STRESZCZENIA REFERATÓW Z III MIĘDZYNARODOWEJ KONFERENCJI: „LECZENIE SUBSTYTUCYJNE I REHABILITACJA NARKOMANII” Katowice, 29.09-02.10.2004

Lessons learned about communicable disease control: HIV/AIDS in Poland, 1994-2004

Philip Alcabes[1], Andrzej Zielinski[2]
[1] City University of New York, USA
[2]Department of Medical Statistics, National Institute of Hygiene, Warsaw, Poland

At the first Polish conference on substitution therapies, in 1994, American epidemiologist P. Alcabes quoted Simon Wiesenthal, saying “History doesn’t repeat itself; we’re just keeping the same mistakes.” To an epidemiologist who had studied AIDS in American cities, it seemed that Poland was making the same mistakes the U.S. had made and would experience the same AIDS disaster. In this talk we will examine why the dire prediction of 1994 turned into the less dire reality in 2004.

In 1994, the prevalence of HIV infection among drug injectors in Polish cities was on the order of 25 to 40% – just as it was in U.S. cities when AIDS was first recognized there in the early 1980s. If Poland’s epidemic had followed the U.S. pattern, we would have seen over 50,000 AIDS cases by now, while the truth is closer to 15,000. HIV prevalence in Poland is about 0.1%; Ukraine, with similar drugs of abuse, has a prevalence of about 1%.

What suppressed the spread of HIV in Poland? We will discuss a combination of factors:

1. Compartmentalization: little interchange between subpopulation of drug users and other populations.
2. Displacement of „kompot” by other drugs.
3. Harm-reduction programs.
4. General improvement in living standards.

We will end by drawing conclusions for the control of HIV/AIDS and similarly transmitted infectious diseases.

The use of psychoactive substances (mainly alcohol and tobacco) by patients in methadone program

Helena Baran-Furga, Bogusław Habrat, Karina Steinbarth-Chmielewska, Anna Bogucka-Bonikowska, Przemysław Bieńkowski, Ewa Taracha
Institute of Psychiatry and Neurology, Warsaw, Poland

One of the main aims of substitution therapy is to reduce or decrease the use of opiates. This is well documented in hundreds papers. In our research we confirmed it in our population, whereas during one year of participation in methadone program the use of opiates by the participants was reduced by 95%.

From a pharmacological point of view, there are no reasons to expect a reduction of other drug usage. Nevertheless, we found that after one year of participation in methadone program the percentage of patients using benzodiazepines was reduced from 67% to 5.3%, and barbiturate usage dropped from 52% to 3.5%.

Similar phenomenon was observed with respect to amphetamine: the percentage of users decreased from 43% to 6.2%.

The influence of methadone on cannabinoids use in the population studied by us was less spectacular, mainly because of a low rate of such users at the beginning of the program (7.1%). After one year of treatment this percentage was 0.9.

Results of research on the influence of substitution treatment on alcohol use are not conclusive. In our study, we found that during one year of methadone treatment the majority of patients increased alcohol consumption. Before the beginning of the program, 80% of patients drunk alcohol not more frequently than once a month, and after a year of treatment, 80% of them consumed alcohol several times a week. They drunk alcohol more frequently and in greater amount. In none of them a development of alcohol dependence was noted. General balance of the benefits of methadone treatments and the drawbacks of alcohol drinking shows a great domination of benefits over harms. To facilitate a more objective than self-reporting control of alcohol use, our team worked out a new urine marker for alcohol abuse. In this particular population urinary β-hexosaminidase was found more suitable than „classical” serum markers of chronic alcohol abuse: GGT and CDT.

In a majority of studies an increase of nicotine use after methadone was observed. We found that our patients reduced number of cigarettes smoked daily, and spontaneously changed their favorite brands of cigarettes to those containing less nicotine.

The program of „Prophylactic Aid to Drug Addicts in the Period of Abstention”

Anatoly Chaplygin, Sergey Kulikov.
Regional Narcological Clinic, Astrakhan, Russia

We view the given project as the only possible „surrogate substitute therapy” in the framework of the Russian legislature. The objectives of this program are traditional for methadone program: reduction of HIV/hepatitis infection, reduction of the crime level antisocial behavior, getting contacts with drug users. The project has been working from 1.11.00 to the 1.11.01 on the base of the Narcology Dispenser in Astrakhan, and was financed by the Embassy of France in Russia, under supervision of the organization Medecins du Monde (France). Methodologically the project followed analogous rules as „low-level methadone program”. After anonymous checking and medical examination by narcologist, a person was ready to participate in the project. The pills of prolonged action, tramadol-retard (100 and 200 mg) were used. The conditions for taking this medicine were as follows: the absence of clinical drug symptoms, the taking of the medicine held in the presence of a doctor, the medicines were not handed away, maximum quantity of visits was limited (not more than 2 times a day) and a break between the taking of the medicine (not less than 6 hours) was observed. Monthly, from 105-120 people participated in the program: 70% of the participants of the program reduced the quantity of drug injections from 4-5 to 1 daily. 20% of drug addicts did not use drugs from 1 day to 2 weeks, 5 % of the participants of the program gave up using drugs for a period of from 2 weeks up to 2 months. Hence, the risk of infection with HIV/hepatitis was considerably reduced at that period. The program showed its social importance and proved that drug users can care about their health. We have reasons to suppose that such program reduces the crime level in this social group.

The hospitalizations of the patients on methadone maintenance in Krakow during 2000-2004 years

Jan Chrostek Maj[1], Wojciech Piekoszewski[2], Aleksandra Kamenczak[3], Zofia Foryś[3]

[1] Outpatients Clinic for Drug Addicts, Rydygier's Hospital, Cracow, Poland
[2] Toxicology and Industry Laboratory Department of Chair the Occupational Medicine and Environmental Diseases, Jagiellonian University Medical College Cracow, Poland
[3] Detoxification Department of Chair the Occupational Medicine and Environmental Diseases Jagiellonian University Medical College, Cracow, Poland

The co-operation of the hospital department with The Methadone Maintenance Program (MMP) is described in this paper. The MMP in Krakow was run from January of the year 2000 up to now (June 2004), according to the rules established in 1999 by the Health Ministry of Poland. Altogether, 120 persons were treated (a group had 50- 81 patients).

They were given 80 mg methadone per day, and the mean concentration of methadone in blood was 352,15 ng/ml. There were 31 persons (25,8%) infected with HIV (to our knowledge). Among them, 15 persons were admitted to the infectious diseases departments, and 5 persons started with MMP in hospital according to extraordinary procedure. Four patients died due to the complications caused by the HIV/AIDS. During this time 12 children were born, also in hospitals. And 5 persons were admitted to other departments (laryngological, dermatological, nephrological, psychiatric).

