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IMPROVEMENT OF THE QUALITY OF DRUG DEPENDENCE TREATMENT  
PROGRAMS IN SKOPJE

Assessment of the quality of drug dependence treatment programs with a  
community based monitoring by persons treated for drug dependence

HOPS – Healthy Options Project Skopje  
Coalition „Sexual and health rights of marginalized communities“  
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Title

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## **Abbreviations**

**CRC** Citizen report cards. The ordinal number next to the abbreviation in the text indicates to the one of the three separate surveys.

**PHI** Public Health Institution

**CSC** Community score cards

**WHO** World Health Organization

**UNAIDS** Joint United Nations Program on HIV/AIDS

**UNODC** United Nations Organization of Drug and Crime

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## **Abstract**

This document is based on two mutually related researches pointing to the need for improving the quality of drug dependence treatment programs operating in Skopje, and financed by the budget of the Republic of Macedonia. The first research analyzed the laws and related documents that regulate the treatment of drug dependent individuals in Macedonia. The second research is actually a community based monitoring by people treated for drug dependence and it provides insight into the manner in which the legal provisions for treatment of drug dependent persons is carried out in practice in Skopje.

The Republic of Macedonia is a signatory of numerous international documents with which it undertakes to implement effective drug dependence treatment policies. However, despite the provisions from international documents which are part of the legal system of the Republic of Macedonia, the drug dependence treatment programs in Skopje are in discrepancy with adopted measures for successful treatment and because of that they are not sufficiently effective in the application of these policies.

This document should serve as a record of the weaknesses of drug dependence treatment programs and as an urge for intensification of the efforts towards their improvement, this being a precondition for the successful rehabilitation and re-socialization of people who use drugs, and indirectly, for the betterment of the wider community.

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## 1. Introduction

This document is the result of the initiative for improvement of the quality of drug dependence programs in Macedonia, undertaken by the organization HOPS – Health Options Project Skopje and the Coalition „Sexual and health rights of marginalized communities“. The objective of this initiative is to animate people treated for drug dependence to start independently representing their rights and needs before the institutions in charge of drug dependence treatments. The methods used for this are a novelty in Macedonia and mean inclusion of the community in all the phases of the development of the project. A key element to the applied methodology is that representation is based on results of performed researches, using „community based monitoring“<sup>1</sup>, with which the positions of the wider stakeholder community are identified, and then presented before the competent organizations/institutions. The project officially started in November 2011, but does not end with the publication of this document. On the contrary, the intent of this report is to serve for further advocacy towards improvement of the quality of drug dependence treatment programs in Skopje.

The first part of this document, entitled: „The legal framework related to drug dependence treatment: Analysis of legislation regulating drug dependence treatments“, analyzes international and national documents regulating the rights of drug dependent individuals in seeking treatment and the actual drug dependence treatment.

The completed legal analysis made it possible to analyze the advantages and obstacles for the improvement of the quality of drug dependence treatment programs in Skopje. This analysis was done using the results of a previously performed fieldwork research (quantitative and qualitative, community based) by individuals treated for drug dependence in Skopje. The fieldwork research included the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda, including the Unit accommodated within the PHI University Clinics – Skopje, under the control of this Centre, and the PHI University Clinic for Toxicology – Skopje, because of the standpoint that all these are programs financed by the Budget of the Republic of Macedonia and as such should be subject to civil monitoring.

The comparison of the legal documents analysis and the results of the fieldwork research provides a deeper insight into the application of the legislation. Still, it should be taken into consideration that the quality of drug dependence treatments in this document is viewed solely from the perspective of patients of drug dependence treatment programs, and not from the perspective of programs' staff, and that this document was produced with the intent to help in negotiations between drug users on one side, and policy creators and implementers, on the other side, all towards improvement of the quality of drug dependence treatment programs in Skopje.

The realization of this project was enabled by the financial help from the Open Society Foundation – Macedonia, and was carried out by the

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<sup>1</sup> The English term used here: Community monitoring or Community based monitoring.

organization HOPS – Healthy Options Project Skopje, in partnership with the Coalition „Sexual and health rights of marginalized communities“.

## 2. Methodology

This document was prepared using a multidisciplinary approach that includes the analysis of legislation regulating the treatment for drug dependence in Macedonia and fieldwork research that provides a deeper insight into the implementation of the analyzed legal documents. All activities presented here were performed in the period from December 2011 to June 2012.

The analysis of the legal documents included international documents ratified by the Republic of Macedonia and national laws, strategies, programs and protocols, brought for the sake of establishing national policies that would ensure the enjoyment of the right to treatment for drug dependence to individuals. For better understanding of existing policies and conditions in which they are implemented, in addition to the said analysis, consultations with experts related to the research question were performed.

Thanks to the analysis of the legal documents, which is a comprehensive overview of the legal framework regarding the right to treatment for drug dependence, further guidelines were established for identifying the questions used in the fieldwork research for monitoring the drug dependence treatment programs in Skopje.

The fieldwork research was carried out according to the methodology known as „community based monitoring“. Community based monitoring is the assessment of the attitudes of the concerned community regarding some circumstances of importance to that community. The monitoring is performed for a limited time, and the results are then presented to competent organizations/institutions with a request for improvement of the conditions of the community.<sup>2</sup> In this specific case, this document should serve as a demonstration of the need to respect the legal provisions guaranteeing equal health treatment to all citizens of the Republic of Macedonia, and consequently, to improve the quality of drug dependence treatment programs in Skopje, based on the needs of people treated for dependence in the programs covered in the monitoring.

According to the Program for health protection of persons with substance use disorders in the Republic of Macedonia for 2012<sup>3</sup>, persons with illicit drug dependence in Skopje are treated at the:

- PHI Psychiatric hospital „Skopje“. It provides in-patient treatment, without using substitution therapy, i.e. „dry detoxification“.
  - Centre for Prevention and Treatment of Drug Abuse, also known as „Kisela Voda“, according to the neighborhood in which it is situated. Provides out-patient treatment, using methadone therapy. The

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<sup>2</sup> Fleener et al., 2004: 2; Gofman, 2010: 5; NRHM, 2005: 7-8.

<sup>3</sup> Official Gazette of the Republic of Macedonia, 8/12, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2012.



centre has two counters on which methadone therapy is issued, called „low threshold “ and „high threshold“, according to the treatment method used. According to the Program for health protection of persons with substance use disorders in the Republic of Macedonia for 2012, this program should also start providing substitution therapy with buprenorphine<sup>4</sup>.

- Centre for Prevention and Treatment of abuse from drugs and other psychoactive substances is accommodated in the facilities of PHI University Clinical Centre – Skopje, so-called „Clinical centre“. It provides out-patient treatments, with methadone substitution therapy, better known as „methadone therapy“.
- PHI University Clinic for Toxicology – Skopje. It provides a combined in- and out-patient treatment, administering buprenorphine substitution therapy.

All stated programs are financed, fully or partially, with funds from the budget of the Republic of Macedonia, which is a key reason why they have been included in this assessment of the quality of the provided services. This analysis excludes the in-patient treatment provided by the PHI Psychiatric hospital „Skopje“ – Skopje, because according to prior information, during the fieldwork research in this program it had no patients, i.e. there was an insufficient number of patients to form a representative sample. All programs included in the community based monitoring specialize in the treatment of dependences from opiates/opioids, because all interviewees included in the research are persons dependent on opiates/opioids.

In addition to the above listed programs, during the community based monitoring another methadone substitution program started operating in the Municipality of Karposh, within the City General Hospital „8. September“. This program was not included in the community based monitoring because of the previously planned methodology and especially because it was impractical to measure the quality of a program which has just started working. It can be pointed out here that this program, despite the fact that it is solely intended for residents of the Municipality of Karposh, takes part of the patients already treated in existing programs, which partially contributes to decreasing the overload in these programs, although they remain overwhelmed due to the big patient number and the low staffing.

The community based monitoring fieldwork was composed of two parts, quantitative and qualitative. The quantitative part was performed via three separate surveys, using Citizen report cards (CRC)<sup>5</sup>, compliant to the Community based monitoring methodology.<sup>6</sup> As evident from table 2.1., showing the research sample per treatment programs included in the Citizen report cards (CRCs), a total of 182 interviewees were covered with the CRCs,

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<sup>4</sup> Ibid.

<sup>5</sup> English: Citizen Report Card (CRC).

<sup>6</sup> ADB and PAC, 2007.

of which 33,52% (n=61) used CRC1, 34,07% (n=62) used CRC2, and 32,42% (n=59) used CRC3.

Table 2.1.: The number of interviewees per treatment program covered with CRC

Total	TOTAL				CRC1				CRC2				CRC3			
	182		100%		61		33,52%		62		34,07%		59		32,42%	
	Male		Female		Male		Female		Male		Female		Male		Female	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Methadone: low threshold	50	27,5%	5	2,7%	20	32,8%	1	1,6%	15	24,2%	2	3,2%	15	25,4%	2	3,4%
Methadone: high threshold	39	21,4%	11	6,0%	11	18,0%	4	6,6%	14	22,6%	4	6,5%	14	23,7%	3	5,1%
Methadone: clinical centre	32	17,6%	12	6,6%	10	16,4%	5	8,2%	12	19,4%	4	6,5%	10	16,9%	3	5,1%
Buprenorphine: Toxicology	27	14,8%	6	3,3%	8	13,1%	2	3,3%	8	12,9%	3	4,8%	11	18,6%	1	1,7%
<b>Total</b>	<b>148</b>	<b>81,3%</b>	<b>34</b>	<b>18,7%</b>	<b>49</b>	<b>80,3%</b>	<b>12</b>	<b>19,7%</b>	<b>49</b>	<b>79,0%</b>	<b>13</b>	<b>21,0%</b>	<b>50</b>	<b>84,7%</b>	<b>9</b>	<b>15,3%</b>

Complementary to the quantitative research, a short qualitative research was carried out with which we produced total of 17 research units of which 12 in-depth interviews and 5 focus group discussions. Of the 12 interviews, 9 interviews were of individuals treated for drug dependence, of which 7 with methadone therapy (4 male and 3 female interviewees), while 2 interviewees (both male) were being treated with buprenorphine therapy. The remaining 3 interviews were carried out with parents of persons treated for drug dependence. Discussions with focus groups covered a total of 19 persons treated for drug dependence, of which 15 (13 male and 2 female) on methadone therapy and 4 interviewees (all male), in a separate discussion, on buprenorphine therapy. The qualitative field research was performed by using an instrument called community scorecard (CSC)<sup>7</sup>, also in line with the community based monitoring<sup>8</sup>.

The big difference in the sample between male and female interviewees is due to the lower number of females being treated in the dependence treatment programs in Skopje. Thus, for example, when the community based monitoring was started a total of 420 patients were treated in methadone substitution therapy programs, of which 370 male (88,1%) and 50 female (11,9%), while in the buprenorphine substitution therapy program from a total of 187 patients – 20 were women. We based our sample from the field research on this percentage distribution.

## 2.1. Ethics

<sup>7</sup> English: community score card (CSC).

<sup>8</sup> Janmejy Singh and Parmesh Shah, Community Score Card Process: A Short Note on the General Methodology for Implementation.

All surveys, interviews and discussions with focus groups were carried out anonymously and with the interviewees' consent. All interviewees were clearly given explanations on the principle of free will and confidentiality for the participation in the research, and the report does not provide any personal data of any interviewee or any persons indicated by interviewees.

This study does not intend to seek guilty parties and to judge, but to encourage dialogue on the identified issues and an initiative for finding quality solutions appropriate for all end users of the planned interventions.

### 3. General demographic data for interviewees covered with the Citizen report cards

#### Ethnical structure

Out of 182 interviewees, included in all three separate CRCs, Macedonians are 144 (79,1%), Albanians – 30 (16,5%), Roma – 3 (1,6%) and Turks – 5 (2,7%).

CRC1: a total of 61 interviewee, of which Macedonians – 46 (75,4%), Albanians – 13 (21,3%), Roma – 1 (1,6%) and Turks – 1 (1,6%).

CRC2: A total 62 interviewees, of which Macedonians – 49 (79,0%), Albanians – 9 (14,5%), Roma – 1 (1,6%) and Turks – 4 (4,8%).

CRC3: A total 59 interviewees, of which Macedonians – 49 (83,1%), Albanians – 8 (13,6%), Roma – 1 (1,7%) and Turks – 1 (1,7%).

#### Age structure

Table 2.2. shows that in most part, 6=135 (74,2%) of the interviewees were born in the period between 1975 and 1984. Of these, 113 interviewees (62,1%) are using the methadone substitution therapy programs, and 22 interviewees (12,1%) are using the buprenorphine substitution therapy program.

Table 2.2.: Age structure according to CRCs

Age (according to year of birth)	TOTAL	CRC1	CRC2	CRC3	
<b>1955-1959</b>	Number	<b>1</b>	0	1	0
	% from line	<b>0,5%</b>	0,0%	0,0%	0,0%
<b>1960-1964</b>	Number	<b>3</b>	2	1	0
	% from line	<b>1,6%</b>	0,0%	0,0%	0,0%
<b>1965-1969</b>	Number	<b>10</b>	4	4	2
	% from line	<b>5,5%</b>	0,0%	0,0%	0,0%
<b>1970-1974</b>	Number	<b>20</b>	8	8	4
	% from line	<b>11,0%</b>	0,0%	0,0%	0,0%
<b>1975-1979</b>	Number	<b>60</b>	21	20	19
	% from line	<b>33,0%</b>	0,0%	0,0%	0,0%
<b>1980-1984</b>	Number	<b>75</b>	22	24	29
	% from line	<b>41,2%</b>	0,0%	0,0%	0,0%
<b>1985-1987</b>	Number	<b>13</b>	4	4	5

	% from line	7,1%	0,0%	0,0%	0,0%
Total	Number	182	61	62	59
	% from line	100,0%	33,5%	34,1%	32,4%

### **Structure according to place of living**

Almost all interviewees,  $n=163$  (89,6%), live in Skopje, 15 interviewees (8,2%) live in a suburb or a village around Skopje, and only 4 interviewees (2,2%) are from places outside Skopje. It is interesting that all 4 interviewees coming from Skopje are on methadone therapy, although according to informal information, there are more patients from outside Skopje on the buprenorphine therapy. But, due to the differences in the treatments, field researchers found it very hard to establish contact with patients on buprenorphine therapy, especially with those from outside Skopje and its surroundings. Still, thanks to the qualitative research, via personal or indirect reports, we also have some available data on patients from other towns in Macedonia who come to Skopje to be treated with buprenorphine therapy.

### **Structure according to profession**

Most interviewees,  $n=139$  (76,4%), are unemployed, only 18 interviewees (9,9%) are employed and 5 interviewees (2,7%) have a temporary job. Of the remaining, 3 interviewees (1,6%) are retired, 6 (3,3%) are students, 1 (0,5%) is an agricultural worker, 1 interviewee (0,5%) is a housewife and 9 interviewees (4,9%) have not provided a specific answer to the profession question.

## **4. The legal framework related to drug dependence treatment: Analysis of legislation regulating drug dependence treatments**

Health and social problems related to drug dependence and the nature of the pharmacological and psychosocial treatment for it, creates the need for analysis of existing drug dependence treatments from the aspect of human rights. The objective of this analysis is to provide an insight into the international documents signed and ratified by the Republic of Macedonia and the existing national legislative related to the right to treatment, with a special focus on drug dependence treatments. This analysis provides a definition of the right to treatment and its basic principles via which the extent to which the right to drug dependence treatment is exercised will be assessed. Also, it identifies the manner in which national policies are directed towards empowerment of individuals to practice their right to drug dependence treatment, i.e. what the state has planned and obliged to do to improve the right to treatment of drug dependent persons. This analysis provides a comprehensive view of the legal framework related to the right to drug dependence treatment and provides directions for defining the questions used for the monitoring of drug dependence treating programs.

International documents signed and ratified by the Republic of Macedonia and the Constitution of the Republic of Macedonia guarantee the

right to treatment as one of the basic human rights. The provisions from these documents create specific obligations for signatory countries to formulate the right to treatment as an individual right to all citizens. The right to treatment falls within the group of economic, social and cultural human rights as contrasted to political and civil rights.<sup>9</sup> Still, the right to treatment should not be considered a separate right, since it is tightly connected to other rights, which goes to emphasize the inter-connection and the inseparability of human rights.<sup>10</sup> The economic and social character means protection of individuals from economic and social injustice that affects their health, and the cultural component would mean adjustability of available health services to the cultural differences of individuals. After the codification of the Constitution of the World Health Organization (hereinafter: WHO)<sup>11</sup>, the right to treatment was included in numerous documents of international and regional level. Internationally, the right to treatment is guaranteed with:

- The Universal Declaration of Human Rights, article 25, from 1948<sup>12</sup>,
- International Covenant on Economic, Social and Cultural Rights, article 12, from 1966<sup>13</sup>,
- The Convention for Elimination of All Forms of Discrimination of Women, article 12, from 1979<sup>14</sup>,
- The Convention On The Rights Of The Child, article 24, from 1989<sup>15</sup>,
- The European Social Charter, article 11, from 1961<sup>16</sup>.

