

**REPORT EVALUATION OF THE COMMUNITY BASED METHADONE PROGRAM
FOR OPIATE USERS IN TIRANA**

METHADONE SAVES LIVES

(This centre saved the life of my daughter – a mother's statement)



Tirana, May – July 2007

Process Evaluation Financed by World Health Organization

AKSION PLUS

Evaluation of Community Based Methadone Maintenance Program

May – June 2007

Tirana, Albania

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CONCLUSIONS AND RECOMMENDATIONS

It is clear that the Aksion Plus' Methadone Maintenance Program has reached its objectives and caused the positive changes on its client's essential aspects of life. Every result from the Methadone Maintenance Therapy was positive and some were strongly positive. It is a multidisciplinary impact therapy and an excellent experience that puts Aksion Plus on the role of promoting this life saving service at any cost. Its positive results on clients' health, helping them being free of blood borne infections, improve of family relation, increase of positive lifestyle changes and social functioning, and significant reduce of criminal activities related to the use of illicit drugs caused by this small pilot service are incontestable and undeniable within the Albanian reality. Aksion Plus is one of the most adequate promoters of MMT Programs and has all the needed capacities on functioning as a resource centre for other similar initiatives in Albania.

Thus, use of illegal drugs is highly reduced on 95% of the clients and 90.3% do not use syringes anymore. 86.6% of the MMT's clients report considerable improves of their health conditions. The zero tolerance philosophy has resulted to be unsuccessful in the global society, as long as the presence and the continuum of illegal drugs is still on place. MMT gave chance for a new life to those who almost gave up hoping to live a normal one.

What makes Methadone Maintenance Therapy more challenging is its multidisciplinary promising impact. Enhance of positive life practices is the other side of the coin for the MM Therapy. Thus, the family relations have positively changed and they refer harmonic interpersonal relations. They re-won the social values, the families' faith and respect. Their employment opportunities have been positively changed. They can afford the job requirements and keep it as long as they do not feel the craving for taking the dosage of drug needed. Their living conditions have been positively changed and positively correlate with improves of working opportunities.

Methadone therapy also reduces the chances of being subject of criminal law, while 95% of the respondents reported decrease of criminal behaviors. Family members are the other beneficiary group of the MMT. They are really satisfied with the changes on their children or other relatives' lives. The large community is benefiting from this methadone program while the criminal behaviors from drug users have been highly reduced.

As any new approach or service it is facing challenges in the same time, but its excellent start shows for better performance in a very near future. The overwhelming work is coming as a result of immediate needs for such a service and lack of staff on best performing the program activities. Other challenges has to be faced such as Governments Institutions lack of support, lack of referral services for drug use, and small capacity at the existing MMT. What is promising is that Aksion Plus MMT do cause immediate positive changes at its clients' life and this trend keeps improving while the time on Methadone is continuing in absolute compliance with the clients' needs and specificities.

RECOMMENDATIONS

1. Better managements of the human resources working at Methadone Maintenance program. This point is still a challenge for Aksion Plus, but on the other site it has all the professional capacities to perfectly overcome it.

2. It is very promising that the Ministry of Health has offered the premises for implementing the MMT Program, but there should be better working conditions for the implementation of MMT program. More space on realizing the confidential counseling and psychological support. A lot of these activities are happening in the garden of MMT Program.
3. Methadone working hours has to be adapted according to users' needs and helping them to better comply with the therapy and in the same time fulfill some social and survival roles, such as being able to keep the job, instead of being a burden for them. Taking into consideration the opportunity of dealing with timing of the therapy. It can be organized in two short shifts, first 2 hours early in the morning (maybe 6.45 – 8.45), and the second one 2 hours in afternoon (maybe 16.30 – 18.30).
4. There is an urgent need **on counseling** for HIV/AIDS and other blood borne infections for the MMT's clients, aiming on preparing them **for getting tested**. Pre and post counseling for HIV/AIDS and other blood borne infections - sessions preceding and following these testing practices - are always necessary for this population. The **periodic testing** of the new and old Methadone clients, help them stay free of blood borne infections and reduce the spread of these infections despite of the application of the risky behaviors. The opening of a functional **VCT (Voluntary Counseling and Testing)** Centre at Aksion Plus for drug users is a very necessary service. It can cover a lot of other counseling needs for Drug users.
5. As long as drug use is a public health issue the interventions have to be in line with other partners, as it is performed through all Aksion Plus professional life. Maybe capacities from National AIDS Program has to be more involved on capacity building for the pre and post counseling for HIV/AIDS and other blood borne infections.
6. The use of condom within the MMT's clients as the only mean for prevention of sexually transmitted infections is still low, especially to those who still are subjects of risky behaviors, such as having more than one partner, using other drugs than methadone and injecting. It is necessary the **promotion** of the condom use within this target population, through more **specialized and specific counseling** on the issue and **information education** activities, and the use of other interventions such as **BBC intervention**. Condom negotiation could be another tailored intervention for them.
7. The results shown through out this report are strong promotion elements of this Methadone Maintenance Therapy as the most pragmatic intervention on realizing drug users Human Rights with respect to their right to health. Its cost effectiveness is present and introduced even through this pilot and small program, implemented by Aksion Plus. Its sustainability is crucial for the existing clients and the future ones in Albania.
8. The urge need on establishing other similar MMT Programs in big cities. i.e., Durrës and others. Aksion Plus is one of the most adequate promoters of MMT Programs and has all the needed capacities on functioning as a **resource centre** for other similar initiatives in Albania.

ACRONYMS USED

MMT	Methadone Maintenance Therapy
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
NGO	Non Governmental Organization
AIDS	Acquired Immunodeficiency Syndrome
SOROS	Open Society Foundation
IHRD	International Harm Reduction Network
IPH	Institute of Public Health
WHO	World Health Organization
BCC	Behavior Change Communication
MMP	methadone maintenance program
IDU	Intravenous Drug Use (Injecting Drug Use)
VCT	Voluntary Counseling and Testing Centre
MoH	Ministry of Health

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Executive Summary

Aksion Plus is one of the first NGOs in Albania acting in the field of preventing HIV/AIDS mainly in youths. Its activity started 10 years ago implementing different HIV/AIDS prevention programs. In 2000 it came up with the first Harm Reduction service – Syringe Exchange Program. This program assisted almost 1200 injecting drug users with counseling, training, and information, provision of condoms, syringes and referral to other services.

The Aksion Plus excessively extended its activities on HIV/AIDS and drug prevention during all these years despite of the barriers and bureaucracies within the political and social spheres. So, in 2005 Aksion Plus triumphed with the opening of the first Methadone Maintenance Therapy Program after a long time of promotion for this service, in close collaboration with the Institute of Public Health. Within two years of activity there have been treated with methadone 250 clients, and for the moment there are on therapy 110 ones. Methadone Maintenance is an effective treatment for opiate abuse. It reduces injection drug use and needle sharing and the overall mortality associated with abuse of opiates by injection. It also reduces the spread of HIV/AIDS from injecting, an outcome that benefits the general population. The principles of establishing and implementing the program are led by a Right Based Approach on Drug Users human Rights with respect to their Right to Health.

The Methadone Maintenance Program implementation components are:

1. *Offering methadone – the implementation of this component is based on approved Ministry of Health Methadone Guidelines.*
2. *Psychosocial support – individual and group psychological counseling. Family members' trainings and education on methadone treatment and other issues related to it.*
3. *Medical Support – medical visits and counseling within the Methadone Centre.*

The methadone staff is composed by:

1. *One technical director and medical doctor – main responsibilities within the methadone centre are; prescribe the methadone dosages based on the methadone guidelines and clients specificities. Follow up the clients' physical and psychological situation. Conduct individual and psychological support session with the clients.*
2. *One Coordinator – main responsibilities within the methadone centre are; manage and coordinate the day by day work of the working staff and manage the clients' services. His psychology background makes him run the psychological and social counseling and support as much as he can.*
3. *One psychiatrist - main responsibilities within the methadone centre are; psychiatric care and consultation with the methadone clients. Manage the dual diagnosis cases, and psychological individual and group counseling.*
4. *One nurse – main responsibilities within the methadone centre are; operational day by day activities on offering the methadone to the clients. Keeps everyday contacts with the MMT's clients and keeps under control their health situation.*

Local and international consultants are contributing according to the program needs. Volunteers and internship students are contributing on the Methadone Maintenance Program activities supervised by Aksin Plus working staff. All the staff duties and responsibilities are foreseen on details on professional job descriptions.

The need for such an Evaluation came as a result of the program request on measuring the results, outputs and achievements in order to improve the quality of service offered to its clients. The Purpose of this evaluation is to:

1- Determine if the Methadone Maintenance Program Therapy has reached its objectives:

- *Reduce inherent dangers risks of injecting drug use*
- *Reduce use/abuse dependence*
- *Enhance positive lifestyle changes*
- *Reduce drug criminal activities*
- *Promote harm reduction services in Albania, mainly MMT*

2- Critical analyzes will document the program progress helping the improvement of the service available in short-term future.

3- It will lead the way for further and periodical evaluation of such program in Albania

The realization of this evaluation process is mainly based on a clients' satisfaction approach and the impact of the Methadone Maintenance Therapy on their life. A combination of qualitative, quantitative and biological surveillance research methods will be the tools of measuring the outcomes indicators.

Conclusions and their recommendations will be given at the end of this process and its goal is to promote achievements, identify gaps, and suggest solutions with the intention to improve services and increase chances to extend Aksion Plus MMT program good evidence based in similar projects in Albania amongst other NGO's that work in this field.

INTRODUCTION

The Methadone Maintenance Program is a 2 year project, started in August 2005 and implemented by a NGO – Aksion Plus. The Action Plus has 15 years acting on the field of youth and prevention of HIV/AIDS in Albania, and the first Non Profitable Organization (NGO) implementing a Community Based Methadone Maintenance Program in Albania leaded by a Right Based Approach on Drug Users human Rights with respect to their Right to Health. Aksion Plus has started Methadone Maintenance Program as a pilot project, in addition of its Harm Reduction Strategy.