During all hospitalizations our outpatient clinic staff and volunteers from „Monar” applied the procedures of MMP but we had many logistic and administrative troubles.

We suggest a simultaneous application of MMP during hospitalizations, and a possibility of continuation of substitutive therapy for opiate abusers .

Overview of HIV/AIDS and human rights

Joanne Csete
Human Rights Watch, HIV-AIDS Program, New York, USA

Human Rights Watch, New York, USA. Public health and human rights have been known to conflict. Quarantine and segregation, forced medical testing, and publicizing the names of those infected by a disease are examples of measures that may restrict human rights and reinforce stigma and discrimination in the pursuit of public health goals. From the beginning of the AIDS epidemic, visionary leaders understood that HIV/AIDS was different from other infectious diseases with respect to human rights. People such as drug users, gay and bisexual men, workers in the sex trade and prisoners, who faced stigma and abuse before AIDS was present, were first and hardest hit by AIDS. An understanding grew that adding draconian public health measures to the abuse already faced by these persons would undermine the fight against AIDS because it would only marginalize them further and drive them away from the services they need. There is a strong global consensus that respecting the human rights of

people affected by AIDS is important to combat the disease. Nonetheless, human rights linked to HIV/AIDS are perhaps more under attack than ever, and programmes to address abuses of those rights are few. This presentation reviews the factors that undermine the human rights of people with AIDS and those at risk of the disease and suggests some steps to improve protection of AIDS-related human rights.

Polish research concerning methadone treatment

Bogusław Habrat, Helena Baran-Furga, Karina Steinbarth-Chmielewska
Institute of Psychiatry and Neurology, Warsaw, Poland

Substitution therapy is still controversial in Poland. Many decisions concerning treatment of addiction are based on opinion and impressions but not on evidence. There is a strong need to support public health policy by research. Unfortunately, in Polish medical universities interest on drug problems is small. Since 1992, when the first Polish experimental methadone program was established, several studies were conducted, mainly in the Institute of Psychiatry and Neurology in Warsaw.

First published papers concerned the effectiveness of a six-month methadone program. It was shown that six-month program, although dramatically reduced heroin and other drug use, was too short for a radical rehabilitation of the participants. Next finding was that during 7th month (when doses of methadone were gradually reduced) majority of patients relapsed. It was one of the reasons for continuation of that experimental program.

In the next paper it was shown that methadone patients stay in methadone program much more longer than in drug-free programs (after two years 24% vs. 1,8%). In other study we show how the participation in a methadone program significantly reduces the use of heroin, benzodiazepines, barbiturates, amphetamine and cannabinoids. Although consumption of alcohol was increased in our patients, it was shown that benefits of participation in a methadone program were much greater than harm caused by alcohol. Our program was very effective in prevention of HIV transmission. During 12 years no seroconversion case of HIV-seronegative patient was observed. After one year of treatment, significant improvement of physical health was observed. It concerned infections of veins and skin, mycoses, kachectic states, amenorrhea. Chronic hepatic failure associated with hepatitis C was common and significant improvement was not observed. In Jagiellonian University (Cracow) a study was made that confirmed the influence of methadone on improvement of many biochemical and other laboratory parameters.

All that research was made for the „country market” to change the minds of professional therapists and policy makers. One of the studies described practices of non-compliance to the requirement of a daily visit in the methadone treatment facility.. It was a basis for changing the rules of the program in this respect.

Some of the studies were original. In one of them we showed improvement of the quality of life (QoL) due to participation in a methadone program. Interestingly, QoL was rapidly improved after half-year treatment, but after next 6 months some worsening was observed.

In a series of Cracow studies, the influence of a methadone program on many physical parameters was investigated, among others on the respiratory functions.

Studies concerning the influence of methadone therapy on immunological parameters in HIV-positive patients were conducted on the patients from the Nowowiejski Hospital.

In our study, we found that urinary marker of chronic alcohol use – β-hexosaminidase can be more useful in methadone patients than serum markers: GGT and CDT.

Currently, our Institute's program is engaged in international multicenter study concerning the effectiveness of substitution therapy on HIV/AIDS prevention and treatment.

The amount of HIV positive drug users among injected drug users; The kind of drugs and the period of using

Yury Ivanov
Tver AIDS Center, Tver Center Of Drugs Addiction Treatment, Tver, Russia

Research goal: We wanted to define the amount of HIV positive drug users among injected drug users (IDUs); the kind of drugs and the period of using, with the aim of improving a system of medical care (antiretroviral and drugs addiction treatment) in Tver.

Materials and methods: The Tver is situated between Moscow and St. Petersburg (170 km from Moscow). The population of the town is 409 000. The amount of IDUs was 2000 at the last estimation. As of Novembe.2003 1965 cases of HIV were registered in Tver, 52,2 % from which were among drug users (in 1997 drug users made up 95 %). Since April 1999 the project of „Harm reduction among injected drug users” has been operating in the town of Tver. For the last time we had the fact that most of IDUs – participants of the project had HIV positive status. During two weeks in April 2002 a structured interview of IDUs and tests of blood from the utilized marked syringes were conducted. 75 IDUs from the 129 had HIV positive status.

During one month of November 2003 a structured interviews of 100 IDUs were conducted.

Results: 55 IDUs used drugs 3-6 years, 25 IDUs – 7-10 years, 7 IDUs – more that 10 years and 1 – less that 1 year. 51 IDUs used mainly heroin, 30 IDUs used „street methadone”, 15 IDUs – amphetamine. 32 IDUs informed about HIV positive status, 4 IDUs didn't know about results of HIV tests, 20 IDUs didn't answer.

Conclusions: The major part of IDUs used drugs for 3 and more years; they used „strong” (heroin, „street methadone”) drugs, and many IDUs had HIV positive status. Therefore medical treatment of IDUs must be a complex and long process, including antiretroviral and drugs addiction therapy. The substitutive methadone therapy is more preferable method, but this method is illegal in Russia.

Drug addiction treatment in South-Eastern Europe

Andrej Kastelic, Tatja Kostnapfel Rihtar, Ante Ivančić
South Eastern European Adriatic Addiction Treatment Network

The paper presents the overview of the situation in drug addiction treatment in South Eastern Europe, the obstacles for comprehensive treatment and advocacy efforts in the region as a good practice model for developing MMT.

The opioid substitution treatment does not exist in Albania. MMT is going to be started in NGO Aksion Plus with the financial support of the IHRD-OSI NY. This project will be unique, as MMT will be provided by NGO.

Methadone can be applied in Bosnia and Herzegovina only in specialized institutions. Methadone detoxification programme has been started in January 2002 and MMT in July 2002.

Bulgarian substitution treatment guidelines define two types of methadone treatment: detoxification and high-threshold MMT only in specialized outpatient clinics.

Methadone in Croatia was introduced in 1991. Outpatient treatment is dominant and is based on cooperation between centres for outpatient treatment for drug addiction and general practitioners.

