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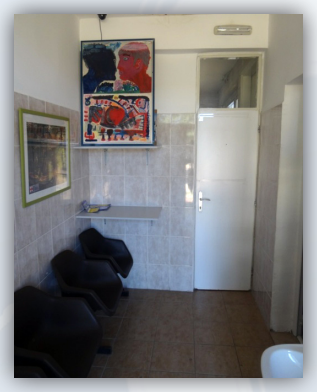
Methadone Maintenance Treatment in Montenegro

Opiate substitution treatment (OST) is a widely used treatment for opioid dependence with substantial long-term benefits for the patient and for the society. Methadone maintenance treatment (MMT) is a comprehensive treatment program that involves prescribing of methadone (a synthetic opioid) as an alternative to the opioid on which the client was dependent. Methadone was first introduced to treat addicts in 1964 in the USA. After the late 1980s, the rate of MMT accelerated. By 2001, 24 EU countries as well as Bulgaria, Romania and Norway had introduced MMT.



Estimates show that in the European Union, about half of the people who are dependent on illicit opioids have access to MMT. Coverage of the target population varies between European countries. It is over 60% in Luxembourg, Malta and Spain; 40–60% in Austria, Finland, Germany, Ireland, Italy, the Netherlands and Norway; 30–40% in the Czech Republic and Hungary; and less than 30% in Cyprus, Greece, Lithuania, Poland and Slovakia. Methadone is the most commonly prescribed opioid agonist in Europe; it is used in 75% of patients on OST. Overall, buprenorphine is the second most commonly used opioid agonist, although it is the one most often used as opioid maintenance treatment in Croatia, Cyprus, the Czech Republic, Finland, France and Sweden[1].

The results of research studies and practical experiences clearly indicate that patients benefit substantially from MMT with improvements in physical and psychological health. MMT proves successful in attaining high retention rates (65 % to 85 % in the first years, up to 50 % after more than seven years) and plays a major role in accessing and maintaining ongoing medical treatment for HIV and hepatitis. MMT is also seen as a vital factor in the process of social re-integration and it contributes to the reduction of drug related harms such as mortality and morbidity and to the prevention of infectious diseases. Some 10 % of MMT patients become drug-free in the long run[2].

In our region, the MMT was first introduced in Serbia[3] and Macedonia[4] in the late seventies and in Croatia[5] and Slovenia[6] in the beginning of 1990s.

Despite the scientific evidence as well as functioning of the MMT centers in other countries of former Yugoslavia, after a long and controversial debate among professionals in the psychiatric community as well as other health professionals in the primary health care, methadone maintenance treatment (MMT) was first introduced in Montenegro in 2005 by the Primary Health Care Center Podgorica after one-year of successful implementation of the needle and syringes exchange program which was supported by UNDP.

The number of patients in MMT, at first low due to strict admission criteria and insufficient support to the program by the relevant professional communities, increased considerably from 10 in 2005 up to 158 covered with the program at the end of June 2013 in the three active MMT programs functioning within Primary Health Care Centers in Podgorica, Kotor and Berane.
From the initial 10 clients at the very beginning, with continuos focused efforts aimed at advocating the program among the relevant health professionals as well as among the IDU community itself, the MMT centre in Podgorica has become the national referral centre in the area of MMT provision and it is now providing services for about 50 clients (sometimes even more than 50), which is the optimum number of clients this centre can work with in its current capacity.

MMT team include specially trained psychiatrists and nurses. Addicts seeking to cope with their addiction with professional support are offered also counseling services as well as other assistance to step out of drug use. Counseling services are also offered to their family members. Methadone is being given orally, in a liquid form and patients are required to subject to weekly urin analyses in order to control the illegal concurrent use of illicit drugs. When urin analyses results are repeatedly positive in a given patient then the patient is discharged from the MMT.

„It should always be pointed out that MMT is one of those programmes aimed at harm reduction that helps tackling the issue of drug abuse in a pragmatic way. Through the MMT, an addict is given a mean to reduce the damage he/she does to himself/herself and others, without being subjected to moral lectures. The key to understanding of all harm reduction programmes is to emphasize that they directly relate to measures aimed at reducing the possible damage that results from drug abuse and which do not necessarily imply that the use of drugs would immediately cease" – elaborates Olivera Vulic, Head of the Center for Mental Health in the Primary Health Care Center (PHCC) Podgorica.