Methadone Maintenance Therapy in Albania (MMT) is financed by SOROS Foundation (IHRD) with technical support from the Albanian Ministry of Health and Institute of Public Health (IPH). For the moment the evaluation took place the MMP is offered for free to 110 IDUs based on predefined criteria.

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The methodology used for measuring such results was a combination of qualitative and quantitative research methods, based on the WHO Guidelines on *Evaluation of Psychoactive Substance Use Disorder Treatment*, work book 6 “Clients Satisfaction Evaluation” and others. Primary and secondary data will be used on report writing, such as Aksion Plus periodical reports, working papers on methadone effectiveness, etc.

Background

a. Opioid dependence phenomenon and drug issues in Albania

Opioid dependence develops after a period of regular use of opioids. The time required to develop this dependency varies with the quantity, frequency and route of administration as well as individual vulnerabilities and the context in which the drug use occurs. Opioid dependence is a complex health condition that has social, psychological and physical determinants and consequences, including changes in the brain (World Health Organization, 2004).

According to the estimates of the Albanian Ministry of Health, there are about 40,000 drug users in Albania. The number of intravenous drug users (IDUs) has reached the alarming level of 10.000-13.000. However, the actual number could be higher, as there are no accurate and reliable statistics. Moreover, Albania is not only a drug producing country, but also a major drug-trafficking one, conditions which make the situation worst and unpredictable in a way. The sample of 110-120 clients using the Methadone Therapy, and a long waiting list at Aksion Plus offices shows the necessity and high demand for such a service in Albania.

b. What is the Methadone Maintenance Therapy

*“Substitution therapy is defined as the administration under medical supervision of a prescribed psychoactive substance, pharmacologically related to the one producing dependence, to people with substance dependence, for achieving defined treatment aims”.*¹ Methadone is a legal substitution drug, the same family of opium, offered to opiate users only and aims at reducing the harms caused by use/abuse of illegal drugs. It has opioid properties and has the capacity to prevent the emergence of withdrawal symptoms and reduce craving, it diminish the effects of heroin or other opioid drugs, because it binds to opioid receptors in the brain. In general, it has a longer duration of action than the drug it's replacing, so as to delay the emergence of withdrawal and reduce the frequency of administration, thereby, resulting in less disruption of normal life activities by the need to obtain and administer medicines. Methadone is seen by many substitution therapy supporters as the pragmatic approach on realizing the drug users' right to health with the variety and complexity of services offered, in accordance with the users' needs.

The substitution treatments assist the patient to: remain healthy and have a life free of illegal drugs or non-prescribed drugs, and ensuring him/her safety with drug related misuse and harms events, particularly the risk of death by overdose, and blood borne diseases such as HIV, HVB and HVC, etc.²

c. Cost effectiveness

¹ WHO/UNODC/UNAIDS, *Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention*, Position Paper, France, 2004. Available at: http://www.who.int/substance_abuse/publications/treatment/en/ June 2005.

²Verster, Annette. and Buning, Ernest. *Info for Policymakers on the Effectiveness of Substitution Treatments for Opiate Dependence*. EuroMethwork, 2003. www.Euromethwork.org

There exist extensive literature documenting the great effectiveness of Substitution Treatments Therapies, especially those of Methadone Maintenance ones. These studies have proved methadone programs to be effective on the physical and psychosocial aspects, as well as on the financial one. The studies suggest that the Harm Reduction Programs have a cost effectiveness of 7-10 times. That mean, for 1\$ invested the state and society wins 7-10\$. In Albanian case this report is 1:15, not including the other costs that the state have to support on meeting other needs of drug users, such as referral health services related to the use of drugs.

The results of his cost effectiveness are measured from an economical approach. Nowadays it is very much recommended the measure of cost effectiveness of Methadone Maintenance Therapy from a Quality-Adjusted-Life-Years (QALY) approach as a relevant mean on developing treatment policies. Studies from this perspective show that expanded access to methadone maintenance has an incremental cost-effectiveness ratio of less than \$11,000 per Quality-Adjusted Life Year.³ Although this evaluation do not have on focus the measuring of cost effectiveness of the program, it can be used as a supportive document on future cost effectiveness evaluations, as long as its main focus is clients satisfaction approach with the service and its impact on MMT's clients quality of life.

METHODOLOGY

A combination of qualitative and quantitative research methods has been used on conducting this evaluation. Based on the restrictions that each single method presents in it self, the best results have been achieved by a combination of both research approach methods. This evaluation **is fully based on a client satisfaction perspective** - as the only mean for clients to express their concerns about the service received and in the same time expresses their views about alternatives on ameliorating the services on place - **and is totally focused on the service offered and its impact on clients' quality of life.** It will be conducted on two main aspects of clients' life in a form of Behavior and Biological Surveillance for Methadone Maintenance Therapy Clients.

a. Sampling

This is an internal evaluation of the MMT program and the sample will be the direct and indirect beneficiaries of the program. Eighty Methadone Maintenance Therapy Clients form the sample for this evaluation out of 110 clients that are actually on therapy. The recruitment of the sample was on voluntary bases. Seventy-two percent of the methadone clients target group became part of the evaluation sample. Comparative parallel sample was composed by at least one clients' family member (i.e: parents, partners, other closed relatives such as sister or brothers, and/or friends). At the end we came up with another 80 family and other relatives' members being part in the evaluation process.

b. Questioners Development

³ The Cost-Effectiveness of Methadone Maintenance. PAUL G. BARNETT, PH.D.1,2, AND SALLY S. HUI, B.A.1. October-November 2000.

Two questionnaires have been developed for this evaluation process. One is for Methadone Clients and one for parents or other relatives. The questionnaires contain closed ended questions, categorized questions with ranging categories from 1-5 (1-not at all, 2 – slightly, 3 –somehow, 4 – good, 5 – very good), and open ended questions. The clients' questionnaire does have 39 questions covering the social aspects of their life such as (housing, employment, education, family relations, level of high risk behaviors, criminal behaviors, improvements of their health conditions, and clients' satisfaction with the staff). The last two open questions are putted in order to give the clients the opportunity to freely express without fear what's really bothers them. The same technique of developing the questionnaire has been followed for the family members or the network of other relatives. This second questionnaire contains 24 questions. (See annexes). The questionnaires' developments are based on the experiences of other Aksion Plus partners' organizations in on the evaluation aspects, Capital Health Addiction Prevention and Treatment Services, and the WHO Guidelines on Evaluation Process.

The quantitative data are being analyzed through a Statistical Package (SPSS version 12) and a statistician was consulted in some specific and complex analyses of the database.

The qualitative part of the research has been realized through semi-structured questionnaires for focus group with the Methadone Clients, and their family members. The results were used to illustrate and understand in depth the nature of change realized by the Methadone Treatment. There have been organized two focus groups with the MMT's clients of 8 persons, and one with family members of 7 persons. Interviews have been conducted with the staff of Methadone Program at Aksion Plus.

Secondary data have been used as well for the realization of this report evaluation, such as working papers on Methadone Maintenance Therapy effectiveness, cost effectiveness, and other issues related to the evaluation process. The Aksion Plus annual reports have been used and other documents on program activities such as staff job descriptions and enrollment of the clients on the program. Interviews with the methadone working staff have been conducted by the evaluation team according to their specific role in the program.

c. Biological Surveillance

A Biological Surveillance on **voluntary and anonymous** bases was conducted with 80 MMT beneficiaries, after a short **pre-counseling** on blood borne infections and their relation with injecting drug use or other risky behaviors and a **signed informed consent letter**. Rapid HIV/AIDS and Hepatitis B tests have been RUN to these clients in order to assess their health status from the moment of their inclusion on MMT, and evaluate how the MMT helped them to stay free of blood borne infections and other injecting risks as well as promoting a lab testing culture critical for the subjects that manifest risky behaviors related to their drug use habit, sexual practices, etc. **Urine tests** have been applied to these clients in order to collect objective information on client compliance with methadone therapy, thus having quantifiable information on program evaluation.

d. Procedures

An envelope with the **self-administered questionnaire** and a **letter of consent** (*where all ethical issues are introduced*) was provided to each of the evaluation study participants at Aksion Plus premises. Some of the methadone clients have difficulties on reading and writing, thus 7 questionnaires were administered by a social worker together with the client, and all the ethical issues were orally explained to them on the satisfaction and behavior questionnaire, and biological surveillance. The same principle has been used with parents and other clients' relatives on filling in the questionnaire forms. The envelope with the **questionnaire and the letter of consent** has been given with them and returned the day after at Aksion Plus offices.

Five clients refuse to participate responding to the individual questionnaire represent 6% of the total sample. HIV, HBV and urine tests were run to 70 MMT clients; 10 clients refusal represent 12.5% of the total sample.

e. Timing of evaluation

This Evaluation Process went through two phases. First was the field work, which lasted for 5 weeks and the report writing for 6 weeks. The field work does include the rapid tests and satisfaction and behaviors questionnaires for both of our targets (clients and family members), as well as the conduction of three focus groups, two with MMT's clients and one with family members. The staff interviews have been conducted during this phase of evaluation as well.

EVALUATION RESULTS AND FINDINGS

The process and outcome results measured in this evaluation process have to provide a outsider and professional judgment, based on a agreed protocol, on how much the current activities and interventions did reflect the MMT's client's needs. The analyses run to our sample will describe demographic characteristics, variables related to the activities being implemented by the project (process indicators) and results expected to be achieved from those activities (outcome indicators). Conclusions and their recommendations will be given at the end of this process and its goal is to promote achievements, identify gaps, and suggest solutions with the intention to improve services and increase chances to extend Aksion Plus MMT program good evidence based in similar projects in Albania amongst other NGO's that work in this field.