Macedonian substitution treatment guidelines include low and high threshold programmes. Most of Macedonian psychiatrists do not support MMT. So far MMT has not been recognized as a „treatment”.

There is no formal Serbian and Montenegro substitution treatment guidelines. There are different guidelines for Belgrade and Novi Sad (Vojvodina), neither officially approved. Basic obstacles are in poor political and economic situation and negative previous experience with MMT in Belgrade. There is a small MMT in Novi Sad.

There is no substitution treatment in Montenegro at the moment. But HIV Prevention among Vulnerable Population Initiative (HPVPI) in Serbia and Montenegro with the support of British Government, Imperial College London and International Harm Reduction Development Program (OSI) will hopefully launch MMT program in these countries in 2004.

National guidelines for management of drug users including MMT were adopted in Slovenia in 1994. MMT is one of the fundamental treatment and harm reduction programmes in current drug policy. New national Centre for Treatment of Drug Addicts was established in February 2003.

South Eastern European Adriatic Network (SEEA) was established in 2003 to give support in training and developing substitution treatment programmes in the region and can hopefully be an example how to advocate for MMT in other regions.

Databases on all experts and institutions are under construction and own web site page has been formatted. Odvisnosti-Ovisnosti-Zavisnosti-SEE Addiction regional magazine has been published and new regional conference Vanguard 2004 will be organised by SEEA network in Belgrade in May 2004.

Correlation of drug use level and drug trafficking in Tajikistan

Murtazokul Khidirov
NGO RAN, Dushanbe, Tajikistan

Issue: Since the second half of the 90s, criminal structures began to use territory of Tajikistan for drug trafficking from Afghanistan to the countries of the former Soviet Union and further to other countries of the world. At the same time the problem of drug use has substantially grown in Tajikistan.

Approach: The following data was analyzed:

a) data from official registry of problem drug users by the Ministry of Health 1995-2002;

b) data about drugs withdrawn from illegal circulation by law enforcement bodies of Tajikistan 1991-2002;

c) various researches, assessing the prevalence of problem drug use, carried out by local and international experts in 1999-2002.

Key points: In 2001, the amount of withdrawn drugs was 806 times higher in comparison with 1991. Regarding the structure of withdrawn opiate drugs, a share of heroin has grown up from 2% in 1996 up to 70,9% in 2002. At the moment, heroin is the main used and transit

drug in Tajikistan. A number of officially registered problem drug users increased 8 times from 1995 (823) till 2002 (6 840). In 2002, 75,2% of them were dependent on heroin, 34,1% used injected drugs. Experts estimate that the number of drug users in Tajikistan ranges between 55 000 and 275 000; 67% of them are injecting drug users.

Implications: Despite of the U.S. anti-terrorism interventions in Afghanistan, drug trafficking, as well as drug use and injected drug use continues to grow in Tajikistan. The following situation demands further development of Harm Reduction programs, of substitutive treatment, of rehabilitation of drug abusers and expansion of educational drug demand reduction programs.

Methadone substitution treatment from the standpoint of injecting drug users

Vyacheslav Matushkin
Nongovernmental Organization „Renewal”, Kazan, Russia

Goal. A survey on the attitude of injecting drug users (IDUs) in the city of Kazan, capital of Tatarstan, towards their possible participation in a methadone substitution treatment program.

Introduction. The introduction of methadone substitution treatment pilot programs in Russia is being discussed among narcologists and experts of other agencies. The standpoint of target population of IDUs should be taken into consideration.

Method. The survey is based on the analysis of 20 semi-structured questionnaires of IDUs that were collected in January 2003. Respondents were IDUs clients of the „Renewal” harm reduction project. The structured part of the questionnaire consisted of questions on social status and drug use, the non-structured part – on the attitude of IDUs to participation in a substitution therapy program. Before questioning, the essence and methods of substitution therapy were explained to IDUs in details, basing on the foreign experience.

Results. 14 males (70%) and 6 females were questioned. The average age of the respondents was 28 years (from 19 to 37). The injecting drug career was 6.4 years on average (from 1.5 to 14 years). The question „Would you agree to take part in a non-anonymous program of methadone substitution treatment?” was answered positively by 18 IDUs (90% of respondents).

The reasons why IDUs would like to partake in a program were asked.

Conclusions. The survey showed that substitution treatment is inviting for IDUs. They believe that participation in the program will give them opportunity for resocialisation, make medical services more available, enable to quit participation in illicit drug trafficking and criminal activities, and help stop unsafe drug use practices.

History of the NGO „New Family”

Melanich Larisa
Charitable Fund „New Family”, Chernivtsi, Ukraine

Chernivtsi Charitable Fund „New Family” has been dealing with problems of chemical addictions and problems of HIV/AIDS since the year of 1998. It has direct contacts with rehabilitation centers of Ukraine, Poland, Austria, Netherlands, Russia. The organization assisted in rehabilitation of young injection drugs addicts from Chernivtsi city in the centers of Poland, Ukraine and Russia. The Fund was officially registered in January, 2000.

Since that time, the organization rendered assistance to the drug addicts and AIDS victims, with footwear, clothing, (humanitarian aid of Dutch, Polish, Swiss sponsors),and also with vitamins and medical dressings.

In the year of 2001 the organization estimated the situation of the city drug addicts, who participated in the estimation. The leader of injection drugs users' community has been working as a senior social worker of the project since May 2002. Among the volunteers there are representatives of drug addicts community. The previous activity and financial help of International Alliance Funds in HIV/AIDS assistance „Vidrodzhennya” allowed the organization to represent confidently the strategy of harm reduction in the region.

In March 2002 with the help of „Green Peace” organization of the Austrian government, our President Berezhna presented two reports dealing with the learning experience of the integrated approach to realization of the Harm Reduction Strategy: exchange of syringes, availability of detoxification, substitution metadon therapy, rehabilitation of injection drugs users and their employment as an obligatory element of social adaptation.

Due to the sponsors support a charitable account was opened in Vienna city for donations to establish a rehabilitation centre of the „New family” fund.

Since May, 2002 in Chernivtsi there is a successfully working project: „Prophylaxis of HIV/AIDS among the injection drugs users”. The expected number of clients of the project is 1400 persons, who exchange syringes (dirty for sterile ones), get condoms, are provided with necessary information literature and are involved into the process of self-organization through the groups of mutual aid.

According to the database on May, 2004 there are 1350 drug addicts who participate in the project. During the term of 7 months project's work through the groups for drug addicts mutual aid, 46 persons were sent to the rehabilitation centers, among them: to the Ukrainian centers – 42 persons and to Russian centers – 4 persons, which proves actuality and necessity of opening such an establishment.

