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EXAMINING OPIATE ADDICTION TREATMENT IN PRIMARY HEALTHCARE: A CASE STUDY OF THE SARAJEVO CANTON

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Abstract

Background: Primary healthcare plays a crucial role in addressing opiate addiction, aiming to provide treatment to approximately 80 percent of affected individuals, aligning with its approach to managing other chronic diseases. An optimal scenario involves the integration of opiate substitution therapy within primary healthcare settings, enhancing accessibility for individuals struggling with addiction. For effective treatment delivery, primary healthcare facilities must be equipped with knowledgeable staff, appropriate medical equipment, and diagnostic resources. In instances where primary healthcare cannot deliver services to full capacity, referrals to secondary healthcare facilities, particularly addiction specialist, become necessary for comprehensive examination and treatment. Methods: This study adopts a retrospective qualitative approach. It encompasses an examination of pertinent laws and regulations, analysis of opiate addiction reports and treatment documentation, and the facilitation of focus group discussions. Results: Findings from the focus group sessions illuminate prevalent challenges within primary care, indicating difficulties in managing addicted individuals coupled with negative emotional responses among staff members, underscoring the need for enhanced support and training. Conclusion: Addressing the identified gaps necessitates collaborative efforts involving secondary healthcare education, systemic reforms, and increased involvement of psychiatrists in the treatment continuum. By integrating these measures, primary healthcare systems can bolster their capacity to effectively address opiate addiction, thereby improving outcomes and overall community well-being.

Keywords: primary healthcare, secondary healthcare, opiate addiction, Canton Sarajevo

Introduction

Opiate addiction is challenging to define because it encompasses not only a medical condition affecting mental and physical health, but also permeates various facets of society, notably the judicial system. Throughout the evolution of opiate addiction, numerous definitions have emerged. Some characterize it as a complex disease impacting brain function and behaviour (National Institute on Drug Abuse), while others perceive chronic opiate use as a relapsing condition with far-reaching implications for economic, public, and personal health (Kampman & Jarvis, 2015). Alternatively, addiction is conceptualized as a learned behavioural pattern underpinned by neurobiology, particularly the dopamine neurotransmitter system (Heinz et al., 2019), or as a bio-psycho-socio-spiritual affliction wherein drug use is just one element of a holistic treatment approach (Kampman & Jarvis, 2015). Moreover, Opiate Use Disorder is described as a chronic, relapsing condition associated with heightened morbidity, potentially manageable through sustained treatment efforts (Bruneau et al., 2018). The World Health Organization's definition, widely accepted, characterizes it as a state of intoxication resulting from repeated psychoactive substance intake, marked by an escalating craving and tolerance (Cerić et al., 2007). It is understood that addiction arises from a confluence of factors – individual personality, the psychoactive substance itself, and social environment (Petrović, 2019). Neurobiologically, addiction implicates the dopamine and serotonin neurotransmitter systems (Bolshakova et al., 2019), along with the interplay between reward and stress systems (Uhl et al., 2019).

In treating opiate addiction, priority is given to non-opiate therapies, although opioid agonists and partial agonist-antagonists (Bisaga et al, 2018) are commonly employed alongside harm reduction programs targeting blood-borne diseases (Rawson & Clark, 2017). However, in the Canton of Sarajevo, the treatment of individuals grappling with opiate addiction occurs predominantly at the primary and secondary levels of healthcare, often lacking sufficient coordination among healthcare professionals involved in patient care.

The Institute for Addictive Diseases, operating at the secondary healthcare level, administers both inpatient and outpatient treatments utilizing opiate agonists (e.g., methadone) and partial agonist-antagonists (e.g., buprenorphine, buprenorphine/ naloxone), facilitated by a multidisciplinary team comprising neuropsychiatrists, psychologists, social workers, and nurses (Institute for Addictive Diseases of Sarajevo Canton).

