

# IMPACT OF COVID-19 ON TREATMENT AND CARE OF PEOPLE THAT USE DRUGS IN REPUBLIC OF NORTH MACEDONIA

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# Conflict of Interest Statement

This educational activity does not include any content that relates to the products and/or services of a commercial interest that would create a conflict of interest.



- The COVID-19 pandemic has affected the entire population and overall living, but this impact is strongest on marginalized groups.
- Experience to date has taught us that all restrictions in every sense (financial, availability of treatment and etc.), although affecting all, are particularly strong on marginalized groups.
- This study discusses the impact of COVID-19 on people who use drugs in Republic of North Macedonia.

- Patient conditions were analyzed in 11 OST's in society, 2 OST's in Prison, 2 harm reduction programs of which one for sex workers, and 2 prevention programs for the period January-June 2020.
- During this period, several changes occurred that reflected on the treatment and care of people who use drugs.

# Changes noted by EMCDDA

- First case registered 26 February 2020
- Restrictions were imposed 18 March 2020
- Rise in the of price of cannabis
- Increase of simultaneous use of multiple drugs
- More common use of cocaine
- Drug treatment in general health care settings (general practitioners and hospitals) was not provided during the lockdown
- In-patient treatment facilities stopped admitting new clients
- Overdose deaths during the lockdown

[EMCDDA trendspotter briefing, March 2021, Impact of COVID-19 on drug use and drug services in Western Balkans]

# Things have proven to be good practices

- I. The centralized treatment with buprenorphine from the Toxicology and Emergency Medicine Clinic in the capital was transferred to OST's throughout the country when COVID-19 started.

The evaluation made in 2017 concluded that :*” Opiate dependence treatment with buprenorphine is centralized only in the capital and is not available in prisons. Money for hospital treatment through buprenorphine induction is irrationally spent at the Toxicology and Emergency Medicine Clinic, instead of performing such induction in outpatient and day hospital conditions at the centers in the country “*

It was recomended: *” Decentralize treatment with buprenorphine and make it available in all centers and prisons in the country”*

*“Rationally spend the money and outpatient induction of buprenornhine”*

# Things have proven to be good practices

II. Patients from some closed cities and municipalities receive treatment through psychiatrists at local hospital in their cities.

The evaluation made in 2017 concluded that: *“Transportation is an additional financial burden for individuals with drug use disorders and a barrier to access to treatment. There are no treatment centers in all cities of the country, and transportation costs are very high and present an obstacle to access to treatment. Some patients have to travel even 50 kilometers to reach their regional center.”*

It was recommended: *“Open up centers in more cities in the country, as appropriate according to the distance from existing regional centers etc.)”*

[[https://www.unodc.org/documents/southeasterneurope/Treatment\\_Quality\\_Standards\\_for\\_Drug\\_Addiction\\_ENG.pdf](https://www.unodc.org/documents/southeasterneurope/Treatment_Quality_Standards_for_Drug_Addiction_ENG.pdf)]

**These two things (decentralization and receiving therapy at local hospital) have proven to be good practices but training of the staff is ne**

