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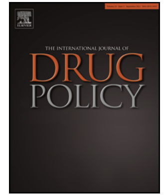

Policy analysis

Implementing opioid substitution in Lebanon: Inception and challenges

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ABSTRACT

Opioid Substitution Treatment (OST) is a firmly established method of treating and managing dependence to opioids in Europe, the US and rest of the developed world. It has a solid evidence base and a positive safety track record. Dissemination of its practice, in parallel to the acceptance of harm reduction as an effective approach, is still timid in low and middle Income countries. After years of advocacy on the parts of clinicians and the voluntary sector, the government of Lebanon launched a national opioid substitution program in 2011 using buprenorphine as the substance of substitution. Lebanon is one of the first countries in the MENA region to establish such a program despite a difficult socio-political context. This paper provides the background of harm reduction efforts in the region and presents the outline of the program from inception to present date. Challenges and recommendations for the future are also discussed. The Lebanese experience with opioid substitution is encouraging so far and can be used as a template for others in the region who might be contemplating broadening the range of services available to tackle addiction to heroin and related substances.

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The implementation of harm reduction services is a major component of the global response to limit the spread of HIV in addition to rehabilitating those struggling with addiction (UNODC, 2014). Harm reduction, of which Opioid Substitution Treatment (OST) is an essential component, is an approach aimed at mitigating the risk-taking behavior associated with substance use. It can complement abstinence-based treatments and has proven effective in controlling the spread of dependence to opioids (Clark et al., 2013; Hall and Carter, 2013; Wu, 2013; as cited in Wu & Clark, 2013). It has also led to a significant decline in the incidence of HIV, in deaths due to unsafe injecting drug use and in levels of criminality (UNODC, 2014). Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence issued by the World Health Organization recommend maintenance on the full agonist methadone or the partial agonist buprenorphine coupled with counseling and/or contingency management (CM) (WHO, 2009). Opioid Substitution Treatment (OST) is now the mainstay of treatment in many developed countries. This paper aims to report on the implementation of a national OST program in Lebanon.

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Opioid substitution in the MENA region

In 2014, 80 countries and territories across the globe with an overrepresentation of high-income countries were implementing some form of OST. Methadone and buprenorphine were the most commonly used medications (Harm Reduction International, 2014). In around 50 other countries, the primary mode of treatment was still the traditional sequence of detoxification and residential rehabilitation (MacArthur et al., 2012).

The concept of harm reduction has slowly been gaining ground in the Middle East and North Africa (MENA) region, despite strong initial resistance from authorities and traditional drug treatment circles. An estimated 626,000 people inject drugs in the region. This is suspected of being the leading cause of HIV transmission in Bahrain, Iran and Libya (Harm Reduction International, 2014). A scale up in initiatives has been noted since 2010 (Harm Reduction International, 2014). Since 2007, The Middle East and North Africa Harm Reduction Association (MENAHRA) – based in Beirut, Lebanon – has been an effective advocate for increased governmental and sociocultural attention on this issue. It relied on support from global funders and effective partnerships with regional organizations to unroll a series of conferences, training seminars and policy workshops that brought together lawmakers, frontline staff, religious and moral authorities (MENAHRA, 2012).

Its role and that of others in bringing down official resistance to opioid substitution cannot be underestimated.

To date, five countries have provided OST at any one time: Bahrain, Lebanon, Iran, Morocco and United Arab Emirates (UAE). In Bahrain and UAE opioid substitution is only available in restricted facilities and mainly for the purpose of inpatient detoxification and rehabilitation. Morocco is reported to have six dispensing sites. Similarly, Kuwait began piloting OST services in 2014 and Oman had just given permission to trial a service on a small scale (Harm Reduction International, 2014). With an estimated 4275 dispensing centers, Iran has been a regional leader in outpatient medium to long-term maintenance substitution. This effort was initially in response to the HIV epidemic amongst inmates at Iranian prisons. Preventive measures including opioid substitution and a needle exchange program were implemented in Iranian treatment facilities (Harm Reduction International, 2008). In parallel, needles and syringe exchange programs (NSPs) have operated in Five Arab countries: Egypt, Lebanon, Morocco, Palestine and Tunisia (MENAHRA, 2012).

Opioid use in Lebanon

Lebanon is a country of 4 million inhabitants on the shores of the eastern Mediterranean. It is a parliamentary democracy and a member of the Arab league. Its population is diverse both religiously and to a lesser extent ethnically, with wide socioeconomic variation. This combination of factors contributed to political instability since its independence from French mandate in 1943; a full-blown civil war between 1975 and 1990; and a state of near-hibernation for government apparatus. The impact on the health system has been significant and delayed the development of specialist services, including those for addiction treatment.

