

OST ROUTINE OR AMORTISATION OF DEPENDENCY

Name:

Country:

KESTUTIS,
LITHUANIA

My day-to-day life is now filled with happiness – after a three-year break, I got the benefit: I can now pick up my medication once a week. It's awesome and gives me a different perspective, so to say. This way, a trip to the clinic on Monday is an important event of the week – like a holiday – rather than a daily routine with an unpleasant undertone or aftertaste. This negativity is usually created by having to travel every day to get your potion, which is very tiring. It creates different tinges that make you feel bitter inside, and the world turns grey in your eyes. After all, you have to go there in any weather – either on foot (the “feeder” is not in the centre) or by public transport, with or without a ticket, but you have to go anyway because you don't want to be clucking.

But most people put up with it. After all, it's easier to put up with it, and we're used to it.

Getting the privilege to receive OST once a week takes stamina and determination. It's not an easy challenge when you feel rattled and have internal conflicts, anti-social phobias and other kinds of unpleasant internal conditions. First of all, being an OST patient, you have to have social insurance, and in order to get it, you either have to work, or be on the unemployment register, or have a disability, or well... pay forty euros a month for your social insurance to the state. The paradox is that if the insurance provider does not get this money for you every month, you cannot get any health services, but the forty-euro monthly debt still drips off. A funny kind of social justice, which is called obligatory social insurance here.

The next step is that you have to fill in a lengthy questionnaire with more than a



hundred questions for your social worker, or as they are now fashionably called, case manager, which means “case consultant” (and the case is you); this questionnaire uncovers your personality to the very last boundary. Not all questions are pleasant, and there is not always enough privacy to fill out this questionnaire. How about this question: Have you ever been sexually abused? This question and the answer to it are heard by three other social workers and one patient.

Additionally, whenever your consultant wants to see you, an appointment is always made for a visit before the medicine is dispensed. At this meeting, on the occasion of your strong desire to get the medicine, there are a lot of questions waiting for you, but for some reason, I have never been told: “Go get your mind right first and then come back.” They do not show any empathy or understanding of the patient's condition at all. On the other hand, some younger staff have a positive attitude and learn from experience. There are occasions when

they listen to you, so there is hope that they can show more humane and accepting attitudes over time.

Then, you have to get a referral for OST from your family doctor. Then, you have to go to the TB centre, and after an X-ray, the doctor gives you a certificate that you do not have tuberculosis. On even-numbered days between 7 am and 9 am, you have to take a blood test for HIV and hepatitis. Then, at the first request and without any chance to refuse, you have to take a urine test for a variety of substances: eight psychoactive substances, all of which must be negative. And only then, if the doctor agrees, you get your first seal of approval. For three months, you are allowed to pick up your medication every other day.

Sometimes you even think it would be easier to learn tap dancing. But it's not in the protocol.

If for three months your tests have been all good, you have been polite to the staff, have not lost your insurance, have the right certificates and referrals, then, with the permission of the doctor, you can

move onto the next level: for three months, you can collect the medicine twice a week. If you prove to be a model patient during this time, then Monday becomes a holiday, and you are allowed to go for your medicine once a week. Let's be honest; I still find it hard to believe that I have passed all the levels of these challenges. My self-esteem is now sky-high. I can say even more: I am proud of myself.

And I don't hold a grudge for those three years. If you compare our programme with others in different countries, you could say that we are lucky. We all have the kind of OST programme that we have fought for ourselves. And even all these rules. At some point, it was necessary to push forward positive changes step by step

through solidarity and patient advocacy. And now it is important to continue to do the same, so that the OST programme is convenient for us and helps us, rather than complicates our already difficult lives as people who use drugs. But because the substance dependence centre is a big and clumsy ship with its own rules and requirements from the top of the various ministries, sometimes certain changes get so crooked and askew.

We are also fortunate to have senior staff who, no matter what, often listen to us, especially if requests are expressed and presented in a timely, clear and sensible manner. As practice has shown, unfortunately, not all patients who receive OST are able to withstand the challenges of the system, such as having social insurance and obtaining various and often unnecessary certificates and referrals. And not all of them have the will to answer a hundred unpleasant questions and also stop using additional street drugs or different variants of the supplements, from beer to dimedrol and clonazepam.

But because methadone has this important property of amortising all other substance use, it becomes less frequent. A desperate person is not going to commit crimes; they will do everything it takes to get better and are generally not ready to give up stability so easily. I'm glad that those responsible for the quality of the OST programme understand this, and for passengers like me, i.e., patients, they made a mobile clinic to dispense the medication. The therapy minibus is parked in remote locations away from residential areas, and the drug is administered there for three hours every day. Yes, we are not being thrown out of the programme with a high dose on the street, which would mean sure death to body and soul. However, it is absurd that the mobile clinic is not working either because of lack of funding or because of the quarantine, and all OST patients have to go to one site. This site is open from 7 am until 6 pm, and all benefit requests are processed there, and tests and questionnaires



are administered. The other site, the mobile unit, which is right in the centre of social work, has a dispensing time of only three hours, from 9 am to 12 pm in the morning. **If you get there a couple of minutes late, you're out. It is probably done this way so that "unstable" patients don't get used to good and human treatment.**

I was pleased that the last time I spoke to the chief physician, I felt that he understood us. We talked about how other drugs such as diacetylmorphine (pharmaceutical heroin) or long-acting buprenorphine could be included in the substitution programme. Scandinavia

already has it: you take it once every three months, and you can live your life in peace, and only as an antidepressant, you get weed of all sorts and sizes or CBD medication.

So far, it sounds like a dream, but as they say, one must have a dream and believe in something; otherwise, it is death. So, I wish for you to have your dream!

A long-time OST patient who has lost track of time.

Kestutis Butkus, Lithuania

Read more stories from Natalia and Marina from Belarus, and Victor from Ukraine on EHRA website