

TREATMENT OF ADDICTS IN BOSNIA AND HERZEGOVINA - CONSTRAINTS AND OPPORTUNITIES

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SUMMARY

Chronology of important historical events in Bosnia and Herzegovina during past two centuries indirectly influenced the incidence and prevalence of different psychoactive substances use and thus the organization of services for the treatment of persons who develop addiction symptoms. The organization of health system in the last war, 1992-1995, suffered enormous damage and the reform process which inevitably followed, included the area of mental health care services and the establishment of network of centers for mental health in the community (CMHC).

The centers are functioning within the primary health care almost in whole country, with specialized centers for the prevention and treatment of addicts and the therapeutic communities, which today represents the basic organizational units to help people who have drug related issues.

In this paper we will present the possibility of treatment of drug addicts in Bosnia and Herzegovina, from consulting services, psycho-education and early detection of disease, detoxification and substitution programs with Methadone and Suboxone, as well as programs of rehabilitation and resocialization.

Although a very complicated political and administrative structure of the country, insufficient financial support, pronounced stigmatization of addicts, insufficient staffing and number of treatment centers are objective obstacles for progress in treatment of addicts, we believe that, with existing resources, these constraints can be converted into new opportunities in terms of improvement of treatment options in the future.

Key words: *opiate addiction – treatment - community based services - Bosnia and Herzegovina*

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INTRODUCTION

In each country of the world today, the emergence of substance abuse and addiction, especially if they have an increasing trend, represents significant health, economic, social and cultural problem, while for Bosnia and Herzegovina, this phenomenon means an additional burden in the long and complicated transition process of recovery after the end of the war in 1995. In the general atmosphere of destruction, social and economic crisis, the inversion of values and illegal drug trafficking, quite expectedly, there was an increase in the number of people who experiment with drugs and increase in the number of addicts.

Introduction of drugs into the body in any way causes distortion biopsychosocial balance of the individual and the development of addiction disease, with the harmful consequences in the family and the community in which that person lives.

HISTORICAL BACKGROUND OF THE SUBSTANCE ABUSE PROBLEM

The first problem which is related to use/abuse of different psychoactive substances (excluding alcohol and tobacco products) among young people in Bosnia and Herzegovina, began to emerge in the early eighties of the 20th century (Cerić 2003). Although the socialist society at that time promoted the model of „ideal“ youth, „In Bosnia and Herzegovina, existed an invisible, parallel drug-scene, so the number of those who

experimented and used drugs from year to year steadily and gradually increased“, (Cerić 2003) which is recorded in the outpatient protocol of services within „Counseling Center for psychological assistance and support to young people“ which from 1978 to 1992 operated within the Psychiatric Clinic of University Medical Center in Sarajevo and in which there were 1000 registered drug addicts. In cooperation with the Institute for Alcoholism and Substance Abuse, within this Counseling Center, in 1989 for the first time was established Methadone Maintenance Program and in it before the outbreak of war were treated 50 heroin addicts.

This program, like all the organized activities in the field of prevention and treatment of drug addicts because of the war stopped. During the war years from 1992-1995 are treated only sporadic cases of drug related overdose, withdrawal syndrome and toxic psychotic states (Cerić 2003, Ličanin 2002, Kape-tanović-Bunar 2001).

With the end of the war, increased the number of people who have had problems due to drug abuse, while lack of services for the treatment made problems more visible, which was the reason that health authorities of Canton Sarajevo accept the initiative of the Institute for Alcoholism professionals and formed Department for drug addictions, (Mehić-Basara & Hasečić 2001) which began to work in 2000 (hospital capacity - 10 beds), and since 2002 was reformed the Methadone Maintenance Program which today is treating 320 addicts.

In addition to the center in Sarajevo, in 2005 also started to work the Institute for addictions in Zenica

which currently treat about 150 persons, as well as the Center for Outpatient Treatment in Mostar, and the programs exist in other cities of the country such as Banja Luka, Doboje, Sanski Most, Ključ, Bugojno, Odžak.

Suboxone treatment program started in 2009 in Tuzla and was later established in Sarajevo, Zenica, Mostar, Odžak, East Sarajevo and Pale.

