

Attachment 1.

RF Ministry of Health Position on Opioid Substitution Maintenance Therapy

Unofficial translation

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In Western Europe, the practice of medical care for people suffering from opioid addiction is represented by harm reduction strategies which involve patients' access to sterile syringes and needles, safe injection rooms, and opioid substitution therapy (OST): the treatment of drug dependence with legalized drugs (methadone, buprenorphine, heroin etc.). These programs have been proposed and implemented as a solution to social issues and were designed to eliminate street drug use, reduce illegal activities, prevent the spread of blood-borne infectious diseases (HIV/AIDS, viral hepatitis), engage drug dependent patients in rehabilitation programs, and offer socialization opportunities.

OST programs, which essentially replace heroin addiction with methadone addiction, are based on the incurability (untreatability) paradigm, in which opioid drug use is seen as ultimately impossible to end completely.

In addition to opioids most patients use other narcotic drugs: methamphetamines, benzodiazepines, marijuana etc. as well as alcohol. Application of OST does not reduce the rates of abuse of alcohol and other narcotic drugs, which directly affects the progress of the disease and gives rise to the development of serious social and medical consequences, including the transmission and the development of HIV. The review of scientific publications demonstrated that in more than 50% of cases the OST participants combine their use of methadone with other psychoactive substances, including opioids.

It should be noted that Resolution II of the Conference for the Adoption of a Single Convention on Narcotic Drugs states as follows:

The Conference,

Recalling the provisions of article 38 of the Convention concerning the treatment and rehabilitation of drug addicts,

1. Declares that one of the most effective methods of treatment for addiction is treatment in a hospital institution having a drug free atmosphere;
2. Urges Parties having a serious drug addiction problem, and the economic means to do so, to provide such facilities.

Under clause "r" Article 32 of the Decree of the President of the Russian Federation No 690 of June 9, 2010, *On the Adoption of the State Antidrug Strategy of the Russian Federation Until 2020*, the main interventions to increase the efficiency and promote the development of drug dependence treatment in Russia are the exclusion of application of any substitution approaches to drug dependence treatment which involve narcotic or psychotropic drugs listed in Schedules I (methadone) and II (buprenorphine) of the List of Narcotic Drugs, and the ban on legalization of use of selected narcotic drugs for non-medical purposes.

Russian Federation has a structured state-funded narcological service, which is able to provide drug dependence treatment based on comprehensive scientific-based principles. Robust

treatment of opioid dependence, including heroine dependence, in Russia is based on the individualized approach to each patient, careful and thorough study of the clinical picture of the disease, and strict discretion in choosing the prescriptions and developing a treatment program. The complete abstinence from narcotic drug use is practiced, combined with the use of opioid receptor antagonists, which, unlike OST, is a pathogenetic treatment of opioid dependence. The effectiveness of this strategy, including its pharmaeconomic efficiency, has been demonstrated by joint US-Russian research.

Background information:

OST is not widely common in the world; in most of the countries where it is used, the OST coverage of drug dependent patients does not exceed 5-10%.

In such countries as Japan, Singapore, South Korea, Saudi Arabia, United Arab Emirates and other countries of the Middle East as well as in practically all South American countries (except Columbia) OST is not used.

In recent years, Canada changed its position with respect to substitution therapy. Beatrice Fenelon, a spokesperson for Canada's Department of Foreign Affairs, Trade and Development, says "the Government of Canada believes that the best way to address the public health consequences of injection drug use is to prevent people from using illicit drugs in the first place." And at the High Level Review meeting of the UN Commission on Narcotic Drugs held in Vienna on March 21, 2014, the Canadian delegation opposed harm reduction approaches, including needle exchange and OST programs.

The implementation of substitution therapy programs in Ukraine, Belarus, and Kazakhstan failed to significantly reduce the rates of HIV transmission. Moreover, in Kazakhstan, while these programs are being implemented, the number of HIV-positive drug users has been growing.

In Ukraine, the goal of the OST program organizers was to achieve a 10% annual increase in the number of clients. The opioid substitution therapy program was never designed to graduate its clients, and because of that about 50% of its patients have been enrolled in substitution therapy for over 5 years. At the same time, in the course of its implementation, the opioid substitution therapy program does not monitor its clients' use of street drugs and does not offer psychological or social support to its clients. In the Crimea, during the program's 9 years, approximately 1/3 of its participants left the OST program.