Integration of services for injecting drug users in Estonia

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Integration of services. What?

We talk about it all the time, but what does it really mean?

- One-stop-shop?
- Good networking model?
- Centralised case-management?
- Something else?

- Patient’s perspective
Integration of services for IDUs in Estonia. Why?

Estonia is still one of the leading countries in Europe in:

- Spread of HIV
- Spread of MDR-TB
- Spread of injecting drug use
- All variations of comorbidities are present - HIV/IDU, HIV/TB, TB/IDU, IDU/HIV/TB, IDU/HIV/MDR-TB etc

- We have not enough people on treatment.
- Existing services are not always “user-friendly”. 
Integration of services. How?

TWO EXAMPLES:

**Bottom-up:** the case of the North-East Virumaa Central Hospital

**Top-down:** the case of the West-Tallinn Central Hospital
Integrated care for TB patients
North-East Virumaa Central Hospital

- Hospital initiated methadone treatment in 2006 without any outside incentives. No additional financing.
- In 2006-2009 23 TB patients received MMT during their in-patient TB treatment, 11 out of 23 also received HAART.
- Hospital does not have psychiatric service. MMT was provided in cooperation with LLC Corrigo (MMT provider in the same region).
- If MMT was initiated before TB treatment, MMT continued during TB treatment under supervision of both TB doctors and psychiatrist.
- In 2 cases MMT was initiated during the TB treatment based on the recommendation of the TB doctor to increase adherence to TB treatment.
- Methadone doses from 30mg to 280mg per day. Methadone was delivered directly to the hospital’s pharmacy and ordinated by...
Integrated care for TB patients
North-East Virumaa Central Hospital

Positive outcomes:

• Integrated provision of the services has increased the success of TB treatment.
• TB staff is capable of managing complicated IDU/HIV/TB cases.
• Positive experience is being recreated in other TB hospitals.
• In 2011 National Institute of Health Development is training the staff of all TB hospitals on MMT and motivational counselling in order to prepare them for provision of integrated services both in-patient and out-patient setting.
• New price-list has been introduced to motivate TB hospitals to provide MMT service based on out-patients services (DOTS, DOTS+MMT, DOTS+AUD).
Integrated care for HIV patients
West-Tallinn Central Hospital

• Pilot project for integrated provision of MMT/HAART within UNODC project in Estonia in 2010.
• Project was proposed to the hospital by National Institute for Health Development.
• Discussions on who is responsible and which diagnosis is primary - is it methadone treatment for HIV patients or HIV treatment for substance abusers?
• Decision to start the project in infectious diseases department and concentrate on patients who have problems with adherence to HIV treatment.
Integrated care for HIV patients

Results

- Service was opened in May 2010. Started with 10 places in 2010. Program will expand to 30 places in the second half of 2011.
- UNODC covered the costs for initiation of the services (equipment and furniture). Service (including methadone) is financed from state budget through NIHD.

- During 10 month 26 patients were referred, 22 were accepted.
- As of 21.03.2011 there are 20 clients:
  - 14 men, 6 women
  - Age: 26-41
  - Doses: 35mg - 290mg
- Selection of clients is based on the results of evaluation conducted by the team of specialists: psychiatrist, psychologist, social worker.
- When necessary TB DOTS is also available. Infant formula is also available for new mothers.
Where we are now

Lessons learned:

• Human factor is important. If specialists understand the problems and needs of the patients, it is easier to start integrating the services. In some cases no additional financial input is needed.

• It is easier to actually provide integrated services than to agree on who should do it.

• There is no single model for integrating services. Even in a small country different solutions are possible. We should not restrict ourselves to “ideal model”.

• Regional situation and availability of staff has to be taken into consideration.

What next:

• Some of the MMT sites report that up to 30% of their clients who are receiving HAART are not taking the drugs!

• One or even two positive experiences do not mean that we have solved the problem, but it is a small step in the right direction.
Thank you for the attention!