Evaluating OST programmes – MMT and drug treatment in the Maldives

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Based on

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Background to the evaluation

• **All treatment and rehabilitation services**, including MMT
  – assess evidence on programme implementation and treatment results
  – inform strategic policy and delivery options for the scaling up of comprehensive T & R services
• **Rapid site appraisal focusing on process and systems**
• **Two weeks in Oct/Nov 2010**
Method and sources of information

- Site visits to T & R services, NGOs, and prison
- Meetings with government ministers, senior civil servants, T&R staff, NGOs, UN staff (72)
- Discussions with over 40 drug users and ex-users - community, treatment and prison
- Examination of record keeping systems, data on MMT and previous evaluations
- Scrutiny of documents and reports (40)

Where does MMT fit? The wider context
Challenge – delivering drug services in island communities

- 200 inhabited plus 80 tourist islands
- 600km N/S
- Population 314,542
- Young, 43% aged 15-34
- Unemployment - 14% of the 15+ labour force
- Housing in short supply, overcrowding in Male’
- Most doctors are expatriates
Young people and drug use

- Drug use reputedly extensive - data are lacking
- Est. 10,000-30,000 young people using drugs (8% - 23%)
- Mainly hash oil and heroin
- Heroin from Sri Lanka, Pakistan, Bangladesh and India
- Amphetamine rare *
- Young age of first drug use. Age in treatment and recovery typically mid to late twenties

* Biological and Behavioral Survey on HIV AIDS, UNDP, November 2008, Only 5/275 injectors had used amphetamine
Heroin typically smoked, injecting is rare and infrequent

- An estimated 375 injectors in Male’ (242) and Addu (133)*
- Most are on 2/3 islands, a few on many others
- Frequency of injection
  - 46% injected in last 30 days, 16% injecting every day *
  - 24% had injected once, 55% sometimes, 22% nearly always (n=51) **
- Syringe sharing: In Male’, 22% had shared a needle or syringe at last injection, 25% in Addu (n= 147, 129) *

* Biological and Behavioral Survey on HIV AIDS, UNDP, November 2008
** Rapid Assessment Survey, Journey, 2006
Drug injectors are generally healthy

- Few injection-related infections, eg abscesses and septicemia
- Few signs of severe ill health and physical damage (venous damage, neural damage, extreme low weight, teeth loss)
- Few overdose deaths
- No HBV
- Two cases of HCV
- No HIV
- Low levels of HIV testing - 18% of injectors in Male’ and 16% in Addu ever tested.

^ 1 in 2007, 3 in 2008, 2 in 2009
*BBS survey
~ HHgh level of HBV vaccination coverage - 90% in 1999 to 98% in 2008
“ 14 cases of HIV among Maldivians, of which three living, and none are injectors.
Treatment and rehabilitation system

- Drug Rehabilitation Centre: residential TC, mainly involuntary (via court, prison), 6-8 months, failed urine = return to prison. About 200 pa. *
- Community Services: 11 month supervision, counseling and urine testing of ex DRC clients, failed urine = return to DRC. Caseload c. 100 **
- MMT (Male’)
- Two detoxification centres: 21 day detox., no follow-up ***
- Five NGOs ****
- Treatment also in other mainly SA countries

*Hinmafushi, and Regional Drug Rehabilitation Centre (Addu) (currently closed)
**Male’, Addu and Fuvamulah
*** S.Hulhmeedhoo [Addu], K. Villimale’
**** Journey, Hand in Hand, Society of Women Against Drugs, Society for Health Education (all Male’) Open Hand (Fuvamulah).
Legal and penal system

- Mandatory sentences
- Possession or use of any drug (less than 1g): 5 -12 years
  - possibility of rehabilitation (DRC) if no other offense or prior conviction
- Trafficking (1g and over): 12 - 25 years.
- Daily prison population = 800
- 80-90% of prisoners serving sentences for drug or drug-related offences

* Law on narcotic drugs and psychotropic substances, Law number 17/77, Republic of Maldives, 19 December 2007
MMT

- Clinic established Oct 2008, funded by UNODC and Gov’t.
- Treatment is voluntary
- Designed to reach 60 patients
- Patients need to obtain permission from several government departments
- One doctor plus counselors and nurse
- Staff training and the development of treatment protocols assisted by external consultant
- Counseling provided by clinic and NGOs
Implementation problems