Since August 2003, having financial support of charitable funds from Netherlands, we are implementing project in experts training who will be able to work in the rehabilitation center for the drug-addicts, HIV-infected people, which we hope to open in our region prior to the end of the year. We would like to express gratitude to our Polish colleagues, who helped to train 6 our experts on the basis of the following centers: Federation of Therapeutic Communities of Central and Eastern Europe (FTCCEE) in Gliwice and Górnośląskie Stowarzyszenie „Wspólnota”.

Our foundation is carrying out informational-instructive work among the young people and drug addicts of the city.

The present conference will help us to increase the professional level and to identify the exact tasks in the future work with the drug addicts.

The research on the attitude of the Russian narcologists to the substitution therapy

Vladimir Mendelevitch
The Institute for Researches of Problems of Mental Health, Moscow, Russia

The goal of the sociological research was to evaluate the attitude of narcologists to substitution therapy.

Five hundreds respondents have been surveyed (50 narcologists and 32 drug addicts) with a questionnaire, which included 47 questions both on actual problems of narcology (preven-

tion, therapy and rehabilitation), and on the possibility and necessity of introduction of substitution therapy in Russia.

Judging by the results of the research, the Russian drug treatment society is split and gives alternative views with about equal frequency. 40% of respondents dispute introducing substitution therapy, 30% advocate it. The respondents' opinion almost did not change when they were asked to express their opinion on advisability of introducing substitution therapy for patients who had repeatedly and unsuccessfully undergone medical treatment for drug addiction (i.e. hard curable). Under such condition, 38% agreed with introduction, 32% were against it, i.e. only 8% of the questioned narcologists have changed their mind. In this connection, we can note the fact that the respondents' viewpoints are settled and do not tend to change at present. Most physicians, who treat substitution therapy negatively, display conservatism and xenophobia in their answers, and they do not accept commercial and ideological (from their viewpoints) motive of bringing this kind of therapy to Russia from other countries.

The split in experts' opinions has also been revealed when analyzing their viewpoints on the necessity of introducing compulsory treatment for drug addiction (which was regarded as antithesis for substitution therapy). 44% supported compulsory treatment, 42% were against it.

Drug addicts' opinion on substitution therapy has been found contradictory as well. 41% of respondents supported its introduction, 28% were against it.

The results of the research have allowed us to note the most preferred and priority methods of drug addiction treatment in Russia from the physicians' viewpoint: suggestive psychotherapy (56%) and psychopharmacotherapy (40%).

The findings allow us to establish the fact that the lack of impartial information on substitution therapy has led to diametrically opposite opinions expressed in the Russian narcological society. Thus, there is a conflict of different ideologies, traditions, but not knowledge. We may assume that the attitude of the Russian narcologists may be changed positively if they only could correctly acknowledge the issues of substitution therapy.

The iranian experience on maintenance treatment

Azarakhsh Mokri
Rouzbeh Hospital, Tehran Medical University, Tehran. Iran
Iranian National Center for Addiction Studies (INCAS)

During the recent decades, Iran has suffered a vast problem of drug abuse. Estimates show that from a population of 68 millions, approximately 2 millions individuals meet the DSM-VI criteria for opioid dependence or abuse. Such number of drug users has a great impact on well-being of the nation, family members of afflicted individuals and the mental and general health status of the society. It is also estimated that up to 70% of all HIV positive cases in Iran – being around 30,000 – have been infected due to intravenous drug use and sharing of injection equipment.

Despite the problem, campaigns for harm reduction, treatment of drug abuse, and demand reduction were almost nonexistent till 1996. Since than, various interventions were introduced. Detoxification centers were established in 1997, methadone was introduced in 2002 and buprenorphine maintenance is just being initiated in Iran. During the recent year up to a 1,000 individuals in various treatment settings were induced on long term methadone.

Despite the short life of MMT, its spread has been quite rapid and many governmental and nongovernmental organizations are currently active in the initiative. Meanwhile our data have

confirmed that despite cultural issues, MMT has been very successful in decreasing IV drug use and needle sharing. The mode and structure of MMT is also constantly changing. Having almost no official history of substitution treatment, the maintenance treatment was primarily based on speculations and theoretical knowledge but it was rapidly altered to adapt to domestic needs. Having a somehow culturally endorsed, widely practiced opium smoking habit, widespread belief that abstinence is the only means for treatment, high stigmatization of HIV, opposition of fairly benign opium users to endangered IV heroin injectors in clinical settings, and being a developing country with strong adherence to tradition and religion has made the Iranian situation quite a rare phenomenon.

Meanwhile Iran has historical, cultural, religious and traditional issues in common with her northern neighbors, mostly former soviet republics. I believe that the rapid but tortuous course of Iran for implementing maintenance treatment along with the unique emerging issues, problems and cultural obstacles makes her a good potential candidate for close collaboration with many central Asian states. I strongly believe that participating in such a conference and sharing outcomes, dilemmas and experience from Iran with delegates from the FSU and Eastern Europe will be immensely fruitful and beneficial. Being a part of the Iranian campaign and also chair of the Clinical Department of the Iranian National Center for Addiction Studies, I hope to be able to participate in productive discussion and exchange of expertise with delegates from other countries.

Addiction and pain: common sense and human rights

Ethan Nadelmann
Drug Policy Alliance, NewYork, USA

The U.S. government has been more aggressive than any other in promoting its own drug policies to other nations. Unfortunately, few people outside the United States are aware of the extraordinary costs and harms that have resulted from those policies. They also are unaware of the cultural origins and political evolution of US drug policy.

Harm reduction is best defined as those practices, attitudes and policies that lie at the intersection of public health and human rights. One way to circumvent the emotional and ideological obstacles to harm reduction is to think about optimal treatment of pain and suffering.

Methadone treatment for narcotic addiction in the era of HIV/AIDS

Robert G. Newman
International Center for Advancement of Addiction Treatment, New York, USA

Harm reduction activists have demonstrated the ability to lessen the morbidity and mortality associated with HIV-AIDS and intravenous drug use (IVDU), and to curtail the spread of HIV. Success in reducing harm, however, is largely irrelevant to those who cling uncompromisingly to „zero tolerance” as both a strategy and goal, and reject „the good” because it fails to meet their definition of „the best”.

Unfortunately, within our own ranks there is also a tendency to pit the good against the best. Thus, some providers of harm reduction services disparage methadone maintenance

(MM) for the same reason as drug-free zealots: it just substitutes one drug with another, and it would be „best” to dispense heroin to all who want it. Many treatment providers, for their part, claim that needle exchange programs undermine their therapeutic goals. Furthermore, treatment providers generally are vociferous advocates of the status quo, in which the vast majority of IVDUs have no access to care. In America, for example, they have opposed relaxation of regulatory constraints that leave approximately 80% of addicts without treatment; elsewhere in the world multi-year „pilot programs” enroll hundreds of „subjects” while the need is measured in the tens or hundreds of thousands.

