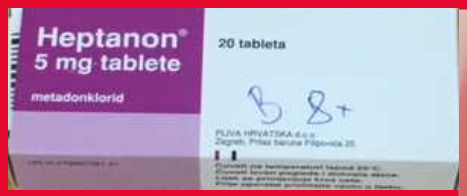
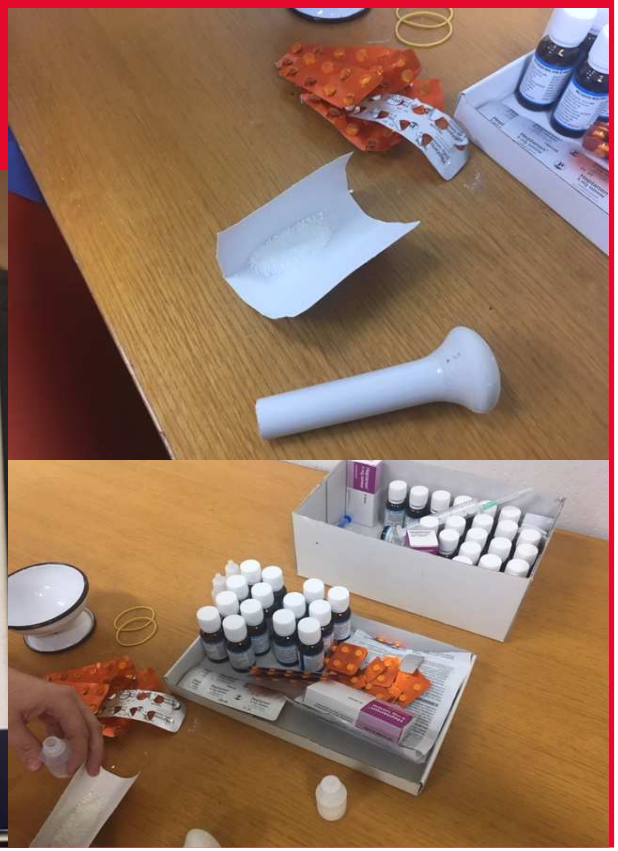
Misuse and diversion of OST medication in the Republic of Croatia





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terminology

- OST = opioid substitution treatment
- Misuse = the use of a medication other than as directed or as indicated, whether willful or unintentional, and whether it results in harm or not, (‘non-medical use’)
- Diversion = the intentional transfer of a controlled drug from legitimate distribution and dispensing into illegal channels
- PWUD = people who use drugs

Mixed method

- desk review of main documents and guidelines
- focus groups with national, regional and local stakeholders (ministries, NGOs, law enforcement agencies, Centers for Mental Health Protection and Addiction)
- Interviews with GP's/ nurses
- Focus groups with OST patients
- Focus groups with PWUD not-in-treatment

- Period: 27.09.17-06.10.17
- Cities: Zagreb, Osijek, Rijeka, Split
- 29 professionals, 24 OST clients and 14 PWUD not-in-treatment
- Focus groups usually with staff of OCDA, except for OST clients/ PWUD not-in-treatment.

Key findings

- **Consensus** among participants that both misuse and diversion of OST medication onto the black market is **common practice** throughout the country.
- **No consensus** among participants about the **severity** of the issues, nor about the necessity to overcome these and if so, in what way.
- Many interviewees mention that the black market for OST medication is much bigger than elsewhere, but **reliable data are lacking about the extent.**

Misuse of OST medication

Nature of misuse is multifold:

Dependency (the desire to get high)

Need for self-regulation (the prescribed dose is too low)

Lack in access to OST

Medication used as commodity/ additional income

Health-related risks:

Dependancy among young persons only using OST medication

Overdosing

Risks related to injecting

Misuse in short

- No indications of **large** populations of **new OST medication users** nor major health crises related to non-medical use of OST medication

Diversion of OST medication

Issues contributing to diversion:

Unsatisfactory and unvoluntary relationship OST patient and GP's ('shotgun marriage')

Dispensing model, (no say of GP in treatment modalities)

issues at the level of the GP

- GP **no say in modalities** of the prescription (dose, pick-up frequency etc) nor the **treatment plan** itself

- Re-packaging and crushing of tablets are a **time consuming** additional task without compensation

- Leading to **unwillingness** among some GP's to prescribe and this may influence the **quality** of the treatment

Issues at the level of patients

- Relationship creates **friction between patient and GP,** leading to unrest and misunderstanding and misbehaviour (unheard, not treated respectfully, or get “no” for an answer)
- **Misbehavior** by OST patients as well as **discrimination** and **stigmatization** by medical staff
- This reveals pattern of **mutual dissatisfaction**
- **no sanctions**, regardless of the behavior of the patient (or medical staff)

Diversion in short

- **No evidence for large-scale major misconduct** such as theft, robbery, extortion and large-scale forgery by patients
- No evidence for **large-scale smuggle** of medication

Conclusions

Croatian OST system is **efficient**, may be considered **good or even best practise** in terms of access to OST and coverage

- However, system needs a **thorough update**, in line with latest developments
- **Coordination** has become loose or even absent
- **Little** or **no collaboration** between stakeholders
- The above **contributes** to misuse and diversion of OST medication