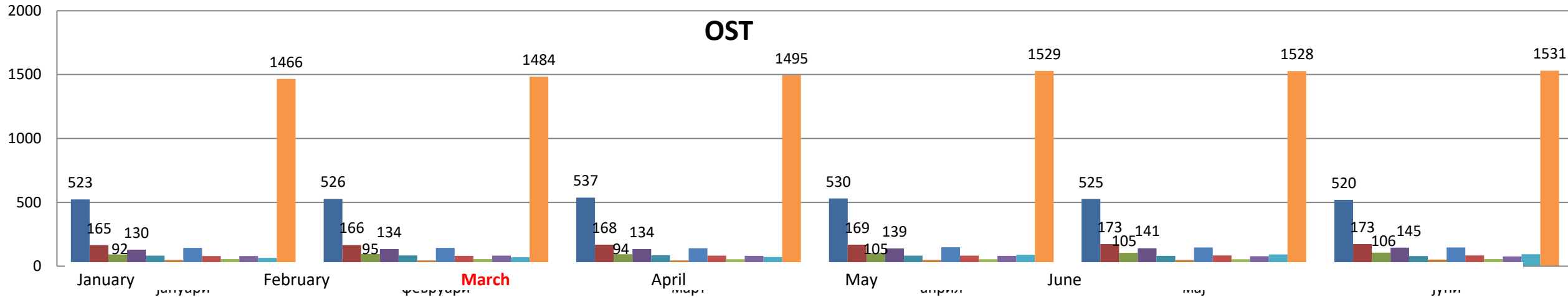


# Accessibility

- Unfortunately, there have been such cases, where receiving treatment through psychiatrists at local hospital was not possible and transportation to regional centers has been difficult due to the existing restrictive measures, so **number of patients in some OST's has decreased.**



# Capacity in OST's



In some OST's the number of patients remained **unchanged**, but in most centers, the number of admissions has **increased in the beginning of COVID-19** for several reasons:

- returned patients from other countries,
- difficult supply with drugs regarding restrictive measures in the beginning of COVID-19,
- continuation of treatment after being released from prison.
- decentralization of buprenorphine treatment in regional

# OST's

- Staff from OST's was fully present at work most of the time, **what was not case with some other medical staff in other institutions.**
- Visits, examinations and delivery of therapy to the people who were quarantined were made by the staff from OST's, **other medical staff did not want to work with this population (STIGMA).**

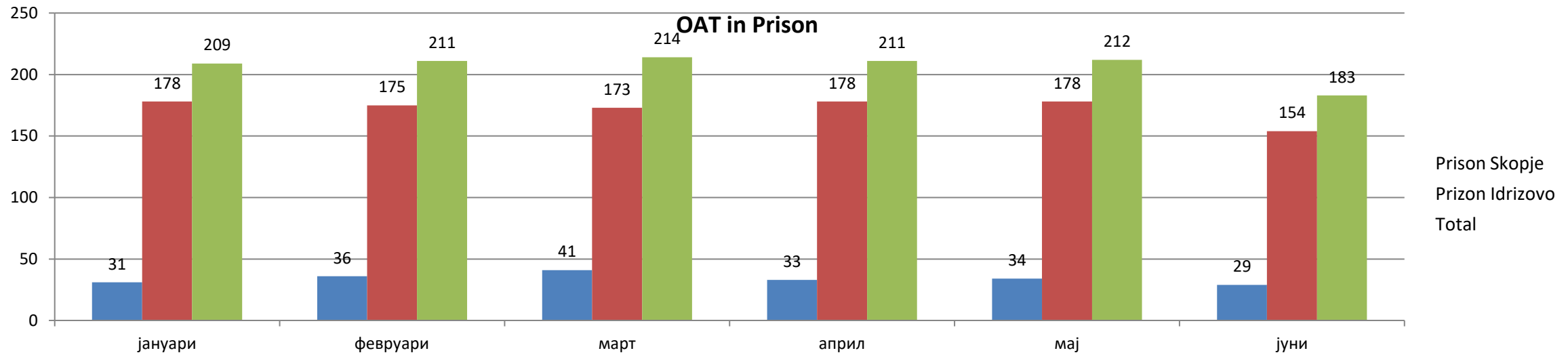
# OST's

- Psychosocial interventions have been drastically reduced, but pharmacotherapy has taken place without interruption in the OST's.
- New admitted patients received therapy daily or 2-3 times a week and other patients received take home therapy for one week.
- In some cases the NGO "Red Cross" delivered the therapy.

# OST's

- The flexibility of drug treatment and care programs has reduced the drop-out rate of people receiving opioid agonist treatment (OAT).
- Access to programs and decentralized work model across the country have also reduced treatment drop-outs.
- The presence of all staff at the services most of the time, the admissions that were realized immediately without waiting lists and postponed appointments and in any circumstances (in quarantines - hotels, hospitals, etc.) reduced drop-outs and prevented overdoses and suicides of opioid users in the country.