All these documents use rights-based language and create obligations for any signatory country regarding the exercise of the right to treatment of individuals. The Republic of Macedonia has ascended to all above listed international and regional documents and according to article 118 of the Constitution<sup>17</sup> it has the obligation to directly implement these documents.

In order to monitor the availability, accessibility, acceptability and quality of health services connected to the treatment of dependences, it is important to analyze the legal framework that regulates the use of drugs in general, as well as the individual needs of persons using drugs from the legal aspect. The analysis of legal documents and the monitoring of the drug dependence treatment programs will enable us to identify any current gaps between the national programs and the practice.

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<sup>9</sup> Kluwer Law International, Economic, Social and Cultural Rights.

<sup>10</sup> United Nations, United Nations World Conference on Human Rights, Vienna Declaration and Programme of Action, UN doc. A/CONF.157/23, 12 July 1993, Part I.

<sup>11</sup> The constitution of the World Health Organization defines health as „a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity“. (World Health Organization, Constitution of the World Health Organization).

<sup>12</sup> United Nations, Universal declaration of human rights.

<sup>13</sup> United Nations, International Covenant on Economic, Social and Cultural Rights.

<sup>14</sup> United Nations, Convention on Elimination of All forms of Discrimination Against Women.

<sup>15</sup> United Nations, Convention on the rights of the child.

<sup>16</sup> Council of Europe. European Social Charter.

<sup>17</sup> Official Gazette of the Republic of Macedonia, no. 52/1991, Constitution of the Republic of Macedonia .

#### 4.1. Right to treatment of drug dependent persons

The above mentioned provisions guarantee access to the needed health protection to all citizens under equal circumstances. The provisioning of the appropriate treatment for drug dependence is only emphasized in the Convention on Narcotic Drugs from 1961<sup>18</sup> and the Convention on psychotropic substances from 1971<sup>19</sup>, which encourage member-states, among which Macedonia, to dedicate special attention to the prevention and treatment of dependences developed from drug use. These are the only international legally binding documents that mention the obligation for ensuring the right to treatment of drug dependent persons. The main objective of these conventions is to make narcotic drugs and psychotropic substances available for medical and scientific purposes, and to prevent their diversion for other purposes.<sup>20</sup> In line with the conventions, in 2008 the Republic of Macedonia adopted the Law on the control of narcotic drugs and psychotropic substances which regulates the production, distribution of drugs and psychotropic substances and measures for prevention of the use and abuse of opioid drugs and psychotropic substances, for the treatment, rehabilitation and social integration of persons dependent on opioid drugs and psychotropic substances.<sup>21</sup> In regards to the implementation of the treatment, acceptance, prescription and issuing of methadone doses, Guidelines and Protocol for administering methadone in opiate dependence treatment<sup>22</sup> was brought in 2008, and since 16 March, 2012 a new Guideline exists on providing health care when administering methadone for opiate dependence treatment.<sup>23</sup> In the period of preparation of the analysis, no protocol on the use of buprenorphine therapy had been adopted, although it was in the phase of enactment. In line with the Convention from 1961, methadone is placed on the list of narcotic drugs and is regulated with this convention, while buprenorphine is placed on the list of psychotropic substances is regulated in the Convention for psychotropic substances from 1971.<sup>24</sup>

The operation of the public health system and health organizations, goods and services, as well as programs, should be available to a sufficient number of people in the Republic of Macedonia in line with the obligation undertaken by signing the International Covenant on Economic, Social and

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<sup>18</sup> United Nations, Single Convention on Narcotic Drugs.

<sup>19</sup> United Nations, Convention on psychotropic substances.

<sup>20</sup> World Health Organization, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence, page 8.

<sup>21</sup> Official Gazette of the Republic of Macedonia, no. 103/2008, Law on the control of narcotic drugs and psychotropic substances, article 1 paragraph 1 lines 1 and 2.

<sup>22</sup> Ministry of Health, Guidelines and Protocol for administering methadone in opiate dependence treatment.

<sup>23</sup> Official Gazette of the Republic of Macedonia, no. 36/2012, Guideline on providing health care when administering methadone for opiate dependence treatment.

<sup>24</sup> The Commission on Narcotic Drugs has the authority to decide upon recommendations from the WHO, as to whether a certain substance should be considered a narcotic drug or a psychotropic substance (World Health Organization, WHO Expert Committee on Drug Dependence).

Cultural rights.<sup>25</sup> According to the Commission on Economic, Social and Cultural rights, the type of health units, goods and services depends on numerous factors, including the extent of development of the member-state, but they must include basic preconditions for health care, among which are the essential medicines as defined by the WHO.<sup>26</sup> Regarding dependence treatments, WHO has defined methadone and buprenorphine as essential medicines.<sup>27</sup> In order to fulfill the minimum standard for dependence treatment, Macedonia must provide methadone and buprenorphine for all people who need to be treated for dependence. In Macedonia, methadone is on the list of registered medications of the Ministry of Health<sup>28</sup> and on the List of medications covered by the Health Insurance Fund of Macedonia.<sup>29</sup> Although registered as a medication in Macedonia, buprenorphine is still not on the list of essential medicines, which is contrary to the standards of WHO for creating a list for essential medicines.

Internationally, there is no legally binding document that obliges states in terms of organization and implementation of a dependence treating program.<sup>30</sup> Internationally accepted standards for drugs dependence treatment are generally established by the WHO, as a United Nations body concerned with global issues regarding health and treatment of people by establishing norms and standards for health issues globally, promotion of evidence based policies etc. Regarding the treatment of drug dependence, WHO has published several publications expressing the position of the organization about the question of opioid dependence and its treatment and shows the latest trends in pharmacology and psychosocial support as an integral part of the treatment of drug dependence. UN organizations (WHO/UNODC/UNAIDS) hold a common position regarding substitution maintenance therapy and the use of drugs, drug dependence and the treatment thereof.<sup>31</sup> Also, WHO has published a Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence<sup>32</sup>, Principles of Drug Dependence Treatment<sup>33</sup>, and a research paper as to the types of treatments in different countries across the world.<sup>34</sup> The Ministry of

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<sup>25</sup> United Nations Committee on Economic, Social and Cultural Rights, General Comment No. 14, The right to the highest attainable standard of health.

<sup>26</sup> Ibid., paragraph 43.

<sup>27</sup> The WHO has put methadone and buprenorphine on the list of essential medicines in 2005. (World Health Organization, Model list of essential medicines, 14th edition).

<sup>28</sup> Ministry of Health. List of registered medications.

<sup>29</sup> A list of medications covered by the Health Insurance Fund of Macedonia (Official Gazette of RM, no. 62/03): Opioid Analgesics: N02A C0 2 methadone (Methadone): tablets (5 mg), solution (10 mg/1 ml), page 8; injections (10 mg/1 ml) page 10.

<sup>30</sup> If a certain state has no regulations on the manner of distributing medications for the maintenance and provisions for intervention, it should develop them in line with the Convention on Narcotic Drugs and the Convention on Psychotropic Substances.

<sup>31</sup> WHO/UNODC/UNAIDS, Position paper, Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention.

<sup>32</sup> World Health Organization, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence.

<sup>33</sup> WHO/UNODC, Principles of drug dependence treatment. Discussion paper.

<sup>34</sup> See: [http://www.who.int/substance\\_abuse/publications/treatment/en/index.html](http://www.who.int/substance_abuse/publications/treatment/en/index.html) (Visited: 23.02.2012).

health, following the cited guidelines from WHO, has adopted protocols for dependence treatment.

According to the WHO<sup>35</sup>, recommendations are provided as to the minimum criteria necessary for the organization and carrying out of the treatment and best practice for different types of treatment, towards which countries should strive, in order to achieve the highest attainable standard of health for treated persons. Actually, this is the basic feature of the economic, social and cultural rights with which the right to treatment is grouped, i.e. progressive increase of the number of health services and progressive improvement of the quality of service. The International Covenant for Economic, Social and Cultural rights<sup>36</sup> establishes four criteria via which the right to treatment can be evaluated: 1. availability, 2. accessibility (including four dimensions: nondiscrimination, physical accessibility, economic accessibility and information accessibility), 3. acceptability, and 4. quality. Exactly via these four criteria we shall further analyze the availability, accessibility, acceptability and quality of dependence treatments in order to identify the obstacles for the enjoyment of the right to drug dependence treatment. Documents analyzed throughout the text are valid and applicable on the territory of the Republic of Macedonia, and the analysis of treatments shall refer to programs for drug dependence treatment on the territory of the City of Skopje.

#### **4.1.1. Availability of drug dependence treatments**

The Republic of Macedonia is obliged to provide health services sufficient for all of its citizens. The availability of health services related to drug dependence means enabling treatment and rehabilitation of persons with the need and will to be treated for drug dependence and can afford it at any time. The right to treatment is a right guaranteed by the Constitution,<sup>37</sup> and further regulated by the Law on Health Protection, which guarantees timely and effective treatment and rehabilitation by applying professional medical measures, activities and procedures for all.<sup>38</sup> One of the basic premises of the Law on Protection of Patients' Rights is the availability of health services to all patients equally, without discrimination.<sup>39</sup> In March 2012, a new Law on Health Protection<sup>40</sup> was brought, which in the part for guaranteed rights and defined needs and interests of the state in the

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<sup>35</sup> For more see: World Health Organization, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence.

<sup>36</sup> United Nations Committee on Economic, Social and Cultural Rights, General Comment No. 14, The right to the highest attainable standard of health, paragraph 12.

<sup>37</sup> Official Gazette of the Republic of Macedonia, no. 52/1991, Constitution of the Republic of Macedonia, article 39.

<sup>38</sup> Official Gazette of the Republic of Macedonia, no. 38/1991, 46/1993, 55/1995, 10/2004, 84/2005, 111/2005, 65/2006, 5/2007, 77/2008, 67/2009, 88/2010, 44/2011 and 53/2011, Law on Health Protection, article 2 and 3.

<sup>39</sup> Official Gazette of the Republic of Macedonia, no. 82/08 and 53/2011, Law on Protection of Patients' Rights, article 3 paragraph 3 line 1.

<sup>40</sup> Official Gazette of the Republic of Macedonia, no. 43 from 29 march 2012, Law on Health Protection.



provisioning of health protection, stipulates that the citizens of the Republic of Macedonia are ensured the enjoyment of guaranteed rights, and the defined needs and interests in the prevention and treatment of drug addiction.<sup>41</sup> The Law on Health Insurance stipulates that the treatment, i.e. rehabilitation from substance use disorders beyond 30 days does not fall within compulsory health insurance.<sup>42</sup> This provision indicates that treating dependence falls within compulsory health insurance, but only in the first 30 days. Having in mind that drug dependence requires extensive treatment and rehabilitation, the provisions for health protection need to be accommodated to the actual needs of individuals dependent on drugs. Thus, the Law should not limit treatment to only 30 days when it is indubitable that dependence requires long-term treatment. The Ministry of Health, based on article 33 paragraph 1 point 10 of the Law on Health Protection, each year adopts a Program for Health Protection of persons with substance use disorders in the Republic of Macedonia, where the manner of realizing the treatment and the health institutions in charge of the process are defined. The objective of these programs is to ensure enjoyment of the rights guaranteed by the Law on Health Protection to drug dependent persons. The treatment with methadone therapy is carried out pursuant to this Program, which also emphasizes that „it is necessary to make a sufficient amount of various types of treatments available“.<sup>43</sup> Also according to this Program, it can be concluded that drug dependent persons are guaranteed treatment and rehabilitation within the state health care system under equal conditions as other patients, without any discrimination.

According to the Program for health protection of persons with substance use disorders in the Republic of Macedonia for 2010<sup>44</sup>, persons dependent on illicit drugs can be treated as in-patients at the PHI Psychiatric Hospital "Skopje", while out-patient treatment is provided at the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda (an organization within the competence of the PHI Psychiatric Hospital "Skopje") and the Centre accommodated within the PHI University Clinics.<sup>45</sup> For 2010, it is planned to provide methadone to 700 persons in the out-patient treatment programs and buprenorphine to 100 persons. Compared to the information in the Program for 2011<sup>46</sup> an increase is visible in the number of persons that can be treated with methadone to 1.250, while the number of persons who can get buprenorphine treatment remains the same. If we take into consideration the fact that the number of drug dependent persons, i.e. people

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<sup>41</sup> Official Gazette of the Republic of Macedonia, no. 43/12, Law on Health Protection article 16 paragraph 1 point 5.

<sup>42</sup> Official Gazette of the Republic of Macedonia, no. 19/2011, Law on Health Insurance clarified text, article 10.

<sup>43</sup> Official Gazette of the Republic of Macedonia, no. 36/2012, Guidelines for administration of methadone in treating opiate dependence.

<sup>44</sup> Official Gazette of the Republic of Macedonia, no. 20/2010, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2010.

<sup>45</sup> Having in mind that this research only concerns the City of Skopje, only the hospitals and centers available in the City of Skopje are listed here.

<sup>46</sup> Official Gazette of the Republic of Macedonia, no. 6/11, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2011.

who need to be treated is increased, which is also stated in the cited programs, it can be concluded that in 2011 activities were undertaken for progressive improvement of the availability of the right to treatment of drug using persons compared to 2010, in the part of methadone treatment from 700 to 1.250 persons, while the number of persons who can be treated with buprenorphine remains unchanged. But, if we compare the number of people who were treated in the past years and prior to the bringing of the program for 2011, it will be concluded that the increase of the number of people with the program is significantly lower. This is the result of the changed funding model of the methadone treatment program. Thus, ca. 400 persons who used the treatment funded by the PHI Psychiatric Hospital "Skopje" with the program from 2011 are now included in the total number of persons for whom the treatment costs are covered by the budget of the Republic of Macedonia, which until then was 700 persons.<sup>47</sup> Compared to the previous year, in 2012 the number of people who can be treated with buprenorphine funded by the state<sup>48</sup> budget has increased from 100 to 210 persons, while the number of people treated with methadone has decreased to 1.200.<sup>49</sup> This increase in the number of people who can be treated with buprenorphine is due to the introduction of buprenorphine in the units for drug abuse and dependence prevention and treatment that until 2012 only provided methadone treatments.

At the time of making this analysis, the treatment with methadone therapy at the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda and the unit at the Clinical Centre was used by a total of 424 persons. Since March 2011, the PHI Psychiatric Hospital "Skopje" has brought a decision whereby it does not accept any new patients in the program for methadone treatment.<sup>50</sup> Although there is no official data as to the number of drug dependent persons in the City of Skopje, the assessment of the Institute for Public Health that there are 3.600 (from 3.200 to 4.000) drug injecting persons in Skopje<sup>51</sup> is valid. This information, compared to the number of persons on treatment, leads to the conclusion that there are more than 3.000 drug using persons who do not use any treatment nor do they have the possibility to start a treatment soon. This is a serious number of drug dependent persons who do not have the possibility to be treated, which is to say that there is a limited availability of treatments. Despite the set

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<sup>47</sup> Information received from the conversation with the manager of the Centre for drug abuse and dependence prevention and treatment.

<sup>48</sup> The free of charge access to methadone and buprenorphine therapy is more extensive covered in the part for economic accessibility to health services.

<sup>49</sup> Official Gazette of the Republic of Macedonia, no. 8/2012, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2012.

<sup>50</sup> According to the decision of the Psychiatric hospital „Skopje“, admittance of new patients into the program shall be done by transfer of people who have used methadone therapy in prisons.

<sup>51</sup> Kuzmanovska and Mikikj, Bio-behavioral study among drug injecting persons and assessment of the number of persons injecting drugs in Macedonia (Гордана Кузмановска и Владимир Микиќ, Биобихејвиорална студија помеѓу лицата кои инјектираат дроги и проценка на бројот на лицата кои инјектираат дроги во Македонија), 2010. Skopje: Institute for Public Health, 2011

commitments of the Republic of Macedonia towards increasing availability of therapeutic units, as well as diversification of treatment options in public institutions which deal with dependence, still six years since the introduction of the Strategy on drugs 2006-2012<sup>52</sup> a huge number of drug dependent persons are facing problems in achieving one of their basic human rights.

At the time of making this analysis there is no protocol which establishes the manner of treating drug dependence among persons below 18 years of age.<sup>53</sup> Although there are examples in which certain health institutions have accepted for treatment persons below 14 years of age, still no organized system for referral to treatment, resocialization and rehabilitation is available.

#### **4.1.1.1. Availability of psychosocial support as part of the drug dependence treatment**

According to the Constitution of the WHO, health is defined as a „state of complete physical, mental and social well-being and not merely the absence of disease or infirmity“.<sup>54</sup> The use of drugs is a phenomenon that includes health, social and economic aspects, so the psychosocial support of persons being treated for their dependence is a significant segment in the process of treatment. According to the recommendations of the WHO, when planning national policies for dependence treatment all sources for coping with the health and social problems<sup>55</sup> should be used. In Macedonia, treatment is almost completely left to medical institutions, above all to psychiatric institutions, and is carried out with health insurance funds, providing very modest results, in conditions of complete absence of support from other necessary systems.<sup>56</sup> According to the principle of multidisciplinaryness in the programs for dependence treatment, in addition to the pharmacological therapy, available in dependence treatment programs, foreseen are also individual and group therapies with a physician, a psychologist, a social worker, with monitoring by a specialist psychiatrist (at least once weekly), as well as work with a labor therapist.<sup>57</sup> The need for a multidisciplinary team is a strategic commitment of the state in planning activities for treatment of drug dependence.<sup>58</sup> Psychosocial support for treated persons intends to improve the quality and length of their lives, and may range from providing food and accommodation up to structured

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<sup>52</sup> Ministry of Health, National Drugs Strategy of the Republic of Macedonia, 2006-2012.