By analyzing the current situation in Bosnia and Herzegovina we can conclude that today the availability of drugs is increasing, experimenting with drugs is beginning earlier (at age of 11-13 years), that there is an increasing number of traffic accidents caused under the influence of psychoactive substances, that there is a high correlation of drug use with suicide rate, crime and violence, and that number of comorbid psychiatric conditions related to addiction is increasing (Mehić-Basara & Hasečić 2001, EMCDDA Country overview 2009).

EPIDEMIOLOGY OF ADDICTIONS IN B&H

Estimates based on indirect indicators suggest that in B&H now there are 10000-15000 opiate addicts and that among them 3000 to 8000 intravenous drug users. Of the total number of addicts in treatment programs are included only 20%, while among them men are more prevalent (90%), with the average age of 25-34 years of life. The prevalence of hepatitis C (2011) in persons of both sexes that are in substitution treatment programs is 40-45%, and hepatitis B about 5% (EMCDDA Country overview 2009). The prevalence of HIV/AIDS in the general population in B&H (2009) is very low (0.1%), as well as in the population of opiate addicts (<5%), and intravenous users (21 in total) as mode of transmission are on the third place (12.9%) (Council of Ministers 2011). It is estimated that within the prison population (2818 detainees and prisoners during 2011), 30-50% of people are using some kind of drugs, of which 20% are intravenous drug users.

Alcohol abuse among young people in recent years has been increasing and also increasing is the number of adults with symptoms of alcoholism with prevalence around 1%. From the standpoint of treatment, the major problem is the insufficient number of health services for this disorder in general, (Kapetanović-Bunar 2001) and as a special problem it is important to mention the absolute lack of hospital capacity in the Federation of B&H (just before the outbreak of war in Sarajevo alone there was 115 beds) and a very limited number of beds in Republic of Srpska (25 in Banja Luka). In addition to this there is increasing number of people who have more psychiatric diagnoses at the same time, with dominance of personality disorders, anxiety and depression, posttraumatic stress disorder - PTSD and psychoses. Regardless of the order of occurrence, and causation of certain psychiatric disorders, psychiatric comorbidity ranging up to 50%, especially in hospital patients.

ORGANIZATION OF TREATMENT SERVICES

Psychiatric services before the war disaster in Bosnia and Herzegovina was relatively well developed and one of the best organized among the republics of former Yugoslavia (Cerić et al. 2001). Basis for the whole system of psychiatric care were the major psychiatric hospital (Jagomir, Domanovici, Jakes, Sokolac) and psychiatric departments in general hospitals at the secondary and tertiary levels of prevention, which were connected with out-patient centers in the primary health care centers.

Besides these services, there were special hospitals profiled for specific areas such as the field of alcoholism and other addictions (Institute for Alcoholism and Substance Abuse in Sarajevo) and area of less differentiated mental states or mental retardation (Drin and Bakovici in Fojnica, Pazaric, etc.)

The organization of the health system during the war 1992-1995 has suffered great damage, while the process of reform which inevitably followed, included the area of mental health care services and the establishment of regional centers for mental health in the community (CMHC), whose essence was that the mental health services are transferred from stationary psychiatric institutions in the community, closer to homes of service users (Figure 1) (Cerić et al. 2001).

Basic principles of operation of the new concept of mental health are: decentralization, sectorisation, comprehensiveness of services, accessibility, equality and nondiscrimination, along with provided continuity of services with the active participation of local communities (Cerić et al. 2001).

Mental health centers are functioning in the framework of primary health care and on majority of the country territory today are the basic organizational units to assist people who have mental problems in general, but also mental disorders and behavioral disorders related to psychoactive substances use, in accordance with the contemporary classifications of diseases (ICD-10 and DSM-IV) (WHO 1992, APA 1994).

Besides that in more cities of Bosnia and Herzegovina, there are specialized centers/institutes for the prevention and treatment of addicts, as well as the therapeutic community (11 in total) which are implementing programs of rehabilitation and resocialization of these persons (Figure 2).

This network of treatment centers for drug addicts, although insufficient, provides counseling services, psycho-education and early detection of disease with detoxification and substitution programs with Methadone and Suboxone.

