New Frontiers: Innovation and Access

DR TB Adherence Counselling approaching alcohol and substance intake

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MSF-Belarus TB-Project
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Principle of autonomy

Patients have the right to make their own decisions, even “bad decisions”

Medical professionals do not convince patients to do anything – they create a situation where the patient can decide freely for themselves

Autonomy includes respecting all patients decisions, even those we do not agree with
## Public Health Burden in Belarus

### Prevalence of AUD and alcohol dependence (% 2010)

<table>
<thead>
<tr>
<th></th>
<th>Alcohol use disorders (including AUD and harmful use)</th>
<th>Alcohol dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td>29.8</td>
<td>19.6</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>5.5</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16.6</td>
<td>11.0</td>
</tr>
<tr>
<td>WHO European Region</td>
<td>7.5</td>
<td>4.0</td>
</tr>
</tbody>
</table>

### TB indicator

<table>
<thead>
<tr>
<th>TB indicator</th>
<th>No. of patients</th>
<th>Per 100 000</th>
<th>MDR-TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence</td>
<td>1916</td>
<td>20,2</td>
<td>New Case 32%</td>
</tr>
<tr>
<td>Prevalence</td>
<td>4035</td>
<td>42,5</td>
<td>Retreatment Case 64%</td>
</tr>
<tr>
<td>Mortality</td>
<td>242</td>
<td>2,6</td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO 2014, RSPCPT 2019
MSF in Belarus

• Support to improve TB Treatment Adherence
  – Focus on risk factor AUD
  – Patient centered care
• Site for endTB observational study
• Site for TB PRACTECAL
<table>
<thead>
<tr>
<th></th>
<th>Patients</th>
<th>AUD/SUD indication</th>
<th>♂</th>
<th>♀</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSPCPT IPD</td>
<td>42%</td>
<td>81%</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Dispensaries</td>
<td>21%</td>
<td>62%</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Forced Hospitalization</td>
<td>37%</td>
<td>100%</td>
<td>91%</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>84%</td>
<td>79%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Risky alcohol intake is one inclusion criterion to our cohort. The rate of AUD/SUD in the general MDR-TB patient cohort should be considered to be lower.
Challenges for MDR-TB + AUD Patients

- Double Stigma (TB+AUD)
- National Narcology Registration
- Low Adherence
- Forced Hospitalization
- Long MDR-TB treatment
The Circle of AUD and low adherence

AUD

Marginalization

Misbehavior

Low treatment adherence

Punishment

INTERVENTION

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8th TB Symposium – Ministry of Health of the Republic of Uzbekistan and Médecins Sans Frontières
Proposed Plans

• Shorter MDR-TB Regimen, more research
• De-stigmatize alcohol and substance intake
• Minimize forced hospitalization
• Comprehensive, patient-centered, multi-disciplinary team approach
Objectives for Psychosocial Support Team

Prevent forced hospitalization
- integrated model of care
- improve adherence to DR-TB Treatment
- focus on risky alcohol use

Guarantee medical quality and psychosocial support in Forced Hospitalization Center (FHC).

Demonstrate effective patient centered care of DR-TB Patients
- management of AUD and other co-morbidities
- provide access to treatment with new drugs to marginalized patients
Proposed Activities

• Improve health and psycho-education activities and material
• Provide structured psychosocial support, counselling and brief intervention
• Harm reduction
• Informed consent / Patient autonomy
Patient Centered Care

Medical Model

Doctor

PS

Nurse

Patient

Family

Friends

Patient Centered Care

Family

Other

So

Wo

MD

Nurse

Ψ
The Minsk Learning Path

Findings
- Patients miss DOT’s
- Alcohol abuse (AUD) is the reason

Create Urgency
- Present AUD facts related to DR-TB treatment to MOH
- Offer key conclusions

Create Support
- Pull out major facts for helpers – use key messages
- Focus on interventions (how) not on explanations (why)

Implement
- Work bottom up – ask counselors, nurses, doctors, patients
- Focus on 3 – 4 major activities
- Train – Coach – Supervise – work on concrete patient cases

Plan 2019
Risk Assessment predicts adherence

20%
- High Risk
  - Alcohol use Disorder (dependent pattern)
  - Adherence issues even with support

50%
- Moderate Risk
  - Risky alcohol intake
  - Adequate adherence with support

30%
- Low Risk
  - Recreational alcohol intake
  - High adherence
THANK YOU

AND CHEERS

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