<sup>53</sup> For the special conditions for admission of persons below the age of 18 in the existing programs see below.

<sup>54</sup> World Health Organization, Constitution of the World Health Organization.

World Health Organization, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence, page 8.

<sup>56</sup> Official Gazette of the Republic of Macedonia, no. 20/2010, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2010.

<sup>57</sup> Official Gazette of the Republic of Macedonia, no. 20/2010, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2010.

<sup>58</sup> Ministry of Health, National Drugs Strategy of the Republic of Macedonia (2006-2012), page 23.

psychotherapy.<sup>59</sup> In line with the Law on Social Protection, the state has obliged to open a day care center for people abusing drugs and other psychotropic substances and precursors in order to provide extra-institutional social protection.<sup>60</sup> Day care centers intend to provide counseling, informative and educational services, work engagements, cultural entertaining and recreational activities for people using drugs and their families.<sup>61</sup> Based on the Law for Social Protection, a Rulebook on the standards for establishing and operating day centers was brought<sup>62</sup>, but as of yet, no day care center for re-socialization and rehabilitation for people using drugs has been opened in Skopje.

In order to provide a comprehensive dependence treatment, it is necessary, in addition to the pharmacological treatment, to establish a system for psychosocial support via programs for rehabilitation and resocialization of drug dependent people, especially persons below the age of 18.

#### **4.1.2. Accessibility of drug dependence treatments**

There are four dimensions via which the degree of accessibility to a certain health service can be evaluated: 1. Non-discrimination, 2. Physical accessibility, 3. Economic accessibility, and 4. Information accessibility<sup>63</sup>, which shall be separately analyzed further below in the context of health services for drug dependence treatment. One of the specific aims of the Drug Strategy of the Republic of Macedonia is the realization of effective, economical and accessible treatment programs that enable integrated psychosocial and pharmacological care for drug users, based on their needs.<sup>64</sup>

##### **4.1.2.1. Non-discrimination in the access to drug dependence treatments**

Non-discrimination means access to a drug dependence treatment for all, especially for marginalized communities which will be guaranteed by the law, but will also be applied without discrimination under any basis. The Constitution of the Republic of Macedonia contains a provision that guarantees the equality of citizens in their freedoms and rights regardless of their gender, race, skin color, national and social origin, political and religious

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<sup>59</sup> World Health Organization, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence.

<sup>60</sup> Official Gazette of the Republic of Macedonia, no. 79/2009, 36/2011, 51/2011, Law on Social Protection, article 132.

<sup>61</sup> Ibid., article 141.

<sup>62</sup> Official Gazette of the Republic of Macedonia, no. 33/2007, Rulebook on the norms and standards for establishing and operating a Day center for persons abusing drugs and other psychotropic substances.

<sup>63</sup> United Nations Commission on Economic, Social and Cultural Rights, General Comment No. 14, The right to the highest attainable standard of health, paragraph 12.

<sup>64</sup> Ministry of health, National Drugs Strategy of the Republic of Macedonia (2006-2012), page 15.

convictions, economic and social condition.<sup>65</sup> An extended list of basis for protection against discrimination is provided in the Law on the Protection of Patient's Rights,<sup>66</sup> and the Law on Prevention and Protection against Discrimination<sup>67</sup>. One of the aspects of the analysis regarding the extent of enjoyment of the right to treatment among drug dependent persons is identifying the accessibility of dependence treatments to women, persons below 18 years of age and members of ethnical minorities. Here, it is worth mentioning the Law on Equal Opportunities for Women and Men, where it is expressly forbidden to discriminate on the basis of gender in terms of health care accessibility.<sup>68</sup> The convention for elimination of all forms of discrimination of the women in article 12 forbids discrimination in the access of health services, and in the recommendation of the Committee for elimination of all forms of discrimination against women an obligation for member states arises to eliminate barriers for equal access to treatment for women.<sup>69</sup> The latest research on the territory of the City of Skopje indicates an increased number of children using drugs and developing drug dependence.<sup>70</sup> In that sense, it is necessary to dedicate more attention to the problem of drug use among children. The Convention the Rights of the Child is the only document that contains a mention of the use of drugs and the need for undertaking legal, administrative, social and educational measures for the protection of children against the abuse of narcotic drugs and psychotropic substances.<sup>71</sup> In the recommendation of the Committee on the Rights of the Child it is forbidden to discriminate against children in their access to health services on several grounds, particularly in regards to HIV status and mental health.<sup>72</sup>

From this overview of the legal texts, it can be concluded that there is a legal framework that ensures protection from discrimination in case of violation of the rights of patients, i.e. the access to health protection. Still, in practice, all above stated provisions for the protection against discrimination do not provide actual enjoyment of the right to health protection. Thus, for example, the list for admission of new clients into the methadone therapy in Skopje is closed and there is no possibility for people who have the need to

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<sup>65</sup> Official Gazette of the Republic of Macedonia, no. 52/1991, Constitution of the Republic of Macedonia, article 9 paragraph 1.

<sup>66</sup> In addition to the closed list of discrimination grounds, the Constitution also contains language, faith, belonging to a national minority, origin by birth, sexual orientation and any other status (Official Gazette of the Republic of Macedonia, no. 82/08 and 53/2011, Law on Protection of Patients' Rights, article 5, paragraph 1, point 2).

<sup>67</sup> In addition to the above mentioned, mentioned as grounds for discrimination are also gender and belonging to a marginalized group, which is particularly important for persons using drugs. (Official Gazette of the Republic of Macedonia, no. 50/2010, Law on prevention and protection against discrimination, article 3).

<sup>68</sup> Official Gazette of the Republic of Macedonia, no. 6/2012, Law on equal opportunities for women and men.

<sup>69</sup> United Nations, General Recommendation No. 24 (20th session, 1999).

<sup>70</sup> Dimitrevski, Improvement of the right to access to social and health services for Roma people using drugs.

<sup>71</sup> United Nations, Convention on the rights of the child, article 33.

<sup>72</sup> Ibid. United Nations, General recommendation No. 5 to the Convention on the rights of the child.

access treatment. This circumstance puts people in need of treatment in a less favorable position compared to other patients in need of other health services who are able to access them without any barriers, but also in relation to those persons who are already using the methadone or buprenorphine treatments. Above mentioned was the problem of the lack of programs for children below the age of 14, which can be considered discrimination on the grounds of age, for those who need treatment, re-socialization and rehabilitation from the use of drugs, but cannot access existing treatment programs.

#### **4.1.2.2. Physical access to drug dependence treatments**

Physical or geographic accessibility is another criterion via which the treatment for drug dependence can be analyzed. Health facilities, goods and services should enable safe access to all individuals, and especially vulnerable and marginalized communities, such as members of ethnical minorities, women, children, adolescents, elderly, people with special needs and people with HIV/AIDS.<sup>73</sup> This means that centers for the treatment and rehabilitation should be located in such a way as to enable everybody who may need treatment to access them, and feel safe thereby. In March 2012 51 women, 373 men, 9 Roma, none of which were below the age of 18, used methadone therapy. In the same period, at the PHI University Clinic for Toxicology treated with buprenorphine were 167 men, 20 women, 6 Roma, all of whom were above 18 years of age.<sup>74</sup> The number of Roma using drug dependence treatment is significantly lower compared to other communities. According to the data received from the HOPS – Healthy Options Project Skopje, out of the total number of contacted clients (3.276), the number of people from the Roma community is 299. This information leads to the conclusion that the number of people using drugs and those treated is significantly different. According to the geographical distribution of centers for treatment, there are two locations in the City of Skopje available to people who need treatment: the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda, and the Methadone Treatment Unit within the Clinical Centre and the PHI Clinic for Toxicology, where the buprenorphine treatment is provided, located on the grounds of the PHI University Clinics Skopje, near the Methadone Therapy Centre.<sup>75</sup> Geographical accessibility is of particular importance for people with low income and people from the minorities when selecting a health service.<sup>76</sup>

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<sup>73</sup> United Nations Committee on Economic, Social and Cultural Rights, General Comment No. 14, paragraph 12.

<sup>74</sup> Information received from the Toxicology Clinic on 17.05.2012.

<sup>75</sup> The buprenorphine treatment program and one of the methadone treatment programs are located in the central city area, and the other centre is located in the Municipality of Kisela Voda, which is in the vicinity of the central city area. The City of Skopje has a territory of 1.818 km<sup>2</sup> with ten municipalities containing both urban and suburban areas, part of which are up to 20 kilometers away from the said treatment provisioning areas.

<sup>76</sup> Improvement of the right to access to social and health services for Roma people using drugs. This was also shown in the research carried out in 2010 among drug using people in the Municipality of Shuto Orizari, via which it was established that the lack of funds and the distance of dependence treatment centers from the places of living represent a barrier for

Even though the grant from the Global Fund for the fight against HIV/AIDS, tuberculosis and malaria foresaw the opening of a drug dependence treatment program in Shuto Orizari on behalf of the Ministry of Health of the Republic of Macedonia, no such center has been opened to this day. Not opening a centre for the treatment of drug dependencies in Municipality Shuto Orizari due to disapproval by the local population is against the law, because there is no legal obligation to request consent from the local population when opening a health institution.<sup>77</sup> Also, not opening such a centre in Shuto Orizari and in other municipalities in the City of Skopje, which would enable easier access to treatment for people who have the need, may be analyzed from the aspect of discrimination in terms of access to medical services to people living in the Central City area. Physical accessibility to a certain health institution means safe access. Roma being treated with methadone substitution therapy at the Clinical Centre often complain of violence among patients.<sup>78</sup> According to recommendations from the WHO for minimum preconditions for the realization of a treatment, the pharmacological treatment for dependence should be widely spread and may include distribution of therapy in primary health protection facilities.<sup>79</sup>

The analysis of the conditions shows the need for decentralization of treatments and enabling easy and safe access to drug dependent persons from all municipalities of the City of Skopje. In order to eliminate geographical barriers for drug dependent persons, it would be useful to consider applying the recommendation of WHO and enabling access to dependence treatment programs in the primary health care offices.

#### **4.1.2.3. Economic accessibility to drug dependence treatments**

Dependence, among other things, leads to financial crisis, and thus the possibility for drug dependent persons to afford a certain treatment depends on the financial cost needed to use that particular health service. From this aspect, it is necessary to analyze the economic accessibility to drug dependence treatment programs. The right to treatment means accessibility to services which regardless whether private or public should be given for an

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persons from the Roma community to decide to get treatment for their drug dependence disorders (Dimitrievski 2011).

<sup>77</sup> The following example is provided as a comparison for the relationship between local and national authorities when it comes to access to health services of persons from the Roma community, living on the territory of the Municipality of Shuto Orizari. There is no gynecologist for years in Shuto Orizari now, and the local community has been sending demands for resolving this issue, thus providing uninterrupted access of women to gynecological care, but in this case the opinion of the local population was not respected and up to the completion of this analysis, no gynecologist operates on the territory of the Municipality Shuto Orizari.

<sup>78</sup> Physical and verbal rows in the presence of security staff of the centre, as well as violent confiscation of the therapy to some of the treated creates an atmosphere of fear for certain people who do not want to be treated in such circumstances (Dimitrievski, 24).

<sup>79</sup> World Health Organization, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence.

accessible price even to socially most vulnerable communities.<sup>80</sup> According to the Program for health protection of persons with substance use disorders in the Republic of Macedonia for 2011 a total of 70 million denars were planned, of which 35 million denars for methadone and buprenorphine. With the program for 2012, for a total of 1.200 persons using methadone therapy and 210 persons using buprenorphine therapy funds in the amount of 38 million denars have been reserved. According to the programs, the foreseen number of drug dependent persons should receive free treatment with methadone or buprenorphine. Persons treated with methadone, prior to entering the program, are obliged to take tests which they pay for themselves, in the amount of 350 denars. After being admitted to a methadone treatment, patients do not pay for the pharmacological for psychosocial treatment they receive regardless of the duration of the treatment. As mentioned before, due to the geographical distance of dependence treating centers, treated patients have transportation costs, as well. This especially affects people with low incomes, or people with no incomes. In line with the provisions of the Law on social protection, persons under social risk, recipients of temporary or permanent welfare support who have extended treatments in a health institution receive a compensation for traveling expenses they may have to access therapy.<sup>81</sup> Still, people who do not receive any such compensation are most affected by travel expenses and these expenses represent a financial barrier to receiving a health service.

In practice, persons treated with buprenorphine, as in-patients, which may last from five to seven days, cover the expenses by themselves, as well as the therapy prescribed by the Clinic for Toxicology in the following one to two<sup>82</sup> months from starting the treatment. The free buprenorphine is given only to persons who will manage to successfully abstain during the period from the admission to the treatment which is proven with controlling urine tests performed every week. In terms of location of the buprenorphine treatment, people using it are additionally economically affected for the transportation costs to the clinic where the treatment is carried out. Roma people being treated for dependence with buprenorphine complain that treatment is very expensive.<sup>83</sup> One of the recommendations for carrying out treatments and the economic accessibility of the treatment as a minimum precondition is that at the time of starting treatment, there should be a realistic assumption as to financial viability of the service.<sup>84</sup> From the analysis of the buprenorphine treatment, this is exactly one of the problems people

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<sup>80</sup> United Nations Committee on Economic, Social and Cultural Rights, General Comment No. 14.

<sup>81</sup> Official Gazette of the Republic of Macedonia, no. 122/09, Law on Social Protection and article 4 from the Rulebook on the manner of achieving the right to one time financial support and the needed documentation for achieving this right, article 80.

<sup>82</sup> In the average, this period lasts between one and two months, but a five-member committee decides per case, based on inclusion and exclusion criteria for admittance to a buprenorphine treatment. Information received from the Toxicology Clinic on 17.05.2012.

<sup>83</sup> Dimitrievski, Improvement of the right to access to social and health services to Roma people using drugs, pg. 24.

<sup>84</sup> World Health Organization, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence.



using the treatment or seeking to get into the treatment encounter. In order to receive optimum treatment coverage and the results from it, the dependence treatment should be provided free of charge or costs should be covered by the health insurance fund.<sup>85</sup> According to the analysis for economic accessibility, treatments are not completely free, which decreases the opportunities for treatment. Even low financial costs for a given treatment may represent a significant discouragement.<sup>86</sup>

Another significant aspect of the accessibility to a treatment is the treatment's economic sustainability. From the time of introduction of the methadone treatment in the early eighties of the twentieth century until 2011, it was financed by the budget of the PHI Psychiatric Hospital "Skopje". With the implementation of the grant received from the Global Fund for HIV/AIDS, Tuberculosis and Malaria from 2005 to 2008, costs for newly admitted patients for methadone treatment were covered with funds from this grant. That means that for three years the financing of the methadone therapy for around 700 people was covered with the funds from the Global Fund for HIV/AIDS, Tuberculosis and Malaria, and the remaining 400 were financed by the PHI Psychiatric Hospital. From 2009, the Ministry of Health undertook the financing of the treatment previously covered by the Global Fund for HIV/AIDS, Tuberculosis and Malaria, and since 2011, the treatment for all the patients on methadone therapy has been financed by the Program for health protection of persons with substance use disorders in the Republic of Macedonia for 2011.<sup>87</sup>

In order to ensure economic accessibility of the treatments for treating drug dependence it is necessary to provide health services affordable to drug dependent people, and for those who are unable to afford them to cover this cost from the budget of the Republic of Macedonia. Also, it is important to provide funds not only for the continuous operation of existing treatments, but for extension of the number of persons served, by ensuring additional funds.

#### **4.1.2.4. Accessibility to information related to drug dependence treatments**

Accessibility to health services also means the right to request, receive and communicate information and ideas related to health issues. Still, it should be taken care that the right to protection of medical data and their confidentiality is not violated. The right to access to information is a constitutionally guaranteed right, also regulated with the European Convention for human rights and freedoms.<sup>88</sup> Thus, people on treatment must

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<sup>85</sup> Ibid.

<sup>86</sup> Ibid, pg. 10.

<sup>87</sup> Information received in the conversation with the manager of the Centre for drug abuse and dependence prevention and treatment.