In Lebanon, drug use is considered a criminal offense normally warranting jail term. It remains a common cause of incarceration. On average, 2000 drugs users were convicted yearly between 2010 and 2012 according to official records provided by the Lebanese interior security forces (ISF Report, 2010, 2011, 2012). In Lebanon, Heroin is the primary opioid-based substance of abuse. Eighteen percent of those convicted for those same years were so for Heroin use, making it the third most used substance after Cannabis and Cocaine, respectively.

Heroin is also the most frequently used substance, alone or in combination with other drugs, amongst those seeking medical assistance and treatment for addiction (MOPH Report, 2010, 2011, 2012). In a survey of Lebanese rehabilitation and detoxification centers, opioid users accounted for 31% of the total number of individuals in treatment (MOPH Report, 2012) (Fig. 1). In terms of age distribution the largest group in treatment was in the 29–38 age range, followed by the 18–28 age range, with an overwhelming predominance of males.

The prevalence of communicable infectious diseases, in particular HIV, Hepatitis C and Hepatitis B remains disproportionately high among injecting drug users worldwide. In a sample of 956 persons tested for these viruses from eight Lebanese treatment and detoxification centers during the year 2012, 27.7% were found to be positive for Hepatitis C. This was a slightly higher percentage than previously estimated. Only two patients were positive for Hepatitis B (0.67%) and no cases of HIV infection were identified (MOPH Report, 2013).

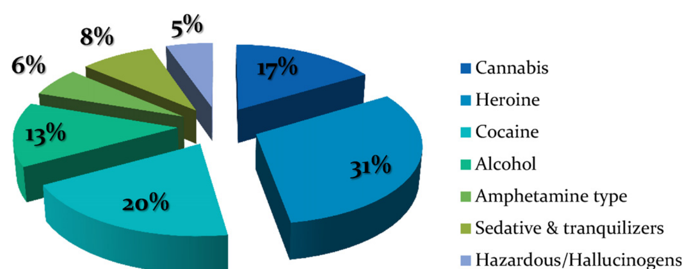

Fig. 1. Substances abused by individuals seeking treatment for addiction in Lebanon in 2012.

The implementation of opioid substitution in Lebanon

It was the concerted effort by international donors and organizers to stem the spread of HIV/AIDS and related blood-borne viruses in the MENA region that brought forward opioid substitution on the national agenda in Lebanon. Previously, individual patients that had been initiated on substitution abroad were treated by a small number of local doctors on their return to Lebanon. Despite anecdotal success stories, the absence of a reliable supply chain and a monitoring framework would have rendered such efforts futile on the long run.

By 2011, both buprenorphine (2 mg and 8 mg) and methadone (1, 5, 10, 20 and 50 mg) were registered with the Lebanese Ministry of Public Health (MOPH) as controlled substances requiring special measures for prescribing and dispensing. Buprenorphine, a semi-synthetic mu opioid partial agonist with weak partial agonist effects at both delta and kappa opioid receptors, was approved by the US Food and Drug administration (FDA) in 2002 for office-based treatment as a detoxification and maintenance treatment for opioid dependence. Both treatments are equally effective at reducing opioid dependence (Johnson et al., 2000). When the OST program was officially launched in December 2011, buprenorphine was considered more suitable for the treatment settings available in Lebanon due to its pharmacological characteristics and its safety profile. This situation remains unchanged to this date.

An official decree number 899/1 specified the responsibilities of treatment providers, governmental agencies and patients in comprehensive clinical guidelines inspired by international recommendations. Implementation and monitoring of the OST program was assigned to a task force committee chaired by the head of the narcotics department within the Ministry of Public Health and included most stakeholders consisting of representatives from the Ministry of Interior, the National AIDS Program, the United Nations Office on Drugs and Crime (UNODC), the Lebanese Psychiatric Society (LPS) and frontline clinical staff from the voluntary and private sector.

During the initial phase, the MOPH partnered with UNODC and LPS to provide adequate training to relevant healthcare professionals. These included psychiatrists, who would be the sole authorized prescribers of buprenorphine, pharmacists at selected dispensing government hospitals in addition to nurses, psychologists and social workers who would be in contact with patients.

An electronic web-based information system (OSTIS) centralized within the department of narcotics at the MOPH was funded with the support of UNODC. Its interface was designed for easy access by the prescribing psychiatrists, the dispensing pharmacists and dedicated coordinators at the ministry.

A protocol was designed, approved and disseminated. Admission into the program would be dependent upon referral by a psychiatrist authorized to prescribe buprenorphine in Lebanon and working within pre-registered treatment settings. These were NGOs with a track record in treating drug addiction such as the Lebanese Addictions Center (Skoun), Soins Infirmiers et Developpement Communautaire (SIDC/L'Escale), Association Justice et Misericorde (AJEM) in addition to hospitals and specialist clinics, all based in Beirut and its suburbs. They had in common the minimum provision of a multidisciplinary team consisting of a psychiatrist, psychologist, social worker and a registered nurse. The cost of treatment could vary from a heavily subsidized fee at

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