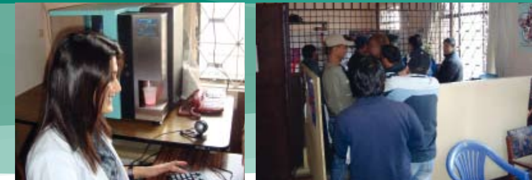
Strategic Alliance 11 | 2009

Methadone substitution



* Names have been modified

"Can someone please push that cow out of the door?!"

Monday morning, in front of the out-patients' clinic at the University Hospital in Kathmandu. The first sleepy figures start arriving on their ramshackle motorcycles shortly before 8 am and wait at the entrance. A small crowd has already gathered outside the closed door. For each person here, the day will be determined by a couple of millilitres of a milky liquid: methadone, a synthetic substitute for heroin.

The door opens. Behind a small wooden counter sits nurse Sapana. The first patient gives her his name. Only short time later he is holding a cup with his dose of methadone. A couple of mouse clicks is all it takes, quickly it is the next patient's turn.

The clinic at the Teaching Hospital handles around 150 patients a day. Many of them have jobs and will go from the hospital back to their daily work as bank employees, technicians, hotel managers or workers in international aid organisations or family businesses. Looking at them one would never guess that until a few months ago they were injecting heroin three to four times a day and were barely in a position to manage drug dependence, family life and job. Today, even Sunil no longer attracts attention among Kathmandu's 900,000 residents. This was not always the case. It wasn't that long ago that he lived in six to eight-hour cycles, always on the lookout for the next shot. "Methadone has literally saved my life," he says. "None of the withdrawals or therapies helped, I always relapsed." Sunil is married and has two school-going sons. His wife confirms the success of the therapy: "I don't know how methadone works, but I do see that he's not hanging out with the old crowd any more, he now helps out at home and I can rely on him."

Help for drug addicts in Asia

Methadone substitution is a long-established therapy for heroin addiction in North America and Europe. Every 24 hours drug addicts are given a precisely measured dose of liquid methadone that enables them to go back to a relatively normal life.

Since March 2009, things at the methadone clinic in Kathmandu have changed. While the medicine used to come in a sealed bottle and was drawn up with a syringe, a computer-based methadone documentation and dispensing system is now available. A German product, it dispenses methadone solution measured down to the last milligram. The software guarantees precise patient-related documentation and there are daily and monthly reports to provide accurate information at any time. Installation has not been easy due to extreme voltage fluctuation, occasional power cuts and a team with no experience in handling medical software. But the challenges have been successfully overcome by a cooperation between the medical technology company, CompWare Medical, and the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), in a public-private partnership arrangement (PPP). The initiative was commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ).

Consultation hours are in the morning and Dr Patrichaya is on duty today. She is a psychiatrist in the clinical department and, with a colleague, is sharing duties at the intake, on the ward and in the clinic for methadone therapy. "This treatment was new to us and we were just

trained for two days in how to administer the substitute drug." GTZ has contributed to the public-private partnership with a capacity-building component. It is the first PPP measure to combine HIV prevention with addiction treatment and to offer Nepalese teams on-the-job training by a German doctor experienced in substitution therapy.

Holistic approach for addicts

Every third intravenous drug addict in Nepal is HIV positive while many also suffer from hepatitis or tuberculosis. AIDS medicines are available free of charge, but the check-ups and medical treatment must be paid for.
A lack of financial support is not the only difficulty facing the patients. "As drug consumers and HIV patients, we are doubly stigmatised," complains the patient standing behind Sunil. "Even in some HIV clinics, the doctors and nurses refuse to treat us when they learn that we are in substitution therapy. It is extremely tough to try and combine these treatments. Addiction and infection doctors have only gradually started working together – there has been real improvement in that respect, but outside Kathmandu the possibilities of getting treatment are virtually nil." It is not only doctors and nurses who have been trained and who have gained an insight into the specific nature of methadone therapy thanks to the daily patient presentations. Members of the Social Care Unit (SCU) have also been trained to guarantee the social workers side of the treatment. They are former drug addicts themselves, who have established the psychosocial treatment with much enthusiasm.

For several weeks, the social workers learned the basics of addiction medicine, assessment techniques, work organisation and the specific role played by accompanying diseases such as AIDS and hepatitis in substitution. Regular meetings are held, with nurses and doctors attending every two weeks. Gradually SCU and the medical treatment team have joined hands. Dr Saroj Ohja also attends the meetings on a regular basis. He is the medical director of the Nepalese methadone programme and is in favour of spreading the treatment to other areas without delay: "There are 12,000 drug addicts in the Kathmandu valley alone. That we are able to help our 150 patients to stabilise themselves is good, but it's not enough. The waiting list is a clear indication of why we need to increase the number of clinics and treatment centres – not only in Kathmandu, but throughout the country." And this is the focus of the current efforts. Nepal's health and home ministries, the UN drugs programme and the World Health Organization (WHO) are currently working together with GTZ and CompWare Medical to set up more substitution therapy clinics in Nepal and to equip them with the requisite systems. The successful implementation of the measure in Nepal serves as an example for other countries. The programme is now being extended to Malaysia and India.

In the meantime, 70 patients in the clinic have received their daily dose of methadone. Patient number 71 is a cow. It is blocking the entrance where the rest of the patients are waiting for treatment. A chorus of calls, threatening gestures and much laughter succeed in luring the sacred animal back into the hospital yard. Work can resume.

Contact: patricia.kramarz@gtz.de
gmp@compwaremedical.de
For more information see:
www.develoPPP.de

Imprint

Published by:
Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

Dag-Hammarskjöld-Weg 1-5
65760 Eschborn
T 06196 79-7377
F 06196 79-7378
E ppp-buero@gtz.de
I www.gtz.de/ppp

Layout: www.die-basis.de
Photos: © CompWare Medical/GTZ