In addition, benefits of the MMT (most of them scientifically proven) are numerous:

- Methadone mitigates or totally arrests unpleasant symptoms of the abstinence syndrome, thus, a human dimension is being provided to the addiction treatment;

[1] *Torrwns M, Fonseca F, Castillo C, Domingo-Salvany A. Methadone maintenance treatment in Spain: the success of a harm reduction approach Bulletin of the World Health Organization 2013;91:136-141. doi: 10.2471/BLT.12.111054*
[2] *Michels I.I, Stover H, Gerlach R. Substitution treatment for opioid addicts in Germany. Harm Reduct J. 2007; 4: 5.*
[3] *http://www.emcdda.europa.eu/html.cfm/index211578SR.html*
[4] *Ignjatova Lj. Treatment Systems Overview in South Eastern Europe. Council of Europe, 2011.*
[5] *http://www.emcdda.europa.eu/html.cfm/index36029EN.html*
[6] *http://www.emcdda.europa.eu/data/treatment-overviews/Slovenia*

- An addict loses the fear from the abstinence syndrome and starts developing a motivation for a further treatment;
- Methadone ensures that the addict abandons practice of drug injecting, which reduces the risk of overdose, HIV infection and B and C Hepatitis;
- MMT reduces the chances of future relapse to drug use;
- Through the programme, an addict is being prepared for psychosocial and socio-therapeutic treatment and rehabilitation;
- The programme is relatively cheap;
- Use of medicaments and unprescribed drugs gets reduced;
- The programme attracts patients to health institutions, thus providing opportunity for a control, supervision and treatment of associated diseases;
- Improved overall personal, social and family of patients;
- MMT reduces the criminal behaviour;

MMT was struggling in the beginnings as in addition to general public that was not familiar with the topic and, therefore, was quite sceptic, there was also a number of medical professionals who opposed the introduction of the MMT to Montenegro. At the time, they claimed that "what MMT does is that it replaces one opioid with another and that there are no addicts actually cured".

In order to overcome such situation and to remove any doubts about the benefits of the programme, huge efforts had been invested in education and training of medical staff. Around **600 people**, including medical professionals, but also police and judiciary staff, **have been educated on MMT so far**. Education and training sessions served as an arena to present pros and cons in relation to MMT.

Danijela Vlahovic, Chief Nurse at the MMT Centre Podgorica talks about the beginnings - "It wasn't easy. The MMT was a concept completely unknown to us then. Although we are committed to provide medical assistance to anyone in need, there was a certain dose of reluctance when we first heard we would be involved in providing services in the center. Also, it didn't help that we knew our clients would be drug addicts, some of them with criminal history. I have to say that in the first days it wasn't easy for us to get used to our clients. It was funny when we realized that our clients had the same issue with us."

For all of these reasons, increasing access to methadone maintenance treatment is a priority. Efforts to overcome barriers to such access have included increasing awareness among health professionals of the benefits of MMT and increasing recognition of the need for services that are flexible and focused on the client's needs.

"Before I entered into the MMT program in Podgorica my life was a living hell. I guess the story is pretty much the same with all drug addicts. Since the very moment I'd wake up until I'd close my eyes mesmerized by the heroin haze, I had only two things on my mind – how to get hold of the drugs and where to find a safe place to inject it. With only those two priorities in my life, I didn't notice how fast years have gone by and how rapidly was I destroying myself and my family. Finally, I almost died to overdose. The next morning I woke up in my hospital bed, went stumbling to the toilet and managed to see a shivering, pale reflection in the mirror. It took me a while before I realized it was me. Only then I realized I had to change something or otherwise I will soon be dead. My family was quite sceptic to hear me wanting a way out, as not much I was telling them during my addiction was true. However, after they took me to couple of sessions with a psychiatrist who evaluated my mental condition, I started with MMT program. Two years after I feel reborn and given a second chance. I have a job, a supportive family and a girlfriend and much brighter future ahead of me. I strongly believe that the heroin addiction nightmare is over and that MMT program saved my life." This confession comes from Dragan, a serious-looking man in his thirties.