Conclusions

- Misuse and diversion of any medication is -to a certain extent- **common and inevitable**.
- Even more the case in adressing **substance dependancy** and taking into account the often **multifold problems** PWUD suffer from.
- However, misuse and diversion of OST medication **effects** all actors involved and **pressurize** the overall good outcomes of OST.
- **Health-related risks** as well as sometimes **difficult relationship** between OST patients and medical staff cannot be underestimated

Overall recommendations

- **Review and modernize OST** and tailor it to the current opioid situation and according to the new insights and best international practices on OST, including a review of guidelines. A recommendation regarding the review the supportive guidelines of opioid substitution treatment should be included on the upcoming National Drug Strategy 2018-2023.
- Overall, a **more individualised and tailored approach** is recommended, away from the generic public health system ('one size fits all') towards a more client-centred health care approach.
- The new guidelines should include a treatment system that addresses the **individual needs** of the patients/PWUD, **addresses the diversion/misuse** of the OST and is supported by all actors including GP's and patients. Implementation of the new guidelines should be initiated with a series of (possibly mandatory) **trainings/seminars** in which these guidelines are presented and discussed in detail.
- A better **support and enforcement** of the new consolidated guidelines to ensure good quality implementation of the new guidelines is recommended. A pivotal guiding and supervising role in this system should be given to the **Reference Centre**, since this is the current mechanism, set up for this purpose.

Specific recommendations

- Explore options for **more diversification** of the dispensing models according to the patients' needs and conditions, that might affect medication adherence, or other specific situations (for instance due to limited availability of service, as is the case in the Croatian Islands). Diversification could for instance imply:
    - OST provision for patients with more complex (behaviour) problems at a centralised clinic, where more attention, support and control can be provided. If required the dispensing can be done on a daily base.
    - OST provision for more stabilised patients at the premise of the GPs, or with referral from the GP with take-home dosages at the pharmacy.
- A **clinical risk stratification strategy** might be helpful in addressing both the aspect of proper medication adherence and the specific needs of the patient and the safety of patient and service provider.
- An **increased role of the pharmacy** in dispensing all OST medication should be explored (from preparing the medications to providing meds to stable patients).
- An option that could also be considered is that **patients contribute** somewhat in the finances for the medication. Even a modest contribution will help to underline the idea that OST is subject of overall health care and is not a something taken for granted. It further underlines the significance of proper conduct when it comes to use of medication.

Relationship care provider – OST patient

- Draft a **clear treatment plan** which also includes patients' information, rights and obligations, including a procedure addressing negligence or misconduct. A range of possible follow-up actions (e.g. written warnings, **temporary suspension**, dispensing at another premises et cetera) can be considered in case the patient does not adhere to the agreed treatment plan and agreement.
- A **case management** system facilitating more individually-customized addiction (community) health care for patients is recommended. Depending on the need, more intensified management can be provided for less stabilised patients. Health care professionals will also benefit from the supportive work of the case manager.
- Explore the use of **contingency management** in which clients' behaviors are rewarded in case of proper adherence or addressed in case of non-adherence to or failure to adhere to program rules and regulations of their treatment plan.

Dispensing model

- Introduce **Electronic Medicine Dispensers** (EMD) and an electronic registration system that will allow decentralized medication dispensing including controlled storage, dispensing, and tracking of medications. An automated dispensing system is recommended as one potential instrument to improve efficiency and patient safety.
- Certain **dispensing practices needs to be addressed** urgently. For instance, the current common practice of opening original packages of medication, crushing tablets and/or adding a juice is burdensome for practitioners, is not considered best practice regarding prescription and distribution of medication.
- **Increase the monitoring** of toxicology screening/drug testing, pill counts, unannounced monitoring/random call-backs (especially for those with extended take-home doses) and supervised ingestion.

Dispensing model

- A **well-capacitated and adequately resourced central governmental authority** needs to provide ongoing monitoring, supervision, education, training of the prescription and dispensing tasks. This pivotal role (currently commissioned to the Reference Centre) should ensure a proper and continued implementation according to the guidelines.
- An **increased monitoring of practices** will also give more adequate information on incidents in the OST health care system (on pressure from clients, inappropriate behaviour, patients' complaints on stigma/discrimination and so on).

Additional support

- **Intensify trainings for all actors involved** (psychiatrists, GPs and nurses, pharmacies). In addition **ongoing communication** needs to be established on background information on the latest scientific and (international) good and best practices is recommended to be shared with all key actors.
- Likewise **patients** need to be supported in their **level of knowledge regarding OST treatment** and medication and a wider understanding of limitations effects/side effects of the medication. Especially for young people who often have very limited knowledge of the potentially addictive characteristics of the OST medication.
- Another related area for patient support might be exploring **treatment support groups** in which patients can provide mutual peer treatment information and support.
- Increased efforts in the field of **prevention, early intervention and rehabilitation** will contribute to the reduction of misuse and diversion. We recommend more focus in the next NDS on these alternatives, without necessarily cutting back on OST.

hvala za slušanje

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