<sup>88</sup> Official Gazette of the Republic of Macedonia, no. 52/1991. Constitution of the Republic of Macedonia. Council of Europe. European Convention on human rights. Strasbourg: Council of Europe, 1950. The thus defined right, among other things, refers to the right to information, especially in regards to issues of public interest.

be informed of their health condition, a medical assessment of results and the outcome of an intervention and its possible complications, recommended medical interventions, as well as planned dates for their carrying out (programs for treatment and rehabilitation). In practice, health professionals refuse the admission to methadone treatment with the explanation that the list is closed without providing any timeframe for future admission. At the time of admission to treatment, people must be informed of the benefits and risks of (not) providing the recommended medical interventions.<sup>89</sup> A significant component for the achievement of the right to treatment is receiving consent from treated persons prior to carrying out a particular medical intervention. Due to this, it is necessary that information provided to treated persons should be provided in a comprehensive way appropriate to the level of education of the target audience, so that the person in question is able to provide informed consent or to refuse a particular treatment or intervention. Also, treated persons should have the possibility for a second professional opinion.<sup>90</sup> In addition to information about their health condition and the treatment, treated persons must also receive information about their rights for health protection and health insurance, as well as the procedure for practicing these rights. Although the Law on Protection of Patients' Rights foresees the appointment of a legal advisor who shall provide legal counseling on how to realize their right to treatment, still no health organization treating dependences in Skopje appointed such a counselor.

Access to information is particularly significant for people under the age of 18, especially if no legal minimum has been prescribed by the law for a child receiving health service without the need of a present and consenting parent or guardian. In order to protect their right to treatment, these children need access to medical counseling without the need for parental consent. This is one of the objectives of the National action plan for the rights of children,<sup>91</sup> which is also in line with the General Commentary of the Committee on the Rights of the Child, according to which „States parties should enact laws or regulations to ensure that confidential advice concerning treatment is provided to adolescents so that they can give their informed consent“.<sup>92</sup> This is particularly significant in the part of providing information about drug abuse and dependence, as well as in preventing HIV and decreasing AIDS epidemics.

In order to be able to provide quality dependence treatment which would respect human rights and dignity of drug dependent persons it is necessary to respect the right to informedness and independent decision making in regards to the selection of a treatment. On the other side, health and other professionals included in the treatment, must respect and protect

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<sup>89</sup> Official Gazette of the Republic of Macedonia, no. 82/08 and 53/2011, Law On Protection Of Patients' Rights, article 7 paragraph 1, point 3.

<sup>90</sup> Official Gazette of the Republic of Macedonia, no. 82/08 and 53/2011, Law On Protection Of Patients' Rights, article 9.

<sup>91</sup> National committee on the rights of children, National action plan for the rights of children in the Republic of Macedonia, 2005-2015.

<sup>92</sup> United Nations, General comment No. 4, 2003 CRCI GC/2003/4, paragraph 28-33, paragraph 39.

the confidentiality of medical data and the privacy of persons using treatment in general, in order to ensure security in health care provisioning.

#### **4.1.3. Acceptability of drug dependence treatments**

When talking about the complete enjoyment of the right to treatment, in addition to availability and accessibility of health services it is necessary to also analyze whether a specific institution or health service provided is adapted and acceptable to different target groups. The right to treatment means attaining the highest attainable standard, and according to the principle of non-discrimination, this standard should be ensured to all citizens under equal terms. The acceptability of health services in regards to drug dependence treatments would mean adaptation of treatments to the needs of individuals, as well as respect of their cultural differences.<sup>93</sup> In order to assess the degree of adaptability of the drug dependence treatment to the real needs of women for such type of treatment it is necessary to have an exact number of drug dependent persons in Macedonia, in separate municipalities, including the City of Skopje, differentiated by sex.<sup>94</sup> Differentiation by sex of health and socio-economic data are the basis for identifying and correcting inequalities in the health system.<sup>95</sup> For a longer period now, the official number of persons using drugs in Macedonia is considered to be 20.000 to 30.000, of which 6.000 to 8.000 are heroin dependent.<sup>96</sup> The Drugs Strategy states that 51% of the registered persons are from the City of Skopje, among which „men are represented in a ratio of ten to one compared to women“.<sup>97</sup> According to the data of the organization HOPS – Healthy Options Project Skopje, in the several past years in Skopje a total of 3.276 persons using drugs have been contacted of which 10% are women. Data of the organization „Doverba“ show that 25% of the people using their services are women.<sup>98</sup> Also significant is the information from the Clinic for Urgent Internal Medicine and Toxicology in Skopje, about performing a total of 1.436 recovery interventions of persons overdosed by opiates in the period from

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<sup>93</sup> At the moment there are 424 persons on methadone treatment in Skopje, of which 291 at the Centre in Kisela Voda, and of which 35 are women, and 133 at the Clinical Centre, of which 16 are women. Buprenorphine treated are all together 187 persons, of which 20 are women.

<sup>94</sup> For the use and dependence of drugs in the Republic of Macedonia there is no unified statistical system, which is why in different documents different information may be seen. The National Drug Strategy 2006-2012 uses data from the registrar of the Ministry for internal affairs for the period from 1999 to 2004, a period in which the number had grown from 314 to 658. It should be taken in consideration that MOU registers persons who have come in contact with the police regarding the use of drugs or a criminal act related to drugs. These numbers may not be used for establishing the number of drug dependent persons.

<sup>95</sup> United Nations Committee on Economic, Social and Cultural Rights, General Comment No. 14, paragraph 20.

<sup>96</sup> Official Gazette of the Republic of Macedonia, no. 6/2011, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2011.

<sup>97</sup> Ministry of Health, National Drugs Strategy of the Republic of Macedonia, 2006-2012, page 6.

<sup>98</sup> Information from the database of the organization „Doverba“ – Skopje, working on the rehabilitation and resocialization of drug dependent persons on treatment.

2001 to 2005. Of these, 1.090 are male, and 346 female. Most of the patients, 827, were aged 18 to 35 years, but also a significant number of them, 606, were minors who were treated for overdose by opiates.<sup>99</sup> Data show that 24% of the overdosed patients were women, while their number in the treatment programs in the same period is 10% of the total number of persons using treatment, i.e. 9% in the harm reduction programs by HOPS. This means that women using drugs are less accessible for harm reduction and drug dependence treatment services, but become visible to the health system in life-threatening situations of overdosing. Still, in the last two years, the inclusion of women in treatment and harm reduction programs has been increased to 12, i.e. 16% respectively. In its general recommendation, The Committee For Elimination Of All Forms Of Discrimination Against Women, identifies that women have the right to health protection under equal conditions with men.<sup>100</sup> Although it does not specifically mention dependence treatments, still the interpretation of the Committee for the right to treatment of women should be applied in the organization and implementation of these treatments. A special emphasis to the right to treatment of women is placed on family planning, pregnancy, and postnatal periods. „Drug dependence among the female population is a serious problem, especially during pregnancy and because of the connection of the problematic use of drug to prostitution. In addition to this, there are indications that there is an increase in the number of pregnancies among women-drug users that leads to frequent appearance of the abstinence symptom among newly born children“.<sup>101</sup> These were critical points also during the analysis of the dependence treatment. If we look at international standards for treatment implementation, it is necessary to undertake special activities for adjustment of the treatment in relation to pregnancy and post-natal periods. Macedonia for the first time in March 2012 brought an Instruction on the manner of providing health care to infants with neonatal abstinence syndrome. Until now, treatment of pregnant women and newborn children was performed sporadically without an established intervention system. Adjusting drug dependence treatments to women is significant from the aspect of HIV/AIDS prevention as well. The use of drugs may increase the risk for HIV/AIDS, and access to dependence treatment is one of the ways of decreasing HIV-prevalence. If treatment programs do not accommodate the needs of women and this limit the number of women using them that means that women who use, i.e. are dependent on drugs are exposed to a greater risk to be infected with the HIV virus, when compared to men. In that direction was the general recommendation of the Committee For Elimination Of All Forms Of Discrimination Against Women which creates an obligation that „programs fighting against AIDS should pay special attention to the rights and needs of women and children and the factors related to the reproductive role of women, and their subordinate position in certain societies which makes them

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<sup>99</sup> HOPS, Opiate overdosing in the Republic of Macedonia.

<sup>100</sup> United Nations, General Recommendation No. 24.

<sup>101</sup> Ministry of Health, National Drugs Strategy of the Republic of Macedonia, 2006-2012, page 9.

particularly vulnerable to HIV-infection".<sup>102</sup> When adopting the National Drugs Strategy (2006-2011) the state took into consideration the specifics of women in regards to creating policies. Still, the above specified numbers point to the conclusion that, in practice, adaptation of the treatment to the needs of women is needed, by opening treatment programs catering for women's special needs in regards to reproductive health, pregnancy and birth, as well as care for children, which generally is the obligation of women.

In circumstances when the number of minor children start using drugs and developing dependence grows<sup>103</sup> it is necessary to analyze the acceptability of the treatment for different age groups, in the specific case for persons below the age of 18. In line with article 9 of the Law On Protection Of The Rights Of The Child, the state and institutions of the system have the obligation to undertake all necessary measures for the protection of children from the illicit use and other forms of misuse of children in the illicit production and trade of opioid drugs, psychotropic substances and precursors. In this specific case, we cannot fully prevent children's access to drugs, so that's why steps should be taken to decrease the risk of use and dependence to drugs by providing programs for treatment, rehabilitation and resocialization of drug dependent children. According to the Protocol for Substitution Therapy, persons below the age of 18 can be admitted to a methadone treatment under special circumstances, among which is a compulsory consent from a parent or a guardian. This condition in providing certain health services to persons below the age of 18 may be a barrier for their use of appropriate and timely health care. The Convention On The Rights Of The Child creates the obligation for signatory states to undertake legal, administrative and other measures in order to ensure the exercise of the rights guaranteed with the measure.<sup>104</sup> In the context of the right to treatment, the state should adopt a legal provision that would establish the minimum age for the use of medical treatment without the consent of the parent.<sup>105</sup> According to researches, the age of Roma children in the Republic of Macedonia starting the use of drugs ranges between 8 to 12<sup>106</sup>. In the research of the Ministry of Education from 2006, 2% of the total number of interviewees have stated that they have injected drugs, and the average age on which they started injecting drugs is reported to be 15,5.<sup>107</sup> According to the legislation, there is an obstacle for children under the age of 18 to access dependence treatments. The concern regarding the lack of opportunities for rehabilitation of persons under the age of 18 is also expressed by the Committee on the Rights of the Child, so in its recommendations to the

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<sup>102</sup> United Nations, General Recommendation No. 15.

<sup>103</sup> Official Gazette of the Republic of Macedonia, no. 6/11, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2011; Ministry of Health, National Drugs Strategy of the Republic of Macedonia, 2006-2012.

<sup>104</sup> United Nations, Convention On The Rights Of The Child.

<sup>105</sup> United Nations, General comment No. 4, 2003 CRCI GC/2003/4, paragraph 9.

<sup>106</sup> Dimitrievski, Improvement of the right to access to social and health services to Roma people using drugs, pg. 26.

<sup>107</sup> Ministry of Justice, Comparative overview of the legislation of the Republic of Macedonia and the Convention on the rights of the child.

Republic of Macedonia it recommends the development of preventive measures and services for the rehabilitation of children – drug users.<sup>108</sup> According to information received from the Toxicology Clinic, at the moment there are no treated persons under the age of 18, although there is a possibility for their admission under certain conditions, such as a detailed psychosomatic examination, parental/guardian consent and an obligatory presence of a parent or a guardian when collecting therapy.<sup>109</sup>

The drug dependence treatment should respect cultural differences and specifics of persons from different ethnic groups who have the need for treatment. From the total number of 450 persons on methadone, 9 are Roma, while from the people on the buprenorphone therapy, out of 189 only six. If analyzed in percentages, in terms of Roma people using drugs and contacted by HOPS, it will be visible that from a total of 3.276 contacted persons using drugs, 299 are Roma.<sup>110</sup> Above, when discussing the geographic and economic accessibility of the drug dependence treatment, location of treatment centers and the accompanying costs to come to a treatment were mentioned as a reason for the inaccessibility of the treatment. The question for drugs in the Roma community was also mentioned in the National Drug Strategy as an insufficiently analyzed phenomenon<sup>111</sup>, which points out to the treatment of the question of Roma people and how they are affected by the drugs in the Republic of Macedonia. The strategy points out to the increased number of persons from the Roma community who use drugs, but still, only stating the fact is not sufficient but specific steps should be taken to enable drug dependence treatment for people from the Roma community. The convention for elimination of racial discrimination creates the obligation for states to ban and eliminate racial discrimination in all forms and to guaranty the right to public health care and protection regardless of the race, skin color or ethnicity.<sup>112</sup> More specifically, states are obliged to decisively act against any discriminatory practice, including the right to treatment which affects Roma people, especially by the local government.<sup>113</sup> This attitude of the Committee once again confirms that not opening a treatment centre in the Municipality Shuto Orizari is not in line with obligations the Republic of Macedonia has undertaken by ratifying international treaties. In order to fulfill the obligations of Macedonia in regards to the right to dependence treatment of Roma people, it is necessary to start respecting and implementing programs and projects in the area of health care for Roma people, especially women and children, having in mind their detrimental circumstances as a

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<sup>108</sup> United Nations, Recommendations of the Committee for the rights of the child within UN delivered to the Government of the Republic of Macedonia based on the second periodical report and initial reports, paragraph 79.

<sup>109</sup> Information received from the Toxicology Clinic from 17.05.2012.

<sup>110</sup> Report from the records of the Organization HOPS – Healthy Options Project, Skopje.

<sup>111</sup> Ministry of Health, National Drugs Strategy of the Republic of Macedonia (2006-2012), page 9.

<sup>112</sup> United Nations, Convention on elimination of all forms of racial discrimination, article 5. This article encompasses other rights covered by the Convention, but in the context of the analysis only the right to treatment, i.e. health protection is mentioned.

<sup>113</sup> United Nations, General recommendation No. 27, Discrimination of Roma, paragraph 33 and 32.

result of the poverty and the low level of education, as well as cultural differences.<sup>114</sup>

Data from this part of the analysis may lead us to the conclusion that existing treatments have not been adjusted to the needs of women which results in a small number of women using treatment. Furthermore, legal obstacles for the admission of persons below the age of 18 makes existing programs inappropriate for the real situation and the needs of drug dependent persons below the age of 18. In order to increase the number of Roma people in the programs for treatment, it is necessary to implement the recommendations from the Committee for elimination of racial discrimination and creation and opening of programs adapted to the cultural characteristics of Roma people dependent on drugs.

#### **4.1.4. Quality of drug dependence treatments**

Drug dependence treatments, in addition to being acceptable for all individuals, should also be scientifically and medically acceptable, as well as of the highest attainable standards in terms of the health services provided. One of the basic recommendations for the functioning of the treatment is the establishment of services grounded on evidence-based medical treatment. Treatments should include a maximum number of individuals for which the best result under the lowest price will be achieved.<sup>115</sup> In the treatment of dependences best results are achieved when a comprehensive multidisciplinary access is applied, which may include a different pharmacological and psychosocial intervention providing an appropriate answer to different needs.<sup>116</sup>

According to the WHO, a minimum standard for providing a pharmacological treatment exists when methadone or buprenorphine is administered for the maintenance and management of abstinence outside of a medical facility. Also, naloxon should be readily available in all dependence treating facilities. The best practice for dependence treatments, in addition to methadone and buprenorphine for maintenance, also includes alpha-c-adrenergic for drugs abstinence, naltrexon for relapse prevention and naloxon for overdose treatment.<sup>117</sup> Until 2005, methadone treatment was centralized and available only in the City of Skopje.<sup>118</sup> Since June 2009, at the Toxicology Clinic buprenorphine is also available as an additional option for dependence treatment. The instructions with a protocol in the part of pharmacological

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<sup>114</sup> Ibid., paragraph 34.

<sup>115</sup> WHO/UNODC, Principles of drug dependence treatment, Discussion paper.

<sup>116</sup> Ibid.

<sup>117</sup> World Health Organization, Guidelines for the Psychosocially assisted Pharmacological Treatment of Opioid Dependence, page 13.

<sup>118</sup> During 2005, within the program for the Building coordinated response for the prevention of HIV/AIDS in the country (supported by the Global HIV/AIDS fund, tuberculosis and malaria), the Ministry of health opened six new services for prevention and treatment from misuse of drugs, including the treatment with support from methadone in the towns of Strumica, Kumanovo, Shtip, Ohrid, Gevgelija and Tetovo, as well as one in the main prison in Skopje „Idrizovo“. These services work with the support from the Ministry of health, Ministry of labor and social policy, Centers for social work, local communities and NGOs.

substances used for substitution therapy for opioid dependence, in addition to existing methadone and buprenorphine, also provides other alternatives (Levo-alpha-acetylmethadol), morphine Dihydrocodeine heroin or diacetylmorphine (also known as medical heroin), but still these treatments are not available in the Republic of Macedonia. In order to improve the quality of drug dependence treatments in Macedonia, the need arises to introduce new medicines and new types of treatment which would provide better results to persons whose treatment with the existing medicines was not successful.

In line with the right to autonomy of the person and the right to the highest attainable standard of health, people having the need of treatment must freely decide whether to start a treatment or not. Informed consent for a treatment is the minimum standard to be respected when providing a service. According to the WHO, an exceptional situation may be a case of intoxication or abstinence syndrome which has rendered the person unable to consent to the treatment.<sup>119</sup> In such cases, a consent should be received immediately after the person becomes aware and able to make decisions. The guidelines for treatment with methadone foresee the patient's voluntary written consent for starting treatment. Some parts of the Criminal Code legislation prove problematic however, because they foresee the obligatory treatment of persons using drugs as a safety measure in case they are criminally sanctioned.<sup>120</sup> For such cases of obligatory treatment even funds are dedicated within the Programs for health protection of persons with substance use disorders in the Republic of Macedonia. Hence, it is derived that dependence treatments may be enforced upon a court decision without there existing consent from the treated person. It was previously emphasized that it is necessary to get an informed consent for the treatment, so any forceful admission to treatment is considered a violation of the provisions of the Constitution, the Law on Protection of Patients' Rights, the Guidelines for the administration of methadone, as well as the international standards for the drug dependence treatment. That is why it is necessary to harmonize the Criminal Code with the provisions for protection of the rights of patients and the carrying out of medical treatments, regulated with the Constitution, the laws and international treaties.