1. Demographic analyses

a. Age and gender

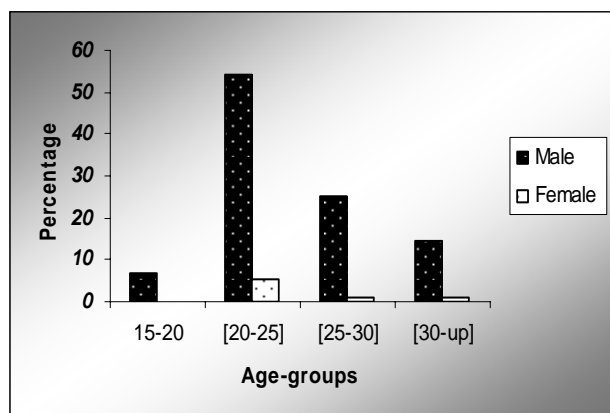
The sample actively participating in the evaluation process represented 68% total clients under MMT at the moment when the evaluation process took place. The 75 respondents were overrepresented by males (69 cases) while only 6 cases were females⁴. More than 50% of the sample is from 20 till 25 years old while the other age groups are represented as shown in the graph1 below. The range of the sample is represented by the youngest client 19 years old and the oldest 45 years of age. As far as regard to the civil status of the sample, 67% of responders were

⁴ There were only 9 females from the total number of clients subject to MMT in the moment of evaluation

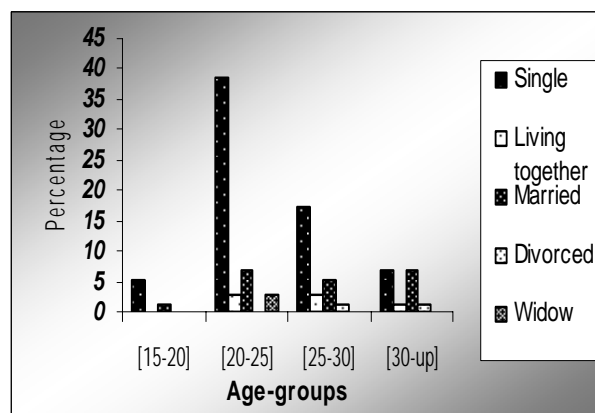
unmarried, 20% were married and 7% were in union; 3% of cases were divorced and the last 3% were widowed.

In this sample we confirm what is considered common in the region the fact that drug users' category is composed mainly by young population. The age of first starting drugs is getting lower. The same phenomenon is happening in Albania, while the youngest MMT's client is 15 years of age.

Graph. 1 Age distribution according to Gender



Graph. 2 Age distribution according to Civil Status

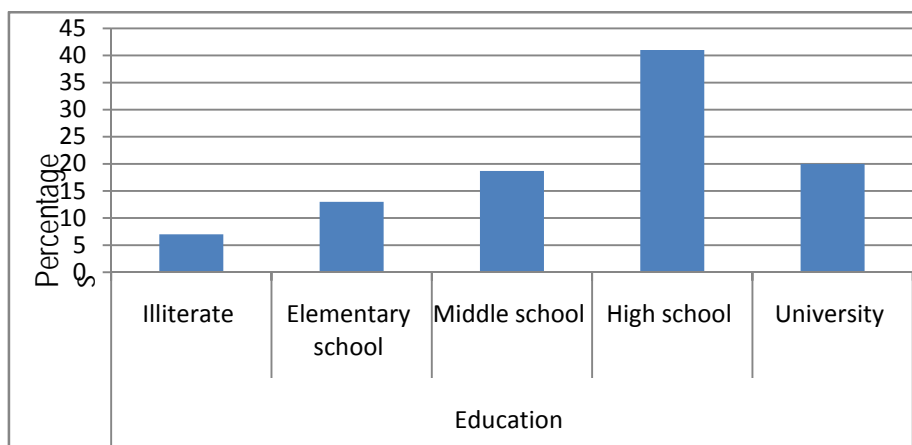


Demographic characteristics of the clients participating on evaluation

b. Educational level

In our sample 41% of the clients have started the high school and 20% have started university studies. On the other side, one fifth of the sample has a low educational level (7% illiterate and 13% have completed only elementary school). The remaining 19% have started the middle school where one forth of them has not completed. There is no clear correlation amongst age group and level of education which is probably due to the small sample taken into analyzes.

Graph.3 Education Level



The general population indicators, as found in Albania⁵, are shown in the table below:

Tab.1

Educational level	Corresponded age group	Indicator found in Albania
Secondary (high school)	15 – 19 years old	39%
Tertiary (university)	20 – 29 years old	8.7%

The unexpected high indicators in our sample might be due to the small sample size and the fact that biggest part of this sample are coming from main urban centers (Tirana and Durres districts) where the regional educational indicators are higher than national values.

c. Second target population prescriptions (Parents and other relatives)

The second category of our sample in this evaluation is constituted by parent on 60% of the cases (40% mothers and 60% fathers), 13.75% sisters and brothers (36% sisters and 64% brothers), 11.25% partners (56% wives and 44% husbands) and 15% others (friends and work colleagues). The age of this category of the sample is accordingly - 17.5% are between the age of 20-30, 21.25% 30-40, 27.5% 40-50, 15% 50-60 and 18.75% are up to 60 years of age.

Related to education rate of parents and other relatives, 41.25% have finished high school, 32.5% University Studies, 17.5% 8-years education, 7.5% have finished elementary education and only one case was illiterate.

2. Outcomes indicators

The outcomes indicators evaluated in this process reflect the NGO's MMT results as:

- i. Reduce use/abuse of substances*
- ii. Reduce risky behaviors*
- iii. Enhance positive life practices and improve social functioning of client*
- iv. Reduce drug criminal activities*
- v. Promote Methadone Maintenance Therapy in Albania*

Accordingly the outcomes/results measured were: drug use, high risk behaviors, improves of family relation, living conditions, employment status, criminal behaviors, clients' satisfaction.

2.1. Reduce use/abuse of substances

a. Drug use

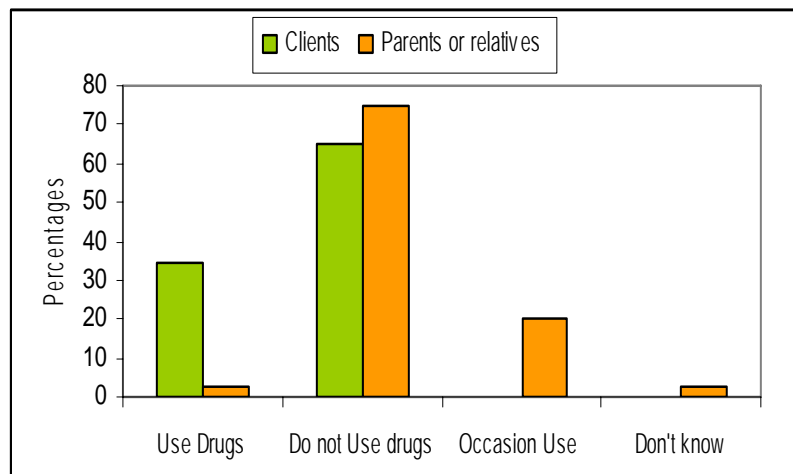
Studies around the world show that while on MMT the level of illicit drug use reduces significantly.⁶ Two third of the sample (49 clients) report **not** using any other drug than Methadone

⁵ Access to secondary education in Albania: Incentives, obstacles, and policy spillovers. BICEPS working paper, 28 September 2006.

⁶ Verster, Annette. and Buning, Ernest. *Info for Policymakers on the Effectiveness of Substitution Treatments for Opiate Dependence*. EuroMethwork, 2003. www.Euromethwork.org

since they are in therapy and one third (26 MMT clients) report to currently use or have used in the past other drugs together with Methadone. When the family members were asked if their relatives use other drugs than methadone, 75% reported no use, 20% reported sporadic use, 2.5% didn't know and 2.5% report clients using other drug while under MMT.

Graph. 4 Reporting rate of Drug used with Methadone by both samples categories



In order to be more accurate on the real proportion of clients that confirm not using any other drug additional to methadone, the urine screen tests were applied. Fifty seven percent of clients resulted negative for parallel use of another drug together with methadone while the remaining 43% were positive.

The results show the gap of 8% if compared with 65% of clients that report not using other drugs then methadone. Taking into consideration the fact that only opiate users could be detected with the current urine tests, this gap eventually could be even higher. The perception of family members about the interruption of use of a second drug seems to be much higher than it is real.

Tab. 2 Reduce of drugs' use/abuse based on different perspectives

	Urine test evidence	Client report	Family members perception
No use of a second drug	58%	65%	75%
Parallel use of a second drug	42%	35%	25%*

* This proportion includes different category-responses from the family members (don't know, don't use and sporadic use of a 2nd drug)

The urine test might strengthen the relationship amongst staff and clients. In the same time if its results are not used to improve care then these procedures are useless. Studies have shown that if the urine test results positive on most of the clients, maybe the methadone dosage should be increased for the MMT's clients, and those MMT programs that recommend higher methadone dosage the urine tests result more negative.⁷ As mentioned before, 70 clients out of 80 did accept to be subject to different tests while only 67 agreed to get their urine tested.

⁷ The Cost-Effectiveness of Methadone Maintenance. PAUL G. BARNETT, PH.D.1, 2, AND SALLY S. HUI, B.A.1. October-November 2000.

Tab. 3 Urine Tests Participants' Results

Urine tested	Positive	Negative	Total
Numbers	28	39	67
Percentages (%)	42	58	100

The high refusal rate (16%) might bias the result of our sample the same way as might distort it since we don't know how different the refusal clients were from the rest of the sample that gave their consensus. However in the pragmatic interest of our evaluation scope, although there might be reasonable doubts that the refusal clients could result positive, we have to say that we are far enough from admitting it.