While taking justifiable pride in the good we do for those we serve, we must remain mindful of the vast majority whom we do not reach, and who currently are abandoned. If we do not champion their cause, who will?

AIDS survival time of intravenous drug users in Poland

Magdalena Rosińska, Andrzej Zieliński
National Institute of Hygiene, Warsaw, Poland

The HIV/AIDS epidemic in Poland started in the mid-1980-ties among few men who had sex with men, but since the beginning of 1990-ties the majority of new infections occurred among the injecting drug users (IDUs). Each year, approximately 50% of all registered AIDS cases declare injecting drugs as the most plausible HIV transmission route. Many of the active IDUs are not included in HAART. The aim of the study was to estimate the impact of the advent of HAART in 1996 in Poland on the AIDS survival time, focusing on the people infected through intravenous drug use.

We examined cases reported through the routine surveillance, comprising notification of the AIDS cases and deaths of the AIDS patients, from 1986 through June 2004. The analysis was limited to cases older then 13 years, diagnosed before the end of 2003. Being diagnosed with AIDS before or after 1996 was used as an indicator for the availability of HAART at the time of diagnosis. The length of survival after the diagnosis of AIDS was evaluated. Survival time distributions were estimated using Kaplan-Meier method and compared using non-parametric tests and Cox proportional hazard models.

There were 1370 AIDS cases meeting the inclusion criteria in the surveillance registry, out of which 722 where presumably infected through intravenous drug use. Before 1996 the overall median survival time was 1 year (95% CI 0.75-1.25 years). In IDUs, however, it attained 2.25 years (95% CI 1-6 years), whereas in other groups it was 0.5 year (95%CI 0.25-1 year) with similar percentage of censored observations. Similar pattern was observed across all age groups. After 1996 the proportion of subjects surviving any given time was significantly higher (p-value = 0.0001). Short time of observation with large percentage of cases still alive rendered the median survival time after 1996 inestimable. However comparison of the survival curves before and after 1996 reveals substantial shift towards longer survival times in non-IDUs, and only minimal changes (also indicating longer survival) in IDUs. In the model correcting for age group and gender hazard ratio for being an IDU before 1996 was 0.72 (95% CI 0.56-0.93) and after 1996 – 1.14 (95% CI 0.78-1.68).

Availability of HAART markedly increased survival time of AIDS patients. Even though the IDUs have generally shortened life span, as a group they benefited from longer AIDS

survivals. After 1996 this tendency was reversed but, despite less then satisfactory HAART coverage of active IDUs, median survival time in this group remained similar to that of the general AIDS patient population, suggesting that other factors may play a role.

Identification and prophylactics of HIV cases, drug demand and harm reduction activities within methadone replacement therapy and rehabilitation project in South Kyrgyzstan

Mamatzhan Sarykov
Narcological Dispensary, Osh, Kyrgyzstan

Context: Since 1995, the number of IDUs has increased rapidly due to regular drug trafficking via our area from Afghanistan and Tajikistan, and non-favorable socio-economic factors, such as high level of unemployment, corruption, and lack of proper money for implementation of long-term strategic local programs that would target drug demand and drug-related harm reduction. There are 1322 officially registered drug users in Osh region., In Osh there are 989 of them, and 841 of them are IDUs. Until 1995 there were no HIV-positive people in Osh, though now there are 164 of them here, and in Osh region there are 243. However, according to WHO's research, there are not less than 15 thousand IDUs in Osh, and the number of HIV-positive is at least 10 times higher than official records.

Response: The UNDP initiated and agreed to fund the Methadone Replacement Therapy Project (MRTP) in Osh, that has been running here since April 22nd, 2004. Also the United Nations Office on Drugs and Crimes (UNODC/Central Asia) was challenged by regular applications of the head of Osh Regional Narcological Dispensary, which resulted in the UNODC people' agreement to support the Rehabilitation of Drug Addicts in Osh. This project has been running in Osh since December, 2003.

The total number of clients that had ever been admitted to the MRTP is 157; 38 clients had to leave the project due to various circumstances, 15 clients were arrested by police because of committed crimes, 11 clients completed the methadone treatment course, and 48 clients were transacted to the Rehabilitation Project. Thus, so far there are 92 clients in the MRTP.

Conclusion/results and sufficiency: One of the requirements for admission to the MRTP is blood test for HIV-identification; due to this demand, we have identified 44 HIV-positive that were registered and benefit from the proper treatment. We would not achieve this if relied solely on good-will agreement of these people to test blood – they could ignore this request. One of the HIV-positive female clients, due to in-MRTP activities leading to normalization of somatic state, could get pregnant and gave birth to a child, which is now 1 year old. During the whole pregnancy period she was checked and counseled by doctors and consultants involved in the MRTP activity, and in 6 months the child will be tested for HIV. Due to their status as clients of MRTP, HIV-infected people benefit from the strengthening treatment in regional AIDS-Center, get for free „Supercrinin” pills, and have access to counseling services of various doctors.

Specialists of MRTP and Rehabilitation Project are involved in development of strategic plans; they evaluate and assess sufficiency of projects' activities, categorize clients, research and identify nature and scale of issues, and suggest various solutions. Such coordinated and co-operated work results in sufficient prophylactic activities targeting drug demand reduction, drug-related harm reduction and other negative issues, and leads to full refusal of drug consumption.

Peer relations among clients and specialists of the projects contribute to proper contact and mutual sharing about further plans, expected issues and their possible solutions. Clients obtain proper assistance from narcologists, psychologists, and social workers. Criminal behavior of the clients changes, they restore previous family ties and become full-right members of the community.

While participating in MRTP, people get reliable and truthful information about HIV/AIDS, they learn methods of healthy life-style, study different ways of avoiding drug overdosing, and have access to solution of legal and domestic issues.

Outreach work in the programs of HIV/AIDS harm reduction among injection drug users in Odessa

Vadim Shostenko, Tatiana Semikop
Public Movement „Faith, Hope, Love”, Odessa, Ukraine

The data show that regarding the morbidity and spreading of HIV-infection, AIDS and lethality from AIDS, Odessa is several times surpassing common Ukrainian level: 100 infected of 10 000 persons. Now there are 22 000 officially registered HIV-infected persons, of whom 2000 are in terminal AIDS condition.

The main way of HIV transmission is intravenous among IDUs. The level of HIV-infection spreading among IDUs is 64,2±5,9 %. The IDUs comprise nearly 75% of all registered HIV-positive people.

In 1996, Public Movement „Faith, Hope, Love” – the first project directed on HIV/STD prevention among IDUs in Ukraine, started. Behavioral studies showed the effectiveness of these measures, as availability of various informational and consulting services, preventive means affect behavioral changes of IDUs towards less dangerous.

