

Contextual Background:

OAT, Opioid Agonist Treatment Program was legalized and launched in Lebanon in 2012 within the Harm Reduction Program, after years of advocacy from harm reduction actors in the country. The program's main aim is to reduce the harm of drug misuse, such as the risk of transmitting blood-borne infections from injecting needles and sharing injection kits, by offering a substitution treatment for heroin-dependent people, over 18, who have suffered from multiple relapses and failed to remain abstinent.

OAT is a form of health care for heroin and other opiate-dependent people that includes the prescription of opioid agonist medications such as Buprenorphine and Suboxone, which have similar or identical properties to heroin and morphine on the brain and which alleviate withdrawal symptoms and block the craving for illicit opiates and is, then, the first step to stabilize people in crisis.

Such people face underlying challenges regarding their medical, psychological and socio-economic statuses. It is why the program provides a multidisciplinary care and support offered by healthcare professionals, (psychiatrists, psychologists, nurses, and social workers).

The program is offered in collaboration with the Ministry of Public Health in Lebanon where beneficiaries can be treated and supported to remain healthy and achieve psychosocial stability. Currently, there are over 1200 individuals actively enrolled in the OAT program which means that their treatment progress, stability and quality of life is reliant on the ability to access this chronic medication on a weekly basis.

The procurement and dispensing of this medication is done under the oversight of the public ministry of health, through one accredited local pharmaceutical supplier who has the authorization to purchase the medication and distribute it to the MOPH dispensaries.

Description of the problem

In light of the compounded and ongoing crises that have hit Lebanon since 2019, today we are facing the risk of yet another health crisis with the imminent shortage of Opioid Agonist Treatment medication. Organizations providing the treatment in Lebanon have learnt of the upcoming shortage of OAT medication which leaves the lives of over 1200 individuals hanging in the balance.

According to the Ministry of Public Health (MOPH), in Lebanon and till date, 2438 patients are registered in the program, however from this number, approximately 1200-1300 patients are active on treatment and receive their medications on a weekly basis from centers accredited by the MOPH. The product used for substitution currently is Buprenorphine arrow from France and suboxone from Indivior UK imported by Minapharm Halabi (agent in Lebanon for both Buprenorphine and Suboxone).

More specifically, this emergency touches the lives of 500 patients who are taking Suboxone and 398 patients who are taking Buprenorphine. Additionally, data collected from Mina Pharm Halaby for the year 2020 indicated that 32,000 boxes (*1 box = 7 tablets*) of Buprenorphine and 7,200 boxes (*1 box = 28 tablets*) from Suboxone were distributed. Buprenorphine is used in two doses 8 mg and 2 mg. It is a scheduled drug that requires import authorization from the narcotics department and export authorization from France, and the process usually necessitates 45 days following approvals. Since the approval of the BDL was not issued to date, the problem of shortage is definite. As a result, this will expose patients to abrupt discontinuation, withdrawal, overdoses and highly possible high risky behavior and criminality.

It should also be mentioned that shortage is further extended to other medications that might be used for symptoms of withdrawal as well as for detoxification, and thus, alternative treatments are not available to cover all patients.

Considering the situations and to limit the consequences of shortage as much as possible with the very limited resources several actions were taken till now based on the suggestions provided by doctors such as bringing all patients back on weekly dispensing rather than two weeks, and reconsider clinical dose reduction for all patients on OST to increase medications availability based on risk/benefit ratio.

Withdrawal is treated through admission into detoxification hospitals and centers in Lebanon. Only one governmental hospital is still accepting patients for detox, with a maximum capacity of twenty patients. As for private hospitals, some closed their detox centers while others increased their admission costs, which were already unaffordable for the vulnerable patients. Regardless of the increase of the admission cost, these private hospitals have a limited capacity. In the case the patient has decided to complete their detox at home, the drugs needed are in shortage. Moving on to cases of overdose, it is important to mention that hospitals currently lack Naloxone treatment.

One of the highly risky behaviors that the patients will be exposed to is sharing needles that will expose them to blood borne infections (HIV/ HCV and other), in addition to the risks they are exposed to from misuse of injections. Therefore, more HIV and HCV infections are expected, leading to additional numbers of patients that will cost the government. Adding that the HCV treatment is currently unavailable at the MOPH.

The impact of medication shortage, on beneficiaries includes an increase in cravings, they have to decrease their doses very fast, and won't be able to do any maintenance for any new dose, which will also increase the withdrawal syndromes. They will need to go into forced accelerated detoxification from buprenorphine leading to acute withdrawal and a high likelihood of immediate relapse. The cravings and withdrawals also will lead to relapses; these relapses may lead to an overdose, especially if the person has been on OST for a long period of time and has been abstinent from any other psychoactive drug therefor, they are at risk at having an overdose at any time of their use. Relapses will also lead to high-risk behaviors such as sharing needles and injecting tools.

Furthermore, the shortage of Buprenorphine will cause patients to lose their treatment; this will lead to many psychological issues that include, but are not limited to, anxiety, depression, feeling as if they are a failure and that even their treatment was strived away from them, loss of hope, troubles in sleeping, and suicidal thoughts and temptations. In the case the psychiatrist will manage to lower the dosages, they will be obliged to prescribe psychiatric medications such as

mood regulators and antipsychotics drugs that the pharmacies are short on and will most likely run out of.

The impact of shortage in medication has a widespread influence reaching the family of the beneficiaries. The individuals who benefit from the OAT have been working on improving the relationship with their caregivers since the beginning of their treatment. NGOs have been working on maintaining a good relation between the patient and their caregivers, educating the families on how to support their children, and engaging them in the treatment process. Any returning of the beneficiary to their past risky behavior as a repercussion for the shortage of Buprenorphine will raise new relational problems with their family members, knowing that relapse is not their choice and is forced to do so to reduce the cravings and withdrawals without having to deal with all the pain they will go through. Such problems can lead them to be evicted from their house and get them into more trouble. The shortage of medication will also impact the productivity of the patients, especially those who still go to universities or who work. Due to the cravings and withdrawal patients are unable to be productive, in the case of relapse, the situation puts them at risk of losing their jobs due to the influence of drugs. Furthermore, the relapse will put them in conflict with the law and many juridical problems.

We call on the Central Bank to secure credit lines in order to ensure the availability of this essential medication, and call upon the Ministry of Public Health to follow up on this crucial matter. The problem was raised several weeks ago and discussed with the minister office to urge solutions with the BDL and get necessary approvals. A letter was also sent by SKOUN and all working NGOs to explain the situation and urge necessary actions. Yet, no response was received from the BDL despite all actions and requests. The government's economic situation is the leading cause of this shortage. The procurement process is lengthy as the approval through the central bank and other administrative procedures will take ages. At the same time, the working NGOs are doing their best to get donations as soon as possible in order to cover the period of shortage. If these two Medications used for OAT in Lebanon will be out of stock in three weeks, active beneficiaries are in danger. The only solution that can help at this stage is Medication by donation, as the ground is already prepared for transferring that Medication. The WHO can receive the Medication and the Ministry of Health will give the clearance within hours as promised to get the Medication from customs.

Immediate Actions to be Taken:

- Secure an emergency stock of the medication that will cover a period of 6 months of treatment for all individuals benefiting from the program, that will cost around \$50,000/month as per the MOPH's current estimation.
- Receive the budget to purchase the medication.
- Secure mental health support for individuals and their family members through periods of rationing dosages.
- Secure detox coverage for individuals who would need hospitalization due to withdrawal from the medication in case of interruption of treatment for a period of time
- Procurement of Naloxone to be made available and accessible to beneficiaries when needed.