Tab. 4 MMT's Clients Urine Screening

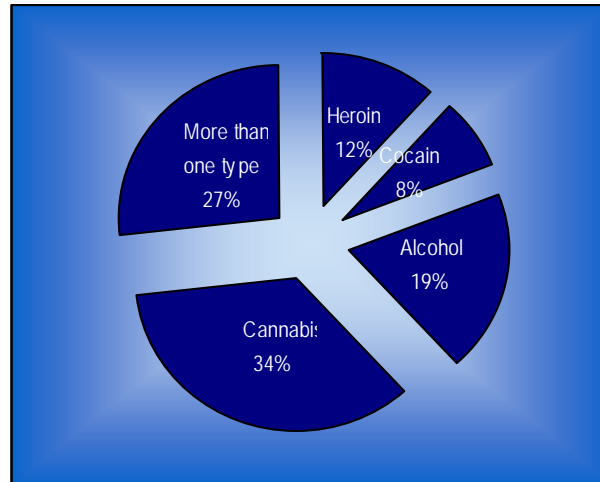
Urine tested	Positive	Negative	Refusals	Total
Numbers	28	39	13	80
Percentages	35.0	48.8	16.3	100.0

The discrepancy on proportions between those reporting to use (35%) and those resulted positive in the urine test (42%), even though is not that big, shows that the MMT clients do use other illegal drugs than methadone more than they report/accept. This situation could convince the clients to deny if they use a second drug as a result of Aksion Plus policy such as suspension from Take Home Approach⁸ – otherwise the trusted relationship amongst client and staff can be jeopardized. Another reason can be the client's tendency to deny what is promoted not to be “normal” while being under MMT.

Although we are familiar with the fact that the MMT's clients use other drugs than methadone, it is interesting to know how often they use the other drugs and what kind of drugs do they use. Seventy three percent of those who did report using other drugs than Methadone, reported this use to the frequency of one to four times per week; 27% report using less than once per week. The most common type of drug reported are cannabis (35%) followed by 27% using multiple types of drugs and merely 12% reported using only heroin. If we add to this 12% those who reported using multiple drugs including heroin, which represent 15% of the total sample, there are 27% of the sample reporting to use heroin. While the urine tests, able to detect the heroin presence, show the more accurate heroin users rate which is 42% of MMT's clients. This last comparison emphasizes again the use of other drugs within the MMT's clients and their tendency of hiding the real behaviors.

⁸ The MMT's clients are eligible to be supplied with methadone dosage for weekends or longer periods, when not living in Tirana, or if other objective reasons don't allow them to come at the centre every day.

Graph. 5 Types of illegal Drugs used reported with Methadone



However, although there is use of illegal drugs by the MMT Program's clients, the level of reducing the use of illegal drugs is highly considerable. Based on the reporting, 95% of the clients' respondents stated **they use less illegal drugs** since they are on Methadone therapy. On the community side, represented by clients' family members, 90% of them reported that their children or relatives use less of illicit drugs since they are on therapy and the remaining 10% report that their relatives do not use at all. Often the zero tolerance approach does not fully work, but the harm reduction philosophy offers an optimistic alternative.

2.2 Risky behaviors

a. Injecting and sharing syringes

The Aksion Plus MMT has dramatically reduced the risky behaviors associated with injecting drugs. While using other drugs than methadone 90.7% of the respondents report not to use inject and use syringes, and only 9.3% of them (7 cases) do report to use syringes while injecting heroin. From those who report to use syringes, 3 cases reported to use 1 syringe per week – one time shoot, and 4 other cases 2 syringes per week – two times shoot, and only 1 case report to have shared it with someone else while injecting. Based on the urine screening 42% of the participants resulted positive on heroin, and based on the reporting we have only 9.3% still injecting. It seems that although they are using heroin, the routes of administering the heroin are different than injecting. This is very optimistic while thinking that most harm is coming from applying of risky behaviors than the use of illegal drugs itself.

b. Sexual Behaviors

Another category in risk closely linked to drug users is their sexual partner. The blood borne infections are sexually transmitted as well. Based on the reporting 80% of the clients' respondents testified to have only one sexual partner during the last three months, and 20% report to have more than one (all male respondents). While, 42% report to have used condoms in any sexual

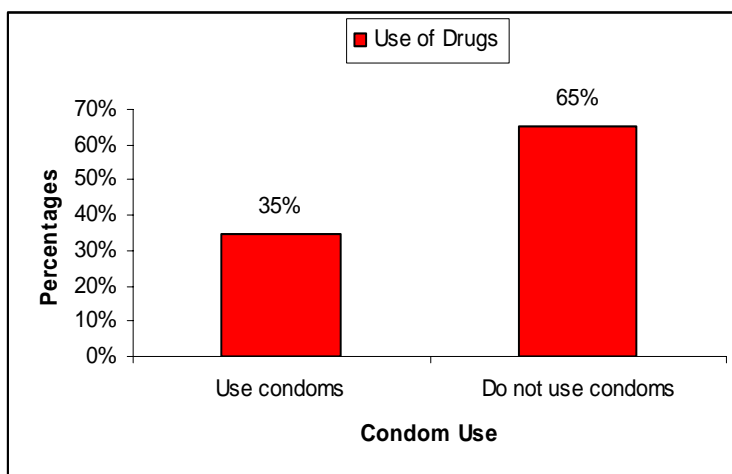
intercourse (11% of those who had more than one sexual partner during the last three months, and 31% of those who had only one sexual partner the last three months) and 58% did not (9% of those who did have more than one sexual partner and 49% of those who did have only one partner the last three months). It is interesting to see that those who have more than one sexual partner on the last three months have used less condoms that those who have only one sexual partner. Maybe they do use the condoms not only for preventing the sexual transmitted infections, but for other reasons, i.e., family planning.

Tab. 4 Condom use and sexual behaviors

Use Condom						
Number of Sexual Partners	Yes		No		Total	
More than one	8	11.0%	7	9.0%	15	20.0%
One partner	23	31.0%	37	49.0%	60	80.0%
Total	31	42.0%	44	58.0%	75	100.0%

Under the drugs' effects people underestimate the use of condoms or just not paying attention to it. Referring to our sample that uses other drugs with methadone, 35% did used condoms on the last three months and 65% did not. While, of the 7 cases who report to still inject, 4 cases have used condoms on the last three month during each sexual intercourse and 3 others no.

Graph. 6 Other drugs used with Methadone and Condom Use



The use of condom within the MMT's clients is still very low, especially to those who still are subjects of risky behaviors, such as having more than one partner, using other drugs than methadone and injecting. There should be directed more specific campaigns on promotion of condom use within this target population, through more specialized counseling, and BCC interventions as well. Condom negotiation could be another tailored intervention for this target population.

c. Testing practices

The Aksiion Plus services are always coordinated with other institutions, being these NGOs or state ones, such as Institute of Public Health. The IPH offers the HIV/AIDS and HBV testing for those Aksiion Plus' clients who ask for such procedures, as for all the other groups of population. The IPH is trying to establish a periodical biological surveillance system on IDUs, and Aksiion Plus MMT Program's clients has been one of IPH settings while choosing the study's sample.

When the MMT's clients were asked when was the last time they were tested for HIV/AIDS or other blood borne infections, 13% reported 1-3 months before, 33% 3-6 months, 30% more than 6 months, and 24.0% did not gave any answer on that question. We can assume that these 24.0% of our sample could never been tested for HIV/AIDS, might not know what HIV/AIDS could be, the question could be unclear to them, or they just didn't remember the last time when they have been tested.

Tab. 5 HIV/AIDS test taken and time on MMT

LAST HIV/AIDS TEST TAKEN										
TIME BEING ON METHADONE	1-3 months		3-6 months		up to 6 months		No answer		Total	
1 month	3	4.0%	0	0.0%	6	8.0%	4	5.3%	13	17.3%
1-3 months	0	0.0%	8	10%	2	2.7%	4	5.3%	14	18.7%
3-6 months	3	4.0%	6	8.0%	1	1.3%	2	2.7%	12	16.0%
up to 6 months	4	5%	11	15%	13	17.3%	8	10.7%	36	48.0%
Total	10	13%	25	33%	22	30%	18	24.0%	75	100.0%

After one client finishes the therapy another one replaces him. Approximately seventy percent of the clients participating in the evaluation has less than 1 month on therapy and 18.7% has 1-3 months on therapy; while 16.0% have 3-6 months and 48.0% up to six months. If we refer to those who have been tested more than six month before (30%) and those who did not give any answer on this question (24%), there are 54% of those who really need to be tested. What we know is that the MMT's clients do use other drugs than methadone and are subject of other risky behaviors related or not to drug use. Thus, the MMT's clients should be counseled for periodic testing related to blood borne infections and sexually transmitted infections.

The testing practices help people being conscious about their health conditions and the pre-counseling sessions preceding these testing practices give them the information needed on how to prevent and staying free of blood borne infections. For the vulnerable groups such as inject drug users are it is recommended to be tested each 3-6 months. This is the maximum period of time when the HIV virus can be detected. This periodic check up makes reduces the spread of blood borne infections despite the application of risky behaviors. Information, education and counseling following these testing practices are always necessary for this target population.

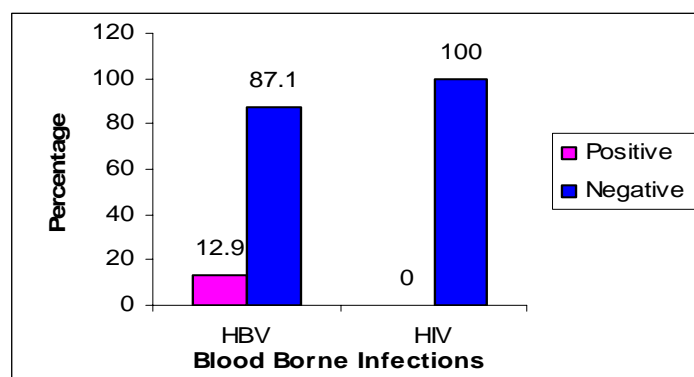
For the needs of this evaluation a biological surveillance was conducted on anonymous and voluntary bases with the MMT's clients. **No names or codes were recorded**, so no reference on tests' confirmation could be done for any of suspected cases from the rapid tests. Eighty MMT's clients were planned to be screened for HBV, HIV and Heroin in Urine. During the field work the evaluation team faced 10 refusal cases for being tested on HBV and HIV, out of the total of 80 clients. So, when talking for rapid test application the total of the clients tested is 70 cases.