The project undertakes the following measures:

– Periodically performs behavioral and sociological research among IDUs;

– Creates, publishes and spreads informational materials concerning questions of HIV/AIDS and opportunistic diseases:

„You have right to know to live” – the problems of stigmatization and discrimination of PLWHA.

„8 questions and answers on HIV-infection and AIDS”

„Abscess”, „Overdoses”, „Hepatitis”, „Tuberculosis”

„Dusk till dawn” – STD

„Care for patients having HIV/AIDS at home” – for doctors, friends and relatives of patients who are in terminal stage of AIDS

– Performs outreach work in places of dislocation of target groups;

– Creates self-help groups for IDU, FSB, PLWHA;

– Performs Hotline counseling;

– Provides free consulting by psychologist and lawyer.

Despite of performed preventive measures, the percentage of HIV cases transmitted by injections remains high. It is because only a few IDUs use medical and consulting services of medical and preventing organizations. According to the data of the latest sociological and behavioral investigations, more than 70% of IDUs would like to obtain treatment for their condition, but they do not have such opportunity in Odessa and near regions, because the costs of services in existing rehabilitation centers is high.

An overview of substitution treatment in the enlarged European Union and Norway

Urlik Solberg
European Monitoring Centre for Drugs and Drug Addiction,
Lisbon, Portugal

Every year the European Monitoring Centre for Drugs and Drug Addiction collects data in the field of drugs through 26 so-called National Focal Points (one in each EU member state plus Norway). The process is that the EMCDDA in the beginning of a given year provides guidelines for the writing of National Report, which the NFP's then deliver towards the end of the year. In the National Reports there's a sub-chapter on substitution treatment aiming at giving an overview for the whole country. Based on the 26 National Reports plus additional requests directly to the National Focal Point we've got the following overview on substitution treatment in the European Union plus Norway.

In some of the EU member states substitution treatment started up in the late 1960»s but it took 40 years before it spread to all Member States. It was particularly the emergence of AIDS in the mid-eighties that made substitution treatment spread to more member states but it was not until the beginning of the new millennium that substitution treatment was to be found in all countries. Substitution treatment now exists in all countries and is generally recognised as a legitimate intervention within the panoply of responses to drug use.

However, the extent and coverage of maintenance therapy services vary considerably both between and within countries. Some member states restrict access to substitution treatment whereas other make is as widely available as possible. On top of the national differences there are major regional differences within many Member States with some regions offering substitution treatment in abundance whereas in others offers are limited. At national level some countries reach an estimated half of their problem drug using population with maintenance therapy services whereas others barely reach an estimated, 10%.

Development of methadone programs in Poland

Karina Steinbarth-Chmielewska, Bogusław Habrat, Helena Baran-Furga
Institute of Psychiatry and Neurology, Warsaw, Poland

Up to the 80ties, officials in Poland neglected the increasing number of problems related to drug use. There was no concept of how to cope with this problem. In the 80ties, an increase in the number of drug free programs was observed. Detoxification for heroin addicts was done in general psychiatric wards and in a small number of detoxification units. It was observed that detoxification with clonidine and/or benzodiazepines was ineffective (many patients did not complete the whole process), majority of patients non-referred to rehabilitation centers relapsed, and the effectiveness of drug free programs was low.

After intensive training abroad, a decision on opening the first methadone training in the Institute of Psychiatry and Neurology in Warsaw was taken. It met many obstacles

and finally an approval for a six months experimental program was given in 1992. It was found that during the dose reducing period in the seventh month of the trial the majority of patients relapsed. Patients and their families, seeing a difference in patients' functioning before and during methadone treatment, exerted a pressure on authorities to continue the program.

The second methadone program was founded in Nowowiejski Hospital in Warsaw (1993). Third one was opened by the Center for AIDS (Warsaw 1995), where many problems with systematic treatment of HIV infected and AIDS patients were met.

Very interesting programs were founded in Starachowice (1995) in a frame of wider prevention programs for small city. Specificity of that program was that a whole group of heroine addicts (18 persons, all HIV-negative) was included in it.

One of the main obstacles for developing methadone programs was the lack of legal regulations allowing for substitution treatment. Such law was established by Parliament in 1996, but the executive act was not published until 1999.

Next programs were opened with a support of foreign or international institutions and organizations that trained staff, supported advocacy in the environment, and, in some cases, covered cost of programs during first months of their functioning (Zgorzelec 1998, Chorzów 1998, Szczecin 1998). These times were a „golden era”, because local communities were extremely short on finances for medical services.

Later, the situation concerning finances for substitution therapy became unclear. Nevertheless, next three programs were founded in Lublin (1999), Kraków (2000) and Poznań (2001).

Newly established local medical insurance companies often did not understand the specificity of substitution therapy, impossibility of program discontinuation, and program needs. In that time, an increased competition with drug-free programs could be observed.

Currently, the first patients are being admitted to two methadone programs in temporary detention centers and prisons.

The total amount of patients involved in substitution therapy programs is over 700, which consists only about 2% of all opiate dependents.

From the big Polish cities with a high prevalence of drug problems: Tricity (Gdańsk, Gdynia, Sopot), Łódź and Wrocław do not have their own programs, although accepted program schedules and trained staff exist.

First program that was accepted by authorities and public opinion had very stringent procedures. Self-established council for substitution therapy worked out a proposal of the liberalization of the law, which was accepted by the Ministry of Health. Currently, therapists have more freedom in qualifying patients into a program, patients' relapses do not mean automatic rejection from it, and under some conditions there is a possibility of taking methadone home.

Typical characteristics of Polish methadone treatment programs are: 1) continuing problems with financing them, 2) better chances for opening substitution programs when money for medical services is given to local communities rather than distributed centrally or by big local insurance companies, 3) the interest of psychiatric service centers is rather small, much more interested in substitution therapy are medical services, which experience the effects of failures in drug problems solving (infectious disease services, toxicological units).

Evaluation of the present services for people living with HIV/AIDS in Kiev, Ukraine

Olexander Stetskov, Olga Goruginaa
Institute of Drug Addictions and Drug Related Crime, International HIV/AIDS Alliance in Ukraine, Kiev, Ukraine

To evaluate the present services for people living with HIV/AIDS in Kiev.

In the presentation „Evaluation of the Present Services for People Living with HIV/AIDS in Kiev, Ukraine” the results of piloting research were presented. The research was conducted at the beginning of 2004 to evaluate present services for people living with HIV/AIDS in Kiev.

The research was based on target sample. 8 managers and 7 clients of the 8 service organization were interviewed with help of structured «face-to-face» interview. Conceptual frames were built on the „Key elements in HIV/AIDS care and support. Draft working document. WHO/UNAIDS, 8 September, 2000”.

The results of the research are divided into 3 groups: organization and service characteristics, and characteristics of the conditions in which the services are provided. Also, conclusions and recommendations are given.

