Substitution maintenance treatment in Ukraine

P-PG (2014) Misc 1rev

Humanitarian and medical mission

16-21 May 2014

Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs


Council of Europe Conseil de l'Europe

Substitution maintenance treatment in Ukraine: Humanitarian and medical mission

16-21 May 2014

Report prepared by Catherine Ritter and endorsed by the medical experts participating in the mission: Gabrielle Welle-Strand (Norway), Bogusław Habrat (Poland), Miran Pustoslemšek (Slovenia).

Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs

Content, Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
BPN	Buprenorphine
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDP	Internally displaced people
MOH	Ministry of Health
MTD	Methadone
NGO	Non-governmental organisation
PG	Pompidou Group
SMT	Substitution Maintenance Therapy
SSDC	State Service of Ukraine on Drugs Control
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
UCDC	Ukrainian Centre for Disease Control
Alliance Ukraine	HIV/AIDS Alliance in Ukraine

Summary

Based on a request by the State Service of Ukraine on Drugs Control to support Ukraine with regards to the emergency situation of people undergoing substitution maintenance therapy (SMT) in Ukraine, the Pompidou Group put together a team consisting of medical experts from Norway, Poland, Switzerland, and Slovenia. The mission was organised by the Pompidou Group, together with the Ukrainian Drug Control Service (State Service of Ukraine on Drugs Control or SSDC) and the United Nations Office on Drugs and Crime (UNODC).

On 16-21 May 2014 the expert team travelled to Ukraine in order to assess the situation concerning opioid substitution treatment, and to provide assistance in developing an emergency plan aimed at supporting the continuation of SMT in times of crisis. The experts visited two cities, Kiev and the Dnepropetrovsk, close to the conflict zone in the east of Ukraine.

The experts met people who left their hometowns in Crimea due to the interruption of SMT on the peninsula. They also met people from Eastern Ukraine who left this conflict-striven region in order to continue their treatment in safer regions of Ukraine where SMT is currently not at risk of being interrupted. Meetings also took place with health professionals, NGOs such as International HIV/AIDS Alliance in Ukraine (Alliance Ukraine), international organisations (UNODC, WHO, UNAIDS) and SSDC.

According to persons enrolled in SMT, in Crimea the majority of the more than 800 people in SMT had to stop their treatment abruptly due to the interruption of its provision on the peninsula on 25 May 2014. A minority only had access to proper detoxification schemes (approximately 20 people) in Crimea or to rehabilitation or specialised treatment in the Russian Federation. About 50 people in SMT moved to the mainland in order to continue SMT there.

SMT started in Ukraine in 2005 and is available to a minority of opioid users (9000 in the whole country out of 310,000 people using drugs, 80% injecting opioids). Nevertheless, this treatment has been seen as effective in reducing the negative consequences of drug use, both at an individual level (clinical stabilisation, decrease of use of illicit opioid, reduction of overdoses, and prevention of blood-borne diseases) and for the community at large (reduced criminality for example) (WHO, UNODC et al. 2004).

The discontinuation of SMT in Crimea and lack of medical supply of methadone and buprenorphine in Eastern Ukraine poses a great challenge to the progress recently observed in the field of HIV prevention and drug treatment in the country.

Background, scope and purpose

On 28 March 2014, the Head of the State Service of Ukraine on Drugs Control alerted the Executive Secretary of the Pompidou Group of an emerging humanitarian crisis concerning the situation of people receiving substitution maintenance treatment (SMT) in Crimea, and requested support in dealing with this situation. Following the unlawful annexation of Crimea by Russia, the authorities in de facto control of the territory had announced that SMT in Crimea would have to be interrupted.

This communication from the State Service of Ukraine on Drugs Control was considered by the Bureau of the Permanent Correspondents of the Pompidou Group as a matter of urgency during its meeting on 4 April 2014. The Bureau underlined the Council of Europe Member States' obligation to provide adequate health care under Article 2 on the protection of life under the European Convention on Human Rights and to follow the guiding principles of the policy paper on preventing risks and reducing harm linked to the use of psychoactive substances adopted by the Pompidou Group in 2013.

The Bureau considered it high priority that the de facto authorities continue to provide substitution treatment with the medicines included under the WHO List of Essential Medicines. Furthermore, the Permanent Correspondents were requested to look into ways to assist the other Ukrainian regions in their efforts to provide aid in this emerging medical and humanitarian crisis.