Conversely, primary healthcare serves as the initial and most frequent point of contact within the healthcare system for residents of Sarajevo Canton, catering to individuals, families, children, and all those in need of health services within their locality (Public Institution Health Centre of Sarajevo Canton). Designed to manage opiate addiction on par with other chronic conditions, primary healthcare aims to deliver opiate substitution therapy to 80% of affected individuals, ideally facilitated by adequately trained teams and accessible equipment. Primary healthcare goes beyond medical treatment and includes preventative programs, health education, and interventions targeted at preserving and enhancing general health. Comprehensive primary healthcare, delivered through family medicine at connected health centres, is focused on practical, evidence-based, socially acceptable techniques, with community engagement as a key component (Public Institution Health Centre of Sarajevo Canton). Primary healthcare provides primary prevention measures against opiate addiction, by training healthcare personnel and remaining current with medical research breakthroughs. Family medicine experts interact with other primary care clinicians, particularly neuropsychiatrists/psychiatrists, to carry out these programs.

Thematic framework

As an integral component of the healthcare system, primary healthcare serves as the gateway to accessing medical services. However, in the treatment of individuals addicted to opiates, it often lacks standardized prescribing practices, diagnostic guidelines, and coordination with secondary healthcare services. Consequently, patients receive prescriptions that may not offer the optimal therapeutic benefit due to suboptimal medication combinations and dosages. Specifically, alongside opiate substitution therapy, commonly prescribed medications such as benzodiazepines, opiate analgesics, and other psychopharmacological agents may contradict those prescribed at the secondary healthcare level (Chang et al., 2021). This prescribing approach exacerbates addiction, increases the risk of developing cross-tolerance or additional substance dependencies, and adversely impacts patients' psychological and physical well-being, potentially resulting in fatal outcomes.

To enhance the treatment of opiate addiction within the primary healthcare settings, research was conducted using a focus group methodology. Focus groups are a prevalent qualitative research technique in healthcare, designed to explore values, beliefs, motivations, and behaviours. They facilitate a deeper understanding of individual or group perspectives, attitudes, opinions, and beliefs on specific topics of interest. The term "focus group" underscores the targeted discussion of a particular subject matter rather than a broad exploration (Fultz & Senay, 1975).

The aim of this paper is to show that people addicted to opiates at the primary level of health care in the Canton of Sarajevo are treated with a wrong prescribing practice that needs a systemic solution and adequate connection with the secondary level of health care. The research is authentic and as such cannot be compared with the same or similar research in the available literature.

Methodology

Nine participants from the primary healthcare sector participated in the focus group, all of whom were women. Eight participants were family medicine practitioners, while one was a psychiatrist. Among the family medicine doctors, five were specialists, and two were female residents in family medicine. Prior to the commencement of the group discussion, participants provided voluntary consent to participate and to have the session audio-recorded. The focus group session, moderated by a designated facilitator, with assistance from a group observer monitoring non-verbal cues, lasted for 120 minutes (Powell & Rowen, 2022).

During the initial phase of the focus group, participants responded to questions while others concurrently documented three positive and three negative attitudes towards patients with opiate addiction on paper. The subsequent segment involved answering questions using the "five fingers" technique, wherein the number of raised fingers indicated the degree of agreement or disagreement with each statement.

Upon conclusion of the session, the group summarily reviewed the discussion, ensuring that all relevant points were addressed and clarifying any potential misunderstandings. Participants also reflected on the usefulness of their involvement in the research.

Results

Table 1 presents an overview of the results of the research.

Table 1

The summary analysis of the focus group respondents

Statements	I completely disagree		I partially disagree		I neither agree nor disagree		I partially agree		I completely agree		In total	
	N	%	N	%	N	%	N	%	N	%	N	%
1. The disease of addiction is a chronic relapsing disease with repercussions on psychological and somatic health and a high percentage of mortality.	-	-	-	-	-	-	2	22.2	7	77.8	9	100
2. Many healthcare professionals have prejudices or completely wrong attitudes coloured by stigma and discrimination when it comes to addicts.	-	-	-	-	-	-	2	22.2	7	77.8	9	100
3. I believe that I have prejudices and/or a different attitude towards patients with some other chronic, relapsing and deadly disease.	5	55.6	1	11.1	2	22.2	1	11.1	-	-	9	100
4. Addicts are very often unpleasant, inadequate, aggressive, demanding, and it is sometimes very difficult to establish a therapeutic environment with them. I find that my beliefs about these patients are negative.	-	-	-	-	2	22.2	7	77.8	-	-	9	100
5. Emotions are very important to us in our daily work, every patient needs positive emotions and compassion. The leading emotions in working with people addicted to opiates are negative (fear, danger, uncertainty, anxiety, etc.).	-	-	1	11.1	2	22.2	6	66.7	-	-	9	100

