

## **Opioid substitution program in Belarus: limiting the rights of patients**

This appeal was submitted by me, Sergey Kryzhevich, as a patient of the opioid substitution therapy (OST) program in Minsk (Belarus) and as a representative of the Republican Social Public Association of OST clients community "Your chance" ("Tvoy Shans").

I have received methadone treatment for more than 8 years. The substitution therapy has changed my life for the better – I have a job, got married and have a daughter. In 2017, I had to file a suit as I had been unlawfully accused of driving a car under the influence of drugs. In fact I wasn't driving the car under the influence of drugs, as the results of the expertise showed traces of methadone which I used on prescription, as evidenced by a medical certificate. Moreover, the intoxication testing was carried out in a way that violated the legal procedure. I based my appeal to the court on video evidence and prepared the analysis of normative documents. I lost the case in the Supreme Court and had to pay a fine of almost \$ 1000. I also lost my driving license, which had made it possible for me to come to work on time even though I had to visit the substitution therapy program site to get methadone every day for eight years. It also helped me spend more time with my family.

I ask the Global Commission to pay special attention to the issue of recognition that OST patients are indeed able to fulfill their responsibilities at work and drive vehicles, since the overwhelming majority of patients seeking social reintegration are vulnerable. I would like to draw your attention to the fact that even peer consultants working in harm reduction programs in Belarus sign a document that they have been warned about the area of responsibility with regards to being in a state of intoxication. In other words, it turns out that OST clients break the law every time they go to work, according to the current legislation. It is not possible to solve this legal issue, which threatens both the well-being and freedom of hundreds of people, as well as reduces the coverage of OST programs as part of the narcological help and response to the HIV epidemics in Belarus (see details below). The following data shows that the coverage of programs in the country is declining and HIV epidemics continues to grow.

### **Information on HIV and OST in the Republic of Belarus**

According to the data, there are 25 074 cases of HIV infection and 19 519 people living with HIV in Belarus with the prevalence rate of 205.6 per 100 thousand people as of 1 March, 2018. According to cumulative data (1987-01-03-2018), 35.4% (8 883 people) infected with the human immunodeficiency virus were infected through parenteral route of transmission (intravenous injection of drugs), the percentage of people infected sexually amounts to 62.4% (15 643 cases). This tendency can be traced in all the regions except Minsk, where the parenteral route of transmission still remains the dominant route of infection. Other ways of transmission (vertical, unidentified) account for 2.2% cases (548 people).<sup>1</sup>

The pilot project of substitution therapy in Belarus began in the city of Gomel in 2007 and remained in the status of a pilot project for several years. The initiative was supported and is still working as a part of the Global Fund project. Order No. 1233 was adopted at the end of 2010 and activated substitution therapy sites in other 12 cities and settlements of the republic. The Order

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<sup>1</sup> <https://www.belaid.net/epidsituaciya-po-vich-infekcii-v-respublike-belarus-na-1-marta-2018-goda/>

was accompanied by a clinical protocol of treatment. 19 offices have been opened across the country to date and we have been promised that they open 2 more sites. A total of about 900 people receive treatment. 37% of all people receiving OST in Belarus live with HIV.<sup>2</sup> To reduce the number of new cases of HIV infection, the World Health Organization recommends increasing the coverage of OST up to 40% of people who inject drugs. In Belarus the coverage reaches less than 5%.<sup>3</sup>

Due to the fact that people are withdrawing from the substitution treatment program (the number decreased from 1 200 to about 950 people within just a few years), we, the activists of the Republican Social Public Association "Your Chance", initiated a study of the potential interest of people who inject drugs (PWID) to participate in the methadone substitution therapy program (MST) in Belarus. We conducted the study in 2016 within the framework of the project "Harm Reduction Works – Fund It!" implemented by the Belarusian Public Association "Positive movement". According to the research, the total number of PWID reaches 31.3 thousand people in Belarus. 14.9 thousand of them use opioids. 70.7% or 10.5 thousand people out of 14.9 opioid users are potentially interested in participating in MST program. Women are more interested in taking part in MST program (women estimate 37% of the total number of people interested in joining the program and 29.8% of the total number of people who aren't interested in it). The level of interest in OST doesn't depend on age.

According to the study, the major barrier to participation in the program is that clients have to visit OST program site every day (72.0%). The barriers related to the procedure of inclusion into the program are also very common: it takes a long time to get included into the program (42.3%) and you have to stay in the hospital for adjustment of drug dosage (38.3%), the inconvenient location of the site (it is either located in a different city or far away (33.2%)). The inability to get take-home methadone is the most common barrier suggested by the respondents themselves. Moreover, there are no MST sites in some provincial cities (Vitebsk, Mogilev) and opening one is not even suggested. At the same time, there are too many patients in Minsk and the existing sites can't cope with them all.

### **Advocacy of the rights of OST patients**

The inconsistency of legislative framework and the discriminatory practices towards people who use drugs lead to the the situation when if a driver gets tested for intoxication and there are traces of methadone or its metabolites in his or her biological samples, police officers in Gomel can write "*no intoxication determined*" in a protocol and decide not to deprive the driver of his license while in Minsk they can state that the intoxication indeed takes place (like in my case) and revoke a driver's license. Contrary to the current Regulation No. 497 on the procedure of examination for driving under the influence of drugs, it is sufficient to have methadone metabolites in the test results. At the same time, according to the current legislation, being in a state of drug intoxication is considered a violation of the labor code and driving regulations and can lead to employment termination, revoking a driving license and large fines (\$ 1000 which is 9 minimum wages).

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<sup>2</sup> [http://www.unaids.org/ru/resources/presscentre/featurestories/2017/april/20170412\\_belarus](http://www.unaids.org/ru/resources/presscentre/featurestories/2017/april/20170412_belarus)

<sup>3</sup> [http://www.unaids.org/ru/resources/presscentre/featurestories/2017/april/20170412\\_belarus](http://www.unaids.org/ru/resources/presscentre/featurestories/2017/april/20170412_belarus)

We initiated a revision of OST Guidelines and Clinical Protocol to improve the quality of OST programs. A draft of the new OST Guidelines was developed in March 2018, which included mechanisms for methadone take home services and driving for OST clients under the certain conditions: three years in the program, at least six months in treatment with a selected dosage, 24 hours of observation in the hospital, medical commission certificate. The guidelines passed the first stage of consultation with experts and civil society.

In the second stage, after the Guidelines had been considered by security agencies and executive authorities, the following topics were excluded from the document: methadone take-home services, substitution treatment in prisons, regulations on determining the state of drug intoxication for patients of substitution treatment programs, which were the key points that could improve the quality of life for patients and help increase the number of OST clients in the country. Community members prepared a collective letter to the Minister of Health with a request to suspend the signing of the new OST Guidelines and include a chapter describing a mechanism for methadone take-home services in it. 47 signatures were collected. They also wrote an appeal to the UN agencies and to the Global Fund, as well as organized private meetings and telephone consultations with the key agencies, UNODC and UNAIDS. In partnership with the Chairman of the Country Coordinating Mechanism and Deputy Minister of Health, the community members initiated a working meeting of all the drafters of the Guidelines, including narcologists, representatives of UN agencies, OST patients and drug control representatives to review the full version, observing human rights for affordable and high-quality medical care.

The issue of including the regulations of take-home methadone services into the new version of OST Guidelines remains unsolved at the time of submitting this case to the Global Commission on HIV and the Law.

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