The enjoyment of the right to treatment means the individualized treatment of persons during the selection and combination of pharmacotherapy, psychotherapy and rehabilitation. Each treatment should be carried out based on an individual plan prepared when admitting people to treatment. According to the WHO, a minimum standard to start with any individual treatment is to make a detailed individual assessment: history (prior treating experience, medical and psychiatric history, life circumstances, legal status, employment and social and cultural factors which may influence the use of drugs), clinical examination (assessment of intoxication/abstinence,

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<sup>119</sup> World Health Organization, Guidelines for the Psychosocially assisted Pharmacological Treatment of Opioid Dependence.

<sup>120</sup> Official Gazette of the Republic of Macedonia, no. 19/2004, Criminal Code, clarified text, article 61 paragraph 1 point 3. This provision states: „obligatory treatment of alcoholics and drug addicts“.



injection wounds) and if necessary, analyses such as urine tests, HIV and Hepatitis B and C tests, tuberculosis, liver function etc. Another good practice recommended by WHO is screening for psychiatric and somatic co-morbidities as part of the initial assessment.<sup>121</sup> According to the protocol in the assessment necessary prior to the admission to a methadone treatment, in addition to the evaluation of history, clinical examination, it is compulsory to submit urine test results and blood lab analysis (liver function tests, blood tests etc.), which, in practice means delivering HIV test results.<sup>122</sup>

In regards to determining methadone dosage, a basic principle in the Protocol is to „start with a low dose and slowly increase“. Due to the fact that abstinence, metabolism and excretion of methadone significantly differ in different patients, daily therapeutic methadone doses are completely individual, this ensuring adequate quantity of methadone for each individual separately.<sup>123</sup> Although according to the Protocol, the dose is determined individually, in practice most people on treatment with methadone are on a maintenance dose of 80 to 120 milligrams of methadone a day, a dose which the Protocol defined as optimal, as well. Consequently, it is necessary to examine whether it is possible to talk about individualization of pharmacotherapy when all people receive a predefined dose, which is strictly respected in practice. The Protocol foresees issuing of a higher dose of methadone for the daily regime, in a total duration of six months.<sup>124</sup>

The individualization of drug dependence treatment also means determining the manner of taking a methadone dose depending on the health and social condition of the treated person. The protocol for administration of methadone enables daily administration of methadone (daily regime) and preparation and provisioning of methadone for home (take home medication), a dose which is continually increased from a dose for one working day to at most seven days a week. According to the WHO, best practice in drug dependence treatment programs is to recommend taking the therapy home if the dose and the social condition of the treated person are stable.<sup>125</sup> The protocol provides additional possibility to provide methadone for a period of up to 15 days during the vacation season, or for work related trips and on some special occasions.<sup>126</sup> This is significant from the aspect of the freedom of movement of treated persons depending on their individual needs.

In Macedonia ongoing is the enactment of a Protocol for regulating the treatment with buprenorphine. According to the WHO, maintenance with buprenorphine should start with doses adjusted to the use of drugs, including

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<sup>121</sup> World Health Organization, 2009. Guidelines for the Psychosocially assisted Pharmacological Treatment of Opioid Dependence, page 19.

<sup>122</sup> Official Gazette of the Republic of Macedonia, no. 36/2012, Guidelines for administration of methadone in treating opiate dependence, page 48.

<sup>123</sup> Official Gazette of the Republic of Macedonia, no. 36/2012, Guidelines for administration of methadone in treating opiate dependence, page 57.

<sup>124</sup> Official Gazette of the Republic of Macedonia, no. 36/2012, Guidelines for administration of methadone in treating opiate dependence, page 58.

<sup>125</sup> World Health Organization, Guidelines for the Psychosocially assisted Pharmacological Treatment of Opioid Dependence.

<sup>126</sup> Official Gazette of the Republic of Macedonia, no. 36/2012, Guidelines for administration of methadone in treating opiate dependence, page 66.

the degree of tolerance, the duration of drug use and by establishing the time of taking the last dose. The first dose is four milligrams, which should increase until it reaches the effect of stability, most often in relation of 8 to 24 milligram buprenorphine a day. If the use of the drug continues, the buprenorphine dose should be increased. Having in mind the fact that at the moment there is no protocol which establishes issued buprenorphine doses, the only document that regulates this are annual programs establishing the quantity of buprenorphine per person, which also contain the prescribed daily dose of 12 to 14 milligrams, and after a certain period buprenorphine doses are decreased up to the dose for maintenance and smaller therapeutic doses are provided.<sup>127</sup> With the 2011 and 2012 programs, average daily doses of 12 milligrams of buprenorphine have been foreseen.<sup>128</sup> The supervision of the dosing and other aspects of the treatment should be established on individual basis, as was mentioned in the methadone treatment.

To be able to define something as a high quality dependence treatment it should be carried out by a well trained personnel that can answer the needs of different categories of persons on treatment. A minimal standard is that the staff should have knowledge about the nature of dependence, assessment and diagnosis, pharmacological and psychosocial treatment, dealing with intoxication and overdosing, as well as acting out.<sup>129</sup> According to the Rulebook for staffing of health institutions administering drug dependence treatments, programs should be staffed with at least one physician, specialist in neuropsychiatry, or psychiatry with the appropriate license, one physician specialist in the specified medical field with the appropriate license, as well as one health worker with a high school, college or university degree of at least three years with a passed vocational exam.<sup>130</sup> For better quality services of treatment and resocialization, patients should work with a social worker, a psychologist and a psychiatrist individually and in groups.<sup>131</sup> Programs for health care of persons with substance use disorders in the Republic of Macedonia foresee individual and group work with a social worker and a psychologist, but has not been foreseen in the rulebook for staffing of health organization. According to the recommendations of the working group for evaluation and monitoring of methadone centers within the National coordinative mechanism for HIV in Macedonia, one of the problems that they encounter is staffing. From the report of the latest evaluation, the minimum criterion for one general physician has not been satisfied, and there is a lack

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<sup>127</sup> Official Gazette of the Republic of Macedonia, no. 20/2010, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2010.

<sup>128</sup> Official Gazette of the Republic of Macedonia, no. 6/2011, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2011. Official Gazette of the Republic of Macedonia, no. 8/2012, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2012.

<sup>129</sup> World Health Organization, Guidelines for the Psychosocially assisted Pharmacological Treatment of Opioid Dependence, page 15.

<sup>130</sup> Official Gazette of the Republic of Macedonia, no. 32/2011, Rulebook on the amendment of the Rulebook for immediate facility conditions (space, equipment, staff) for founding and operation of health institutions.

<sup>131</sup> WHO/UNODC, Principles of drug dependence treatment, Discussion paper. Program for health care of persons with substance use disorders in the Republic of Macedonia for 2010.

in the number of psychiatrist for daily work with patients.<sup>132</sup> The staff engaged in the programs for treatment should continuously improve their knowledge and via regular trainings should follow latest trends in the pharmacological and psychosocial treatment of drug dependent persons. Training and improvement of medical personnel is regulated with the Law on social protection, according to which hospitals, clinics and other health institutions provide professional improvement of health workers.<sup>133</sup> As a good practice, WHO promotes postgraduate training and certification, continuous education and licensing of personnel. Thus we would eliminate programs treatment programs encounter in terms of staff resistant to treating drug dependent persons, uncertain treatment and pay<sup>134</sup>, which produces dissatisfaction in the work which directly influences the quality of health services. The quality of health services is additionally assessed by the community of people using these dependence treatment services. Still, we should not disregard data received from the evaluation of methadone centers in Macedonia in 2010 collected by the working group for evaluation and monitoring of methadone centers within the National coordinative mechanism. From 64 interviewees of the persons who were treated in Kisela Voda and at the Clinical Centre, 57% answered that they are happy with the treatment services, while 43% answered that they were not satisfied. This evaluation was also carried out among the personnel working in the centers, and these results provide certain parameters for the (lack of) quality of health services. Basic materials for treatment of patients from opiate dependence are lacking: opiate tests, plastic packages (bottles), tests for the psychologist's work, urine tests), there is no staff (security, nurses), internet, materials for creative work, a room for patient observation, technical instruments, equipment of the room for psychosocial work.<sup>135</sup>

The fact that the right to treatment means the highest attainable standard of treatment, obliges states to undertake activities for the gradual increase of quality of services in order to achieve this highest attainable standard. This takes well educated medical staff, scientifically approved and not expired medications and medical equipment, safe water, drinking water and the appropriate sanitation.<sup>136</sup> The health organization may perform a

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<sup>132</sup> Working group for evaluation and monitoring of methadone centers, Summarized data from the evaluation made on methadone centers performed by the Working group for evaluation and monitoring of methadone centers within the National coordination mechanism.

<sup>133</sup> Official Gazette of the Republic of Macedonia, no. 38/1991, 46/1993, 55/1995, 10/2004, 84/2005, 111/2005, 65/2006, 5/2007, 77/2008, 67/2009, 88/2010, 44/2011 и 53/2011, Law on Health Protection, article 108, 115, 156.

<sup>134</sup> Working group for evaluation and monitoring of methadone centers, Summarized data from the evaluation made on methadone centers performed by the Working group for evaluation and monitoring of methadone centers within the National coordination mechanism. Skopje: Working group for the evaluation and monitoring of methadone centres, 2010.

<sup>135</sup> Working group for evaluation and monitoring of methadone centers, Summarized data from the evaluation made on methadone centers performed by the Working group for evaluation and monitoring of methadone centers within the National coordination mechanism. Skopje: Working group for the evaluation and monitoring of methadone centres, 2010.

<sup>136</sup> United Nations Committee on Economic, Social and Cultural Rights, General Comment No. 14 The right to the highest attainable standard of health, paragraph 12.

medical activity if the appropriate physical facilities, professional staff, medical equipment, funds and other conditions for proper operation.<sup>137</sup> The permit for providing medical services is issued by the Minister of Health, who is obliged to withdraw the permit if the circumstances due to which it was issued have changed.<sup>138</sup> Specifically in regards to the premises, the staffing and the equipment for providing drug abuse prevention and treatment has been defined by a bylaw brought by the Ministry of health where the minimum standards for the performance of this activity have been defined. The drug abuse prevention and treatment should be performed in a specialist office of neuropsychiatry, or psychiatry, if it treats more than fifty patients.<sup>139</sup>

The analysis of legal acts and bylaws provides a general overview of the rights and obligations of health workers for achieving the standards for quality health service. The assessment of the quality of health services for the treatment of dependence comprises many aspects which are looked in detail in the monitoring. Below provided are the results of the monitoring of the treatment by the community, which provide a comprehensive overview of the quality of health services within the drug dependence treatment programs in the City of Skopje.

## **5. Availability and infrastructural conditions in the drug dependence treatment centers in Skopje**

Results shown in this chapter are based on CRC1 and CSC.<sup>140</sup>

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<sup>137</sup> Official Gazette of the Republic of Macedonia, no. 38/1991, 46/1993, 55/1995, 10/2004, 84/2005, 111/2005, 65/2006, 5/2007, 77/2008, 67/2009, 88/2010, 44/2011 и 53/2011, Law on Health Protection, article 97.

<sup>138</sup> Official Gazette of the Republic of Macedonia, no. 38/1991, 46/1993, 55/1995, 10/2004, 84/2005, 111/2005, 65/2006, 5/2007, 77/2008, 67/2009, 88/2010, 44/2011 и 53/2011, Law on Health Protection, article 99.

<sup>139</sup> In terms of space availability, the office should have a working area of 16 m<sup>2</sup>, a waiting room of 9 m<sup>2</sup> and sanitary facilities. Of medical equipment: a desk, a bed with a plastic cover for the patients, a movable screen, two office chairs with and without a back rest for the doctor, cabinet-cupboard for instruments and medicaments, medical bag, anti-shock therapy, movable instrument table, blood pressure measuring instrument, stethoscope, movable reflector, porcelain dishes with spatulas, reflex hammer, thermometer, hanger, typing machine. Syringes used in the office are disposable. Specific equipment and sanitary material required for the activity subject of analysis is a metal safebox for storing the therapy and a refrigerator. For the performance of the specific activity of prevention and treatment of drug dependence, the minimum prescribed staff is: one general physician or a specialist in the appropriate medical field with the required license and one medical worker with completed high school, college or three year university degree in the appropriate field of medicine and a passed professional exam. The changes in the Rulebook also foresee that policlinics, health stations and health institutions that provide drug dependence prevention and treatment services should also fulfill the following conditions:

Spatial conditions: two offices per 16 m<sup>2</sup> and a room for providing therapy with a counter with unbreakable protection, a waiting room of 9 m<sup>2</sup> and toilets. Medical equipment: metal safe-box for storing the therapy and a refrigerator. Professional staff: one general physician or a specialist in the appropriate medical field with the required license and one medical worker with completed high school, college or three year university degree in the appropriate field of medicine and a passed professional exam.

<sup>140</sup> The meaning of CRC and CSC is explained in the „Abbreviation“ part and in the „Methodology“ chapter.

### **Physical accessibility to drug dependence treatment programs**

Physical accessibility to programs for drug dependence treatment in Skopje is not appropriately resolved. Out of 61 interviewees, 36 interviewees (59%) claim that centers treating dependences do not have appropriate possibilities for access of disabled patients, while 19 interviewees (31,1%) claim that such access exists, 4 interviewees (6,6%) do not know whether centers have disabled access, and 2 (3,3%) haven't answered the question. Interviewees covered by the CSC witness of disabled patients who received the medication without getting out of the vehicle in which they came to the dependences centre. This may be understood as dedication of the employees of the treatment programs to serve patients for whom the appropriate treatment is not provided, but this only resolves the problem of issuing therapy, without enabling these patients to use the remaining services provided by the dependence treatment program.

The geographical location of programs for treatment of dependence in Skopje represents an additional limiting factor for persons treated for dependence in the programs included in the community based monitoring, especially when taking in consideration the territory of the city, which as stated in chapter 4.1.2.2., spreads on an area of 1.818 km<sup>2</sup>, but also because of the fact that these programs also treat persons from other areas of Macedonia who in addition to local also use national transport.

The inadequate physical accessibility is confirmed in the community based monitoring where, out of 61 interviewees, almost half (n=27; 44,3%) stated that they live on a distance greater than five km from the dependence program where they are treated and almost all interviewees (n=57; 93,4%), except four (6,6%), use transport to/from the dependence treatment program. In order to reach the treatment program they usually use bus, taxi or, in rare cases, own vehicle. Transport to/from the program for dependences is an especially complex issue for persons using city transport to receive therapy.

The need to improve the physical accessibility becomes significant when we consider the frequency with which the therapy is being issued. More than half of the interviewees (n=34; 55,7%) receive therapy once a week, 16 interviewees (26,2%) should go to the centre where they are treated for dependence to collect their therapy several times a week, 5 interviewees (8,2%) receive therapy every day, 4 interviewees (6,6%) receive therapy every two weeks, and 2 interviewees (3,3%) collect their therapy once a month. But, the limited physical accessibility may not play such an important role if it is not directly linked to the economic accessibility and if it does not exhaust patients financially, who are already in a bad economic situation due to their drug related practices.

### **Economic accessibility of drug dependence treatments**

Drug dependence treatment programs in Skopje do not put any extra efforts into improving the economic availability of their patients of which most are financially exhausted due to their drug use related practices. Thus, for example, in regards to transportation costs to/from the dependence program,

out of 61 interviewees, only 8 (13,1%) receive financial aid for transportation costs incurred during their dependence treatment from regional social centers, but complain that they do not receive it regularly. Of the others, 14 interviewees (23%) cover their transportation costs with own means (pocket money, salary, pension), while 33 interviewees (54,1%) have stated that they are forced to manage to find the money to cover the transportation costs, 5 interviewees (8,2%) have no such costs, and 1 interviewee (1,6%) stated that he doesn't know. But, these are not the only costs for transportation that patients pay to get to therapy. Dependence treatment programs in Skopje, particularly the buprenorphine substitution therapy, insist that patients come to collect their therapy accompanied with a member of the closest family, who will guarantee the proper use of the medication. Persons accompanying patients also spend money for transportation. Costs for transportation are a particular burden for those patients and their company who live outside of Skopje, in other towns and villages.

An additional burden affecting patients' financial circumstances are the opening hours of the dependence treatment which are not synchronized with the daily needs and obligations of patients. Out of 61 interviewee, 33 interviewees (54,1%) stated that the opening hours of the dependence treatment program are not adjusted to their needs and habits, and because of this, as shown in table 5.1., they have problems in performing regular daily duties.