Tab. 6 Rapid testing results

Test Type	Tested		Refusals	Total
	Positive	Negative		
Urine tested	28	39	13	80
HBV	9	61	10	80
HIV	0	70	10	80

Based on fast tests' results, 12.9% of the tested clients resulted to be Hepatitis B positive and 87.1% Hepatitis B negative. From the biological surveillance within the MMT's Clients **no one of the clients** resulted **HIV positive**. Studies show that if there are not the adequate prevention services on place on preventing the blood borne infections, the HIV infection reaches more than 40% of the target population once it has been introduced to this population within 1-2 years.⁹

Graph. 7 HVB and HIV spread on MMT's Clients



It is interesting to see that the spread of HBV within the MMT's clients is quite near with the findings of the Biological and Behavior Surveillance Study for the IDU population in Tirana.¹⁰ These findings show that the spread of HBV in general population of IDUs is 12.4%, and the findings from the Evaluation process show to be 12.9% within the MMT's clients. This indication shows that paternity in this target population is very similar to each other despite of conditions, and the interventions on this target population should be well coordinated with other partners. Thus, more counseling should be offered for the MMT's clients on HIV/AIDS and other blood borne infections, aiming on preparing them to get tested and helping being free of blood borne infections, such as HIV, HBV and others. The referral services should be used for HIV, HBV positive clients or other positive ones, apart from methadone.

⁹ World Health Organization, *Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS among Injecting Drug Users*. Evidence for Action Technical Paper. Geneva, 2004.

¹⁰ Report on the Biological and Behavior Surveillance Study in Tirana. Family Health International, May 2006.

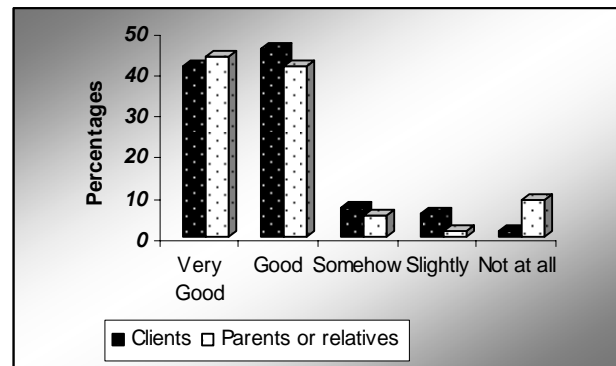
d. Health Conditions Improvements

Methadone therapy positive impacts on clients' health usually are immediate and obvious. Based on the findings 45.3% of the clients respondent state that their health conditions were good improved, 41.3% report that their health conditions has been very good improved; 6.7% report that their health conditions are somehow improved and 5.3% report that their health conditions are improved slightly, and only 1.3% or 1 case reports no improvements at all. As the MMT's clients mentioned during the focus groups, they have gain weight since being on MMT, are more resistant, and clear on thinking, they do not inject anymore, or even those who do inject, inject far less, their veins are recovered and the chances of injecting on danger parts of the body such as neck or legs have been eliminated. *"I wanted only to sleep when taking heroin, now I feel normal, I can go out with friends without fearing that could lie to them, or go at work"*. Even those clients who reports still injecting declare that their health conditions have been good improved.

Tab. 7 Health Improvements

Classification of health improvement	No. Clients	%	No. Parents or relatives	%
Very Good	31	41.3	35	43.75
Good	34	45.3	33	41.25
Somehow	5	6.7	4	5
Slightly	4	5.3	1	1.25
Not at all	1	1.3	7	8.75
Total	75	100	80	100

Graph. 8 Health Improvements



While family members were asked, 44% report that the health of their relative was very good improved since on methadone, 41% reported good improvements, 5% somehow improved, 1.25% slight improvements and 8.75% have not seen improvements on their relative's health at all, although their relatives have been on MMT for almost one year.

Usually the positive health impact is seen since from the first weeks of the therapy. However, it is clear enough that the MMT's health conditions are getting improved since they are on methadone, and this can be easily seen even on those who are continuing to inject but significantly have reduced their injecting times.

2.3 Enhance Positive Life Practices and improve social functioning of clients

The Methadone Maintenance Therapy is a multiple reaction therapy. Its positive impacts are not seen only on clients' health and reducing overdose cases, but even on other interpersonal and social aspects of their lives. One of Aksion Plus objectives is enhancing of its clients' positive life practices, through its Methadone Maintenance Therapy and improving social functioning of the clients. Accordingly the outcomes measured in this session are, changes on family relations, MMT's clients' employment, housing, and MMT community benefits.

a. Family relations

When MMT's clients were asked if the family relations were improved and if they were supportive, 86.7% of the respondents report that their relations with other family members are **improved** since they have been on MMT **and** the family has been really **supportive** to them, and only 6.7% report that their relations with other family members have not been improved since they have been on MMT and their family has not been supportive to them, so no change has happen on their lives – at least on the moment the evaluation was conducted.

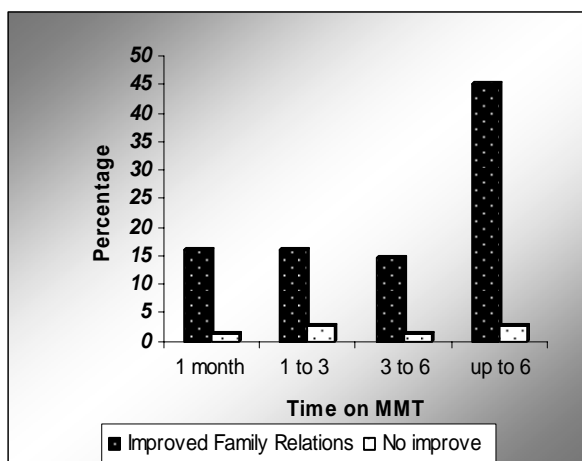
Based on the findings it's obvious that reduce of illicit drugs use on methadone's clients, causes improve of their family relations. They win the families' **faith and respect again**. As one client was saying during the focus group discussion *"Now all my family is seeing me differently, I already won their faith and the social values they respect. This is a second chance in life for me. If I go and use again I know that I will lose everything and they won't deal with me anymore"*.

When the family members were asked they reported that their relations with their child/partner has been very much improved on 62% of the respondents, 28% report these relations to be goodly improved, and 10% reported these relation have been somehow improved. However, there is always positive change on improving these family relations since their relatives are on MMT, despite of improving categories. The concept of *"happy family"* is relative, and people can range it however they perceive, what is clear and high is that these intrapersonal relations within the family network are greatly improved and continue to advance positively while the clients gets more and more compliance with the therapy.

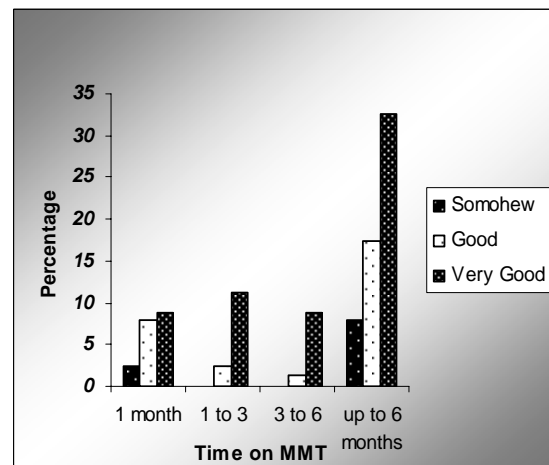
The data shows that the changes on the social aspects of the client's life are immediate and continue to improve while the therapy goes on. Seventeen percent of our sample (12 cases) report to be on therapy from one month and 92% of the respondents stated that their family relation has been **improved** since they are on Methadone. Those who have been on therapy for more than 6 months (48.0 % of the total sample), report on 94% of cases improvement on family relations and only 6% report the opposite. About 50% of our sample is on therapy for more than six month. We can assume that despite the time on MMT the family relations of the MMT's clients are considerably improved.

Family relation improvements and time on MMT

Graph. 9 Clients' perspective



Graph. 10 Families' perspective



b. Employment

Another aspect of the clients' life that is worthy to be measured is their employment issue. Trying to keep their habits of compulsory use of illicit drugs, often keep them away from obtaining a job, makes them being irresponsible to fulfill the job requirements, and not being stable at it. While on Methadone Maintenance Therapy, 73% of them report improve of their working opportunities and 27% do not. From the focus groups the clients report to be more responsible, more resistant and firm toward the job requirements. They are more concentrated on the work and have a better performance. *"While injecting I did not though for anything else than drugs, actually I couldn't afforded the job. If someone offers me a job, ...hm of course I needed it, but you lie to the person because you couldn't go with it . But now with methadone is different, you take it in the morning and normally continue the work"*.

Although the employment issues are being a problem for the entire Albanian population after '90, the MMT clients' result to be employed accordingly; 22.7% are fulltime employed, 18.7% are part time employed, 12% are students, 8% are households, 10.7% do occasional work, 2.7% do seasonal work and 24.0% of them are unemployed and 1.2% are invalid. If we carefully see there are 54.8% (full time, part time, seasonal, occasional) categories of employed from our sample, and 32% are unemployed (unemployed and household). The students' category of 12% can be seen as a specific group of employed.

