Prevention and Biomedical Prevention Programs: IDUs

Ukraine

Context

- One of fastest growing epidemics in Europe and NIS
- Injection drug use dominant mode of transmission
- Estimated 325,000 – 425,000 IDUs; linked to 44.8% of transmission
- Over 60% registered cases reported among IDUs
- Over 70% PLWHA have history of drug use
- Overlapping sexual/ injection risk practices (24% CSW IDUs; 6% IDUs sell sex)

Preventing HIV Transmission: GOU, Stakeholder Response

- **2005-6:** Ukraine Road Map on Scaling Up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support by 2010:
  - Prevention Goal: Provide 60% of IDUs with minimum package of services
  - Population size estimation: IDUs, partners of IDUs
  - Universal access: availability of services in line with national standards, quality, comprehensive coverage, minimum package of services
  - Minimum package: harm reduction (syringes, disinfectants, condoms, lubricants, information/education); HIV treatment and care including ART, medication assisted treatment (MAT); screening and treatment of STIs; rapid HIV testing; OI referral
  - Address constraints to universal access: policy, SI, sustainable financing, human resources, service standards and systems, infrastructure, partnerships
- GOU adoption of harm reduction for HIV prevention among IDUs as state policy, including support for needle exchange

Prevention Services: Implementation

Goal: Scale up of information and services to prevent drug related and sexual transmission among IDUs using a core package of interventions

Strategies:

- IDU community mobilization- participatory needs assessment and planning, client-centered/peer driven services, community-based, peer outreach approaches
- Behavioral surveillance; sentinel surveillance linked with rapid testing
- Partnering, leveraging, referral/linking, innovating to increase access: pharmacy intervention; community drop-in centers
- Technical support, capacity development of NGOs
- Policy advocacy

Results: >160,000 IDUs reached with prevention services

Biomedical Prevention: MAT Services

a. **<u>MAT Only</u>**

- **Buprenorphine**
  - introduced as pilot in 20004 in one region (UNDP)
  - supported by GF since 2005
  - Monthly cost of treatment @ $100
- **Methadone**
  - implementation began June 2008
  - Monthly cost of treatment @ $8

b. **<u>Integrated MAT</u>**

- **USG Pilot:**
  - develop, implement, assess models of integrated medical care and support in ten sites, five regions for 300 HIV-infected IDUs (30% women) in different types of sites:AIDS Center, narcology center, outpatient facility
  - Link public, NGO service providers: provide continuum of care

Results: 2,202 patients on MAT (864 buprenorphine, 1338 methadone); 38 facilities, 24 regions

Why MAT?

- MAT endorsed by WHO, UNAIDS, UNODC, Global Fund, researchers, professionals as one of most effective opioid dependence treatment interventions

- Buprenorphine and methadone on WHO Model List of Essential Medicines

- WHO Collaborative Study on Substitution Therapy of Opioid Dependence and HIV/AIDS: 2003-2006

  - Compared to detoxification, MAT effective in:
    - reducing overall death rates, HIV seroconversion rates, frequency of injecting drug use, crime among drug users, risky injection behaviors;
    - improving psychological, physical health; reintegration into workforce, education; social functioning
    - increasing adherence to ART, retention in drug treatment programs;
  - No evidence for overall increased drug use in community

Traditional Approach to Treatment of Drug Abuse

- Countries of former USSR: centralized narcological treatment structure
- Key principle: Drug users require mandatory inpatient treatment not less than 60 days (avg 2-4 months), reported to law enforcement structures
- Continued substance abuse – repeated inpatient treatment, compulsory treatment and labor (2 years)
- Ukraine: Narcological service system in place: inpatient, outpatient treatment facilities (48 institutions, 4 hospitals, 6,063 inpatient beds), specialized personnel (narcologists, nurses, social workers)
- Limited availability of new treatment programs: 12 Step model, spiritual treatment

Biomedical Prevention: MAT Implementation

- Site Selection: technical review of site preparedness for MAT implementation

- Planning:
  - plan out system of medical referrals (ART, TB, STI referral, OI referrals), set out conditions of services (targets), design care program
  - NGO project development (psychosocial, social reintegration, legal support)
    - collaborative agreement with center

- Implementation:
  - **GF:** MAT
  - **USG:** integrated MAT services:
    - Preparation of staff: clinical procedures, referral systems
    - M&E
      - Data collection, results
      - Lessons learned

Achievements/Innovations

- High level political support and leadership: harm reduction, MAT
- Enabling environment:
  - Draft Amendment to HIV AIDS Law and National AIDS Program 2009-2013 provide basis for implementation of MAT
  - MAT regulated by MOH through directives ('orders') regulating objectives, treatment locations, funding for buprenorphine and methadone ST;
  - MOH Working Group on MAT
  - National Alcohol and Drug Monitoring Center
  - Treatment guidelines: two protocols: B-MAT, M-Mat (Ukrainian National Narcology Association):
- Strategic interventions, core package of services
- Engaged, active civil society; advocacy by CSOs

Continuing Challenges

- **Programmatic:** adapting outreach, program approaches to changing clients (younger, street children), changing drug behaviors

- **Legal, regulatory, policy, logistical barriers** to scale up
  - MARA: mandatory testing in shelters; parental consent requirements
  - Cost of methadone transportation/security
  - NGO engagement in service delivery
  - Expansion of MAT provider cadre

- **Attitudinal, financial barriers:**
  - Stigma and discrimination
  - Lack of sustained/consistent GOU political will, financial support
  - Resistance to MAT: disconnect between scientific evidence and perceptions among key constituencies (policy makers, law enforcement authorities, medical community, media and community stakeholders); lack of awareness of scientific rationale for MAT in treating drug dependence

- **Information:** Need for continuing data, evidence to inform policy and scale up of MAT; refined estimations of populations to inform scale up, more information on bridge populations, quality of services

Recommendations

- Know country, systems, policies
- Select treatment regimen appropriate to country and setting
- Consider policy, legislative issues in designing program
- Build infrastructure and capacity
- Obtain sufficient resources