Table 5.1.: Problems patients encounter due to the unadjusted opening hours of drug dependence treatment programs

		<b>Total</b>	Methadone in „Kisela Voda“ (Low threshold)	Methadone in „Kisela Voda“ (High threshold)	Methadone in Clinical centre	Buprenorphine at the Toxicology clinic
I cannot enroll in a university	Number	<b>6</b>	3	2	1	0
	% of the total number	<b>9,8%</b>	4,9%	3,3%	1,6%	0,0%
I have problems at school (university)	Number	<b>3</b>	0	1	1	1
	% of the total number	<b>4,9%</b>	0,0%	1,6%	1,6%	1,6%
I did not complete studies at university	Number	<b>2</b>	0	1	1	0
	% of the total number	<b>3,3%</b>	0,0%	1,6%	1,6%	0,0%
I cannot get a job	Number	<b>9</b>	4	3	2	0
	% of the total number	<b>14,8%</b>	6,6%	4,9%	3,3%	0,0%
I have disputes at work	Number	<b>13</b>	6	4	3	0
	% of the total number	<b>21,3%</b>	9,8%	6,6%	4,9%	0,0%
I was sacked	Number	<b>33</b>	13	11	8	1

	% of the total number	<b>54,1%</b>	21,3%	18,0%	13,1%	1,6%
I have disputes with my family	Number	<b>16</b>	6	5	4	1
	% of the total number	<b>26,2%</b>	9,8%	8,2%	6,6%	1,6%
My family fell apart	Number	<b>1</b>	0	0	1	0
	% of the total number	<b>1,6%</b>	0,0%	0,0%	1,6%	0,0%
No answer	Number	<b>1</b>	1	0	0	0
	% of the total number	<b>1,6%</b>	1,6%	0,0%	0,0%	0,0%
Experienced before	Number	<b>30</b>	8	8	5	9
	% of the total number	<b>49,2%</b>	13,1%	13,1%	8,2%	14,8%
<b>TOTAL</b>	<b>Number</b>	<b>114</b>	<b>41</b>	<b>35</b>	<b>26</b>	<b>12</b>
	<b>% of the total number</b>	<b>100,00%</b>	<b>36,0%</b>	<b>30,7%</b>	<b>22,8%</b>	<b>10,5%</b>

Problems at the work place and in performing daily activities are also reported by members of families of patients, who must accompany them when collecting therapy. Thus, there are cases in which due to the opening hours of the PHI University Clinic for Toxicology Skopje, patients who are not from Skopje, and are treated with buprenorphine substitution therapy, together with their companions, are sometimes forced to find overnight accommodation in Skopje because they didn't manage to get to the Clinic on time.

As a measure for overcoming problems arising out of the unadjustment of the opening hours of the centers with their daily obligations, 37 interviewees (60,7%) think that the dependences program should work in two shifts. Some patients on the methadone program think that it would be good if methadone therapy programs started working earlier, i.e. from six o'clock a.m., providing as justification the nature of the medication they are taking. Thirteen interviewees (21,3%) think that it is enough that the program works in one shift, and a smaller number of interviewees wish that the dependence program works in two shifts, including weekends (6=4; 6,6%), or three shifts, including weekends (6=4; 6,6%). Three interviewees (4,9%) have no position on this question.

Recommendations from interviewees for the opening hours are not unfounded, especially when we take in consideration the fact that 55 interviewees (90,2%) cannot get a job, were sacked or had/have problems at the work place because of the unadjustment of the working times of the drug dependence treatment programs with their daily obligations and needs. On the other hand, creating possibilities for employment of persons who are treated for dependence helps their financial independence and affects the improvement of the general economic situation of the community.

## **Circumstances in the facilities and on the premises around the centers for drug dependence treatment**

Infrastructural conditions on the premises of the drug dependence treatment programs in Skopje are not good and do not meet prescribed standards as described in chapter 4.1.4. Interviewees covered by the community based monitoring state that access is inappropriate, premises are old and not well maintained, and patients in „Kisela Voda“ state the lack of hygiene around the premises as the biggest problem, due to what they state, a few unconsciencious patients. Of a total of 61 interviewees, 51 interviewees (83,6%) think that the building and its premises are not clean and they should be better maintained. Only 8 interviewees (13,1%) have no remarks on the cleanliness of the premises of the centre, and 2 interviewees (3,3%) did not answer the question. Major remarks went for the waiting rooms where there are no seats for the patients, and the buprenorphine programs premises do not have a separate waiting room for the patients.

On counters for issuing therapy there is no anonymity and discretion. Methadone therapy is issued in a corridor and patients are exposed and can be recognized by persons unrelated to the treatment and the program.

Interviewees complain that they cannot use toilets in dependence treatment centers because they are constantly locked and available only to certain patients who are considered privileged, but from the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda, they explain that patients at these programs are not limited access to toilets and that there are no privileged patients.

A major weakness of treatment programs is the lack space where patients would be able to socialize, take on creative activities or participate in a group therapy. Staff from the Centre for Prevention and Treatment of Drug Abuse in Kisela Voda explain that they have an observation room which patients use for socializing, but only a smaller number of patients use it regularly.

## **Needs for activities of individuals treated for drug dependence**

Patients have the need to spend more time at drug dependence treatment programs, pursuing creative activities, for which they need certain facilities. With the Law on Social Protection, as described in detail in chapter 4.1.1.1., special centers for rehabilitation and resocialization are prescribed,<sup>141</sup> but when planning such activities, it should be considered for them to be organized within the drug dependence treatment programs, especially because people treated of drug dependence spend most of their time there. Of course, this creates the need for a multidisciplinary approach to treatment of drug dependence, but according to the experience of the WHO and UNODC, as defined in chapter 4.1.4., exactly the all-encompassing multidisciplinary approach would provide the best results in treatment.

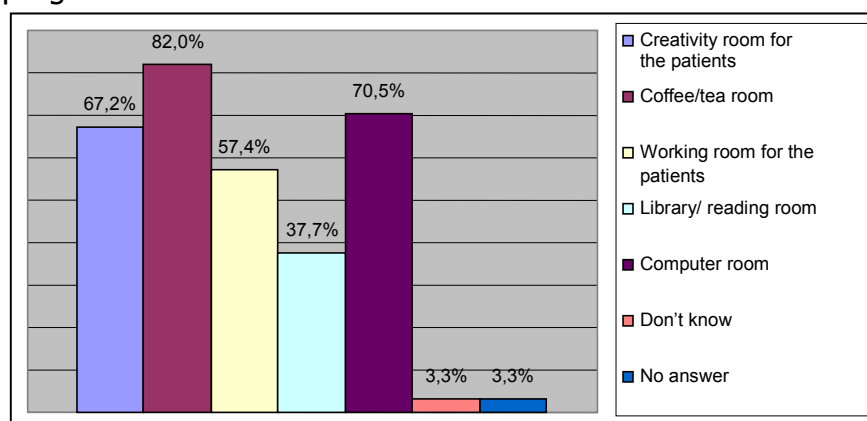
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<sup>141</sup> Official Gazette of the Republic of Macedonia, no. 79/2009, 36/2011, 51/2011 Law on Social Protection.



Examples stated in the graph 5.1. are part of the needs which interviewees included in the community based monitoring think would contribute to the improvement of the quality of the treatment, if available.

Graph 5.1.: Needs for activities within the drug dependence treatment programs



## 6. Admission and treatment of drug dependent persons

Results presented in this chapter have been based on CRC2 and CSC.<sup>142</sup>

### Admission to drug dependence treatment programs

Programs for methadone substitution therapy which fall within the competence of the PHI Psychiatric Hospital "Skopje" – Skopje, as specified in chapter 4.1.1., are closed for admission of new patients due to overload of existing capacities. The buprenorphine substitution therapy within the competence of the PHI University Clinic for Toxicology continuously admits new patients, but only until they reach the planned annual number of patients as prescribed in the Program for medical care of persons with substance use disorders, which is adopted at the beginning of every calendar year. According to current findings, requirements for treatment with buprenorphine therapy still does not surpass the capacities of the PHI University Clinic for Toxicology. For interviewees included in the community based monitoring who are treated with methadone therapy, it can be said that patients in these programs are „lucky“ to have been admitted to treatment, while other people using drugs are still waiting for openings in existing programs or for new programs where they would be able to get treatment.

The need for treatment for drug dependence is also confirmed with the community based monitoring where almost all of the 62 interviewees, stated that they would voluntarily get into a treatment program, only 1 interviewee (1,6%) began treatment under the pressure from his/her family, while 2 interviewees (3,2%) were admitted to treatment upon a court verdict. As stated in chapter 4.1.4., forceful treatment, without informed consent of the

<sup>142</sup> The meaning of CRC and CSC is explained in the „Abbreviations“ part and in the „Methodology“ chapter.

patients, is contrary to the Constitution of the Republic of Macedonia, the Law on Protection of Patients' Rights, the Protocol for administration of methadone in opiate dependence treatments, as well as international standards for the treatment of drug dependences, but the Criminal Code has still not been fully harmonized with these documents.

Admission to treatment is simple, it requires going through the usual procedure via which requesting parties should confirm they are really dependent on opiates and that they have a longer history of drug use. The diagnosis is established with a commission exam and tests confirming the presence of opiates in the organism. The requirements for admission as witnessed by interviewees included in the community based monitoring, according to their understanding, are provided in table 6.1.

Table 6.1.: Treatment Admission requirements

		<b>total</b>	Methadone in „Kisela Voda“ (Low threshold)	Methadone in „Kisela Voda“ (High threshold)	Methadone in Clinical centre	Buprenorphine at the Toxicology clinic
Bring blood and urine analysis	Number	<b>60</b>	16	17	16	11
	% of the total number	<b>96,8%</b>	25,8%	27,4%	25,8%	17,7%
Undergo commission examination	Number	<b>50</b>	13	13	14	10
	% of the total number	<b>80,6%</b>	21,0%	21,0%	22,6%	16,1%
Sign therapy contract	Number	<b>39</b>	12	12	8	7
	% of the total number	<b>62,9%</b>	19,4%	19,4%	12,9%	11,3%
Bring along a family member	Number	<b>47</b>	15	13	9	10
	% of the total number	<b>75,8%</b>	24,2%	21,0%	14,5%	16,1%
Include the family in the treatment	Number	<b>38</b>	12	13	3	10
	% of the total number	<b>61,3%</b>	19,4%	21,0%	4,8%	16,1%
Be older than 18	Number	<b>36</b>	12	12	5	7
	% of the total number	<b>58,1%</b>	19,4%	19,4%	8,1%	11,3%
Be older than 16	Number	<b>5</b>	1	0	2	2
	% of the total number	<b>8,1%</b>	1,6%	0,0%	3,2%	3,2%
Have unsuccessful attempts for dry detoxification	Number	<b>22</b>	6	6	9	1
	% of the total number	<b>35,5%</b>	9,7%	9,7%	14,5%	1,6%
Pay for admission	Number	<b>17</b>	1	0	12	4
	% of the total number	<b>27,4%</b>	1,6%	0,0%	19,4%	6,5%
No requirements	Number	<b>1</b>	0	1	0	0
	% of the total number	1,6%	0,0%	1,6%	0,0%	0,0%

Table 6.1. shows that the inclusion of the family in the treatment is frequently given as a precondition for admission, which is a limiting factor for many individuals seeking treatment, but also an additional burden for patients' families.

For patients treated for drug dependence at the PHI University Clinic for Toxicology a great burden are the costs for hospitalization for the buprenorphine induction, which are paid at the end of the induction period

which may last from seven to ten days, and later the costs for providing buprenorphine from pharmacies which they buy with their own budget.

Separate limitations exist for admission to treatment of minor patients, because drug dependence treatment programs included in the community based monitoring have no adequate system for admission and treatment of persons below the age of 18, and generally there are no possibilities to treat people younger than 16.

At the time of admission of new patients, and/or their parents are explained the rights and obligations within the drug dependence treatment program. Still, it seems that that system does not work very well because most interviewees do not remember or claim they were not interested in their rights and obligations, i.e. it only mattered that they are admitted for treatment. Table 6.2. presents the statements of interviewees included in the monitoring for the available information regarding their rights and obligations at the time of admission at drug dependence treatment programs. On the other hand, patients and parents of patients treated with buprenorphine substitution therapy complain that nobody ever explained to them the characteristics of buprenorphine as a medication and what they can expect from the treatment, and that they had to seek additional information by themselves, most often via the internet.

Table 6.2.: Provided information on the rights and obligations when admitting patients for treatment in the drug dependence treatment programs

		Total	Methadone in „Kisela Voda“ (Low threshold)	Methadone in „Kisela Voda“ (High threshold)	Methadone in Clinical centre	Buprenorphine at the Toxicology clinic
Yes	Number	9	2	1	1	5
	% of the total number	14,5%	11,8%	5,6%	6,3%	45,5%
Yes, but I didn't understood anything	Number	1	0	0	1	0
	% of the total number	1,6%	,0%	,0%	6,3%	,0%
Yes, but it wasn't important to me	Number	13	4	3	3	3
	% of the total number	21,0%	23,5%	16,7%	18,8%	27,3%
They offered, but I didn't want to listen	Number	1	0	0	1	0
	% of the total number	1,6%	,0%	,0%	6,3%	,0%
It was only important to me to admit me into the program	Number	15	2	9	4	0
	% of the total number	24,2%	11,8%	50,0%	25,0%	,0%
They only gave me written explanation	Number	3	2	0	0	1
	% of the total number	4,8%	11,8%	,0%	,0%	9,1%
No	Number	14	6	4	3	1
	% of the total number	22,6%	35,3%	22,2%	18,8%	9,1%
They explained to a member of my family	Number	3	0	1	1	1
	% of the total number	4,8%	,0%	5,6%	6,3%	9,1%
I don't know	Number	3	1	0	2	0
	% of the total number	4,8%	5,9%	,0%	12,5%	,0%

<b>TOTAL</b>	<b>Number</b>	<b>62</b>	<b>17</b>	<b>18</b>	<b>16</b>	<b>11</b>
	<b>% of the total number</b>	<b>100,0%</b>	<b>27,4%</b>	<b>29,0%</b>	<b>25,8%</b>	<b>17,7%</b>

When admitting patients for treatment they sign a therapy contract with institutions carrying out the programs in Skopje, but during treatment they cannot refer back to the provisions of this contract because they do not get a copy of it and do not know what its content is. Out of 62 interviewees, 35 interviewees (56,5%) claim that they did not receive a copy of the therapy contract which they signed at the time of admission in the dependence treatment program, 23 interviewees (37,1%) do not know whether they received a copy of the contract, 4 interviewees (6,1%) state that they received such a contract, but 1 (1,6%) of these four states that he did not read the copy of the contract he received.

Naturally, drug dependence treatment programs cannot be considered fully responsible for the lack of information among uninterested and indifferent patients, but as given in detail in chapter 4.1.2.4., the Law on Protection of Patients' Rights<sup>143</sup> insists that information is provided in a manner fully understandable to each patient separately.

### **Access to additional information on the rights, obligations and treatment protocols during the whole duration of the treatment**

Regardless whether patients were informed about the manner of treatment at the time of admission to the drug dependence treatment programs in Skopje, during treatment they should be able to get additional information about their rights, obligations and the treatment protocol. Patients most often can receive this information from psychiatrists (6=47 interviewees; 75,8%), nurses (6=29; 46,8%), social workers (6=24; 38,7%) and psychologists (6=21; 33,9%), but not from a legal counselor, as foreseen in articles 44, 45 and 46 of the Law on Protection of Patients' Rights<sup>144</sup>. This particularly refers to PHI University Clinic for Toxicology, which, according to article 45 of the stated Law, as a health institution that accommodates patients is obliged to appoint a counselor for the protection of patients' rights from the employees from the Ministry of health.

The lack of legal counselors in dependence treatment programs was also confirmed by the interviewees included in the monitoring of which only 4 (6,5%), out of 62, stated that there is a free legal aid within the program for dependences in which they are treated. The lacks in the legal system are filled in with free of charge legal counseling, which people with dependences get from associations of citizens who advocate for their rights.

Providing information regarding the rights, obligations and protocol for the treatment by people who are not legally educated increases the dissatisfaction from the received information. Out of the 62 interviewees, satisfied were only 17 interviewees (27,4%), partially satisfied were 29

<sup>143</sup> Official Gazette of the Republic of Macedonia, no. 82/08 и 53/2011, Law on Protection of Patients' Rights.

<sup>144</sup> Ibid.

interviewees (46,8%), dissatisfied were 8 interviewees (12,9%), and 8 interviewees (12,9%) don't know or have no answer. Additional dissatisfaction was expressed because of the unkindness, i.e. the manner in which the information on the rights and obligations of patients and regarding the treatment protocol were provided. Out of a total of 62 interviewees, 17 interviewees (27,4%) state that information providers are only sometimes kind, 9 interviewees (14,5%) rarely find the information providers kind, 3 interviewees (4,8%) are completely dissatisfied by the lack of kindness from information providers, while 7 interviewees (11,3%) have no position on this. Of course, the interviewees (6=26; 41,9%) who are completely satisfied with the manner in which information is provided to them are far from neglectible, but dissatisfied interviewees point to the need for improving the manner of information providing and the relation towards patients in the drug dependence treatment programs.