The Bureau further recalled that the Committee of Ministers of the Council of Europe reiterated its solidarity with Ukraine and its people and underlined that the current crisis in Ukraine must be resolved peacefully, based on the territorial integrity, sovereignty and independence of Ukraine, as well as in strict adherence to international law.

In the light of all the above and the fact that the Bureau agreed to follow up the matter at the 74th meeting of Permanent Correspondents on 2-3 June 2014 to determine whether the situation has been rectified by the de facto authorities. Since then the Secretariat had stayed in close and ongoing consultations with all authorities involved.

The contacts in these consultations include Mr Volodymyr Tymoshenko (Head of Drug Control Service of Ukraine – SSDC), Mr Oleksandr Kulikovsky (Deputy to the Permanent Representative of Ukraine to the Council of Europe), Ms Evgenia Koshkina (Director of the National Research Centre on Addiction of the Russian Federation, Permanent Correspondent of the Russian Federation to the Pompidou Group), and Mr Vyacheslav Egorov (Deputy Permanent Representative of the Russian Federation to the Council of Europe).

As a concrete conclusion from these consultations the Bureau deemed it necessary to send an expert group of specialised medical doctors to the Crimea to assess the situation for the following reasons:

Firstly, during the Bureau meeting the attending PCs were informed that the position of the Russian Federation is that at the moment Crimea is under Russian jurisdiction and consequently Russian legislation applies. Any medical treatment is therefore delivered according to Russian legislative provisions. Under these provisions substitution treatment with methadone is illegal as it is on the list of illicit substances in the Russian Federation. According to the Russian authorities, a plan for treatment for opioid-dependent people in Crimea is under preparation. The Russian authorities stated that they are aware of the human rights of people using drugs. People who were previously under substitution treatment in Crimea would be provided with the legally available prolonged treatment available in the Russian Federation. It was stated that such treatment could be provided in Crimea or the Russian Federation; however it would require relocating people in SMT to various hospitals in different parts of the Russian Federation.

Secondly, abrupt deprivation of methadone under opioid substitution treatment results in serious pain and suffering caused by opioid withdrawal and can lead to severe health consequences, including an increased risk of death through overdosing as a result of relapse into illicit opioid use. Consequently the current situation entails grave consequences and risks for the people under substitution treatment in Crimea.

Thirdly, the Head of the State Service of Ukraine on Drugs Control suggested establishing a medical expert group for a medical assessment of the situation organised as a medical humanitarian mission.

In view of the above, the Secretary General of the Council of Europe granted special permission to the Pompidou Group to organise such a humanitarian medical expert mission to Crimea to in order to assess the medical follow-up of people in SMT.

Since Crimea is under de facto control of the Russian authorities and consequently any visit to the peninsular requires a Russian visa and support from Russian authorities, a mission to Crimea would have had to be conducted with approval from the Russian Federation. The Russian Permanent Correspondent of the Pompidou Group informed the Secretariat that she could only send us an official reply to the mission request upon receipt of an approval by her authorities.

According to her, the Russian Federation is actively involved with the persons enrolled in SMT in Crimea. The persons are received by well-trained doctors and are in close contact with psychologists and social workers. Some of the persons decided to stop the substitution treatment and accepted an offer to be treated in well-established clinics (for example, ten people in SMT were recently transferred to Saint Petersburg). Others continue their methadone treatment. Several Russian experts from Moscow went to Sevastopol and Simferopol in order to train local medical staff on a gradual detoxification of methadone and buprenorphine. The Federal Drug Control Service of the Russian Federation (FSKN) plays an active role as well in the Crimea. The Russian Federation is aware of the situation and is doing as much as possible for the people concerned in order to provide them with the necessary treatment.

Without permission from the de facto authorities to access Crimea, it was agreed with the Member States of the Pompidou Group and the SSDC to organise the mission to other regions of Ukraine where people from Crimea and Eastern Ukraine are currently seeking refuge and continuation of SMT. The Secretariat has also been informed that since the unrest is spreading quickly in Eastern Ukraine, SMT is also at risk of being disrupted in other regions of Ukraine. In particular the regions of Donetsk and Luhansk are at risk of being cut off from essential medical supplies, including methadone and buprenorphine. In this context the Ukrainian Drug Control Service

requested the Pompidou Group send an international expert team to Kiev and Dnepropetrovsk to assess the situation of persons in SMT and to develop an emergency plan based on international standards.

In response to this request, the Pompidou Group sent medical experts from Norway, Poland, Switzerland, and Slovenia to Ukraine from 16 to 21 May 2014. The mission was organised by the Pompidou Group, in conjunction with the Ukrainian Drug Control Service (SSDC) and the United Nations Office on Drugs and Crime (UNODC).