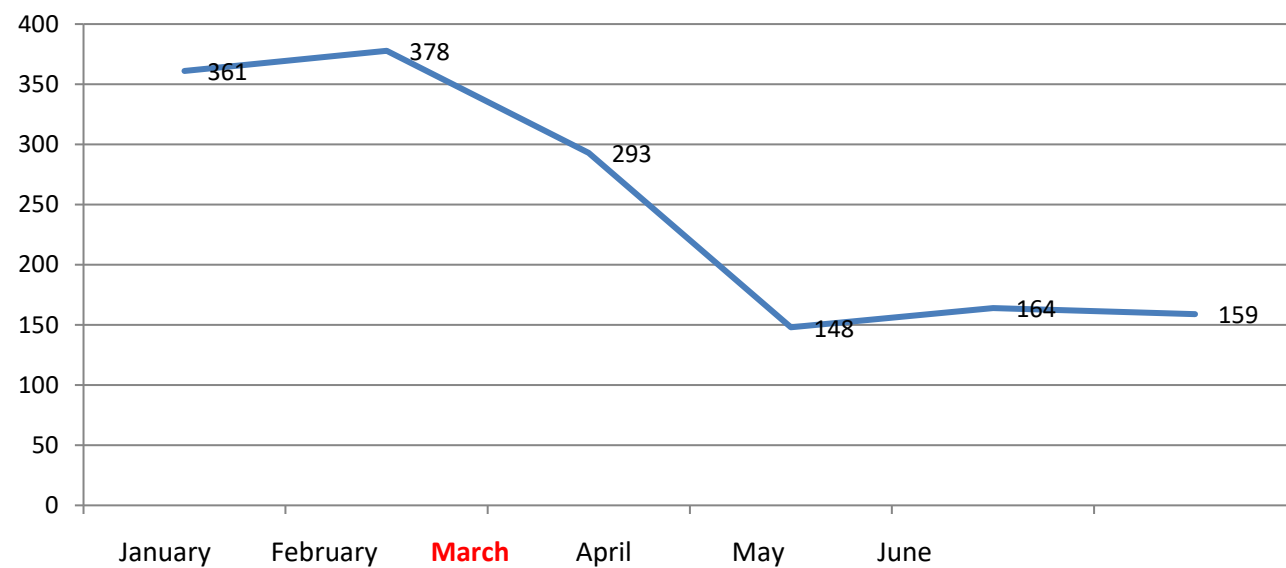
# Prisons



- The number of people released from prison who continued with OAT in the community was higher than the same period last year.
- The country's largest prison also had **no case of COVID-19\*** thanks to isolation measures and regular monitoring of the condition of newcomers.
- Treatment with OAT in prisons continued as before the COVID -19 period, nor overdose or **suicide\***.
- (**This was not case during second wave\***).