Graph. 11 Working state for the MMT's clients

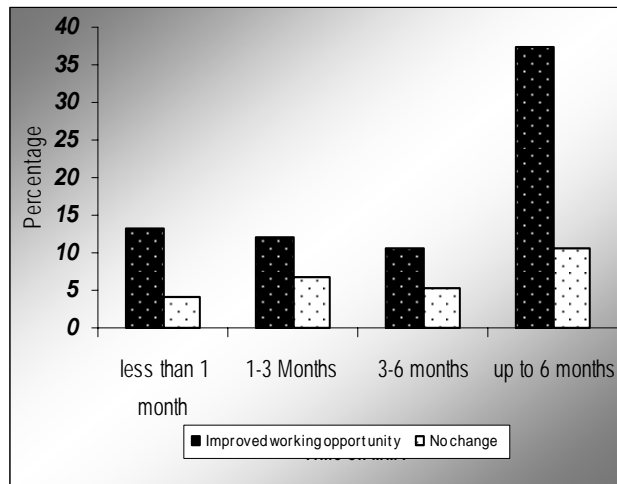


The enhancing of positive life practices related to the working opportunities can be easily distinguished from the starting of MMT. So, 77% of those who have been for the first month on Methadone report improve on their work opportunity – or 13% of all the respondents, and 78% of those who have been for more than 6 months report the same – or 37% of the total respondents.

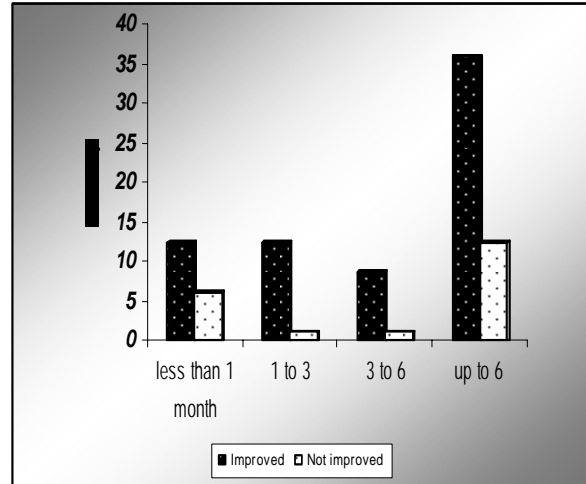
The important is that this trend keeps increasing from one interval of time to the other and MMT helps people living a normal live, being useful for themselves and their families as well as society in all. In the same time, 79% of family members reported that their relatives working opportunities has been improved since they are on MMT and only 21% reported no improve on this concern.

Improve of working conditions

Graph, 12 Clients' perspective



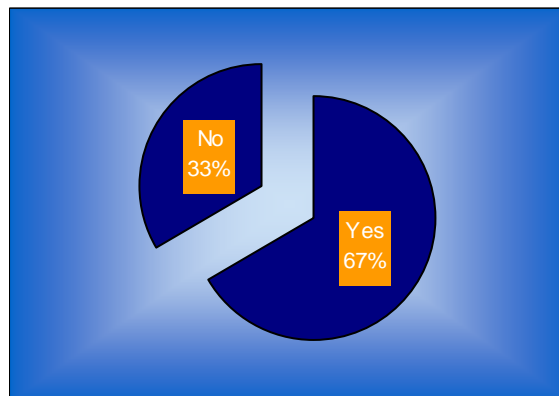
Graph. 13 Families' perspective



c. Housing

Drug dependence is a complex phenomenon and has its social determinants and consequences related closely to each others. Housing is one of these social determinants and consequences. While clients are asked if they have adequate living conditions, 77% reported yes we have and 23% reported no. When they were asked if these living conditions were improved or not since they were on methadone, 66.7% of them reported yes, and 33.3% reported that their living conditions didn't change much or nothing since they were on methadone. Of those clients who reported to have good living conditions, 72.4% reported that these living conditions have been improved since the time they were on methadone, and 27.6% didn't have any change on their living conditions since they were on Methadone. *“Well, now I work and win some money. I can help my family as well and keep some for myself. Before, I spend all the money on drugs or even asking friend to lend me some”*.

Graph. 14. Improves of living conditions



There is a positive correlation between improve of working opportunities and living conditions within the MMT's clients. Fifty – six percent of the total respondents stated that since the time they are on methadone, their working opportunities and housing conditions have been improved for them. On the other side we have 17% of those respondents whose work opportunities have been improved but their living conditions have no change, and 11% whose living conditions have been improved but their work opportunities no.

Tab. 7 Improve of Living conditions

Work opportunity improved	Living conditions improved				
	Yes		No		Total
	Frequencies	%	Frequencies	%	Frequencies
Yes	42	56	13	17%	55
No	8	11	12	16%	20
Total Frequencies	50	67	25	33%	75

However, as long as 56% (more than 50% of the sample) do respond positively on these two variables, we can assume the existence of a positive correlations between these social phenomena (improve of work opportunities and living conditions) and the fact being on methadone.

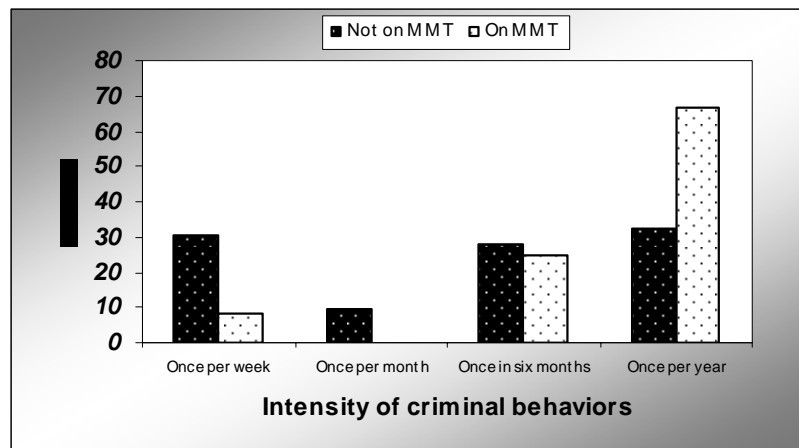
d. Community Benefits

It is important to emphasize the community benefits of MMT. Apart from personal benefits, family ones and other close networks benefits, there is seen a positive impact on an outsider circle, that of the general community. In order to support their habits of compulsory drug use, the users often are forced to commit criminal behaviors, and often are subjects of criminal laws.

While the MMT's clients were asked on their past experiences with the police, 57% reported to have problems with the police while using illegal drugs and 43% did not have any of such problems. After being on methadone, 95% of the clients who had problems with the police while using illegal drugs, reported that there are **decrease** of their criminal behaviors or disputes with the police related to drug issues and 5% reported they have still these problems.

The frequency of reporting criminal behaviors for those who have such problems has been accordingly; 30.2% once per week, 9.3% monthly, 30% once in six months and 33% reported to have these problems once per year. Despite the fact of being on methadone 16% (12 cases) of the respondents still have problems with the police; however the problems' frequency has been highly reduced.

Graph. 15. Intensity of criminal behaviors while on MMT and not on MMT



The family members reported on 32.5% of the cases that their relatives had problems with the police while using drugs and 67.5% did not. The frequency of these criminal behaviors for those who had such problems reported by the community perspective is accordingly; 11.5% once per week, 23.1% once per month, 7.7% once in six months and 57.7% once per year. The reporting rate from MMT's clients and community is changing with 25%. Maybe the stigma and discrimination on being subject of criminal law because of drug problems often makes the families to underreport. When the parents or other relatives were asked if their children have problems with the police after they entered the MMT 97% reported no, and 3% yes they have. A mother's statement about the police role was: *"Police does not live our children quiet on continuing the therapy and often annoying them while trying to find information on illegal drugs trafficking"*.

2.4 Clients' Satisfaction with the service offered

Although MMT is a life saving service for the Opioid users, it has to be offered as all other medical services in a professional way and with respect of dignity and honor making all possible to meet the clients' needs, according to the principles of Human Right Based Approach. The following analyzes is based on the clients' satisfaction perspective. The outcomes measured are the time when the service is offered and the staff performance according to clients' perception. While is not easy to measure the clients' satisfaction, focus groups and categorizing questions has been the essentials tools of analyzes for this part of the report.

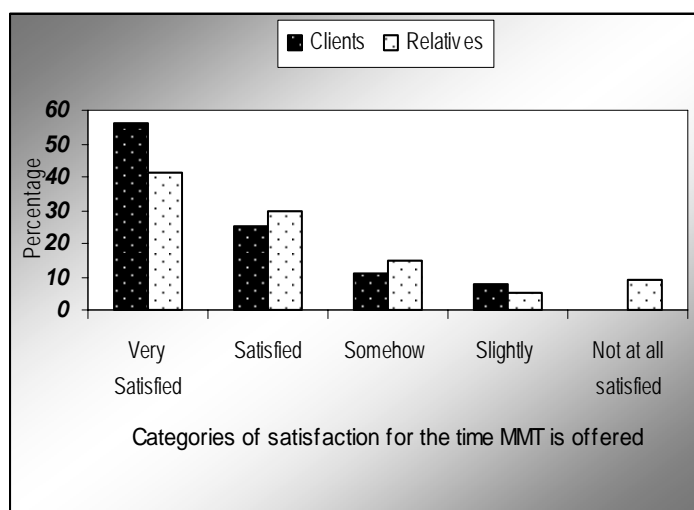
a. Time of offering the services

The Aksion Plus is offering the Methadone Maintenance Therapy from 9.00 am – 13.00 pm for all seven days of the week, and everything for free. Aksion Plus is strongly recommending the offering of the therapy at the centre premises. When MMT's clients were asked how much satisfied are they with the working hours of the service offered, 56% of the MMT's clients reported to be very satisfied with the time of service offered, 25% reported to be satisfied, 11% reported to be somehow satisfied and 8% not satisfied. The family members' category of satisfaction rate resulted to be accordingly; 41% reported to be very much satisfied with the

working hours, 30% satisfied, 15% somehow satisfied, 5% no satisfied and 9% reported to be not satisfied at all with the time the MMT is offered.