2 The Mission

2.1 Team

The medical members of the team were:

Dr. Gabrielle Welle-Strand (Norway);
Dr. Bogusław Habrat (Poland);
Dr. Miran Pustoslemšek (Slovenia);
Dr. Catherine Ritter (Switzerland).

Thomas Kattau and Robert Teltzrow represented the Pompidou Group, and Mirzahid Sultanov represented the United Nations Office on Drugs and Crime (UNODC).

Various representatives of the Ukrainian Drug Control Service (SSDC) in Kiev and Dnepropetrovsk were present during different times of the mission.

English-, Russian- and Ukrainian-speaking interpreters completed the team.

2.2 Aims

The international expert team had the following aims:

- Assess the current situation regarding opioid substitution treatment
- Develop an emergency plan based on international standard guidelines in order to:
  - Support the continuation of effective SMT in the current situation
  - Develop an emergency plan if SMT is interrupted in Eastern and South-Eastern Ukraine
  - Make recommendations on how to strengthen SMT after the crisis

To fulfil those aims meetings with following people were organised:

- People who are using drugs or people enrolled in SMT;
- NGOs (HIV/AIDS Alliance) and patients' associations;
- Health professionals, in particular those providing drug treatment services;
- International organisations (UNAIDS, UNODC, WHO);
- Policy makers (SSDC, UCDC)

2.3 Actions undertaken during the mission

The mission took place 16-21 May 2014. Contacts with a significant numbers of testimonies were made possible.

Day	Activities
Friday 16 May	• Arrival in Kiev • Preparation of mission
Saturday 17 May	• Workshop: Meeting with SMT coordinators from different regions of Ukraine, including Eastern Ukraine, people enrolled in SMT, International Organisations and NGOs, SSDC, UCDC, UNODC • Experience Exchange
Sunday 18 May	• Workshop continued • Development of recommendations
Monday 19 May	• Arrival in Dnepropetrovsk • Meeting with the Head of the regional Health Department • Meeting at the main drug treatment centre with internally displaced people using drugs or enrolled in SMT (approximately 20 from Crimea) and health professionals
Tuesday 20 May	• Meetings with representatives of international organisations (UNAIDS, WHO, UNODC, UN Resident Coordinator Office) • Visit of an SMT site treating 300 people in Kiev (integrated care, Kiev City Narcology Clinical Hospital 'Sociotherapy') • Meeting with HIV Alliance
Wednesday 21 May	• Medical experts travelled back • Diplomatic meetings (Pompidou Group delegation continues meetings with policy makers: Ministry of Health and Ministry of Foreign Affairs • Press conference: https://www.youtube.com/watch?v=Zo2UC6XtLyE

3 Methodology

The medical team has based its report mainly on testimonies by people in SMT, health professionals, the Ukrainian officials and representatives of International Organisations and NGOs. Due to the situation in Ukraine the experts were confronted with information that is subject to a degree of interpretation. Hence, cautiousness in interpreting the findings of the mission is necessary. The methodology aimed to increase the validity of findings by interviewing different sources and persons (triangulation) who were directly or indirectly affected by the crisis situation. This was the only methodological tool available to the experts, in order to verify the validity of the testimonies given to them.

4

Substitution maintenance therapy (SMT) in Ukraine

Up to very recently, as stated in 'The state programme to ensure HIV prevention, treatment, care, and support to HIV-positive people and patients with AIDS for years 2009-2013' (Law of Ukraine 2009), injecting drug use was 'the main factor of HIV infection spread'. As a result of prevention activities developed over the last years, the number of new HIV infections among people who inject drugs decreased (WHO Regional office for Europe 2013).

Scaling up the access to SMT for people who use drugs is one of the prevention activities of the programme. HIV infection is a criterion of priority (along with tuberculosis and pregnancy) to start SMT. The aim of ensuring SMT and rehabilitation for 20,000 people who inject drugs (Law of Ukraine 2009) was not achieved according to the evaluation of the national AIDS programme conducted in 2012 (WHO Regional office for Europe 2013).

4.1 Number of people with SMT

Approximately 9000 people had access to SMT in Ukraine at the beginning of March 2014, and 800 in Crimea, where SMT was started in 2006 (Kazatchkine 2014).

