

# Community led survey of client satisfaction with opioid maintenance therapy services among participants in Kyiv and the Kyiv Oblast region, Ukraine

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# Background

- ▶ EHRA received request from Ukrainian community to help evaluate OMT programme
- ▶ To make our arguments stronger we decided to involve professional researchers
- ▶ EHRA found the sociologists and connected them with the community organizations
- ▶ During the study EHRA acted as a mediator between researchers and community

# Our approach

In 2019 EHRA gathered a team of professional researchers and 4 national community organizations to develop a tool to assess treatment satisfaction in the context of the quality of life (QoL) among OMT patients. Our approach to this study was based on the principles of equal partnership with the community of people who inject drugs and/or receive OMT.

Community participated in all stages:

- ▶ Development of the tool
- ▶ Collection of the data
- ▶ Analyzing the results and formulating the advocacy messages

# Study design

- ▶ Phase 1: qualitative component

16 semi-structured interviews with OMT program participants

- ▶ Phase 2: quantitative component

376 OST patients took part in the pilot: 178 patients who get OMT for free at state-funded OMT sites, 198 - with patients of private OMT clinics

Sampling for the quantitative component was performed using publicly available data from the Center for Public Health. The two main groups to compare involved a group of patients attending funded sites and a group of patients attending private sites. Further quota sampling was performed based on the type of medication and distribution

The protocol and tools of this study were reviewed by the Ethical Review Board of the Ukrainian Institute on Public Health Policy.

## Problem statement

The first opioid OMT programmes in Ukraine were officially launched in 2004.

According to UNAIDS, the estimated number of people who inject drugs in Ukraine amounts to 346,000 individuals, of them only 11,853 (less than 3.5%) individuals currently receive OMT services.

Annual numbers of new patients remain low throughout the whole period of OMT implementation. According to the Center for Public Health's report on the outcomes of the OMT programme in 2018, a total of 1,903 patients have terminated OMT in 2018, which amounts to 16.7% of the total number of patients.

The study of patient satisfaction with treatment gives new opportunities for a better understanding of OMT service development prospects in the long run as well as treatment trajectories and changing needs on a patient level, which can help to increase the retention rates and possibly the number of patients receiving services.

## Results of the qualitative component

The analysis of the interviews highlights how the interactions between on-site personnel and OMT programme participants can be seen as part of a supervision system framework, wherein every element has a specifically assigned function. Medical personnel are in control of therapy administration, and they prevent unauthorized attempts to take away medicines; the psychologist is to control any concurrent drug use beyond the OMT site; the social worker is in control of patient behaviour at the venue.

Although respondents may have complained about some particular aspects of their OMT programme, they eventually consider these insignificant compared to the most essential thing: the access to and availability of medicines. For patients, the OMT programme is identified with the medicines, and their availability leaves them feeling satisfied. Indeed, patients see their own enrolment in OMT as an opportunity to obtain medication rather than to access an integrated set of services.

## Quotes from the study participants

- ▶ **Interviewer:** You have been on [OMT] for six years now. Do you now have anything . . . if something has come into your life, or maybe your life so far is quite the opposite. . . .

**Respondent:** It's all become stably bad. Previously, there used to be ups and downs, now everything goes evenly. Bad, but stable.  
(MMB82AΔ)

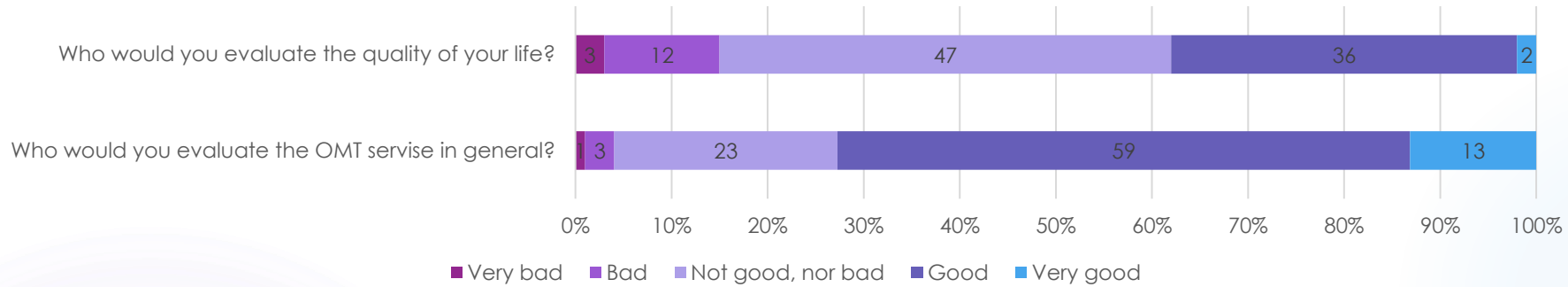
- ▶ I don't think I live a normal life now. My life is a mess. I can't get a normal job for myself, nothing. That is, I live with an addiction. Thank God there's such a programme, so I'm not looking for money for these drugs. The programme helps me a lot. (ГBA93AΔ)