### **Multidisciplinary and comprehensive approach to the treatment of drug dependent persons**

According to the statements of interviewees included in this community based monitoring, as shown in the table 6.3., the treatment of their drug dependence depends mostly on the psychiatrists and nurses employed in the drug dependence treatments, while general physicians, social workers and psychologists are less involved. This points out to the dominantly medical approach in the treatment of dependences and not keeping to the recommendations from the WHO for a comprehensive multidisciplinary approach to the drug dependence treatment programs <sup>145</sup>.

On the other hand, taking into account the fact that nine interviewees (14,5%) treated at the PHI University Clinic for Toxicology stated that their treatment involves a psychiatrist, indicates the possibility that patients are not sufficiently aware of the professional profile of the persons directly involved in their treatment. Namely, the buprenorphine substitution therapy program has no psychiatrist engaged and the patients can be consulted with one outside the treatment only with a referral which they would get only upon a personal request. Interviewees are not sure about the professional profile of persons involved in their treatment which is confirmed in the CSC, where it is clearly noticed that most interviewees are confused when talking about the expertise of people engaged in the drug dependence treatment programs.

Concerning the lack of neuropsychiatry or psychiatry specialist, in the program for substitution therapy with buprenorphine, it can be concluded that this program does not fulfill the conditions for work foreseen in the Rulebook for staffing of health institutions<sup>146</sup>, which is described in detail in chapter 4.1.4. Maybe this is a cost saving action of the PHI University Clinic for Toxicology, but patients are deprived of the support by a psychiatrist who would be an expert on the substitution therapy with buprenorphine.

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<sup>145</sup> World Health Organization. Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva: WHO, 2009, page 8.

<sup>146</sup> Official Gazette of the Republic of Macedonia, no. 32/2011, Rulebook on amending the Rulebook for the premises, equipment and staffing for establishing and operating of health institutions.

Table 6.3.: Experts included in the treatment of drug dependent persons

		<b>Total</b>	Methadone in „Kisela Voda“ (Low threshold)	Methadone in „Kisela Voda“ (High threshold)	Methadone in Clinical centre	Buprenorphine at the Toxicology clinic
Doctor – psychiatrist	Number	<b>55</b>	16	17	13	9
	% of the total number	<b>88,7%</b>	25,8%	27,4%	21,0%	14,5%
General physician	Number	<b>6</b>	2	0	0	4
	% of the total number	<b>9,7%</b>	3,2%	0,0%	0,0%	6,5%
Nurse	Number	<b>49</b>	16	13	11	9
	% of the total number	<b>79,0%</b>	25,8%	21,0%	17,7%	14,5%
Psychiatrist	Number	<b>36</b>	13	9	9	5
	% of the total number	<b>58,1%</b>	21,0%	14,5%	14,5%	8,1%
Social worker	Number	<b>32</b>	12	13	4	3
	% of the total number	<b>51,6%</b>	19,4%	21,0%	6,5%	4,8%
Security	Number	<b>6</b>	2	2	2	0
	% of the total number	<b>9,7%</b>	3,2%	3,2%	3,2%	0,0%
Don't know	Number	<b>1</b>	1	0	0	0
	% of the total number	<b>1,6%</b>	1,6%	0,0%	0,0%	0,0%
Not answered	Number	<b>2</b>	0	0	2	0
	% of the total number	<b>3,2%</b>	0,0%	0,0%	3,2%	0,0%

Drug dependence treatment programs in Skopje lack psychosocial support, group therapy and working therapy. Out of a total of 62 interviewees, only 7 interviewees (11,3%) confirmed that there is a psychosocial support in the programs where they are treated, while remaining 55 interviewees (88,7%) don't know at all or claim that such support does not exist. The existence of group therapy was confirmed by only 17 interviewees (27,4%), and work therapy was witnessed by only 1 interviewee (1,6%). The dependence treatment programs offer no possibilities for activities for creative expression as well, although there were patients with such affinities, who considered that creative activities would help them in their rehabilitation and resocialization.

The lack of a comprehensive multidisciplinary approach to treatment, based on needs and abilities of patients, indicates to inconsistency in the carrying out of activities foreseen with the legislation, described in detailed in chapter 4. These circumstances cause dissatisfaction among patients who, on the other hand, don't have much choice and possibilities for treatment for drug dependence within the health system in the Republic of Macedonia. That is why it is not surprising that only 15 interviewees (24,2%) agree that the dependence program is carried out completely according to an established treatment protocol, 12 interviewees (19,4%) think that the protocol is only partially implemented, while the other 47 interviewees (56,4%) think that the

protocol for treatment is not applied at all, they don't know whether it is applied or not or think that there is no protocol for treatment at all.

The inconsistency in the implementation of the protocol for treatment of people dependent on drugs is also noticeable in counseling for HIV/AIDS, hepatitis B and C and tuberculosis. Out of a total of 62 interviewees, 26 interviewees (41,9%) confirmed that there is no HIV/AIDS or Hep B/C counseling in their drug dependence treatment program, while 24 interviewees (38,7%) confirmed the existence of such counseling, as for tuberculosis, too. The number of interviewees (6=22; 35,5%) who do not know whether there are options for such counseling are not negligible, but also for interviewees who did not answer the question (6=13; 21%). The drug dependence treatment programs decrease the risk of HIV/AIDS, hepatitis B and C and tuberculosis, but do not completely remove it, especially because of the possibility of relapse, sexual behavior and the low economic status of part of the patients.

### **Quality of the methadone pharmacotherapy as assessed by treated patients**

Treatment with substitution therapy with methadone is completely free, but most interviewees doubt the quality of the medication and the possibility that some of the employees at the treatment program shortchange their prescribed dose. Out of a total of 51 interviewees, who are treated with methadone for their drug dependence, 17 interviewees (33,3% of the interviewees on methadone therapy) have stated that their daily dose of the medication is sufficient for the successful maintenance/treatment, while 34 interviewees (66,7% of the interviewees on methadone therapy) complained that despite the pharmacotherapy, they often experience abstinence crises. Abstinence crises are the cause for expressing doubt in the quality of pharmacotherapy, the dosage and the corruption of part of the employees at the treatment programs. Thus, 39 interviewees (62,9% of the interviewees on methadone therapy) complain on the quality of methadone from the current producer, and 47 interviewees (92,2% of the interviewees on methadone therapy) believe that methadone is mixed with water in order to decrease their prescribed dose. The alleged confirmation for decreasing their therapy dosage is provided by patients who were serving prison sentence. They claim that methadone they received in prison, although from the same producer, was of higher quality than the one they receive in programs included in the community based monitoring. Interviewees covered with the CSC, especially those who receive weekly therapy, complain that the container is of low quality and their methadone leaks out. Still, in the assessment of quality of the treatment a dose of self-criticism is noticeable, especially through the admission that there are cases of misuse of the therapy by some patients.

The contradictory attitudes and information on the quality of pharmacotherapy and the manner of dosing opens the possibility for intentional creation of urban myths, attitudes and practices among patients via which the image of the methadone substitution therapy programs in Skopje would be diminished. The foundedness of doubts and beliefs about the quality of pharmacotherapy and the possibility for shortchanging their

prescribed dose is rejected by competent persons at the Bureau for medications, who claim that the quality of pharmacotherapy and the manner of dosing are strictly and specifically controlled and there is no possibility for any misuse. Still, this does not mean that there should not exist greater transparency when assessing the quality of pharmacotherapy, not only towards dismantling these myths, but also for the prevention of possible relapses, especially if we take into consideration that most interviewees (6=37; 72,5% of the interviewees on methadone therapy) state this as one of the main justifications for their relapses so far.

### **Quality of the buprenorphine pharmacotherapy as assessed by treated patients**

Substitution therapy with buprenorphine starts with induction (introduction) which lasts seven to ten days and is carried out in hospital conditions. During the induction, patients receive buprenorphine for free, but pay for the hospital services, which are calculated depending on the days needed for inducing buprenorphine and the provided additional therapy. After the successful induction, what follows is a three-month test period during which patients buy buprenorphine from pharmacies with a prescription they have been provided by the doctor in charge, but with their own funds, and come to scheduled controls at the PHI University Clinic for Toxicology. If during this three-month period they prove that they haven't relapsed, they acquire the right to receive the pharmacotherapy for free from the PHI University Clinic for Toxicology.

Interviewees included in this community based monitoring confirm the quality of buprenorphine (6=10; 90,9% out of a total of 11 interviewees using buprenorphine therapy).

### **Issuing therapy to patients hospitalized in other clinics**

The drug dependence treatment programs in Skopje have established a system for regular distribution of therapy to patients who are hospitalized in other health institutions or on home treatment due to another illness or medical condition. Thus, 10 (16,1%), out of a total of 62 interviewees, said that they regularly received therapy while hospitalized in another clinic due to treatment of another condition. Interviewees included in the CSC explain that dependence treatment programs usually meet the needs of patients, who because of their health conditions cannot collect their therapy by themselves. In such cases, employees from the programs distribute therapy to homes of these patients or to clinics where they are hospitalized.

Staff from competent institutions confirm that patients hospitalized in other hospitals have the possibility to receive their pharmacotherapy uninterrupted, but point out that the achievement of this right is limited when being hospitalized at the PHI Psychiatric Hospital "Skopje", because the hospital is forced to cover the required methadone with own means, while other health institutions receive it from the Centre for drug abuse and dependence prevention and treatment in Kisela Voda. The lack of funds for methadone pharmacotherapy may influence the decision when indicating the



need for admission of patients with co morbid conditions who are using methadone substitution therapy.

### **Respecting the rights of patients in dependence treatment programs**

In the drug dependence treatment programs there is no favorization of patients based on ethnic, religious or gender stereotypes. More privileged are considered only those few ones who have developed closer relations with the employees in the dependence programs, but this is more of a cultural feature of the population in Macedonia<sup>147</sup>, just as in most Balkans peoples, than a characteristic specific to the dependence programs.

### **Treatment of pregnant and minor patients**

Existing drug dependence treatment programs in Skopje are not fully adapted for the appropriate treatment of pregnant patients and minors dependent on drugs.

Only 14 (23%), of a total of 62 interviewees, stated that pregnant patients in dependence programs receive regular treatment for their pregnancy related needs. According to the interviewees covered by CSCs, the relation towards pregnant patients depends more on the human factor, than on a previously established protocol.

Only 11 (17,7%), of a total of 62 interviewees, think that minor drug dependent patients receive completely appropriate treatment within the drug dependence treatment programs. Interviewees included in the CSC explain that they have not noticed any minor patients in drug dependence programs included in the community based monitoring, but even if there are minor patients they are almost unnoticeable in relation to patients above the age of 18, and there is hardly a specifically defined treatment protocol for them. This is not surprising at all because as was explained in chapter 4.1.3., existing legal documents have still not been harmonized with current drug using trends among minors in Macedonia, especially of persons below the age of 16.

### **Representation of the rights and interests of patients within dependence treatment programs**

Within the dependence treatment programs there is no active self-organization of patients for their rights. Part of the interviewees included with the CSC state an example of self-organized activity of patients on methadone programs in the period when monitoring was performed, but that passed unnoticed by most other patients. This is also visible in the fact that half of the interviewees (6=37; 59,7%) stated that patients of dependence programs do not have their representatives who stand for their rights and interests before the employees in drug dependence programs, and 12 interviewees (19,4%) do not know who represents their rights. Only a small number of interviewees (6=7; 11,3%) know that there are representatives who stand for

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<sup>147</sup> Keith Brown. Introduction to Chapter 4. In: *Transacting Transition: The Micropolitics of Democracy Assistance in the Former Yugoslavia*, Keith Brown, ed., pp. 69-72. Bloomfield: Kumarian Press, Inc., 2006, page 70-72.

their rights and interests, but do not know them and think that they are not active enough and remain unnoticed by the employees in the dependence treatment programs. Stated data indicate to the assumption that patients in dependence programs have no initiative for representing their own rights and interests, although there is need for such activities.

## 7. Relations between employees and patients in drug dependence treatment centers in Skopje

Results shown in this chapter are based on CRC3 and CSC.<sup>148</sup>

### Assessment on the relation between employees and patients in the drug dependence treatment programs

According to information shown in table 7.1. and according to interviewees included in the CSC, relations between employees and patients in the drug dependence treatment programs are not satisfactory. Interviewees of all dependence treatment programs included in this community based monitoring complain on the arrogant attitude of part of the employees in the dependence treatment programs, although there are praises for a fewer number of the employees. Most complaints come for the behavior of some nurses, but also praises for other nurses, which leads to the assumption that patients are most often in contact with nurses from the programs.

Table 7.1.: Assessment of the attitude of employees towards patients in the drug dependence treatment programs

			Assessment of the attitude towards patients						
	Number of interviewees	Total	1	2	3	4	5	Does not exist in the program	Not answered
Psychiatrists	Number	59	1	14	13	22	5	3	1
	% of the total number	100%	1,7%	23,7%	22,0%	37,3%	8,5%	5,1%	1,7%
General physicians	Number	59	1	9	6	5	0	5	33
	% of the total number	100%	1,7%	15,3%	10,2%	8,5%	0,0%	8,5%	55,9%
Nurses	Number	59	3	5	18	20	13	0	0
	% of the total number	100%	5,1%	8,5%	30,5%	33,9%	22,0%	0,0%	0,0%
Psychologists	Number	59	7	7	6	19	9	7	4
	% of the total number	100%	11,9%	11,9%	10,2%	32,2%	15,3%	11,9%	6,8%
Social workers	Number	59	7	7	5	16	13	7	4
	% of the total number	100%	11,9%	11,9%	8,5%	27,1%	22,0%	11,9%	6,8%

<sup>148</sup> The meaning of CRC and CSC is explained in „Abbreviations“ and in the chapter „Methodology“.

Security	Number	59	3	11	13	14	9	1	8
	% of the total number	100%	5,1%	18,6%	22,0%	23,7%	15,3%	1,7%	13,6%

### **General assessment of the attitude of patients towards employees in the dependence treatment program based on statements of interviewees included in the community based monitoring**

Despite criticisms for the relation of employees towards patients in the drug dependence treatment programs, interviewees state self-criticisms for their behavior towards employees in dependence treatment programs. Results shown in the table 7.2. demonstrate that patients do not show full respect towards employees in dependence treatment programs.

Table 7.2.: General assessment of the relation of patients towards employees in dependence treatment programs

		TOTAL	Yes	No	Only partially	Does not exist in my program	I don't know
Do you respect the psychiatrists?	Number	<b>59</b>	6	14	31	3	5
	% of the total number	<b>100%</b>	10,2%	23,7%	52,5%	5,1%	8,5%
Do you respect the general physicians?	Number	<b>59</b>	3	8	11	32	5
	% of the total number	<b>100%</b>	5,1%	13,6%	18,6%	54,2%	8,5%
Do you respect the nurses?	Number	<b>59</b>	11	7	36	1	4
	% of the total number	<b>100%</b>	18,6%	11,9%	61,0%	1,7%	6,8%
Do you respect the psychologists?	Number	<b>59</b>	13	14	19	3	10
	% of the total number	<b>100%</b>	22,0%	23,7%	32,2%	5,1%	16,9%
Do you respect the social workers?	Number	<b>59</b>	13	13	20	3	10
	% of the total number	<b>100%</b>	22,0%	22,0%	33,9%	5,1%	16,9%
Do you respect the security?	Number	<b>59</b>	5	8	37	6	3
	% of the total number	<b>100%</b>	8,5%	13,6%	62,7%	10,2%	5,1%

### **Possibilities for improvement of the relations between employees and patients in the drug dependence treatment programs**

Despite previously provided results, most interviewees included in the community based monitoring (6=53; 89,8%) believe that relations between employees and patients in drug dependence treatment programs may improve. It is interesting that most of those who believe in this improvement (6=38; 64,4%) demonstrate a high dose of self-criticism, stating that for the

improvement of relations both patients and employees should make efforts. Only 5 interviewees (8,5%) are skeptical for the improvement of relations between employees and patients in dependence programs, and 1 interviewee (1,7%) has no attitude on the question.

Based on the proposals for the improvement of the relations between employees and patients in drug dependence treatment programs, shown in table 7.3., it is noticeable that interviewees find it most important that employees demonstrate more understanding for the patients. No less important proposal is the need for additional education of employees. Here it is important to point out that interviewees included in the CSC think that the employees from the PHI University Clinic for Toxicology hold to the attitude that dependence can be cured only with pharmacotherapy and strong will and do not try to introduce a more comprehensive multidisciplinary approach to treatment. Important recommendation for the improvement of relations is the decreasing staff's load by distributing part of the patients in new centers and employing more professionals from different fields.