By 1 May 2014 there were 8175 people enrolled in SMT (not including Crimea); 7299 are receiving methadone and 876 buprenorphine. Approximately one quarter of them are women (WHO Regional office for

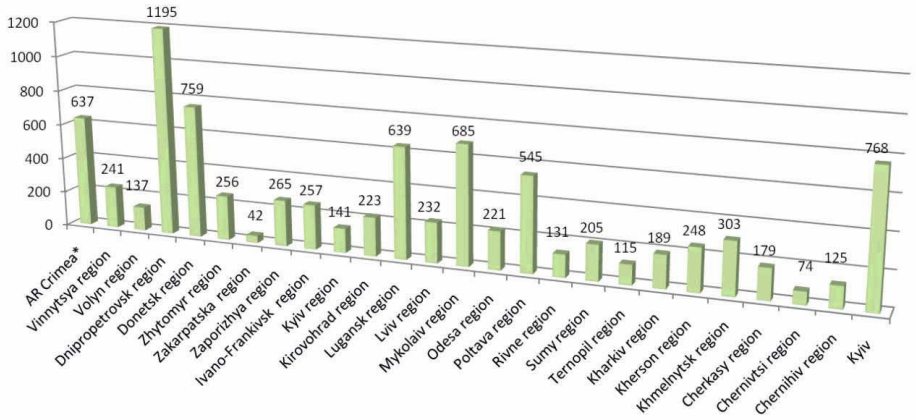
Europe 2013). The number of treatment slots for buprenorphine treatment is limited due to the higher price of buprenorphine (only 11% of people in SRT are receiving buprenorphine). The number of people who can be treated in each site is centrally determined by governmental regulation. Consequently, doctors have no ability to influence the number of persons in SMT according to local needs.

Most SMT medication and sites are financed by the GFATM; Ukrainian health authorities are financing the programme only partly.

Staff delivering SMT is put under a very high level of control. Mistakes, even without consequences for the patients, can be prosecuted.

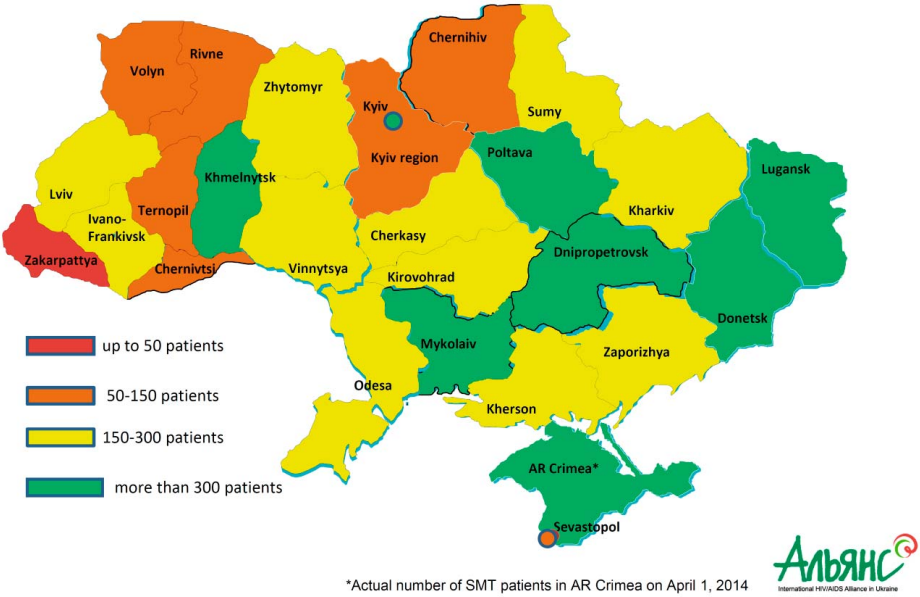
Most people receiving SMT live in Eastern and South-Eastern Ukraine including Crimea.

Figure 1: Number of SMT patients in Ukraine (regions)



*Actual number of SMT patients in AR Crimea on April 1, 2014

Figure 2: Number of patients in Ukraine II



*Actual number of SMT patients in AR Crimea on April 1, 2014

4.2 Supply of SMT medication

The main supply of substitution medication is stored in Kharkov, from where it is transported to the main pharmacies and deposits in the different regions of Ukraine. It is required by law that the transporters are guarded by armed escorts of a local security company (Titan). The transport of smaller quantities of SMT medication from the main pharmacies to the SMT sites does not need to be guarded. The delivery of SMT medication is logistically managed by Alliance Ukraine. The transport company hired for the delivery is Liki Ukraine. On 29 April an incident occurred after a delivery of SMT medication to Donetsk. The transporter was stopped by armed men and the security guards from Titan guarding the transporter were disarmed. The attackers were not able to open the armoured vehicle.

