Buprenorphine Treatment with minimal 611777 Psychosocial Intervention



Background:

Although Israel is a small country with a relatively small population of opioid dependent individuals there is, even in 2013, a serious problem because medical treatments are not readily available. Up to year 2013 we have a serious problem of availability of opioid medication treatment in Israel. Methadone was introduced in 1978 and currently an estimated 4500 patients are being treated. Until the introduction of Buprenorphine in 2002 there was no choice of treatments and there was also a limit to those who were in treatment. There was a waiting list of over 1 year for patients to access Methadone treatment and in addition patients entering treatment were faced with many barriers as well as being confronted in an authoritative way. Psychosocial treatment was also available, but it was exclusively for drug free patients. According to our regulations, Primary Medicine and general psychiatric provided virtually no services for this patient population.

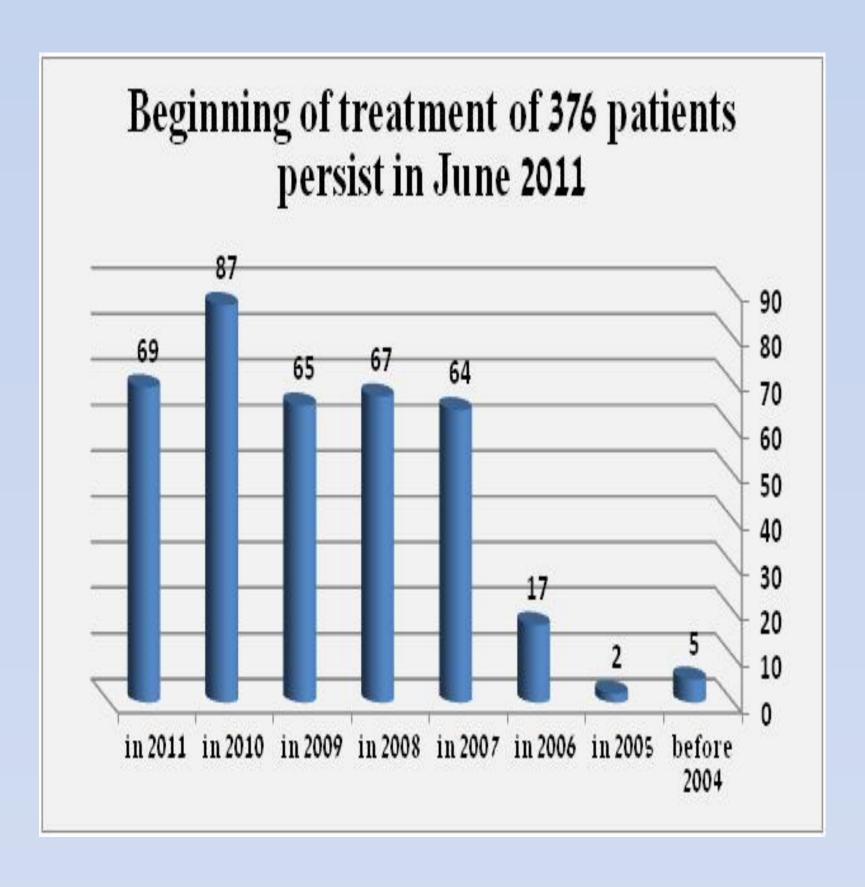
The Hebetem Clinic:

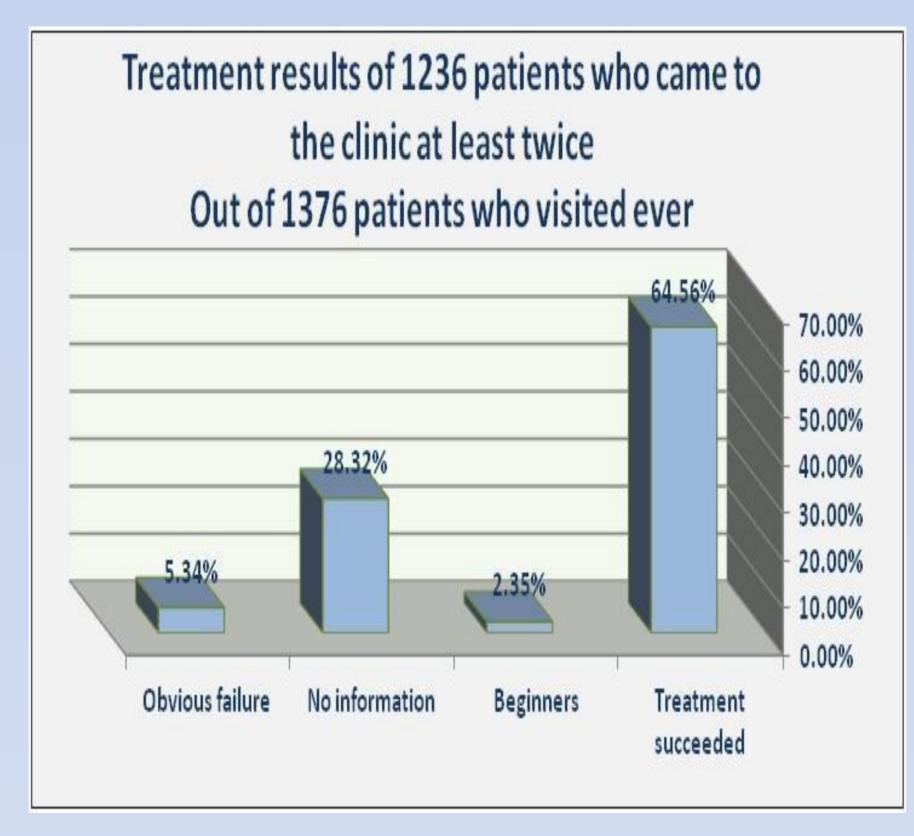
It was because of this background that the Hebetim Clinic entered the Treatment arena in 2004 introducing a whole new concept of treatment. The Clinic, as a private sector "player", took the initiative and provided minimal treatment without any government support either for therapy or drug provision. Inspired by the spirit of Motivational Enhancement Treatment, the aim of the Clinic was to make it possible for every patient to obtain a buprenorphine prescription immediately with no barriers and as cheaply as possible. The treatment was fully private, but because it was supervised by the Ministry of Health (MOH) there were hindrances to the functioning of the clinic. However inspired by the results, the Clinic observed with its Treatment model it managed to overcome these hindrances.

The Clinics Treatment model:

Due to this particular social constellation, our experience provided a sort of naturalistic environment that allowed us to probe the therapeutic efficacy of buprenorphine, which was administered as the main treatment within the framework of a responsible, but minimal medical support and supervision.

The prime objective was to prove the efficacy of treatment in order to induce a change in Israeli Treatment policy from abstinence oriented treatments to Medical Agonist Medication Treatment and from strict supervision policy to establishing a different sort of dialog with clients.





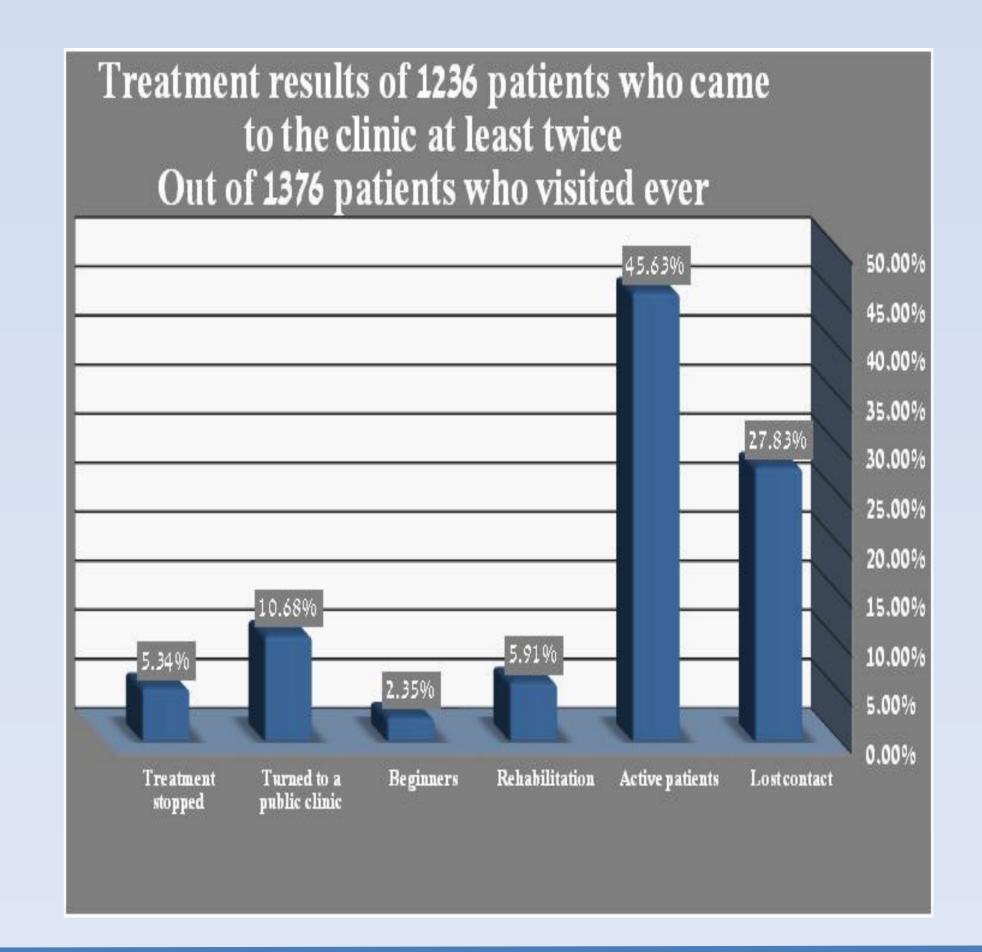
The Hebetim Treatment Protocol:

- Patients are accepted without any delay and without any appointment.
- •A psychiatrist makes a full examination that takes approximately 90 minutes.
- Patients receive induction instructions and the majority of the patients make the induction at home with 'remote supervision' if necessary. Many of the new patients seeking treatment are addicted to buprenorphine that they had purchased 'on the street'.
- During the first month patients visit their clinic once a week but after the second month visits are then monthly. Also after the first month of treatment a full psychosocial evaluation is made.
- •All other medical treatments, besides the buprenorphine prescription, is received according to law at the social or medical facilities in Israel. Psychiatrists recommend to the patients which treatments or examinations they need to undertake.
- •This treatment has been fully private for 7 years, including purchasing of the medication, but this is to change in the very near future.
- •This minimal treatment model, that resulted from a lack of treatment facilities in Israel has proven to be very effective and with minimal problems or side effects for the patients.
- Some 1440 patients have been treated and 1297 of them have visited the clinic more than once; of these 48% are still in treatment, 10.5% were referred to public facilities and 5.6% were successfully withdrawn from opiates. Patients have visited the Clinic from all over the country with some patients travelling for 3-4 hours once a month to get their prescription.
- •At the outset there were only 2-3 pharmacies in the country that agreed to provide the medication, but gradually more and more pharmacies have become involved.
- •The Hebetim Clinics experiences demonstrates the therapeutic effectiveness of buprenorphine and can be considered to be a second best choice for treatment in countries that have to confront social problems and lack of resources that are influenced by an obsolete drug free policy, as existed in Israel.

After all these patients and the years of experience we are fully convinced that this treatment model is much better than no treatment at all. We believe that influenced also by our experience, the ministry of health in decided that Suboxone will be provided free to all patients and with a reduction of barriers to patients wishing to enter treatment.

Development of Services in the Clinic:

- 2004 2007: Minimal operation of service with no publicity and with no intention to grow. Treatment as a minimal "Valve" to provide buprenorphine to patient located in a waiting list for methadone for a year or a year and a half.
- 2007 2013: The Clinic took the initiative providing immediate treatment to every dependent patient seeking help. This included increasing actual treatment time for the patients as well as increasing number of treatment physicians and providing more branches of the Clinic around the country. This was achieved by allowing physicians to open their clinics under a license, with treatment guidelines, from the Hebetem Clinic. This resulted in an exponential growth that threatens the public facilities, because it removed waiting lists and produced a shift from the public sector to private treatment. The clinic, which is very 'user friendly', has now expanded to 6 branches in different parts of the country. Below is some data, from the expanded Clinic, of potential interest to other countries if not of scientific curiosity.



STATUSE	of Patients	of Patients	Comments
Lost contact	344	27.83%	
Active patients	564	45.63%	Visited the clinic during the las 60 days
Rehabilitation	73	5.91%	At the end of treatment at the clinic
Beginners	29	2.35%	Stages of stabilization - visit the clinic once a week
Turned to a public clinic	132	10.68%	Mainly in prisons, but also psychiatric clinics, psychiatric hospitals, social services. At the end of treatment at the clinic they were stabilized or medication
Treatment stopped	66	5.34%	Mainly because of suspicion of drug trafficking, but also a few cases of threats of violence and very few cases of very significant accumulation of debrayment
Death	6	0.49%	Perhaps the number is larger
Turned to other private clinic	1	0.08%	Possible that some of the cases reported as "lost contact" are treated in other private clinics but we have no information or this
	1215	98.30%	There are about 20 cases for which the registry was not found in the system. Perhaps these are not cases of patients suffering from addiction but are incorrect registrations were made