

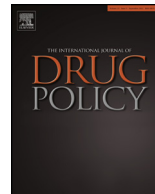


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Research paper

Emergence of methadone as a street drug in St. Petersburg, Russia

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ABSTRACT

Background: The syndemic of opioid addiction, HIV, hepatitis, tuberculosis, imprisonment, and overdose in Russia has been worsened by the illegality of opioid substitution therapy. As part of on-going serial studies, we sought to explore the influence of opioid availability on aspects of the syndemic as it has affected the city of St. Petersburg.

Methods: We employed a sequential approach in which quantitative data collection and statistical analysis were followed by a qualitative phase. Quantitative data were obtained in 2013–2014 from a respondent-driven sample (RDS) of people who inject drugs (PWID). Individuals recruited by RDS were tested for antibodies to HIV and interviewed about drug use and injection practices, sociodemographics, health status, and access to medical care. Subsequently, we collected in-depth qualitative data on methadone use, knowledge, and market availability from PWID recruited at nine different locations within St. Petersburg.

Results: Analysis of interview data from the sample revealed the percentage of PWID injecting methadone in the 30 days prior to interview increased from 3.6% in 2010 to 53.3% in 2012–2013. Injection of only methadone, as compared to injecting only heroin or both drugs, was associated with less frequent injection and reduced HIV-related injected risk, especially a lower rate of injecting with a previously used syringe. In-depth questioning of methadone injectors corroborated the finding from serial quantitative surveys of PWID that methadone's black market availability is a recent phenomenon. Spatial analysis revealed widespread methadone availability but no concentration in any specific districts of the city.

Conclusion: Despite the prohibition of substitution therapy and demonization of methadone, the drug has emerged to rival heroin as the most commonly available opioid in St. Petersburg. Ironically, its use is associated with reduced injection-related HIV risk even when its use is illegal.

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Introduction

The fall of the Soviet Union witnessed the appearance of a market for illicit drugs in Russia, including heroin. Whether it was locally made in small batches from poppies or opium gum or imported from Afghanistan or Central Asia, it was almost always injected (Paoli, 2002). Within a few years, a syndemic emerged that added HIV/AIDS, hepatitis C virus (HCV), tuberculosis, imprisonment, and overdose mortality to the negative consequences of opioid abuse. The emergence of HIV infection among people who

inject drugs (PWID) was first noted in Kaliningrad in late 1995 and by the end of the decade had spread to many major Russian cities, especially those on trade routes with Central Asia and those with stronger economies (Mashkilleysen & Leinikki, 1999; Rhodes et al., 2003). After registering 1500 cases almost exclusively among people who PWID in 1996, the number of new diagnoses grew to nearly 60,000 in 2000 and more than 87,000 in 2001 before the first wave of diagnoses receded (Goliusov et al., 2008). However, in the last few years, the number of new diagnoses has again increased to 65,000 in 2011 and more than 75,000 in each of the next two years (Pokrovsky, Ladnaya, & Buravtsova, 2013). While the percentage of new cases attributed to injection drug use has been declining, it is unclear if attributions of risk are accurate. At a minimum, half of the new diagnoses were among those injecting drugs.

We have been following the growing epidemic in St. Petersburg since 2000, recruiting and testing PWID at approximately two-year

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intervals, with the latest round of data collection occurring between November 2012 and June 2013. During this HIV prevalence among PWID has increased from 11% in 2000, 30% in 2002, 44% in 2007, and in the last two rounds of data collection been around 60% (Abdala et al., 2003; Cepeda et al., 2014; Eritsyian et al., 2013; Niccolai et al., 2010; Shaboltas et al., 2006). HCV infection was 78% in 2000 and has exceeded 94% in the three subsequent rounds when HCV tested was included in the study (Abdala et al., 2003; Heimer, Eritsyian, Barbour, & Levina, 2014; Painsil et al., 2009).

Among the major reasons for the high rates of HIV and HCV infection in St. Petersburg, as in many other Russian cities, are the federal public health policies and legal regulations that have disparaged and underfunded harm reduction efforts and kept opioid substitution therapy illegal despite the growing international recognition of its key role in treating opioid abuse disorders (Burrows & Sarang, 2004; Butler, 2003). Russian officials, including those in charge of the country's drug control efforts, have been especially dismissive of methadone (Torban, Heimer, Ilyuk, & Krupitsky, 2011). Methadone has been proven effective for the treatment of opioid addiction and was included in the WHO list of essential medications in 2005 (Blix & Grönbladh, 1991; Caplehorn, Dalton, Cluff, & Petrenas, 1994; Farrell, 1995; Herget, 2005; NIH Consensus Statement, 1997; Wells, Calsyn, Clark, Saxon, & Jackson, 1996). Nevertheless, Russian officials have routinely raised objections to the use of substitution therapy and to methadone in particular. In a 2005 memorandum, "Say No to Methadone Programs in the Russian Federation", signed by senior officials in Russian medicine and government, the official position was stated as:

The introduction of a patient with drug addiction into a methadone program is not treatment. It only provides for the replacement of one drug with another. The resulting drug addiction (methadone addiction) is more severe than that caused by heroin, with severe social and medical complications for the patient and for society in general. Not only do methadone programs fail to effectively treat drug addiction, but they also do not solve the problem of the spread of HIV. The lobbying conducted on behalf of methadone programs is connected only with financial interests of methadone producers. (Krasnov et al., 2007)

This remains the official policy. Another leading argument against substitution therapy, voiced by the Federal Drug Control Service of the Russian Federation, is that the substitution therapy will lead to a black market for methadone in the country. Its press service has regularly published selected materials supporting this point:

"Now cases of smuggling of the substitution therapy on the borders of Denmark, Germany, Finland, France, the United Kingdom, Sweden and Estonia are documented. Cases demonstrate "the important role in this played unscrupulous medical professionals and patients." From this, one can understand why the law enforcement agencies in many countries oppose the introduction or spread of drug substitution programs that clearly worsen the drug situation. (Anonymous, 2012)

These complementary rationales for disregarding the overwhelming international medical evidence about the effectiveness of substitution have continued to keep opioid addiction treatment in the Russian Federation all but completely ineffective, even in the eyes of the country's drug treatment professionals who estimate treatment failure using acceptable practices at 95% (Torban et al., 2011).

Thus, those with addictive disorders continue either to go untreated or avail themselves of inferior treatment options and often relapse. We have been studying PWIDs in St. Petersburg, and

have data from five samples assembled between 2000 and 2013. In the most recent sample, any lifetime use of substance abuse treatment services was reported by 71.8% of current PWID but only 11.2% had chosen this option in the past year (Calabrese et al., 2015). These studies also included questions to obtain data on the type, route of administration, and frequency of drugs used. Until the most recent study, heroin was consistently the drug used most frequently, even during a period of heroin shortage brought about by events in Afghanistan (Abdala et al., 2003; Eritsyian et al., 2013; Niccolai et al., 2010; Shaboltas et al., 2006). In none of these earlier studies was any drug other than heroin used most often by more than 10% of PWID surveyed. Any injection of any opioid other than heroin had never been reported by more than one in seven PWID. In the 2010 survey of 411 PWID only two PWID reported methadone use. Data from the most recent study, however, found that illicit methadone was challenging heroin as the most commonly used injectable drug in our PWID sample. Herein we report the results from using a sequential approach in which we first observed the extent of methadone and heroin use in the most recent sample surveyed that was followed by a targeted qualitative study of current methadone users to explore the emergence and spread of methadone and to investigate users' attitudes about methadone versus heroin injection.

Methods

Study sample

For the quantitative data, we employed respondent driven sampling (RDS), a form of chain referral sampling with a dual incentive approach, in seven of St. Petersburg's 18 districts between November 2012 and June 2013. Districts were chosen to represent a mix of central, more distal and residential, and outlying districts. Eligibility requirements for participating in the study included recent injection as evidenced by the presence of injection stigmata, at least 18 years of age, willingness to be tested for HIV and complete a socio-behavioral questionnaire, willingness and competence to provide informed consent, and willingness to refer other IDUs to the study. One or two eligible individuals were identified as seeds and enrolled in the study in each district with the assistance of local HIV prevention outreach workers. Seeds were supplied with four coupons with which they could recruit other eligible individuals. Recruited participants were in turn given four coupons to recruit additional participants. Each participant was paid the equivalent of US\$20 for completing the survey and US\$10 for each study participant successfully recruited, up to four. Ethical approval was obtained and renewed annually by the institutional review boards at Yale University and NGO Stelit.

Quantitative data collection for the 2012–2013 study

The questionnaire contains seven major sections: (1) RDS recruitment and network data, (2) sociodemographics and health, (3) contact with systems including drug treatment, harm reduction, HIV/AIDS care, other medical and social services, and prison, (4) past and current alcohol and drug use, (5) injection-related and sexual HIV risk behaviors, (6) HIV, hepatitis, tuberculosis, and overdose knowledge and attitudes, and (7) experienced and internalized stigma associated with drug use and being HIV-positive. The questionnaire was administered face-to-face by trained research staff from NGO Stelit once coupon-bearing individuals were deemed eligible and provided informed consent. Survey answers were recorded by research staff, and surveys were generally completed in 60–90 min, with longer interviews needed from those aware of being HIV-positive.

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