HIV Alliance Ukraine is currently considering supplying SMT medication to the crisis regions by using different roads (from Kharkov to Luhansk) or by aircraft delivery (to Donetsk) in order to avoid a shortage of medication.

Different governmental regulations regulate SMT storage and treatment. Local practitioners criticised that:

- Pharmacies are only allowed to have reserves of SMT medication limited to one month's supply (regulation 333). This poses logistical problems because the main pharmacies have to be supplied every month (risky under the current security situation). The practitioners recommended that the regulations be changed in order to allow SMT stocks to last 3 months or more. However, changing this regulation would need approval by the Committee of Ministers of Ukraine. A decision on changing the regulations cannot be expected in the near future.
- Take-home dosages of Methadone cannot be prescribed.
- Transportation of SMT medications is supposedly five times more expensive than the medication itself.
- Local production of substitution medication is possible but not available thus far.

5 Consequences of the political crisis in Ukraine

According to UNAIDS representative in Ukraine, Crimea was considered to be a 'best practice' example with regards to SMT. Among the 800 people formerly enrolled in SMT in Crimea 38% are HIV infected and of those 50% are taking ART medication. UNAIDS expects that no more than 50 people in SMT from Crimea will seek refuge and treatment in other regions of Ukraine. The NGO HIV Alliance Ukraine estimates that approximately 200 persons will be displaced because of the discontinuation of SMT.

Considering that among the 800 people with SMT in Crimea, 43 went to the mainland to continue their SMT, approximately 20 to Russia, 20 detoxified with intravenous buprenorphine, the greatest majority of people saw their treatment rapidly interrupted. The premature interruption of treatment is related to an increased risk of overdose (due to the loss of tolerance) (UNODC and WHO 2013).

Professionals feared that the efficiency of other health services (particularly HIV and tuberculosis integrated care) might be reduced due to the absence of SMT, since SMT is one way to support adherence to ART and follow up care for HIV (WHO, UNODC et al. 2004).

In order to avoid interruption of HIV and tuberculosis, HIV Alliance Ukraine has delivered sufficient medication necessary to cover the needs in Crimea up to the end of 2014. Also the supply of other harm reduction materials to Crimea is uncertain.

Officially, SMT provision stopped in Crimea on 1 May 2014. However, the treatment was still partially available for some people in SMT in Simferopol and in some other sites up to 20 May.

25 persons previously enrolled in SMT in Crimea had arrived in the mainland of Ukraine by 20 May; approximately 20 of them moved to Dnepropetrovsk (15 receiving methadone and 5 buprenorphine) and five moved to Kiev. Most of those internally displaced persons are men.

On 27 May, after the mission was completed, HIV Alliance Ukraine informed us that a total of 43 people in SMT had moved from Crimea, 26 to Dnepropetrovsk and 17 to Kiev. Around 18 persons went to Saint Petersburg to undergo detoxification. Less than 100 people with SMT actually left and/or were undergoing another form of treatment. Apparently only 20 people were put on a detoxification scheme with intravenous buprenorphine.

5.1 Consequences for the people using drugs / with SMT

The information was gathered from a significant number of persons in SMT and from different sources (HIV Alliance Ukraine Hotline and direct meetings with people from Crimea in Kiev and Dnepropetrovsk).

After the unlawful annexation, people enrolled in SMT were confronted with the choice of either staying in Crimea, undergoing detoxification and rehabilitation (in the Russian Federation), or moving to mainland Ukraine with the hope of continuing SMT.

5.1.1 Direct testimonies in Dnepropetrovsk

18 persons from Crimea enrolled in SMT informed the expert team of the following:

- Psychological pressure by the Russian authorities, with police visiting them at their homes, creating a sense of being prosecuted, and of changing their status: they no longer felt that they were ‘patients under treatment’, but ‘criminals’, since SMT is illegal in the Russian Federation.
- While being hospitalised (with the aim of detoxification or rehabilitation, the reason is unclear), cellular phones were taken away. Patients were only allowed to speak to their relatives once a week. This was creating a feeling of being imprisoned.
- Another kind of psychological pressure was described regarding treatment, i.e. people were given no other choice than to undergo the

'Russian form' of treating addiction (abstinence-oriented with detoxification followed by rehabilitation).