The complains from the MMT's clients and their family members on the timing of the services were deriving from the barriers that they often face while wanted to go at work and keep the job, or attend the school. The wife of one of the clients is clearly stating: *"Please help my husband to keep his job. He has to be there at 8.30 and live 16.00 o'clock"*. While another MMT's client says *"I gave up a very good job and well paid for me because I have to be here in the morning. Now I am negotiating with the staff if I can have it with me for one week, because the next week I am on the first shift and I cannot make to come here"*.

Graph. 16. Clients and Family members' satisfaction with the time the service is offered



What came out from focus groups was the opinion of taking into the consideration the opportunity on dealing with timing of the therapy. It can be organized in two short shifts, first 2 hours early in the morning (maybe 6.45 – 8.45), and the second one 2 hours in afternoon (maybe 16.30 – 18.30). In this respect MMT's clients can accomplish their life's responsibilities.

Another administration form of the therapy can be "The take home" approach. The MMT's clients often prefer this approach more than coming every day at the centre. The massive Take Home approach has been considered as ineffective for Aksion Plus MMT's clients. When it was applied for the New Year holidays 2006, it resulted on 75% positive of heroin while tested unexpected, according to the Program regulations.

The "Take Home" approach is regulated according to Aksion Plus internal regulation. What came out from the focus groups, some of the MMT's clients are confused and unclear for the conditions under which the Take Home approach does applied at the centre. What they know is to win the staff credibility, being reliable to them, and resulting negative while tested for heroine. Based on these the clients pretend to profit from this right and take the methadone with them, especially those who want to work, or those who do not live in Tirana but are on therapy. *"I have resulted negative each time they control us. I never have any problems with them, but they never rewarded me"*.

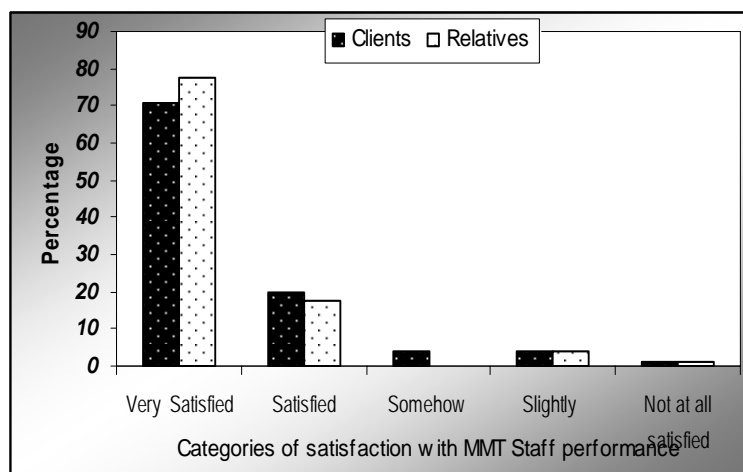
Based on the staff interviews they do not have to explain each client why the take home approach is applied for one and not for the other, based on the principles of confidentiality. However, seeing as it is, it is a subjective judgment which can lead the way for manipulation. It will be better to foresee and written loud and clear all the conditions under which the Take Home approach will be applied and to whom, and to be presented and known for all the MMT's clients and their family members.

b. Satisfaction with the working staff and the sufficiency of services

Another aspect of a qualitative service is the staff performance on offering the service. When the MMT's clients were asked how much satisfied they are with the staff performance, 71% of the MMT's clients are very satisfied with the working staff of MMT centre. They appreciate to much the staff availability, honesty, professionalism and opportunity given to them. As one client report on the focus groups, *"The people working here are really fantastic, everybody is trying to help and they have done a lot for us. This centre gave us a second life, without it I don't know where I would be"*. 20% of the clients report to be satisfied with the working staff, 4% somehow, 4% not satisfied and 1% (1 case) not at all satisfied.

The family members are very confident while responding on 77.5% to be very satisfied with the staff performance and 17.5% satisfied. What they do appreciate the most is the staff availability and communication skills. Often because of the necessity of this service, the family members report to be very satisfied with the working staff, while declaring that the service is life saving for their children. As a mother declares *"We thank Aksion Plus because it saves our children's lives. Hope this center never closed down otherwise all our children will turn on heroin. There is no other hope than methadone for them"*. Four percent of the respondents are not satisfied and one percent is not satisfied at all with the staff performance and professionalism. Although the family members and MMT's clients report to be considerably satisfied with the working staff performance, they do express their concerns as well for more periodical psychological sessions with the MMTs clients and family training on treatment and issues related to. In the same time they do report lack of counseling and information sessions on the MM Therapy.

Graph. 17 Clients and Relatives Satisfaction with the Staff performance



Based on the clients' reports, they are filling the need of periodic, reliable and planned psychological counseling, or group discussions according to users' needs. Although some of the MMT's clients in the focus group are positively expressed on psychological counseling they are being ambivalent *"I need to talk to somebody. Often I try to talk with ex-users because we both know what have been passed through. I cannot talk to someone else who did not have any drug related experience, what to share with him. I just need to talk, I get released. Often I think that the drugs never will get away from me. It's still there."*

Research by the National Institute on Drug Abuse, clearly shows that longer-term methadone maintenance therapy (MMT), combined with psychosocial counseling, is a far more effective treatment for heroin addiction..¹¹ Other studies show that the Methadone maintenance programs that are ignoring the psychological aspect of treatment have the highest number of relapses (getting back on drugs while finishing the detoxification, or treatment) between their clients.

Based on the staff job descriptions and the interviews with the working staff, the person responsible for conducting the psychological counseling are the technical director, the coordinator as long as he obtain a diploma in psychology and the psychiatrist of the centre. All the three mentioned professionals have other main roles to accomplish together with the psychological counseling, and often their working day is overloaded. On the other part all the staff is part time employed and the time restriction doesn't allow them to better perform at work. The program itself sees as a way out from this situation the employment of another part time or full time psychologist on supporting the program and clients' compliance with the therapy at Aksion Plus Program.

Others complain are on poor counseling sessions and medical assistance. As one of the clients report *"There should be given more information to the MMT's clients on methadone and other issues, when I asked, they tell me to come "tomorrow". Family members express their concerns about more specialized services. "This centre needs more specialized staff. The drug users have a lot of problems, and they have to be handled professionally"*.

OTHER INTERESTING FINDINGS

Although there are issues to be improved and covered on the existing MM Therapy program 92% of the MMT's clients will recommend this service to someone else, and 98.75% of parents or other family members will do the same. This program is saving lives in Albania and is crucial for the users and their families. When users are asked on previous experiences on trying to be free of drugs one of them said, *"I have tried everything, hospitals, home locked, communities... no way. The only place I found some peace is this methadone maintenance therapy. Actually is my last try on being free, and I am dealing perfect."*

As it can be seen the percentages and MMT's clients' feelings are strongly supporting the promotion of the Methadone Maintenance Therapy service. The estimations from the Ministry of Health show that there are approximately 40.000 drug users of all drugs, in Albania, and 10.000-13.000 are injecting drug users who need specialized care and services. These are official data, and

¹¹ "Methadone Maintenance versus 180-day Psychosocially-Enriched Detoxification for Treatment of Opioid Dependence". *NIDA (National Institute of Drug Abuse) The Journal of the American Medical Association* (JAMA.2000;283:1303-1310). March 7, 2000.

the NGOs sector report higher estimations. Mean while there are only 110 drug users on Methadone Maintenance Therapy, and the need is much higher for this service.

What unanimously reported from the clients and family members is the continuum of the existing service and the opening of similar ones on other big cities. 91% of the MMT's clients who participated on the Evaluation Process are from Tirana and 9% from Durres. There are other clients from other cities such as Korca, Shkodra, Vlora, etc that are on therapy, but the service is not easy available for them. As the family members express, *"What need to be done is the opening of other centers such as this one on other cities. You cannot imagine the number of people who need it"* – Durres father.

a. Challenges – risks and threats

1. The high numbers of clients' requests on attending the therapy faced with the small capacity of the MMT Program create an overwhelming and frustrating atmosphere for the MMT Staff.
2. Unfeasibility on addressing and meeting the client's needs as result of lack of MMT staff and lack of referral services. Often the MMTs clients request toward the MMT staff are irrational.
3. The Aksion Plus MMT working conditions are very poor and not adequate on implementing and performing all the Program activities at their best.
4. Lack of support from Government Institution on MMT progress, put every day on risk the well functioning and existence of this service.
5. A lot of drug dealer are surrounding the MMT Program to find market in a fragile population as MMT's clients are, and put Aksion Plus staff in a very difficult position on dealing with the police, community and clients themselves. These factors are very frustrated and influencing the staff performance.
6. Lack of specialized counseling staff on addiction.

b. Opportunities - strengths

- 1- Drug issues are still a priority for foreigner donors in Albania. GFATM (Global Fund) and other donors are willing to support programs, social and other services for vulnerable and marginalized groups.
- 2- The Local Government willingness on supporting the treatments services in Albania for drug issues. This is a strong point for Aksion Plus on establishing other MMT Programs on other targeted cities.
- 3- The support of users/clients, family members, parents and other interested subjects for more treatments services on drugs.
- 4- Dug use/abuse in Albania has a long history while the Methadone Maintenance Program history is very short. This environment crate chances for effective interventions and fast results.
- 5- Aksion Plus is one of the most adequate promoters of MMT Programs and has all the needed capacities on functioning as a resource centre for other similar initiatives in Albania.