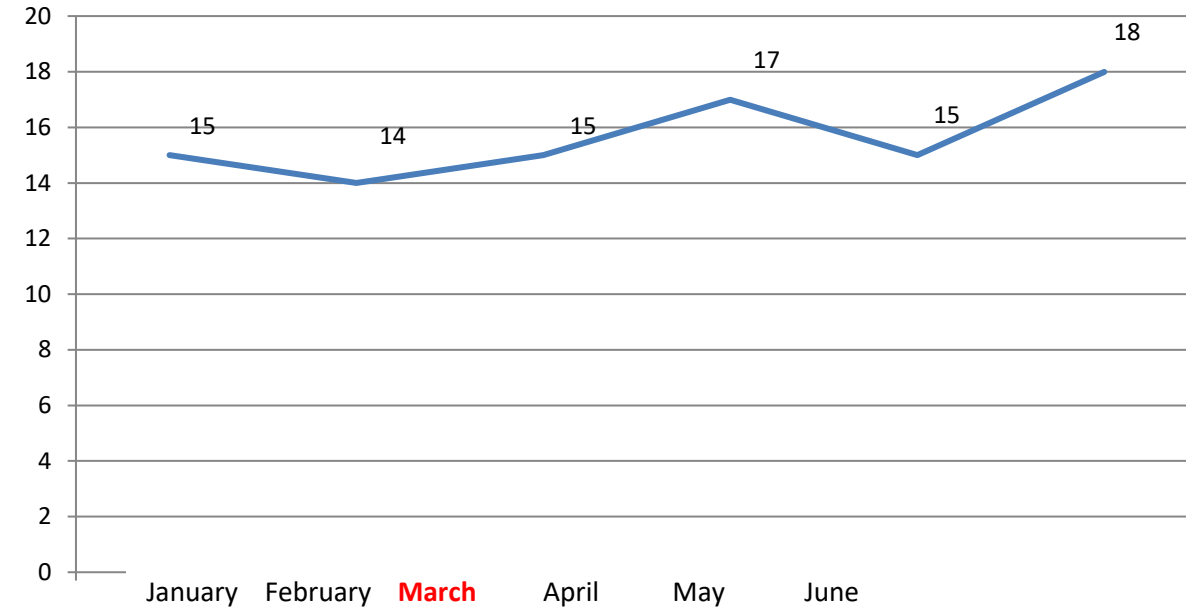
# Harm Reduction

## HR services – needles exchanges



- Harm Reduction centers were closed resulting in decreased number of served people by outreach work that continued.

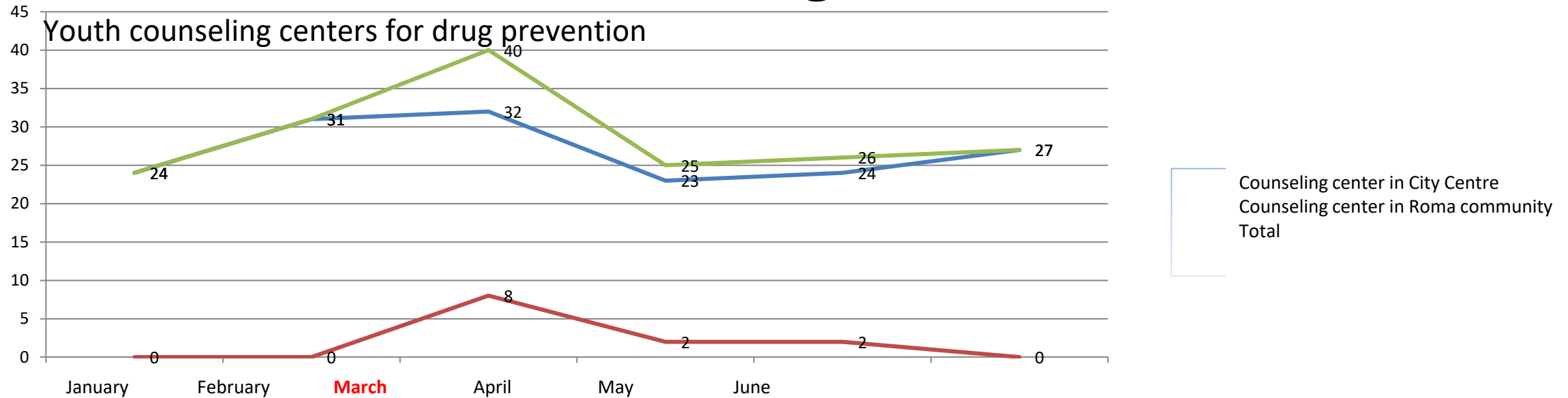
## HR services for sex workers/drug users



- Harm reduction program for sex workers show a slight increase.



# Counseling centers



- Counseling centers for young people were closed but counseling was provided on line, resulting in decreased number of served people.
- At the end of May 2020 they have been open and face-to-face counseling together with on line counseling continue. Online counseling was not equally applicable in Roma community so number of served Roma youth drastically decreased.
- The number of visits by young people with "covid induced anxiety" and coping with alcohol/drugs has increased as well as Problematic use of the Internet.

# Conclusions

- From the results it can be concluded that the COVID-19 pandemic has an impact on drug-related conditions and the treatment and care of people who use drugs.
- While some changes have proven to be good practices, others can have repercussions for the target group and the community as a whole.



# Conclusions

- The drug problem has not disappeared, it may have changed but not disappeared. The drugs continued to travel. Online drugs were available.
- New drug victims continued to seek help.
- We do not have the "privilege" to stop the provision of treatment and care, without delay, for all our patients seeking help no matter where they are, at home, in quarantine or coming to the centers.

# Conclusions

- Flexibility and pragmatism, creativity and innovation are needed to provide accessible drug treatment services for all, but also for the most vulnerable categories that will be specific and created for them to reduce the consequences during the COVID-19 pandemic.

Thank you for attention!

