDP, UNODC representatives in Dushanbe

In the meeting with the Chief Narcologist, the representative of Medical Branch of the Department for Correction services of Ministry of Justice, Head of the Centre for Monitoring and prevention of drug use, Head of the Republican Narcological Centre and representatives from UNDP and UNODC it was discussed, how the implementation of OST, which is still in the starting phase in Tajikistan, can be supported. Within the UNDP grant for the implementation 2 computer-based Methadone Dispensing Automates from CompWare Medical had been already purchased. Part of PPP can be the additional support with CADAP is implemented by a Consortium of EU Member States led by GTZ



trainings for staff members in the new planned OST sites in Chujand and Chorog. Also an on-site training was discussed, conducted by German doctors with long-term experience on OST. It was also discussed a study visit to China, Nepal or/and Germany.

A visit to the Methadone Dispensing Site was organized.



OST site at Republican Narcological Centre in Dushanbe, Chief Doctor with ready-made Methadone



Visit at OST site at the CADAP Treat Training on 3rd November with Chief Medical Doctor and staff members and the German experts Prof. Dr. Christian Haasen and Dr. Roman Zhakhalev



Visit at OST site in Dushanbe

Role of GTZ PPP Project in scaling-up of OST and co-operation with GTZ (regional project on HIV and drug abuse prevention) and with CADAP

IT-based documentation and dispensing system for Methadone is an important technical equipment tool for the improvement of quality and security in OST. The CompWare Medical MeDoSys System is worldwide unique and the company has more than 20 years experiences in supporting OST programmes. In combination with the Capacity Building measures from GTZ the implementation and scaling up of OST in developing countries and countries in transition can be supported in a very efficient and successful way. Implementing OST in Central Asia is a central requirement for reducing drug related problems and for improvement of treatment (access) for opiate dependent drug users.



Gerd Meyer-Philippi (CompWare Medical), Patricia Kramarz (GTZ Berlin, PPP project coordinator), Helma Zeh-Gasser (GTZ Headquarter Eschborn PPP), Dr. Ingo Ilja Michels (CADAP Project Leader)

The PPP project will provide the IT based documentation and dispensing system and capacity building in the field of OST as follows:

KAZ:

2 systems, 1 in Pavlodar, 1 in Temirtau; staff training in handling the system

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Capacity building measures (trainings, study visits, translation of laws and guidelines)

KYRG

2 systems, 1 in community setting (Republican Narcological Clinic), 1 in prison setting, staff training in handling the system

Capacity building measures (trainings, study visits)

TAJ

2 systems already bought by UNDP.

Capacity building measures – needs to be assessed.

In close cooperation with CDC support of a regional conference

In a meeting with the Regional programme leader of the regional GTZ Health and HIV programme on 22nd November it was agreed, that the PPP project will work in close co-operation with the GTZ HIV programme. Study visits, trainings and the regional OST conference will be organized with support of the HIV programme, in close co-operation with CADAP.

As GTZ HIV project is already working with NGO's – both in Kyrgyzstan and Tajikistan – on Quality Assurance of Harm Reduction work, these grants can be used for an addendum, that part the Harm Reduction Trainings should be trainings of the NGO staffs (mainly former drug users) in case management and psycho-social support of patients in OST.

CADAP, the GTZ HIV prevention project and the PPP project will jointly support trainings and study visits with their expertise and contacts to trainers and treatment services.

Dr. Ingo Ilja Michels, Dushanbe 26th November 2010