During 2011 in all substitution programs in B&H there was 1108 addicts, of which 846 on methadone (9 centers), and 262 on Suboxone (7 centers).

Detoxification programs are conducted in hospital conditions (total of 21 beds) in the three centers (Sarajevo, Zenica and Banja Luka), as well as outpatient centers in the hospital with no hospital facilities.



Figure 1. Map of community mental health centers in Bosnia and Herzegovina

With the establishment of Suboxone treatment programs (2009) we recorded a declining trend in the number of addicts in a Methadone program, with an average of 24% per year, which is caused by switching from one to another program, and which is done under the supervision of an expert team of a given center.

Given that many addicts are in treatment, particularly in substitution programs, have unexpected changes in the course of treatment in terms of frequent relapses, interruption of therapy because on their own decision, transfer to another treatment program, etc., it is evident that is three to four times increased the number of opiate addicts who are in the course of their lives involved in some of the treatment program, from the number who are currently in treatment, which is an important fact both for the addicts and their families and for the local community.

TREATMENT OPPORTUNITIES AND ADDICTION TREATMENT PROGRAMS

Treatment of psychoactive substances addicts is a complex multicomponent process that besides initial medication therapy includes different therapeutic techniques such as: individual and group psychotherapy, social therapy, family therapy, work-occupational the-

rapy, different support groups, psychosocial intervention, clubs and the long-term rehabilitation and resocialization through therapeutic communities (Loga et al. 1999).

Treatment program is conducted in stages in which each multidisciplinary team member (psychiatrist, nurse, psychologist, social worker, occupational therapist) have significant role in the implementation of certain segments of the treatment process.

It should be emphasized that „there is neither unique remedy nor elaborated and efficient method for drug addiction treatment. Until now are the in some occasions in relatively short time period changed the general principles of therapeutic approach and manner of institutional care for this group of severely ill patients“ (Loga et al. 1999).

Because of that treatment of psychoactive substances addiction represents very complex medical task that the by rule is conducted in specialized health institution in hospital and/or out-patient conditions. Hospitalization is recommended at the beginning of the therapeutic program for the detoxification phase, or „Getting of the drugs“ and establishment of initial abstinence, while later during treatment may be applied in case of patient transfer from one program to another (Pekić et al. 2006).



Figure 2. Map of Bosnia and Herzegovina with marked centers for treatment of drug addicts

In 1990 World Health Organization has proposed a standard terminology for methadone treatment is divided into four categories: short-term detoxification (decreasing doses over a period of one month or less), long-term detoxification (decreasing doses over a period longer than one month); short-term maintenance (stable medication over a period of six months), long-term maintenance (stable medication over a period longer than six months) (Verster et al. 2001).

In detoxification programs (short or long-term), therapeutic goal is abstinence of opiates with long-term rehabilitation and resocialization, depending on patient desire.

In maintenance/substitution programs (short or long-term), therapeutic goal is abstinence of opiates with pharmacologic assistance achieved by Suboxone or Methadone in dose adapted to individual needs patient in a particular time period.

Methadone is synthetic opiate agonist, which act on principle of receptor „occupancy“ in the brain by which

it is blocking euphoric and sedative effects opiates, interrupts or eliminates the craving for drugs, and by itself does not leads to euphoria or intoxication. Even in case of very long use does not causes significant side effects (Cerić 2007, Verster 2001, Mehić-Basara 2007).

Suboxone is analgesic medication which has agonists (mu-receptors) and antagonists (kappa – recaptors) effects on opiate receptors in the brain. It is a preparation that represents combination of Buprenorphine HCl and Naloxone, whose antagonist effect on opiate receptors is more pronounced than of Buprenorphine (Subutex) alone (Cerić 2007, Verster 2001).

Regardless of the applied treatment program, along with pharmacological therapy, obligatory is the application of individual supportive psychotherapy, group social therapy, and work with the family and occupational forms of work.

Treatment is free for the persons with valid health insurance.