An overview of HIV/AIDS and drug treatment in Eastern Europe and Central Asia

Emilis Subata
Vilnius Center for Addiction Disorders, Vilnius, Lithuania

Eastern European and Central Asian countries (former Soviet Union) in the past 15 years faced a number of challenges, including economic difficulties, inadequate health care and social services, unemployment. These rapid social and economic changes affected population of 288 millions.

With the increased availability of cheap heroin and amphetamines, as well as relative inadequacy of prevention, treatment and support services, injecting drug use has increased rapidly. Injecting drug use was associated with the dramatic spread of HIV/AIDS. Thus the situation in Eastern Europe was characterized as „dual epidemic” of drug use and HIV/AIDS.

The most affected countries in Eastern Europe with more than 200 new cases of HIV/AIDS per million of population in 2002 were Russian Federation, Estonia and Latvia.

Injecting drug use is the most prevalent mode of transmission of HIV/AIDS in Eastern Europe. Majority of AIDS cases, which require anti-retroviral treatment is also attributed to injecting drug use. That means additional burden to national health care systems. Injecting drug use, AIDS is associated with TB in Eastern Europe and Central Asia almost two times more often than in the Western Europe.

Adequate treatment of drug dependence, including substitution treatment is still not widely accessible in the region. Methadone was not available in the Soviet Union, where only drug-free treatment was possible. For a few decades methadone was judged by leading Soviet professionals extremely negatively.

Abstinence-oriented treatment is still prevailing and better accepted by most of the professionals and societies in general. In spite of the resistance among the professionals, by 2004

methadone maintenance treatment was available since 1995 in Baltic countries (Estonia, Latvia, Lithuania) and Kyrgyzstan (since 2002) Since 2004 first methadone patients were admitted to methadone program in Baku (Azerbaijan).

In most places methadone treatment programs have been added to existing services in specialized addiction treatment centers with trained staff and infrastructure. Most programs offered ancillary services and were oriented to rehabilitation of drug users. There is almost no involvement of general practitioners and pharmacies.

In most of the countries of the region (Baltic countries, Kyrgyzstan, Azerbaijan) methadone maintenance is still in the phase of pilot projects and the access to treatment is very limited.

Other countries of Central Asia and Caucasus are on different stages in process of introduction methadone treatment programs. E.g. Georgia has amended its law and substitution treatment became possible in 2003, while in Armenia treatment with methadone and buprenorphine is still forbidden and local professionals are preparing propositions to change the law.

Kazakhstan, Uzbekistan and Tajikistan professionals work in developing methadone treatment guidelines and setting pilot projects.

Belarus, Moldova and Ukraine have adopted national methadone treatment guidelines and have funds for the implementation of pilot methadone projects. In Belarus, Moldova and Ukraine sublingual buprenorphine is registered as well for treatment of opiate dependence. In practice, though, it is not widely used. A pilot program of substitution treatment with buprenorphine has been implemented in Moldova, and since 2004 the WHO multi-site study of substitution treatment with buprenorphine is being implemented in Ukraine.

In Russia the situation is different and both methadone and buprenorphine for treatment of opiate dependence are banned by the law. During the last decade in Russia, as some data show, majority of drug treatment professionals became ready to accept and practice treatment modalities not limited to only abstinence-oriented approaches.

The risk of the intravenous use in the substitutive buprenorphine treatment

Michal Risler, Yana Svadlenova
Masaryk Hospital, Usti nad Labem, Czech Republic
Drug Out Club, NGO, Czech Republic

Materials. Buprenorphine is nowadays in the Czech Republic one of the standard preparations used for detoxification of clients who suffer from active opiate addiction. Buprenorphine has a unique pharmacological profile of agonist-antagonist of opioid receptors. Buprenorphine itself combines the effects of methadone and naltrexone. It reliably suppresses withdrawal symptoms and it is tolerated very well.

Buprenorphine is a more and more frequently used medication in the substitutive opioid treatment in the Czech Republic. It is one of the most frequently used medications for this indication. In contrast with methadone, buprenorphine has a low toxicity and risks of overdosing are minimal. Due to its characteristics it is usually prescribed for the period of one or two weeks. It suppresses craving and decreases the risks of heroin relapse. On the other hand, the use of buprenorphine could show the following disadvantages: a sublingual use, a shorter effect that claims at least two doses a day and also a higher price for patients.

Buprenorphine (Subutex(r) tablets) is commonly misused intravenously. This phenomenon can be seen not only in the group of IDUs who are not enrolled in the controlled substitutive programme and whose supply of Subutex tablets is on the black market, but also in the group of clients in the proper substitutive treatment. The buprenorphine /Subutex tablets/ easily dissolves in water. The intravenous application causes that the effective substance is getting faster to the point of its effect in the CNS. Also the fact that tablets are used in the home environment increases the risk of intravenous use.

The annual statistics of the Contact Centre in Usti nad Labem, where the project of the ambulant buprenorphine substitutive treatment is held, point out another serious problem. The issue is connected with the original drug and the drug preferences of the clients addicted to opiates. Buprenorpine is getting very popular in such groups of drug addicts and is becoming one of the most misused illegal drugs. The black market with the buprenorpine that is partly saturated by prescription of medical doctors is growing. As the control of the buprenorphine metabolites in the clients´ urine is very expensive, inaccessible, and quantitatively not very accurate, the control of the patients in the substitutive treatment is very complicated. Buprenorpine that comes from the black market is used intravenously nearly in all cases – with all the IDUs´ risks including the transmission of diseases.

Methods

– analysing the retrospective statistic data

– analysing the personal medical documentation

Results. The statistic databases of the Contact Centre in the Usti nad Labem, where the project of the Ambulant buprenorphine substitutive treatment is held, show that there is an enormous increase of clients, who admit the intravenous use of Subutex tablets coming from the black market.

We also see the problematic point in the number of clients who were expelled from the buprenorphine substitutive treatment as the consequence of intravenous Subutex tablets use.

Drug preferences	Contacts*	%
Pervitin	1 808	42,7
Heroin	1 144	27,0
Heroin + Pervitin	370	8,7
Buprenorphine tablets (illegal source)	303	7,2
Heroin + Pervitin + buprenorphine tablets (illegal source)	265	6,3
Heroin + buprenorphine tablets (illegal source)	147	3,5
Codeine + Pervitin	147	3,5
Pervitin + Buprenorphine tablets (illegal source)	46	1,1
Total contacts	4 230	100

*** Contact – any personal visit in the Contact Centre with the use of a specific offered service. Contact is not a synonym for an individual person.**

1. The table above covers the number of contacts and their drug preferences in the period from January the 1st to the June the 30th of 2004.

Conclusions. Buprenorphine substitutive treatment is one of the harm reduction methods only if the substance is used sublingually. Its characteristics (agonist-antagonist of opioid receptors, low toxicity, minimal risks of overdosing and very well tolerance) predispose buprenorphine to become the most frequently used substance in the substitutive treatment. On

the other hand, we know that buprenorphine is one of the most popular substances among opiate IDUs.