6. In working with these patients, I take enough time as I do with patients with other chronic diseases, regardless of my emotional response.	-	-	-	-	2	22.2	3	33.3	4	44.4	9	100
7. Most opiate addicts are on some form of opiate substitution therapy. In working with these patients I keep in mind that numerous psychopharmaceuticals, as well as other drugs, are absolutely contraindicated with opiates substitution therapy.	-	-	-	-	1	11.1	1	11.1	7	77.8	9	100
8. In accordance with my views and emotional response to the issue of people addicted to opiates, I consider it necessary to change existing beliefs.	-	-	-	-	2	22.2	2	22.2	5	55.6	9	100
9. In working with our patients, we change over time, educate and improve in order to provide the best possible health service. As a health professional, the thought of changing personal attitudes and beliefs is difficult for me.	5	55.6	-	-	2	22.2	2	22.2	-	-	9	100
10. I believe that it would be necessary to connect the primary and secondary levels of health care in the treatment of these patients.	-	-	-	-	-	-	-	-	9	100	9	100
11.The existence of guidelines (procedures) would facilitate the treatment of these patients.	-	-	-	-	-	-	-	-	9	100	9	100
12. I believe that neuropsychiatrists/psychiatrists at the primary level of health care should be involved in the treatment of these patients.	-	-	-	-	-	-	-	-	9	100	9	100
13. I believe that the existence of a single registry of people addicted to opiates at the primary and secondary level of health care would facilitate the registration and treatment of these patients.	-	-	-	-	-	-	-	-	9	100	9	100

Discussion

Research through focus groups showed very significant results regarding the need for reorganization and a systemic solution for the treatment of opiate addicts at the primary level of health care (Table 1). In addition to the fact that the disease is chronic, relapsing, and deadly, the respondents emphasized that they believe that the disease has greater consequences on somatic health compared to mental health. The disease affects not only family and society, but also health workers. Namely, continuity in the treatment of these patients is difficult to achieve because they do not respect the principles of family medicine, especially when coming to pre-arranged examinations. People addicted to opiates are stigmatized and discriminated by health workers because working with these patients is very demanding. They deserve the same treatment as all other patients because they have the right to an adequate health service. It is interesting that one respondent said that she does not like these patients, but always tries to provide them with adequate health care. Although people addicted to opiates are often aggressive, impatient and demanding, creating a therapeutic environment is often very difficult to achieve. The respondents are of the opinion that the creation of a positive therapeutic atmosphere depends not only on the patients, but also on the health workers themselves, who are often in resistance to providing services to these patients. In order to provide the most adequate health services, education is necessary. When working with people addicted to opiates, it is necessary to show empathy and understanding, just like with other patients. However, fear, regret, anxiety, anger and uncertainty dominate when working with people addicted to opiates. All the respondents were on several occasions in situations that they considered life-threatening, which they solved by prescribing the patients what they were looking for. The duration of the examination of people addicted to opiates lasts as long as with other patients, but it depends not only on the doctor but also on the patients themselves. Primary level neuropsychiatrists/psychiatrists should be involved in the treatment of patients.