Significant problems affected operational ability:
• loss of methadone in a fire and stock shortage
• changes in opening hours
• administrative problems regarding staff hours and remuneration
• periods with no urine testing available
• rescheduling of dispensing during Ramadan
• Mis-perception of the programme by other stakeholders (NGOs, government, other treatment services)

Could these have been anticipated and avoided/reduced?
Operational

- Enthusiastic, experienced and knowledgeable staff
- Clear treatment contracts
- Rapid induction of patients
- Appropriate clinical examination for dependence and mental state
- Appropriate security for controlled drugs
- Dose levels appropriate by international standards at induction, increasing until stabilization; flexible dosing
- Daily supervised dispensing
- Maintenance dose levels – between 60 and 120mg per day
Attraction and coverage

Stage 1 – Oct 2008
• 47 by June 2009
• initially restricted to injectors, later broadened
• cessation of new recruitment, patient numbers declined to 10

Stage 2 – Oct 2010
• recruitment restarted
• currently (August 2011) 60 patients
• estimated coverage of IDUs in Male’ = 18%*

* Assume 75% of patients are IDUs, and 250 IDUs on Male
Retention – stage 1

- First 47 patients
- UK benchmark 75% at 3 months*
- 12-month retention in other studies ranges between 36 and 60% and above **

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** A Meta-Analysis of Retention in Methadone Maintenance by Dose and Dosing Strategy. Yan-ping Bao; Zhi-min Liu; David H. Epstein; Cun Du; Jie Shi; Lin Lu’ 2009,The American Journal of Drug and Alcohol Abuse, online, Jan 2009.
Outcome by 12 months – stage 1

based on first 47 patients

- MMT: 34%
- Arrested: 23%
- Terminated: 13%
- Weaned: 13%
- Med discharge: 2%
- DRC: 2%
- Died: 2%
- Drop out: 11%

Terminated (13%) and arrest (23%) are the highest categories.
Patient progress: stage 1 – baseline v. 9 months

n=32 retained to 9 months, Addiction Severity Index

(source – Suresh Kumar *)

82% negative as on 7th June 2011

* Methadone Maintenance Therapy (MMT) in Maldives, UNODC, Regional Office for South Asia. 2010
Problems

• Patients need to obtain government clearance
• Quality of psychosocial counseling
• Different views on the aims of MMT, held by some treatment staff and NGOs outside of MMT
• Lack of counseling protocols: contradictions between the philosophies of MMT and agencies providing counseling
• Political, professional, family, drug user ambivalence, dislike
• Lack of exposure of MMT staff to MMT in other countries.
Overall

- Maldives to date has avoided major health harms and costs that are linked with drug use in other parts of South Asia, and HIV/AIDS in particular.
- Main task is to reduce the impact of use of heroin and problematic drug use by better prevention and treatment including prevention of injecting.
Strategic recommendations for T & R

- Health priority is to prevent the spread of injecting
- Many parts of a good T&R system are in place
- Increase voluntary options
- Some drug users recycled though the penal and rehabilitation system – anti-therapeutic circle
- Too many drug users in prison
- Lack of job opportunities
- Some services operate below capacity
- Systems can make innovation difficult
- Need M&E – monitor drug use patterns, early warning, performance
- Spread clinical expertise to non-specialist clinicians
MMT recommendations - Maldives

- Better explanation to, and support from stakeholders: MMT a long-term treatment with individual and community benefit, and part of the package of responses
- Simplify rules for enrolment
- Improve psychosocial counselling make consonant with MMT
- Incorporate work training and explore job opportunities
- Ensure current clinical expertise is retained
- Staff, parliamentarians and decision makers need to learn from MMT in other countries
- Expand: increase coverage, second site on another island
Recommendations for evaluating OST

• What can we expect from a new MMT programme, and over what period of time? **What is realistic?**
• What consensus is there in international experience and literature?
  – operational criteria
  – comparable measures
  – performance benchmarks
• M & E – monitor drug use, assess population size, measure agency performance
• Importance of assessing context, not only the service