THE LEGAL FRAMEWORK FOR TREATMENT OF ADDICTS IN B&H

Legal basis for implementation of treatment programs is contained in the Law on the Prevention and Suppression of Drug Abuse („Official Gazette of B&H“, No. 8/06), Law on Protection of Persons with Mental Disorders („Official Gazette of B&H“ No. 37/01, 40/02 and 52/11), National strategy on Surveillance, Prevention and Suppression of Drug Abuse in B&H 2009-2013 („Official Gazette“ of B&H, No. 31/09), and National Action Plan Against Drug Abuse in Bosnia and Herzegovina from 2009 to 2013 („Official Gazette of B&H“, No. 8/10), as well as legal regulations governing this area at the level of both entities (EMCDDA 2011).

PREVIOUS RESULTS RELATED TO TREATMENT OF DRUG ADDICTS IN B&H

In the past period, especially after the war, in B&H was at the different levels of government and regional activities carried out many activities in the field of primary, secondary and tertiary prevention, which are reflected in the following items:

- Multimedia promotion of healthy life style.
- Through the Project of "Community mental health" (1996-2003) is established network of community mental health centers throughout the territory of B&H and conducted training for experts of all profiles, which are an integral part of multi-disciplinary teams which work with people with a mental health and conduct disorders. Within this education is elaborated the area of substance abuse and addictions.
- Established are treatment programs for addicts with Methadone and Suboxone.
- Work is done on improving health systems and health services in the field related to the treatment and rehabilitation.
- Establishing is the protocol of cooperation of medical institutions and media representatives in the implementation and promotion of public education and technical cooperation with countries in the region, but also other countries of Europe and the World. B&H was in a group of founding members of the Association for treatment of opiate addicts in the South-East Europe Region 2003 (South East European Addiction Network – SEEA net).
- Publication of professional journals, guides and brochures dealing with this problem.
- Creation of laws and regulations, standards and norms related to the field of addiction.
- Establishment of information system in B&H: defined system of information flow from specialized institutions/centers for addiction, through the entity to state level; Signed Protocol on cooperation between institutions in the reporting chain; Adopted

a standardized Form for Treated Addicts (Official Gazette of B&H, No. 73/09); Created Methodological instructions for filling out the Form.

- Established the Office for Drugs at the Ministry of Safety/Security of Bosnia and Herzegovina.
- As a result of previous actions and with the support of the EMCDDA Expert Team is made the first Overview of drug related situation in B&H (Country Overview 2009).
- Appointed is the Expert Group at the State level for certain fields (epidemiology, medical statistics, psychiatry, informatics, etc.)

LIMITATIONS AND DISADVANTAGES OF ADDICTION TREATMENTS

Despite the large number of achieved activities, number of specific features of the country still makes difficult larger progress at all levels of prevention in the area of psychoactive substances abuse and addiction, in which are certainly leading the following issues:

- Chaotic social and political system and a large number of administrative units involved in the regulation of the health sector.
- Stigma and discrimination against persons who abuse psychoactive substances.
- Insufficient number of specialized centers for the prevention and treatment of addictions.
- Lack of interest among mental health and other health professionals for the problem of addictions.
- The lack of a unified approach in the treatment of addicts throughout the country.
- The absence of treatment programs in some regions.
- The absence of drug treatment in prisons.
- Insufficient information system.
- Inadequate funding.

CONCLUSION

In order that the system for protection of population mental health be more quality and efficient, it is necessary to involve whole social community and especially all levels of authorities responsible for strategy of development of health and other sectors relevant as for mental health, also for the problem of drug abuse and addiction.

In this sense, it is necessary to:

- To intensify the activities on media promotion of healthy lifestyle and life without alcohol, tobacco and drugs, with the aim of increasing public health awareness and knowledge about these issues, with special reference to reduction of stigma and discrimination against people with mental problems and disorders.
- Improve information dissemination among health professionals of all profiles on importance of psychoactive substances abuse prevention and early detection of disease first symptoms.

- Increase the number of centers for the prevention and treatment of addictions with provision of technical requirements and personnel in all centers.
- Establish drug treatment programs in prisons.
- Improve information system and make better flow of Data
- Provide adequate funding for the smooth functioning of the centers from the State and the Entities through responsible health insurance institutes.

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