OFFICE OF THE AUDITOR GENERAL
PERFORMANCE AUDIT REPORT

EFFECTIVENESS OF THE METHADONE PROGRAMMES

January 2025

Office of the Auditor General

AUDITING FOR SEYCHELLES

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25 January 2025

Dear Honourable Speaker
The National Assembly
Ile du Port

I have undertaken an independent performance audit of the Methadone Treatment Programme, being implemented by the Ministry of Health, for the period 2018 to 2022 with a view to assess its effectiveness. The audit was conducted in accordance with the authority contained in Section 13 of the Auditor General Act, 2010. Under Section 22 (2) of the same Act, I have honour to submit the report for presentation to the National Assembly.

Following its presentation, the report will be placed on the website of the Office of the Auditor General — http://.www.oag.sc

Gamini Herath
Auditor-General
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Auditor's General Statement

The scope of performance auditing extends beyond the original scope of financial and compliance attesting audits. Performance auditing is a systematic, objective assessment of the accomplishments or processes of a government project, programme or an activity for the purpose of determining its economy, efficiency and effectiveness. This determination, along with recommendations for improvement, is reported to managers, ministers, and legislators, who are responsible for endorsing the recommendations or ensuring accountability for corrective action.

Performance auditing is an important building block which improves accountable and responsive governance of public resources. The growth of performance auditing parallels the evolution of politics and public administration from one-dimensional focus on control of inputs (resources) towards broader attention to accountability for outputs and outcomes.

This evolution of auditing also represents both a means by which auditors can continue to be relevant and a move toward fulfilling their accountability role in governance.

The Methadone programmes were deemed highly relevant to audit due to the growing public concern over heroin addiction in the Seychelles. In this performance audit, we aimed to assess the efficiency and effectiveness of the Methadone programmes in achieving their intended objectives. The audit focused primarily on the implementation and the results of the programmes.

It is important to highlight that methadone, as a treatment for heroin addiction, has been available in Seychelles long before it gained popularity in 2018, when it became widely accessible and visible to the public.

Currently, there are two different methadone programmes, each with distinct objectives: High Threshold Methadone Programme (HTMP) aims to treat addiction, while the other, the Low Threshold Methadone Programme (LTMP) focuses solely on reducing harms associated with heroin use.

The LTMP accounts for 93% of active clients in the programmes. We are of the view that there should be a shift in the focus to ensure more heroin users are enrolled in the program intended for addiction treatment. Generally, the Methadone Programmes are considered a smart investment since its benefits outweighs the cost. However, the savings of the programmes were not substantiated and the cost were not evident.

Furthermore, the programme is devoid of an important component to ensure social and economic rehabilitation of the clients, which is normally, recommended for such treatment programmes by the World Health Organisation (WHO) and the United National Office for drugs and Crimes (UNODC).

Although the programmes are producing some positive impact in the society, such as, improved lifestyle and greater stability in employment for those enrolled (clients), there still remain some deficiencies requiring due attention.

We are of the view that addressing these deficiencies will lead to improvements in the programmes management, allowing its clients to reap greater benefits. Consequently, the public in general will better appreciate and support the programmes.

Gamini Herath
Auditor General

Acknowledgements

I wish to express my personal gratitude to members of my staff who carried out their duties willingly and satisfactorily despite certain constraints. I also acknowledge the assistance and co-operation given by the management and staff of the Ministry of Health who appreciate the role of my office and recognise the valuable contribution it can make in ensuring and enhancing the financial good governance and promoting economy, efficiency and effectiveness across the government. A special thank goes to the resident representative of the World Health Organization (WHO) for his valuable insights and inputs.

Finally, I would like to thank the Finance and Public Accounts Committee (FPAC) of the National Assembly who reviews my reports and makes appropriate recommendations to the government for improvements.

Abbreviations and glossary of terms

APDAR	Agency for Prevention of Drug Abuse and Rehabilitation
IBBS	Seychelles Biological and Behavioural Surveillance of Heroin Users
MOH	Ministry of Health
HTMP	High Threshold Methadone Programme
LTMP	Low Threshold Methadone Programme
MP	Methadone Programmes (HTMP & LTMP)
DSAPTR	Division for Substance Abuse, Prevention, Treatment and Rehabilitation
NDO	National Drugs Observatory Provisional Baseline report of 2022
MAT Clinic	Medically Assisted Treatment
NDCMP	National Drug Control Master Plan
OST	Opioid Substitution Treatment
HIV	Human Immunodeficiency virus
UNODC	United Nations Office of Drugs and Crime
ISTDUD	International Standards for the Treatment of Drug Use Disorders
WHO	World Health Organization
In-patient	a patient who lives in hospital while under treatment
Out-patient	a patient who attends a hospital for treatment without staying there overnight.
Opioid	Opioids are a class of drugs that derive from, or mimic, natural substances found in the opium poppy plant.
In recovery	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential
Lost to follow up	Refers to clients who at one point in time were actively participating in a programme, but have failed to turn up for all scheduled intervention beyond a stipulated time frame. E g methadone dose collection 14 days or more, also missed scheduled appointment with medical or psychosocial professionals.