- People in SMT reported having been charged (4000 roubles) for treatment that is usually free of charge. Precisions are lacking regarding the type of treatment (continuation of SMT, detoxification, etc.).
- Extremely fast tapering of substitution medication was described, for example a decrease of methadone in four days (120 mg to 80 mg, 40 mg and then 20 mg), or in three days (170 mg to 75 mg and then 20 mg), in other cases there was a reduction of 25 mg per day.
- For reasons that could not be explored further, ten deaths of people previously enrolled in SMT were reported between March and May 2014.
- People were afraid of not being accepted anymore in treatment centres, because some of them took illicit drugs due to the lack of SMT.
- The availability of illicit substances has increased recently in Crimea (heroin).
- Moving from Crimea was described as being rather difficult (especially with families) or even prohibited (generally for men aged between 16-60 years), since authorisation to leave Crimea might not be given by Russian customs. At the same time, patients estimated that 400-500 would come to the mainland if proper information had been/would be provided. People with SMT described being prevented from leaving Crimea. A medical certificate is insufficient to allow them to leave the peninsula.
- Persons now receiving SMT in Dnepropetrovsk said that the medical care provided to them on mainland Ukraine was good. They were also satisfied by the support provided by HIV Alliance Ukraine for accommodation. Some regretted that there was no additional support from governmental services for housing and employment.
- Seven out of eighteen people reported having lost their jobs due to the interruption of SMT in Crimea. The following reasons were named: their physical condition (withdrawal syndrome) did not allow them to work anymore, closing down of McDonalds and the fact that they cannot continue their work after leaving Crimea. A person calling the hotline of HIV Alliance Ukraine reported that they lost their job because the information that they are enrolled in SMT was disclosed to their employer.

- Some said that their medical data and the information that they are drug users were disclosed (breach of confidentiality). People reported having had to fill in questionnaires without knowing why.
- False information was provided to patients, for example: they were told (by doctors) that no treatment would be available on the mainland.
- Some were informed that residential treatment in Russia would be free of charge. In the end they had to pay.
- The information was spread that millions of roubles were made available in Crimea (donated by the Russian Federation) for treatment.
- In Sebastopol, after a protest from the patients regarding the way they were treated, Russian authorities went to Crimea and promised patients 'anything they need'. Ten people apparently went to Russia for promised SMT.
- Persons from Crimea were informed that they would not be welcome on the mainland, that their life would be in danger there (they 'would be killed'), or affirming that they would not be allowed to come back after 30 days of leave.
- Access to harm reduction services was reduced.
- More drug use screening in Crimea was reported, including mandatory urine testing.

Experts' impressions concerning physical and mental conditions of the displaced persons:

The people met by the expert team were apparently glad to continue treatment in mainland Ukraine. Generally, the patients appeared to be in an acceptable state of health. Some of the patients were rather thin or looked tired. It can be assumed that only those who are physically stable were able to travel and seek for treatment outside of Crimea. Following that thought, those who stayed in Crimea are probably the ones who are most in need of medical assistance.

According to a doctor at an SMT site in Kiev, the people arriving from Crimea showed a high degree of stress. He said that many of them used illicit drugs in the period before they could continue SMT in Kiev.

A medical screening of physical and mental fitness was not conducted by the expert team.

5.1.2 Situation of people in SMT from Eastern Ukraine

The expert team was informed that doctors in the Donetsk region already started reducing the dosages of methadone given to people in SMT by 5-10 mg per week due to the uncertainty about whether new supplies would arrive soon in the region. According to treatment staff, people in SMT in this region are very concerned, frustrated and one person in SMT even panicked and threatened treatment personnel. The medical expert team also met one man who moved from Mariupol (Donetsk oblast) to Dnepropetrovsk, since he was told that SMT would be interrupted in his hometown.

5.2 Consequences for health staff

5.2.1 Crimea

OST coordinators in mainland Ukraine told the expert team that some doctors in Crimea already had a negative attitude towards SMT before the illegal annexation of the peninsula. However, some doctors who previously supported SMT now changed their attitudes and openly criticised SMT. They seem now to favour abstinence-oriented therapies. In addition, some SMT sites have been taken over by armed groups.

5.2.2 Mainland Ukraine

According to OST coordinators from Odessa, treatment staff did not communicate the risk that methadone supply could be interrupted also in Odessa in order to avoid panic among patients.

5.3 Responses developed so far

The following information regarding responses developed so far was reported:

According to the Drug Control Service there are 416 free treatment slots available in 15 different sites in the mainland. A regulation specifies that people in SMT from Crimea, Donetsk, Odessa and Kharkov have to be provided with free treatment.