The intravenous use of buprenophine tablets does not decrease the risk of diseases transmission (HIV, HBV, HCV etc.). There exist many causes that lead to the intravenous use of the buprenorphine tablets.

The most frequent aspects for the illegal users:

– complicated accessibility and irregular input of the Subutex tablets from the black market and the consequential need for faster effect

The most frequent aspects for the legal and also illegal users:

– ritualism of the intravenous use

– uncontrolled need to feel rush

– long term habit of intravenous drug use

In the controlled substitutive treatment, we must be aware of the possible risk that Subutex tablets can be used intravenously. Preventive steps should be taken to lower the possible risks of intravenous use.

Primary preventive steps:

– to talk about client's motivation for the substitutive treatment to get a clear idea about client's expectations, to point out the possibility of psycho-social change

– an individual interview with any potential client to explain how the buprenorphine substance works, to point out differences between peroral and intravenous effects of buprenorphine use, health complications connected with intravenous use

– to define the rules for the controlled substitutive treatment with the restriction of intravenous buprenorphine use /clients should sign the rules/

Secondary preventive steps:

– regular body checks to monitor punctures

Tertiary preventive steps:

– to ask client for motives of risky behaviour and to give proper explanation of all possible risks and consequences

– the medical doctor should assess a further contribution of the substitutive treatment for the patient and consider the possibility of remaining in the program

Drug preferences	Contacts*	%
Pervitin	1 808	42,7
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Pervitin + Buprenorphine tablets (illegal source)	46	1,1
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SUBSTITUTIVE METHADONE TREATMENT IN SUMY AS THE PILOT PROJECT IN UKRAINE

Tamara Tretskay

Sumy Regional Charitable Foundation „Pace forward to meeting”, Sumy, Ukraine

In May, 2004 Sumy regional charitable foundation „Pace forward to meeting” started realization of the substitutive methadone project. This project is the pilot in Ukraine. As a result of realization of the project we can cover by substitutive treatment those injecting drug users (IDUs) for which such program is a unique way out of their situation and which really can participate in it according to all showed requirements. We expect that as a result of daily oral use of methadone the participants of substitutive program will completely refuse the use of illegal drugs. It will result in the absence of risk of infecting themselves by the way of injection, and for HIV-positive participants of the program the risk of HIV-infection transferring to other IDUs by injecting will decrease. Thus, the rate of HIV-infection spreading among

injecting drug users will decrease. Aside from that, participation in methadone program will promote decriminalization of its participants. In view of absence of the complications concerned with injecting drug use, the level of their health will be improved. Due to the social aspect of the substitutive program we count on resocialization of the project clients, their introduction in the society, returning to the work and family.

Review of buprenorphine use in the opiate addiction treatment in Ukraine

Leonid Vlasenko, Sergey Dvoryak
All-Ukrainian Narcological Association, Kiev, Ukraine

Till recently, in Ukraine there was no sufficient experience in opiate agonist treatment of opiate addiction syndrome. In fact, in the USSR use of opioids in the opiate addition treatment was prohibited by the Ministry's of Health rules. Only full abstinence based approach was presented.

In 1998, official standards of chemical dependency treatment were accepted and buprenorphine was introduced as an official medication in the treatment of opiate addicts. These standards also introduced substitution therapy. From that time buprenorphine became more and more popular in different part of Ukraine.

Compared to „agonist free” detoxification, buprenorphine demonstrates best retention in detoxification program, and good subjective and objective patient's condition but there are no differences in patients' ability to remain drug-free after detoxification. Some physicians avoid prescribing high dose of buprenorphine thinking it may prolong treatment. For the same reason some of the doctors do not inform patient that buprenorphine has been prescribed. Prolongation of treatment causes problem with the budget, which is very small.

We can highlight other obstacles for using opiate agonist treatment on Ukraine

– Absence of sublingual pills of buprenorphine on Ukrainian market,

– High price of this medication,

– Traditional focus of treatment on fast achievement „drug free” condition,

– Excessively strict government rules of the control of drugs in clinics and significant punishment for their violence,

– Existent Public Health System, which, along with poor funding, has no mechanisms of alternative fundraising.

– Interdiction on use of opioids in a private

Sense of life subjective feeling as a factor dividing patients of the methadone program and patients awaiting for this program

Agnieszka Wyrwich, Marek Staniaszek
Regional Center for Treatment of Addiction, Łódź, Poland

Research goal: To compare sense of life subjective feeling between patients of the methadone program and patients waiting for this program.

The aim of this study was to compare sense of life subjective feeling between patients of the methadone program and patients awaiting for this program.

The research was done in 2002 among patients of methadone program in Warsaw and Poznań. The elaboration includes 31 patients (males) who stayed in the methadone program for at least one year. The same research was done among the patients qualified for the methadone program in Łódź. The research includes 31 men addicted to opiate for minimum 5 years.

Patients were examined with the „Purpose In Life Test” (P.I.L.). I have compared the scores from both tested groups.

Very important statistic differences appeared in the sphere of five from seven subscales of the P.I.L.

In conclusion: The methadone program improves the sense of life in patients participating in it.

	Mean		Level
	methadone program patients	patients awaiting for methadone program	(p)
Sense of life	13,55	9,32	0,001
Affirmation of life	18,77	11,77	0,001
Self-esteem	9,06	7,77	0,05
Freedom and responsibility	9,55	7	0,001
Attitude to death and suicide	8,74	7,1	0,001

Patients with dual diagnosis in psychiatric treatment and addiction therapy

Krzysztof Krysta
Department of Psychiatry and Psychotherapy,
Medical University of Silesia, Katowice, Poland

The term “dual diagnosis” is not a category included in international diagnostic systems like ICD-10 or DSM-IV, although it is quite frequent to set two different psychiatric diagnoses in one patient. Historically, this term was referred to any two diagnoses, but during last several years its meaning has been confined to a situation, when one diagnosis is a psychiatric disease, and the other one is substance addiction. Psychiatric patients often start to abuse substances in order to find a relief for the suffering caused by their disease, and the class of used substances is chosen according to the type of symptoms they present. This observation led Khantzian to develop his hypothesis of self-treatment. It is very important for both a clinician in a psychiatric setting and a therapist in the addiction treatment field to be able to properly diagnose a patient with a dual problem in order to offer him or her a proper treatment. In a psychiatric ward a patient with a dual diagnosis will often present a better functioning in a group, though sometimes his or her behavior may be antisocial. Conversely, in a detoxification unit this kind of patient may present a worse functioning in a group and may not be able to fulfill all the requirements and expectations. A proper professional training is required for specialists working in the above fields in order to create a better co-operation in the treatment of patients with dual diagnosis.