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Executive Summary

1. Presently, in an effort to address heroin addiction in the country, the Ministry of Health offers 2 separate methadone programmes; the Low Threshold Methadone Program (LTMP) and the High Threshold Methadone Program (HTMP).

2. The HTMP is the treatment programme designed for heroin users who want to achieve and maintain abstinence from heroin. On the other hand, the LTMP is a harm reduction programme and is not intended to cure heroin addiction. The aim of the LTMP is to reduce clients desire or crave for heroin and consequently reduce harms such as HIV, Hepatitis C associated with intravenous heroin usage.

3. As at the end of 2022, there were 2,141 active clients on the LTMP and HTMP however, the ministry estimates that the number of people addicted to heroin have risen to 6,000-7,500 individuals.

4. An audit was carried out to assess the efficiency and effectiveness of the HTMP and the LTMP in treating heroin addiction and reducing harms associated with heroin addiction in Seychelles between 2018-2022. Below are the main audit findings, conclusions and recommendations presented in this report.

Key Findings

5. **The programmes:** Audit noted that the Ministry of Health (MOH) offers a High Threshold Methadone Programme (HTMP) and a Low Threshold Methadone Programme (LTMP). The aims of the programmes are different whereby the HTMP aims to treat heroin addiction whilst the LTMP aims to reduce harms associated with heroin use, such as, HIV and reduces criminality which leads to imprisonment but does not cure addiction.
6. Audit's review of the Ministry's statistics as at December 2022 revealed the following;
   - the number of registered clients on the HTMP & LTMP increased from 1,864 in 2018 to 4,391 in 2022 representing 60% of the Ministry's estimated population of heroin users;

- 49% (2,141 clients) of the registered clients are active on the programmes;
- active clients on the HTMP represents only 7% of the 2,141 active clients on both programmes; and
- Only 16% of clients enrolled on the HTMP were in recovery as at December 2022.

7. **Savings of programmes not substantiated:** The methadone programmes are considered a smart investment meaning, the cost of having the programmes should be much lower compared to the cost of untreated heroin dependence. Audit noted that the Ministry did not have supporting evidence to justify savings made, if any, with the implementation of the HTMP and LTMP.

8. **Cost of the programmes not evident:** Audit noted that over the years 2018-2022 SR 202 million was spent by APDAR and DSAPTR for the implementation of alcohol and drug abuse programmes and also the administration of the Division. However, the Ministry could not provide the specific cost of the respective programmes.

9. **Programmes lack SMART objectives:** According to best practices, the objectives of the Methadone Programmes should be SMART—Specific, Measurable, Achievable, Realistic, and Time-bound. Audit observed that the HTMP does not have specific objectives and that the programme has evolved based on emerging needs. Audit noted specific objectives for the LTMP; however, the objectives lack key performance indicators (KPIs) and programme milestones required to facilitate the monitoring of its implementation.

10. **Programmes lack interventions to address client social and economic rehabilitation:** Audit noted that whilst the HTMP and LTMP effectively meet the suggested medical interventions recommended as per the service organisation pyramid of the WHO and UNODC for substance use disorder treatment care[1], the programmes do not meet certain interventions falling under informal community care, generic and specialised social welfares and long-term residential services. According to WHO and UNODC guidelines, a holistic approach is essential for effective treatment.

[1] WHO and UNODC's International standards for the treatment of drug use disorder (2020) revised edition

11. **Decrease in Urine Toxicology Tests:** Audit noted that the Ministry conducts urine toxicology tests to establish the types of drugs being used by clients. In its review of the results of tests performed during reviews throughout 2020-2022, Audit observed a significant decrease in the number of tests performed. The number of urine tests decreased significantly, from 3,608 tests in 2020 to 662 tests in 2021 and to only 339 tests in 2022. Correspondingly, Audit noted that the number of clients tested had also decreased over the years 2020-2022. Furthermore, audit noted that in 2020, a total of 78% of active clients were tested during reviews compared to only 12% tested during the year 2022.