Alliance Ukraine set up a specific programme (financially supported by the Soros Foundation) for people in SMT from Crimea who want to move to other

cities in Ukraine such as Kiev and Dnepropetrovsk. They provide internally displaced people (IDPs) with support for lodging for three months. The budget can cover the needs of 100 people in SMT. Alliance also organised a hotline working non-stop seven days a week. Since 1 May (over a period of 17 days) the line received 200 calls, 50% from Crimea, and 10% from parents.

A change of medication from methadone to buprenorphine in Crimea was considered, since buprenorphine is available in the Russian Federation as an analgesic. It is not used for substitution therapy in the Russian Federation but it is also not on the list of illicit substances like Methadone. This idea was not further explored, since experts reckoned that it was not realistic to convince Crimean authorities to provide buprenorphine to people in SMT.

6 Recommendations

The recommendations are presented according to three different scenarios: current situation, full interruption of supply, and after crisis interventions.

6.1 Scenario1: Current situation

The current situation is characterised by instability, with difficulties to deliver SMT medication in certain regions, as well as difficulties in receiving objective information.
In this context, experts mandated by the Pompidou Group recommend:

- Ensuring the safe transportation of the medication (airline, train).
- Informing the people in SMT of the situation objectively, and discuss anticipated difficulties with them.
- Ensuring medical confidentiality of people with SMT.
- Considering take home dosages of methadone in order to facilitate patients' access to treatment in unsecure environment.
- Continuing to provide harm reduction measures (information and education, sterile injection equipment, condoms).
- Creating a national task force capable of monitoring the situation on a daily basis and implementing emergency actions when necessary. The task force could consist of Ukrainian policy makers, international and local organisations as well as patient organisations.
- Appealing for international and national fundraising in order to finance possible emergency measures including housing, employment, social support for internally displaced people.
- Creating a media platform (internet, mobile phone or national hotline) providing objective and up-to-date information to persons in the

affected regions in Ukraine. People in SMT need to be kept updated with objective information in order to take the most appropriate decision when facing displacement and interruption of SMT.

- Increasing the volume of supply of SMT medication, which is allowed to be stored at the sites. The current law (regulations 333) allows no more than one month of storage locally. A three-monthly supply would reduce costs for transportation and guarantee supply for a longer time in affected regions.

6.2 Scenario 2: Full interruption of supply also in other regions of Ukraine

In the absence of possibility to ensure a secure supply of SMT medication, we recommend:

- Searching for assistance among international organisations, NGOs, and local well-recognised persons to ensure a secure way to deliver substitution medication.
- Training health professionals in detoxification according to evidence-based medical protocols.
- Ensuring detoxification in medically acceptable conditions, according to evidence-based medical protocols.
- Ensuring transmission and access to objective information for emergency measures, for example the location of alternative SMT sites in other regions.
- Providing harm reduction measures (information and education, sterile injection equipment, condoms, etc.).
- Setting up alternative SMT site close to sites that no longer can provide SMT medication.

6.3 Scenario 3: After the crisis – stabilisation of the situation

Even though the situation regarding SMT has improved over the last ten years since the beginning of its implementation, this scenario points out numerous aspects that stakeholders want to improve. SMT is centrally

organised, with little flexibility when it comes to effective and efficient health care delivery. Medical staff are obliged to follow the strict legal frameworks of SMT.

Experts in the field advocate necessary changes. A recent report about substitution maintenance treatment in Ukraine by Emilis Subata points out a number of interventions that can improve (Subata 2013). To reach such challenging goals, a joint advocacy effort is necessary to convince policy makers to implement much needed reforms. Indeed, international and local stakeholders recognised that their advocacy effort could be more coordinated.

Therefore, we recommend:

- Creating a working group consisting of representatives of the MOH, SSDC, external and local experts, and NGOs.
- Conducting a revision of the SMT protocol. This is necessary to base SMT treatments on medical evidence and not to such a large extend on control-related aspects.

6.3.1 People with SMT

It is recommended to:

- Scale up services targeting people using drugs in all regions of Ukraine.
- Facilitate access to SMT by increasing the number of available treatment slots and reducing the threshold of access to SMT.
- Allow driving under SMT for stabilised people and those with a driving licence.

6.3.2 Health professionals

Health professionals should be able to:

- Work according to internationally- and evidence-based medical protocols on SMT. This includes more flexibility when it comes to limitations of dosages prescribed (upper limits), and patients' involvement in the treatment plan.

