Medications for opioid use disorder during the war in Ukraine: a more comprehensive view on the government response

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The full-scale phase of Russia's war against Ukraine has created unprecedented challenges for the health system. Initially, medication supply chains were broken threatening treatment of chronic conditions, including opioid use disorder. The migration of patients and medical workers presented additional challenges for clinical supervision and care.[1]

A recent commentary by Bromberg and colleagues[2] brings attention to the issues faced by the medications for opioid use disorder (MOUD) program. The authors highlight the role of private MOUD clinics and critique a lack of response by the government to ensure access to medications for the patients of these clinics.

It is concerning, however, that the article is based on isolated opinions, and disregards publicly available evidence and experience of the Ministry of Health, Public Health Center (PHC), and other providers and stakeholders that undertook tremendous efforts to sustain the MOUD program in Ukraine.

Under enormous pressure of the first days of the invasion, the Ministry swiftly increased the limits for MOUD medications storage in pharmacies and facilities and raised the unsupervised take-home amount for patients to 30 days. With the central medication depots inaccessible, PHC was manually redistributing the remaining small stores. These efforts were effective in retaining the majority of patients, as evidenced by the national reporting.[3,4] In clinics where the dates of medication delivery were uncertain, the providers decreased the doses to extend the available supply. However, contrary to what the article says, it was happening not only in private, but also in many governmental clinics.

The article also suggests that the government, while having sufficient stores, was denying the medications to the private clinics discriminating a large group of patients, which is factually incorrect and reflects the lack of understanding of health care financing. Normally, private clinics cannot get medications procured by the government and generate profit from it. The situation in Kharkiv in March was a compelled exception: the main governmental clinic has formally refused to re-open, and PHC had to negotiate and sign an agreement[5] with a large private clinic to receive a supply of medications and provide treatment at no charge to the transferred governmental patients as well as their own. Thus, regrettably, in Kharkiv there was no 'public and private clinic cooperation'.

PHC has been continuously encouraging MOUD providers who had sufficient supply to accept all migrating patients both from private or public clinics. The number of patients in governmental clinics grew from 16,374 in March to 19,206 in July,[3] largely due to enrollment of patients from private clinics. The criticism about treating private patients as new and inducting them on low doses should be addressed not to PHC, but to the numerous private providers that vanished leaving their patients without medications and proper transfer documentation. We believe that no physician would prescribe a high maintenance dose to a new patient based on his self-report without any documentation or communication with a transferring clinic.

There are other inaccuracies in the article, including the number of private patients in Kharkiv (which is very different from what these clinics report to PHC), and the alleged 'efficiencies' in private MOUD clinics (represented by the total absence of supervision), which would require additional space to discuss. Most of the inaccuracies could be avoided by gathering additional evidence from a wider range of stakeholders, situational reports,[4] or recordings of the weekly national MOUD briefings.

It is crucial that the international medical and public health community has an objective understanding of the challenges that Ukraine is facing during this war, and the responses that are undertaken. We call for a more comprehensive approach and improved communication in future evaluations and reporting.

Contributors

II conceptualized the correspondence and wrote the manuscript.

Declaration of interests

The author receives salary at her position as a Head of the Viral Hepatitis and Opioid Dependence department at the Public Health

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