BARRIERS TO REALIZE DRUG ADDICT’S RIGHT TO TREATMENT IN RUSSIA: naive questions and serious answers

Prof. Vladimir Mendelevich, MD, PhD
Kazan State Medical University
Russian Federation
Russian narcological policy

It is too young – about 12-15 years old

Until 1990 Russian narcologists didn’t have experience on treatment of opioid addiction
Russian narcological policy

Federal Law which regulated treatment of opioid addiction functions only since 1998
There are include position that drug addict patients have rights to treatment  

**BUT**

at the same time there are positions that doctors couldn’t use narcotic drugs (methadone, buprenorphine and other) for treatment of opioid dependence

*The first barrier is a Law*
Are there any special barriers to realize drug addict’s rights to treatment in Russia or there are generally accepted all over the world?
BARRIERS TO REALIZE DRUG ADDICT’S RIGHT TO TREATMENT IN THE WORLD

The similar barriers:
- moralistic paradigm of society about drug addicts and treatment
- criticism about scientific evidence
Essential rights to treatment: naive questions

Why patient must ask for his essential rights to treatment?

Why doctors alone are deciding what kinds of treatment patient need and what kinds of treatment he must ask to receive?
What it means “to have rights to treatment” in narcology (drug dependence therapy)?

It means for officials:

1. To be a “real patient”

2. To know that method that’s used is therapeutical

Truism: “Real patients must have rights to be treated with scientific methods”
Is drug dependence a “real disease”? Yes or No?
What it means to be a “real patient”?

For officials it means that:

- Disease appears without wishes
- Patient wants to treat his disease
- After treatment a patient avoided any situations that could relapse his disease and shows adherence to treatment

Craving is a symptom of disease!
How to become a “real patient”?

“To be diagnosed as a person with one of known disease on ICD-10 or DSM-IV”
Paradox: social deviation but must be treated? (attitude of respondents, n=1000) %

But 80.6% think that drug addict must be treated!
About 40% think that it could be compulsive therapy (?!)

V. Mendelevich, 2006
Who is guilty of drug addiction?
(attitude of respondents, n=1000)

- “patient himself” – 36,1%
- “social situation” – 37,6%
Naïve question

Patient has the right to be sick

or

Obligation to be in good health?
Is the opioid substitution therapy a scientific evidence-based method?

Yes or No?
- Drug dependence is in the ICD-10 and DSM-IV
- OST is available in more that 60 countries as one of the therapeutical approach,

122 countries and territories submitted estimates for the consumption of methadone (INSB, 2008)

WHO Model List of Essential Medicines

Core List (revised March 2005)

24.5 Medicines used in substance dependence programmes

Complementary List

- methadone* oral solution 5 mg/5ml, 10 mg/5ml, concentrate for oral solution 5 mg/ml, 10 mg/ml (hydrochloride)

* the square box is added to include buprenorphine. The medicines should only be used within an established support programme.
Drug addicts rights to treatment

rights to decide what kind of officially registered methods of treatment they prefer:

- detoxification
  - drug-free
    - OST

or

- to refuse of treatment
The grieve facts:

The opioid substitution therapy in Russia IS STILL ILLEGAL AND PROHIBITED
Barriers to realize drug addicts right to receive OST in Russia:
1) law and 2) opposition of narcologists

- “Patients in OST use injection form of methadone and buprenorphine” (84,9%)
- “In OST programs including patients without any “treatment history” – new cases (84,9%)
- “Medicine used in OST are very dangerous, more dangerous that heroin” (71,7%)
- “Patients using OST don’t want to receive treatment, they only need to take legal drugs” (54,7%)
Medical officials think that the scientific discussions on OST are propaganda of drugs. Any academic debates about it are prohibited. Scientific journals refuse to publish evidence-based articles about OST.
Opposition to OST of Russian medical officials

«Substitution therapy is a first step to legalize drugs…

There are no scientific evidence of effectiveness of substitution therapy in the world…»

Prof. Gennady Onishenko
Russian Medical official, 17 March 2009

The more serious barrier in Russia is non-competence or a lie of officials
Truth:
«In XXI century it’s difficult to understand that there is a group of countries that don’t want to introduce substitution treatment»

Peter Piot
Executive Director
Joint UN Programme on HIV/AIDS
5 May 2008, Moscow (www.news.ru)
The problem of advocacy: The difference between giving information and necessity to receive information

Medical officials and bureaucrats don’t want to receive any scientific information about OST
More than **600 000** patients in EC, about **6 000** - in former USSR countries, **0** - Russia
Position of Russian narcologists against OST based on civic (non-scientific) position

V.Mendelevich, 2006
The questions:

• Do Russian narcologists have adequate and full information about OST?
• Are Russian narcologists satisfied with effectiveness of their drug-free treatment of opioid addiction?

What about drug addicts rights to treatment?
Opioid substitution treatment

A New Problem of Biomedical Ethics and Medical law
Are the arguments against OST in Russia distinctive or they are similar to arguments against ST in European countries?

<table>
<thead>
<tr>
<th>Role</th>
<th>Russia</th>
<th>Bulgaria</th>
<th>Cyprus</th>
<th>Czech</th>
<th>Greece</th>
<th>Hungary</th>
<th>Poland</th>
<th>Slovakia</th>
<th>Turkey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>**</td>
<td>*****</td>
<td>***</td>
<td></td>
<td>****</td>
<td>****</td>
<td>***</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>**</td>
<td>****</td>
<td>***</td>
<td></td>
<td>*****</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td>Scientists</td>
<td>?</td>
<td>****</td>
<td>***</td>
<td></td>
<td>***</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>****</td>
<td>***</td>
<td>*****</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td>Insurance company</td>
<td>?</td>
<td>***</td>
<td>***</td>
<td></td>
<td>****</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>****</td>
</tr>
<tr>
<td>Patients and parents</td>
<td>***</td>
<td></td>
<td>***</td>
<td></td>
<td>*****</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>****</td>
</tr>
<tr>
<td>NGO's</td>
<td>±</td>
<td>***</td>
<td>**</td>
<td></td>
<td>****</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>****</td>
</tr>
<tr>
<td>Church</td>
<td>****</td>
<td>**</td>
<td>**</td>
<td></td>
<td>*****</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>****</td>
</tr>
<tr>
<td>Journalists</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td></td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>****</td>
</tr>
</tbody>
</table>

B. Habrat B., 2001
Subjective personal features of narcologists of the reason as:

- the therapeutic maximalism instead of pragmatism
- conservatism
- corporatism
- paternalism instead of cooperation
- specific ideological, religious, ethical and world outlook orientation of doctors
- an economic and financial component
2009: optimism or pessimism?
Conclusion:

Optimistic fact:
Barriers to realize drug addicts right to treatment in Russia are the similar to the other countries of the world:
- Moralistic paradigm
- Ignoring scientific approach

“"Treatment not torture”"

“Doctors who agree with Hippocratic Oath could protect patients rights to treatment!”
BARRIERS TO REALIZE DRUG ADDICT’S RIGHT TO TREATMENT IN RUSSIA: naive questions and serious answers

Prof. Vladimir Mendelevich, MD, PhD
Kazan State Medical University
Russian Federation