- Create working conditions that allow proper medical and social care, with fewer administrative constraints.
- Facilitate take home dosages for stabilised patients.
- Ensure SMT support by international and local medical professional organisations.
- Encourage research in addiction medicine involving Ukrainian institutes and universities.
- Develop integrated services (for both somatic and psychiatric comorbidities).
- Monitor the needs for SMT.

6.3.3 Central level

Policy makers should consider the following interventions:

- Create sufficient stocks of medication and regulations that allow larger stocks in main pharmacies.
- Allow for state financing of SMT.
- Make SMT a key priority of the Ukrainian MOH.
- Ensure sustainability of SMT programmes in Ukraine (especially after the end of GFATM financial support).
- Develop national production of methadone and buprenorphine.
- Inform both the medical professionals and the general public thoroughly and objectively about SMT in order to ensure objective and evidence-based information.

7

Conclusions

The instability in Ukraine in the recent months has accentuated the situation for the already vulnerable population of people using drugs in Ukraine. The SMT programmes, which have been scaled up considerably during the last ten years, have provided opioid-dependent drug users with an internationally recognised medical treatment of opioid dependence. The necessary and essential efforts to reduce the transmission of HIV infection in Ukraine is undermined by the interruption or reduction of SMT provision, and this at a time when the preventive measures were beginning to show concrete and effective results; namely a decrease of new HIV infections among people who inject drugs.

Prior to the present crisis, the SMT programme was in the process of and in need of considerable up-scaling concerning numbers, to meet a larger need among the many opioid-dependent individuals in Ukraine. The existing SMT programme is also in need of sustainable qualitative improvement, as pointed out by many of the informants we met during our mission. Hopefully, their proposals for improvement of the SMT in Ukraine will be listened to in the future, once political stability is restored. The goal must be to develop an approach that is more oriented towards health care and individuals enrolled in SMT, putting less emphasis on control measures for the provision of care and more on the quality of the treatment delivered. International contributors finance the greatest proportion of SMT in Ukraine, which puts at risk the long-term provision of SMT.

After the interruption of SMT in Crimea, numerous stakeholders both at national and international level share great concern regarding the future of SMT. Significant action has occurred in reaction to this. The efforts have to be fostered since the most recent developments show that it becomes increasingly difficult to provide SMT in Eastern Ukraine too. One can expect that people with SMT will also leave for other parts of Ukraine in search of continuation of treatment.

Actions developed so far have to be completed by a more intensive intervention that will comprehensively address the needs of people in SMT in Crimea and in mainland Ukraine. These needs do not only include SMT and other necessary medical treatment and harm reduction, but also housing, social assistance and employment and other aspects resulting from relocation as a result of displacement.

Given the pan-European role of the Pompidou Group, and the pivotal mandate of the CoE in safeguarding human rights, the Permanent Correspondents of the Pompidou Group take the initiative to set up an inter-agency immediate response group (PG, WHO, UNODC, NGO stakeholders) to coordinate relief efforts in the most effective way and pool competences and resources to allow for swift action. A first meeting could be organised in June by the PG Secretariat at the CoE office in Kiev.

Appendix

References

Kazatchkine, M. (2014).
"Russia's ban on methadone for drug users in Crimea will worsen the HIV/AIDS epidemic and risk public health." BMJ 348: g3118.

Law of Ukraine (2009).
"THE STATE PROGRAM to ensure HIV prevention, treatment, care, and support to HIV-positive people and patients with AIDS for years 2009-2013. APROVED by the Law of Ukraine № 1026-VI of 19.02.2009 http://www.unaids.org.ua/hiv/response/programm; http://zakon4.rada.gov.ua/laws/show/1026-17."

Subata, E. (2013).
"Opioid substitution treatment in Ukraine. 31 December 2013. Commissioned by the ICF International HIV/AIDS Alliance in Ukraine (available on request).".

UNODC and WHO (2013).
"Opioid overdose: preventing and reducing opioid overdose mortality. Discussion paper UNODC/WHO."

WHO, UNODC, et al. (2004).
"Position paper Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention."

WHO Regional office for Europe (2013).
"HIV prevention for People Who Inject Drugs implemented by the International HIV/AIDS Alliance in Ukraine."

WHO Regional office for Europe (2013).
"HIV/AIDS treatment and care in Ukraine. Evaluation report 2013. Part of the overall Ukrainian National AIDS programme evaluation conducted in September 2012. Avaiable at: http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/publications/2013/hivaids-treatment-and-care-in-ukraine. Accessed 11 November 2013.".


Pompidou Group
Groupe Pompidou


COUNCIL OF EUROPE
CONSEIL DE L'EUROPE