Two RDS studies conducted in 2008[7] and 2011[9] on the samples of 350 IDUs revealed a very high level of hepatitis C prevalence (53.6% and 55% respectively) while still very low HIV prevalence. Besides, knowledge on HIV transmission and prevention among the surveyed population is still at the low level while 10.8% had shared the drug injecting equipment at last drug injecting. All listed indicate that there is a significant potential for spreading the blood borne infections among the IDU population and that harm reduction programs, including MMT, should be scaled up in the future period.

As the MMT program in Podgorica was developing, followed by an increased number of clients, it was more than obvious that it needed to be regionally expanded.

In October 2010, the second MMT center in Montenegro was opened. It is located in the Primary Health Care Center (PHCC) Kotor and it basically covers the coast of Montenegro. Following this pattern, in June 2011, PHCC Berane hosted the first MMT center in the north of Montenegro.

"From this perspective, the MMT has justified its existence. In addition to medical, it produced also social benefits and significantly reduced the level of comorbidity, complications and invalidity. Social benefits had a strong impact in fight against stigma. Step by step, the support we were receiving from state institutions, NGOs and international partners and organisations, was growing. The reluctance faced in the beginning has almost disappeared. The programme also helped us to build our own capacities in the implementation process. **More than 400 clients in three MMT centres** in Montenegro have been provided with services so far and around **15% of them have moved further** and enrolled to Kakaricka Gora, the Institu-

[7] Lausevic D, Mugosa B, Terzic N, Vratnica Z, Strahinja R, Labović I. Survey on risk behaviors related to HIV/AIDS, seroprevalence of HIV, HBV and HCV among injecting drug users in Montenegro, Podgorica 2008.
[8] Lausevic D, Mugosa B, Vratnica Z, Terzic N, Begic S, Strahinja R, Labović I. Survey on HIV/AIDS risk behavior related to HIV/AIDS, HIV, HBV and HCV seroprevalence among injecting drug users in Montenegro in 2011, Podgorica 2011.

tion for Resocialization and Rehabilitation of Drug Addicts. We managed to intensify an already interactive cooperation with civil society and it helped us being recognised by UN agencies which created an opening for cooperation in other areas of mutual interest" – says Nebojsa Kavaric, Director of PHCC Podgorica and Coordinator of MMT Programme. "However, reliance on capacities of PHCC Podgorica followed by insufficient support from other PHCCs has led to inadequate progress in the implementation of the MMT activities in other towns" – Mr. Kavaric continues.

Indeed, it was noted that MMT center in Podgorica was struggling with high number of clients coming from the center of Montenegro and was basically working with its full capacity. In order to mitigate this issue, PHCC Niksic will soon have an MMT center. The opening is envisaged in October this year.

"I believe that opening of the second MMT centre in Podgorica should be postponed for a short period of time, until the programme evolves in other municipalities. Support from all levels is needed in order to stimulate the management of those health institutions, so they can undertake the responsibility and start with MMT, which is defined by the Strategy for Prevention of HIV/AIDS adopted by the Ministry of Health and part of package of services in the primary health care" – Mr. Kavaric concluded.

After several years of MMT implementation and strong advocacy efforts focused at key health professionals, it has been realized that MMT should be included in the basic package of health services and that all the MMT related costs should be covered by the Health Insurance Fund (HIF). As of January 2013, methadone is procured by the HIF while only urine tests are still procured from the GF funds.

Methadone substitution treatment has also been administered in prison. This makes it possible for inmates to continue MMT provided they had been included in the MMT program prior to entering the prison and to continue treatment after being released.

Still, there are not enough centers for all drug addicts requiring treatment, and access is limited by geographical barriers and the restricted number of treatment places that can be offered. Furthermore, some geographical regions do not have this kind of centers at all.

A "National HIV response in Montenegro" envisaged 6 MMT centres in total, equally regionally distributed in order to ensure equal access to the clients at the entire territory of Montenegro. By the end of 2013, it has been envisaged to have a new MMT centre in Bar, on the coast, and another one in Pljevlja, in the north of Montenegro. This way, a national coverage will be achieved, which will prevent clients from travelling long distance in order to obtain the service.

While some systemic barriers such as lack of funds for further continuous training, lack of support services, inadequate financial compensation, lack of strict legal regulations could be pointed out as a principal structural barrier for OST in Montenegro. Improvements in the regulatory framework for OST, and identifying additional sources of support and training, would encourage more the relevant health professionals to actively provide treatment and thus help to fully realize the benefits of the currently available treatment options.