## Results of the quantitative component

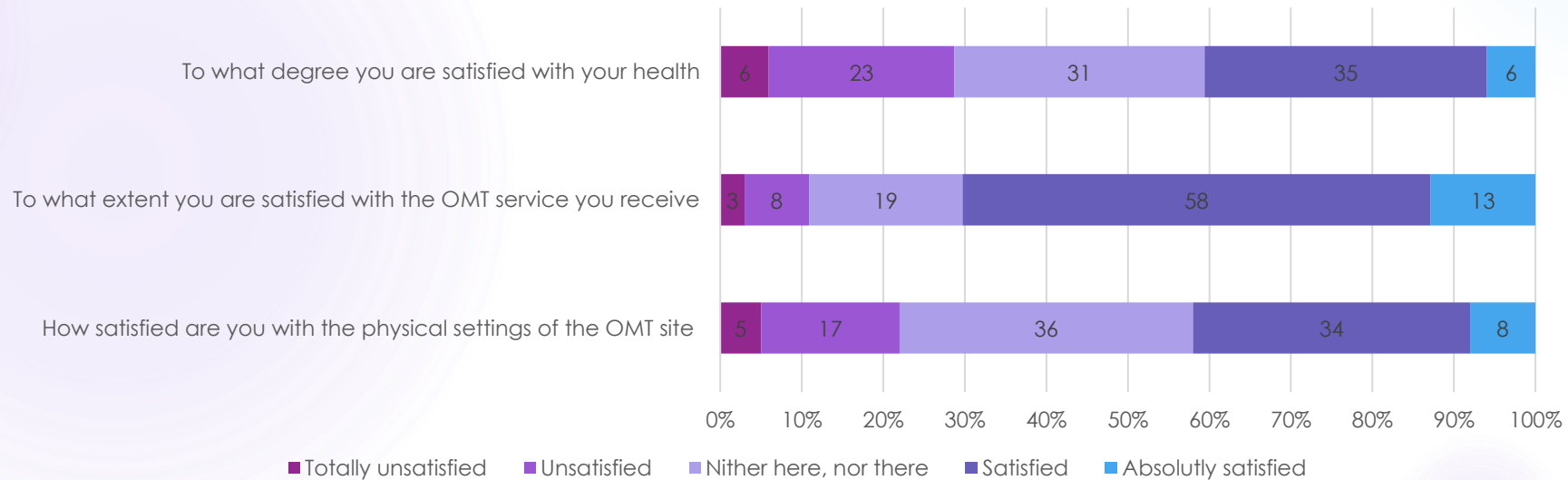
- ▶ The research showed that although a formally designated range of services is provided, their content and quality are not satisfactory, mostly aimed at monitoring the patient's behavior, rather than providing patient-centered support, and do not improve patients' QoL. Gathered data also suggests that the overall high satisfaction with OMT (72%) could be explained by the fact that the perception of treatment is narrowed to the medication (89% of respondents mentioned that OMT is a vital need for them).
- ▶ Participants with lowest QoL are the most vulnerable groups of OST patients, who, however, could get OST out of turn at the state-funded OST sites because of their confirmed vulnerability.



## Respondent's assessment of opioid maintenance therapy services and quality of life



## Satisfaction with the physical setting of the opioid maintenance therapy site, the service and the person's health



# Recomendations

- ▶ For an improved understanding of the goals and outcomes in the treatment of chronic diseases, such as drug addictions, we recommend advocating the assessment of patients' QoL as an indicator of treatment efficiency.
- ▶ Improved quality of life among patients is likely to lead to increased satisfaction with OMT programme components beyond the supply of medication. In particular, emphasis should be placed on patients who are the focus of OMT programmes, especially people with dual diagnoses (such as drug addiction with HIV and/or hepatitis C coinfection), who currently account for more than 40% of all clients in OMT programmes. We believe that the government should not only provide such patients with the opportunity to enrol in OMT programmes as a priority response measure, but also to continue working with these people as they receive treatment in the programme in order to help them reach at least average (for patients on OMT) scores in all quality of life domains.
- ▶ Monitoring should be done by independent organizations not service providers or other institutions connected with the government

# Challenges

- ▶ Difficult to find “the right” research team
- ▶ Resistance from the community to accept the complicated sample and find the required respondents
- ▶ Collection of the data took longer than expected. The field work lasted for 2,5 month during this period community and researchers met 17 times
- ▶ Limited funding

**Thank you!**