ANNEXES

A.1 Clients' questionnaire



COMMUNITY METHADONE MAINTENANCE PROGRAM IN ALBANIA – AKSION PLUS

Please circle the answer that best fit to your opinion

DEMOGRAPHIC DATA

1. Date of filling up the form: ____/____/2007

2. Sex:

1. Male

2. Female

3. Age ____ years old

4. Marital Status:

1. Single

2. Living with a partner

3. Married

4. Divorced

5. Widow

5. Which city or district do you actually live? _____

9. Which of the following educational level have you finished?

1. Elementary

2. Post elementary

3. Unfinished Post elementary

4. High school – general and professional
one

5. Unfinished High school – general and
professional one

6. University

7. Unfinished University

8. Illiterate

7. How long have you been on this Methadone Program? ____ months.

8. How many times have you been on this program? ____ (time/s)

9. For what reason are you on Methadone?

RISKY BEHAVIORS AND THOSE RELATED TO DRUG USE

10. Do you use other drugs THAN Methadone?

1. Yes

2. No

If no, go on question 16 and continue

11. Kind of drug used:

Heroin

2. Cocaine

3. Alcohols

4. Hashash

5. Other, please specify _____

12. How many times do you use it in a week, apart from Methadone? ____ times in a week

13. Do you use needles while you use other drugs while you are on Methadone?

1. Yes

2. No

14. If yes, how many syringes do you use per week? _____ syringes.
15. Have you shared needles or syringes with other persons since you entered the Methadone Program?
1. Yes 2. No
16. Have you had more than one sexual partner during these three last months?
1. Yes 2. No
17. Have you used condom in any sexual intercourse during these three last months?
1. Yes 2. No
18. Do you use less illegal drugs from the time you have been on Methadone?
1. Yes 2. No
19. Is your numbers of injecting times and needle sharing been significantly reduced since you have been on Methadone?
1. Yes 2. No 3. I have never used syringes
20. Do you think that your health has been improved since you are on Methadone? (ex. You don't need to shoot, your veins are better; your risk of getting blood borne infections through injecting is reduced, you have gain weight, you are more resistant, etc.)
1. Poor 2. Fair 3. Good 4. Very good 5. Excellent
21. When it was the last time you have you been tested for HIV/AIDS or other blood borne diseases?
_____ weeks/months

LIVING CONDITIONS

22. With whom do you live?
1. Alone 2. With my parents 3. With one of my parents 4. With my partner
5. With my husband/ wife 6. Other, please specify _____
23. Do you have appropriate living conditions? 1. Yes 2. No
24. Do these living conditions have been improved since you have been on Methadone?
1. Yes 2. No

FAMILY

25. Do you see you family as supportive related to your drug using problems?
1. Yes 2. No
26. Do you think that your family support have been increased since you are on Methadone?
1. Yes 2. No

EMPLOYMENT

27. What is your working status in these moments?
1. Full time job 5. Student
2. Part time job 6. Disable
3. Seasonal job 7. Retired
4. House work 8. Unemployed
28. Do your working opportunities have been improved since you are on Methadone Treatment?

1. Yes 2. No

29. If you are working, what do you do? Please specify.

CRIMINAL BEHAVIORS

30. Have you ever had problem with the police while you were using illegal drugs?

1. Yes 2. No

31. If yes, how often?

1. Once in week 2. Once in month 3. Once in six months 4. Once in a year

32. Did you have any problems with the police since you have been on Methadone Program?

1. Yes 2. No

33. If yes, how often?

1. Once in week 2. Once in month 3. Once in six months 4. Once in a year

34. Do you think that your criminal behaviors have been significantly reduced since you are on Methadone Treatment?

1. Yes 2. No 3. I never have such problems

SATISFACTION WITH THE SERVICE OFFERED

35. How satisfied are you with the working hours of this Methadone Program?

1. Not satisfied at all 2. No satisfied 3. Somehow 4. Satisfied 5. Very much satisfied

36. How satisfied are you with the working staff of the Program?

1. Not satisfied at all 2. No satisfied 3. Somehow 4. Satisfied 5. Very much satisfied

37. Is there any think you want to improve in this program?

38. Will you recommend this Aksion Plus Methadone Program to someone else?

1. Yes 2. No

39. Please write any comments, suggestions, opinions or ideas you have related to this service offered.

Thank you for your participation on this Evaluation. Your contribution is very helpful to our work as well as improving services offered to you!

A.2 Consent letter for the clients



COMMUNITY METHADONE MAINTENANCE PROGRAM IN ALBANIA– AKSION PLUS

INFORMED CONSENT

Dear Methadone Program's Client!

We are kindly asking you to complete a questioner conducted for EVALUATING the Methadone Program, part of which you already are. The form is composed by Harm Reduction Specialists and Drug Preventions. The questioner is very confidential – anonymous and voluntary. None of participants' names or codes will be recorded. The aim of the Evaluation is to receive a self-reported evaluation from the Methadone Program clients offered by Aksion Plus. We believe that your contribution will help us on designing the new and needed changes on more effectively help the actual and future Methadone Program's clients. The questioner will take 5-6 minutes from your time, and after you have finished, please close it on the envelope and put it on the box where all the questioners will be together. If you accept to fill in this questioner, this means that you are giving your consent, but you may withdrawal your consent any time.

In case you have other questions related to the evaluation, please do not hesitate to contact the responsible person:

*Altina Peshkatari
Tel: 069 2086157*

Social Sciences Researcher

Thanks in advance for your appreciated contribution!

A. 3 Family members' questionnaire



**COMMUNITY METHADONE MAINTENANCE PROGRAM
IN ALBANIA – AKSION PLUS**

1. Date of filling up the form: ____/____/2007
2. Sex:
 1. Male
 2. Female
3. Age ____ years old
4. Relation with the Methadone Client.
 1. Mother/father 2. Wife/husband 3. Brother/sister 4. Other relative, specify_____
5. Which city or district do you actually live? _____
6. Which of the following educational level have you finished?
 1. Elementary
 2. Post elementary
 3. Unfinished Post elementary
 4. High school – general and professional one
 5. Unfinished High school – general and professional one
 6. University
 7. Unfinished University
 8. Illiterate
7. How long have your child or relative been on this Methadone Program? _____ months.
8. How many times did he/she join this program? _____(time/s)
9. Why is your relative on Methadone? _____
10. Did she/he use any other drug than Methadone since she/he has been on Therapy?
 1. Yes
 2. No
 3. Occasionally
 4. Don't know
11. Does your child or relative use less illegal drugs since on Methadone?
 1. Yes
 2. No
 3. Does not use anything
12. Do you think your child or relative health conditions are being improved since on Methadone? (ex. Do not inject, the veins are recovered, reduce the risk of blood borne infections, etc.)
 1. Not at all
 2. Slightly
 3. Somehow
 4. Considerably improved
 5. Highly improved
13. Does your family relations have been improved since your child or relative has entered the Methadone program?
 1. Not at all
 2. Slightly
 3. Somehow
 4. Considerably improved
 5. Highly improved
14. Do your child or relative's working opportunities have been improved since on Methadone Therapy?
 1. Yes
 2. No
15. Circle what is the current working status of your child or relative?
 1. Part time job
 2. Full time job
 3. Seasonal job
 4. House work
 5. Student
 6. Disable

7. Retired

8. Unemployed

16. Have your child or relative ever had any problem with the police while were using illegal drugs?

1. Yes 2. No

17. If yes, how often have these problems been?

1. Once in week 2. Once in month 3. Once in six months 4. Once in a year

18. Did she/he have any problem with the police since she/he have been on Methadone Program?

1. Yes 2. No 3. Never had problems with the police

19. Do you think that your child or relative criminal behaviors have been significantly reduced since she/he has been on Methadone Treatment?

1. Yes 2. No 3. I never have such problems

20. How satisfied are you with the Methadone service offering hours?

1. Not at all 2. Slightly 3. Somehow 4. Considerably Satisfied 5. Highly satisfied

21. How satisfied are you with the working staff of the Program?

1. Not at all 2. Slightly 3. Somehow 4. Considerably satisfied 5. Highly satisfied

22. Will you recommend this Aksion Plus Methadone Program to someone else?

1. Yes 2. No

23. Is there any think you want to improve in this program?

24. Please write any comments, suggestions, opinions or ideas you have related to this service offered.

Thank you for your participation on this Evaluation. Your contribution is very helpful to our work as well as improving services offered to you!

A. 3 Consent letter for the family members



METHADONE MAINTENANCE PROGRAM IN ALBANIA– AKSION PLUS

INFORMED CONSENT

Dear parent or relative of Methadone Client!

*We are kindly asking to complete a questioner conducted for **EVALUATING** the Methadone Program, part of which your child or relative is. The form is composed by Harm Reduction Specialists and Drug Preventions. **The questioner is very confidential – anonymous and voluntary. None of participants' names or codes will be recorded.** The aim of the Evaluation is to receive a self-reported evaluation from the Methadone Program clients offered by Aksion Plus, as well as from their family members. We believe that your contribution will help us on designing the new and needed changes on more effectively help the actual and future Methadone Program's clients. The questioner will take 5-6 minutes from your time, and after you have finished, please close it on the envelope and put it on the box where all the questioners will be together. If you accept to fill in this questioner, this means that you are giving your consent, but you may withdrawal your consent any time.*

In case you have other questions related to the evaluation, please do not hesitate to contact the responsible person:

*Altina Peshkatari
Tel: 069 2086157*

Social Sciences Researcher

Thanks in advance for you appreciated contribution!

A. 4 Consent letter on Biological Surveillance for Methadone Maintenance Therapy's Clients



Date, ____/____/2007.

COMMUNITY METHADONE MAINTENANCE PROGRAM IN ALBANIA– AKSION PLUS

Informed Consent on Voluntary and Anonymously participating in the Biological Surveillance for HIV, HBV infections and urine screening for methadone's clients

In the frame of internal Evaluation of the Methadone Maintenance Program implemented by Aksion Plus, there is foreseen the conduction of a Biological Surveillance apart from the Behaviour one, in order to have an idea on the spread of blood borne infections between the Methadone Clients, and based on that establishing interventions that will improve the health conditions of this Methadone Program's Clients.

Taking the blood sample for the applications of rapid tests for HIV and HBV infections, as well as the urine screening on detecting the narcotic spots on it, are the needed procedures on realizing this mini-surveillance.

I, as a Methadone Program's Client, am taking part VOLUNTARILY AND ANONYMOUSLY in this study after being informed and pre-counselled on blood borne infections.

Client's Signature

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