Table 7.3.: Proposals for improvement of the relations between employees and patients in drug dependence treatment programs

		<b>Total</b>	Methadone in „Kisela Voda“ (Low threshold)	Methadone in „Kisela Voda“ (High threshold)	Methadone in Clinical centre	Buprenorphine at the Toxicology clinic
Engage more physicians	Number	<b>19</b>	4	6	5	4
	% of the total number	<b>32,2%</b>	6,8%	10,2%	8,5%	6,8%
Engage more nurses	Number	<b>13</b>	5	5	1	2
	% of the total number	<b>22,0%</b>	8,5%	8,5%	1,7%	3,4%
Engage more psychologists	Number	<b>7</b>	1	3	2	1
	% of the total number	<b>11,9%</b>	1,7%	5,1%	3,4%	1,7%
Engage more social workers	Number	<b>6</b>	1	2	2	1
	% of the total number	<b>10,2%</b>	1,7%	3,4%	3,4%	1,7%
Security should behave more professionally	Number	<b>22</b>	5	7	10	0
	% of the total number	<b>37,3%</b>	8,5%	11,9%	16,9%	0,0%
Employees should behave friendlier	Number	<b>32</b>	8	11	6	7
	% of the total number	<b>54,2%</b>	13,6%	18,6%	10,2%	11,9%
Employees should have more understanding for employees	Number	<b>49</b>	15	17	9	8
	% of the total number	<b>83,1%</b>	25,4%	28,8%	15,3%	13,6%
Educate employees	Number	<b>46</b>	15	17	5	9
	% of the total number	<b>78,0%</b>	25,4%	28,8%	8,5%	15,3%
Employees should respect us more	Number	<b>38</b>	12	14	6	6
	% of the total number	<b>64,4%</b>	20,3%	23,7%	10,2%	10,2%

Part of the patients should be reassigned to new centers	Number	<b>41</b>	16	15	8	2
	% of the total number	<b>69,5%</b>	27,1%	25,4%	13,6%	3,4%
Don't know	Number	<b>1</b>	0	0	1	0
	% of the total number	<b>1,7%</b>	0,0%	0,0%	1,7%	0,0%

### Assessment of the expertise of employees from drug dependence treatment programs

According to the data presented in table 7.4., interviewees included in the monitoring are not very satisfied with the expertise of employees of the drug dependence treatment programs, but still the average grade ranges from three and four, which leaves space for conclusion that interviewees are not completely dissatisfied from the expertise of employees of the dependence programs.

Table 7.4.: Assessment of the expertise of employees in the drug dependence treatment programs

		Total	1	2	3	4	5	Does not exist in my program
Psychiatrists	Number	<b>59</b>	2	9	19	<b>24</b>	4	1
	%	<b>100%</b>	3,4%	15,3%	32,2%	<b>40,7%</b>	6,8%	1,7%
General physicians	Number	<b>59</b>	0	11	9	5	0	<b>34</b>
	%	<b>100%</b>	0,0%	18,6%	15,3%	8,5%	0,0%	<b>57,6%</b>
Medical nurses	Number	<b>59</b>	0	5	<b>25</b>	24	5	0
	%	<b>100%</b>	0,0%	8,5%	<b>42,4%</b>	40,7%	8,5%	0,0%
Psychologists	Number	<b>59</b>	0	14	5	<b>28</b>	7	5
	%	<b>100%</b>	0,0%	23,7%	8,5%	<b>47,5%</b>	11,9%	8,5%
Social workers	Number	<b>59</b>	0	13	6	<b>24</b>	11	5
	%	<b>100%</b>	0,0%	22,0%	10,2%	<b>40,7%</b>	18,6%	8,5%
Security	Number	<b>59</b>	2	17	8	<b>19</b>	5	8
	%	<b>1</b>	3,4%	28,8%	13,6%	<b>32,2%</b>	8,5%	13,6%

### Proposals of interviewees included in the community based monitoring for improvement of the expertise of employees at the drug dependence treatment programs

The most frequent proposal for improvement of the expertise of employees at the drug dependence treatment programs by interviewees is the need for additional trainings (6=52; 88,1%), but they also add that employees should pay more attention to patients' remarks (6=49; 83,1%), and 42 interviewees (71,2%) think that employees should continuously read

publications related to their field of work. Still, the number of interviewees (n=22; 37,3%) who think that employees should be punished by their lack of expertise is not small, and many interviewees (n=17; 28,8%) think that some employees at the centers for dependences will never improve.

## 8. Conclusions

The right to treatment falls in the group of economic, social and cultural human rights as opposed to political and civil rights<sup>149</sup>, but the right to treatment should not be deemed a separate right, because it is tightly connected to other rights, which further emphasizes the inter-connection and inseparability of human rights.<sup>150</sup>

The Republic of Macedonia is a signatory of: the Universal Declaration of Human Rights, article 25, from 1948<sup>151</sup>, International Covenant on the Economic, Social and Cultural rights, article 12, from 1966<sup>152</sup>, Convention on the elimination of all forms of discrimination against women, article 12, from 1979<sup>153</sup>, Convention on the rights of the child, article 24, from 1989<sup>154</sup>, European Social Charter, article 11, from 1961<sup>155</sup> and according to article 118 of the Constitution<sup>156</sup> has the obligation to directly apply these provisions.

The right to treatment is a constitutional right guaranteed with the Constitution of the Republic of Macedonia,<sup>157</sup> and is regulated by the Law on Health Protection, which also guarantees the timely and effective treatment and rehabilitation by applying expertise medical measures, activities and procedures to all.<sup>158</sup> One of the basic principles of the Law on Protection of Patients' Rights is the accessibility to health services for all patients equally without discrimination.<sup>159</sup>

The drug dependence treatment programs in Skopje are intended, above all, for opiate/opioid dependent adults. There are no programs adapted to the treatment of opiate/opioid dependent minors, especially not for individuals below the age of 16. There are no programs for the treatment of drugs

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<sup>149</sup> Kluwer Law International. Economic, Social and Cultural Rights. Alphen aan den Rijn: Kluwer Law International, 2011.

<sup>150</sup> United Nations. United Nations World Conference on Human Rights, Vienna Declaration and Programme of Action, UN doc. A/CONF.157/23, 12 July 1993, Part I. Geneva: UN, 1993.

<sup>151</sup> United Nations. 1948. Universal declaration of human rights.

<sup>152</sup> United Nations. Universal declaration of human rights. Geneva: UN, 1948.

<sup>153</sup> United Nations. Convention on Elimination of All forms of Discrimination Against Women. Geneva: Office of the United Nations High Commissioner for Human Rights, 1979.

<sup>154</sup> United Nations. Convention on the rights of the child. Geneva: Office of the United Nations High Commissioner for Human Rights, 1989.

<sup>155</sup> Council of Europe. European Social Charter. Strasbourg: Council of Europe, 1961.

<sup>156</sup> Official Gazette of the Republic of Macedonia, no. 52/1991, Constitution of the Republic of Macedonia .

<sup>157</sup> Official Gazette of the Republic of Macedonia, no. 52/1991, Constitution of the Republic of Macedonia, article 39.

<sup>158</sup> Official Gazette of the Republic of Macedonia, no. 38/1991, 46/1993, 55/1995, 10/2004, 84/2005, 111/2005, 65/2006, 5/2007, 77/2008, 67/2009, 88/2010, 44/2011 and 53/2011, Law on Health Protection, articles 2 and 3.

<sup>159</sup> Official Gazette of the Republic of Macedonia, no. 82/08 и 53/2011, Law on Protection of Patients' Rights, article 3 paragraph 3 line 1.

dependent persons that do not fall into the group of opiates/opioids funded by the budget of the Republic of Macedonia.

Programs for the treatment with methadone substitution therapy included in the community based monitoring are closed for admission of new patients, i.e. they only admit patients transferred from prisons. From ca. 3.600 persons from Skopje who inject drugs<sup>160</sup>, more than 3.000 don't have the possibility to be treated in the drug dependence treatment programs in Skopje, as a result of the limited possibilities/capacities of existing programs financed by the budget of the Republic of Macedonia.

Treatment in drug dependence treatment programs included with this community based monitoring is performed completely free of charged for the methadone substitution therapy. During buprenorphine substitution therapy, the pharmacological therapy is free of charge in the period of induction, which lasts from seven to ten days, when hospital charges are paid by the patient. Further into the treatment, the following month to three, patients buy buprenorphine with own funds, with a prescription, and if they do not relapse, after the expiry of this period, the pharmacological therapy becomes free.

Possibilities for access to drug dependence treatment programs are limited, especially because of the unadjustment of the opening hours of the programs with the habits and needs of patients, but also due to the distance from patients' homes to treatment programs, which creates additional costs for transport.

The facilities and surrounding of the drug dependence treatment programs do not provide the appropriate conditions for the proper carrying out of the treatment, especially lacking are furnished waiting rooms, toilets, and premises for additional therapeutic activities. In certain programs, no appropriate level of hygiene is maintained both for the facilities and the surrounding, for which responsible are partially patients themselves.

Pharmacological therapy is issued in places without the sufficient discretion and there is a potential to uncover the identity of the patients to the wider community.

The lack of appropriate conditions for access for disabled persons is compensated with the additional engagement of employees in dependence treatment programs.

Treatment for drug dependence is carried out voluntarily, upon the request of persons who want to be treated.

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<sup>160</sup> Kuzmanovska and Mikikj, Bio-behavioral study among drug injecting persons and assessment of the number of persons injecting drugs in Macedonia (Гордана Кузмановска и Владимир Микиќ, Биобихејвиорална студија помеѓу лицата кои инјектираат дроги и проценка на бројот на лицата кои инјектираат дроги во Македонија), 2010. Skopje: Institute for Public Health, 2011.



In line with the protocol for the procedure for admission to a methadone treatment, in addition to the assessment of the history and clinical assessment, people seeking treatment for drug dependence must also submit results from urine and blood tests (liver function tests, blood tests etc.), which, in practice, means delivering HIV test results.<sup>161</sup> At the time when this document was compiled there was still no officially published protocol for the treatment of substitution therapy with buprenorphine, but for admission into that treatment program, the same tests were requested.

Patients were not sufficiently familiarized with their own rights and obligations when in drug dependence treatment program because they do not listen carefully to the compulsory explanations they are provided at the beginning of the treatment, but also because they do not receive a copy of the therapy contract which they must sign to enter the program.

The explanation for the characteristics of buprenorphine and the manner of treatment with buprenorphine does not satisfy the criteria foreseen in the Law on Protection of Patients' Rights.<sup>162</sup>

Patients have access to additional information regarding their treatment, rights and obligations in dependence programs, but information they get receive is not always complete and appropriately provided. Patients feel that part of the employees in dependence programs have animosity towards them.

The drug dependence treatment programs apply dominantly medical approach in the treatment of dependences and do not comply to the recommendations of the WHO for a comprehensive multidisciplinary approach in the drug dependence treatment programs<sup>163</sup>. The activities for psychosocial support, working therapy and creative expression, are insufficient or don't exist at all, although they would provide possibilities for resocialization of patients, and there is need for such activities.

The doubts about the quality of methadone, the containers in which it is distributed and the manner of dosing set the preconditions for misuse of the pharmacotherapy. On the other hand, in the lack of an appropriate audit, with representatives of the patients, it's possible for these circumstances to become fertile ground for the creation of myths about the low quality of the pharmacological therapy towards undermining the program and misusing the medication.

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<sup>161</sup> Official Gazette of the Republic of Macedonia, no. 36/2012, Guidelines for methadone administration in the treatment of opioid dependence, page 48.

<sup>162</sup> Official Gazette of the Republic of Macedonia, no. 82/08 и 53/2011, Law on Protection of Patients' Rights, article 7, paragraph 1, point 3.

<sup>163</sup> World Health Organization, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva: WHO, 2009, page 8.

Patients hospitalized in other hospitals, except the PHI Psychiatric Hospital "Skopje", or patients who are treated in domestic conditions from other illnesses, regularly receive therapy from the program in which they are treated for drug dependence.

In the drug dependence treatment programs in Skopje there is no discrimination on the basis of ethnical, religious, racial or political grounds, but certain patients are privileged because of personal or family acquaintances and contacts with employees in the programs.

In the drug dependence treatment programs in Skopje there are no special circumstances for the treatment of dependence among pregnant women and minors in addition to the fact that their treatment has been foreseen by the National drugs strategy of the Republic of Macedonia (2006-2012).<sup>164</sup>

In the drug dependence treatment programs in Skopje there is a lack of legal counseling for patients, although the engagement of such a professional is foreseen with the Law on Protection of Patients' Rights,<sup>165</sup> nor do they have active representatives of the community who would stand up for their rights before the employees at the drug dependence treatment programs.

Patients are not well acquainted with the field of profession of employees at the drug dependence treatment programs.

Patients doubt the professionalism of employees in the drug dependence treatment programs, especially due to the impression of the dominantly medical approach of the treatment, without the applying a multidisciplinary approach in the work.

Patients in the drug dependence treatment programs in Skopje think that employees in dependence programs in Skopje should continuously build on their knowledge and expertise to successfully perform their jobs, and this may be achieved by attending trainings, reading additional literature and listening to the needs and remarks of the patients.

Relations between patients and employees at the drug dependence treatment programs in Skopje are not satisfactory and this causes dissatisfaction among patients, who think that employees should be more understanding of their needs and remarks because patients can also contribute to improvement of the quality of drug dependence treatment programs.

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<sup>164</sup> Ministry of Health, National Drugs Strategy of the Republic of Macedonia (2006-2012), page 9. Ministry of Health, Program for health care of persons with substance use disorders in the Republic of Macedonia for 2011.

<sup>165</sup> Official Gazette of the Republic of Macedonia, no. 82/08 и 53/2011, Law on Protection of Patients' Rights, articles 44 and 45.

## **9. Recommendations**

### **Recommendations related to drug dependence treatment programs**

Emphasizing the need for defining high quality policies for treatment of drug dependences and respecting the adopted legal provisions, strategies and plans.

Harmonizing the policies for drug dependence treatment with other national and local policies that concern the treatment of drug dependences. This recommendation, above all, means more intensive interdepartmental cooperation that includes the Ministry of Health, Ministry of Labor and Social Policy, Ministry of Interior, Ministry of education and science, City of Skopje and the municipalities in Skopje, but does not exclude the possibility to include other political factors that directly or indirectly may contribute to the treatment for drug dependence dependences.

Emphasizing the need for mutual cooperation among all stakeholders for creating high quality system for treatment, resocialization and rehabilitation of drug dependent persons, as a precondition for the building of effective programs for the treatment of drug dependences. This recommendation, above all, means more intensive interdepartmental cooperation which would include policy makers, medical staff, social workers, psychologist, representatives from the community, citizens' organizations and other professionals.

Emphasizing the need of patients who are treated with the dependence programs, to be accepted as equal and mature partners in the efforts of creating high quality system for treatment, resocialization and rehabilitation of drug dependent persons.

The creation of a system for proper familiarization of patients with the type and manner of treatment and with their rights and obligations in the drug dependence treatment programs and creation of a system for effective monitoring and the manner of achievement of the rights of patients in drug dependence treatment programs.

Improvement of the availability to professional services and counseling of patients in dependence treatment programs. Improvement of the communication between employees and patients regarding any issues of importance for the successful and quality treatment.

Creation of a system for the continuous control of the quality of pharmacotherapy and the whole treatment. It is desirable that this system also involves representatives of patients treated in the specific drug dependence programs.

Finding a way to implement completely free programs for drug dependence treatment, based on the needs and possibilities of people who have the need to be treated for drug dependence, by increasing the motivation for treatment and by including in the treatments as many drug using persons as possible. It is desirable when putting efforts into finding funds for introducing completely free drug dependence treatments to refer to existing laws, strategic documents, experience and knowledge. Additionally, it is desirable to take in contributions from the wider community, such as: decrease of health risks for the community, decrease of safety risks, successful resocialization, increase of the working capacities of the population.

Creating conditions for the admission and treatment of people with physical disabilities, pregnant women using drugs and minors using drugs, including those younger than 16. To achieve this recommendation we need to revise existing legal documents and build additional infrastructure, according to the needs and possibilities of specific groups.

Opening new centers/programs for the treatment of drug dependences, on other geographic locations in Skopje, based on the previously stated recommendations.

### **Recommendations regarding drug dependent persons**

Support for strengthening the activism of organizational capacities of people treated for drug dependence and encouragement of their initiative to independently represent their rights and interests. Support for strengthening the activism should primarily come from employees at the drug dependence treatment programs, and then from the responsible ministries, foundations, citizens' associations, as well as families of patients in dependence programs.

Forming representative bodies for the representation of rights and interests of persons treated for drug dependence and providing appropriate logistic and professional support for these representative bodies. The support for forming such representative bodies should initially come from employees at the drug dependence treatment programs, and then from the responsible ministries, foundations, citizens' associations, as well as families of patients in dependence programs.

Preparation of a study and a plan for representing the rights and interests of individuals treated for drug dependences. Support towards achieving this recommendation may be provided by associations of citizens who advocate for the rights of drug using persons and dependence treated persons.

Introduction of permanent support for familiarization of patients with their rights and obligations in the programs where they are treated for drug dependence. The achievement of this recommendation is possible with the personal engagement of people from the community. The possibility for

creating peer education, information via permanent web pages and communication via social networks should all be taken in consideration.

Carrying out activities for familiarization of patients and members of their families with the characteristics of the medicines, i.e. their ingredients and effects as well as the manner of determining individual dosages, in order to avoid possible misunderstandings, misuse and other unwanted situations. This recommendation can be realized with personal engagement from the people from the community. The possibility for creating peer education, information via permanent web pages and communication via social networks should all be taken in consideration.

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