Furthermore, the respondents keep in mind that people addicted to opiates are on some kind of substitution therapy when they prescribe various medications in their daily practice. They regularly refer patients to the secondary level of health care, insisting that patients bring a report, but they do not. Also, in the existing health information system, family medicine specialists cannot see whether patients are prescribed opiate therapy at the secondary level and what type of it. In accordance with their beliefs and emotional response, respondents believe that there is a need to change existing beliefs with accompanying changes in the system, especially in communication between family medicine - mental health centres – Health Insurance Institute of Sarajevo Canton (ZZO KS). Changing personal beliefs is necessary for one's own growth and maturation in a professional sense so that the health service provided is of the highest quality. The next four questions refer to systemic changes, which respondents support 100%. They believe that primary and secondary health care should be connected, guidelines (procedure) for dealing with people addicted to opiates should be introduced, a neuropsychiatrist/psychiatrist should be included in the treatment and a unique Registry of opiate addicts between the two levels of health care should be established. The number of opiate addicts in Canton of Sarajevo who were included in a therapeutic program for the period 2018-2022 was 9,312. Out of that number, 2,913 patients showed up for an examination for the first time during this period (Institute for Addictive Diseases of Sarajevo Canton). Guidelines for the treatment of opiate addicts with opiate substitution therapy in the neighbouring countries include family medicine specialists as well as neuropsychiatrists. After education in addictionology (secondary level of health care), primary level doctors (both specialties) continue to prescribe opiate substitution therapy, regardless of whether it is included at the secondary level, or they independently include and titrate it. Neuropsychiatrists monitor the mental state of patients and, if necessary, consult addiction specialists.

Part of the focus group is reserved for the analysis of beliefs (attitudes) related to working with these patients. While growing up, we adopt beliefs from parents, teachers, peers as well as from the wider society in which we live. Distorted beliefs prevent us from achieving the most important goals

of life (Busseto et al., 2020).

The first and most important step in letting go of your own distorted beliefs is recognizing them. The second step is to develop positive affirmations to challenge the distorted beliefs and continue to "etch" them into your mind until you are "deprogrammed" (Moudatsou et al., 2020).

By analysing the positive and negative beliefs (attitudes) of the focus group participants, a greater number of negative beliefs than positive ones was determined. Given that health professionals who work with the addicted population have cognitive distortions that make it impossible to change negative beliefs, continuous staff education is needed. The goal of education would be to identify negative beliefs and state the need to change them, which would eventually be replaced by positive beliefs. Adopting affirmative speech would change the self-awareness and improve the mental health of health professionals, which would directly affect the quality of service provided to these patients.

Compared to the Canton of Sarajevo, in the Republic of Croatia, more precisely around the city of Zagreb, during the five-year period (2017-2021), an average of 800 people addicted to opiates, aged 0-65, fluctuated at the primary level of health care, more men than women, with current diagnoses in the range from F11-F19.2 (Registry of persons treated for psychoactive substance abuse). In the area of Zagreb County, an average of 320 patients aged 0-25 were treated during the same period, more men than women, with diagnoses in the range F 11.0-F11.8 (Registry of persons treated for psychoactive substance abuse). In the Republic of Montenegro, for the same period of five years, an average of 332 patients were treated at the primary level (Registry of drug addiction). Opiate substitution therapy (methadone, buprenorphine, buprenorphine/naloxone) is used in both countries and is prescribed at the primary level of health care. These are examples of adequate utilization of the capacities of the primary level of health care as well as the treatment of people addicted to opiates, which is not the case with the Canton of Sarajevo, where the treatment of these patients is exclusively carried out at the secondary level.

Conclusions and recommendations

Research has revealed that individuals addicted to opiates receiving treatment at the primary healthcare level are solely managed by family medicine doctors, without the involvement of neuropsychiatrists/psychiatrists. It is imperative to provide training for family doctors and incorporate neuropsychiatrists/psychiatrists to alleviate the burden on the family medicine sector and adopt an interdisciplinary approach. Besides education concerning opiate substitution therapy, encompassing indications, prescriptions, and dispensing, there is a pressing need for guidance on how to interact effectively with these patients. Presently, family medicine doctors lack access to information within the hospital information system (BIS) regarding patients' participation in substitution therapy, necessitating innovation and improved access within the BIS. In this regard, the introduction of the Register of Opiate Addicts (ROO) is essential, facilitating seamless coordination between primary and secondary healthcare and ensuring effective communication among all healthcare professionals involved in the treatment of these patients.

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