12. Audit noted from the results of the urine toxicology tests carried out during the years 2020-2022 that more than 85% of clients tested were positive for illicit drug use which included heroin, cocaine, marijuana and other drugs.

13. **Programmes not evaluated:** While the full implementation of the HTMP and LTMP have not been evaluated, the pilot phase of the LTMP was reviewed by APDAR in November 2018. The evaluation had revealed some challenges at that time; such as the predominant focus on methadone delivery and increase in drug types detected in urine tests which remains to be addressed.

14. **Lack of engagement of wider community:** Strengthening community engagement is crucial for the success and acceptance of the Methadone Programmes. Audit noted that the Methadone Programmes does not have adequate community support and engagement, which has resulted in negative perceptions about the programmes. Best practices[2] highlight the importance of community involvement for effective programmes development and implementation.

15. **Lack of training in counselling:** Audit found that due to a shortage of trained counsellors on the local labour market, social workers with general knowledge in counselling were recruited. While some introductory training was provided, a review of the Ministry's training plan revealed a focus on further studies in Social Work rather than specific training in counselling or addictology.

[2] Best Practices/Methadone Maintenance Treatment/Canada/2002

Conclusion

16. Audit concludes that the Methadone Programmes may bring valuable benefits in promoting both employment stability and a healthier lifestyle for clients actively enrolled. However, there are significant deficiencies in its implementation which has made it difficult to ascertain the efficiency and effectiveness of the programmes.

17. While the harm reduction programme is on a large scale, there is limited focus on the HTMP which treats heroin addiction. Audit is of the view that the lack of programme evaluation has prevented the Ministry from obtaining vital information which can be used to improve decision making on the allocation of resources, programme design and assess the efficiency and effectiveness of the programme. Overall, these findings indicate that the Ministry's efforts to combat drug addiction require substantial improvement to achieve desired outcomes.

Recommendations

1. The Ministry should formulate strategies to retain clients on the programmes, empower clients on the LTMP to enable their promotion to the HTMP and capture the remaining population of the estimated heroin users not yet enrolled on the LTMP and HTMP.

2. The Ministry should do a realistic assessment of the nature and size of the country's heroin addiction problem.

3. The Ministry should have a specific budget for the programmes and ensure that all costs are monitored and analysed in order to explore a more cost-effective way to administer the programmes.

4. The Ministry should partner with the Judiciary, Department of Police and the Prison Services to assess the intended financial impact of the programmes on their services.

5. The Ministry should undertake a SWOT analysis of the Programmes based on its experience so far and formulate a Strategic Plan(s) for the Programmes duly setting SMART objectives.

6. The Ministry should set-up a high powered inter-ministerial steering committee for the identification and better coordination of their respective programme components.

7. The Ministry should review its protocol to ensure that clients are being monitored for drug use with a view to improve the result of the programmes.

8. The Ministry should establish guidelines and a framework to facilitate evaluation and reporting, undertake an immediate evaluation of the Methadone Programmes and should ensure regular dissemination of the results of the evaluation. It should present a holistic picture of the Programmes implementation status.

9. The ministry should take adequate measures to embed adequate community involvement in the programmes.

10. The ministry should remain engaged with the team on-board for community involvement at all times and provide necessary support to keep them engaged for wider outreach.

11. While formulating a strategy to deal with the issue of non-availability of required licensed counsellors specializing in alcohol and drug abuse counselling, the Ministry should organise training for the existing personnel enabling them to better discharge their responsibilities.

Introduction

Background

1.1. The survey "Seychelles Biological and Behavioural Surveillance of Heroin Users 2017", conducted by a private consultant for the former Agency for Prevention of Drug Abuse and Rehabilitation (APDAR), indicated a significant heroin dependence issue in Seychelles and estimated that 4800 Seychellois, aged 15 years and above, are addicted to heroin[3].

1.2. The Agency for the Prevention of Drug Abuse and Rehabilitation (APDAR) was established in 2017 to coordinate the activities of various institutions and organizations engaged in the prevention of drug and alcohol abuse, treatment of drug users and rehabilitation of drug and alcohol users[4].

1.3. At first, APDAR assumed the responsibility of the detoxification and high threshold methadone treatment previously administered by the Ministry of Health as the main treatment option for heroin addiction. The detoxification and high threshold methadone treatment was an in-patient service accommodating at a time, only 20 paying heroin users "thereafter referred as Client" at the Wellness Centre. Following clients' initial detoxification period which was over a period of 5 days, clients continued their treatment as outpatients and took their prescribed methadone doses at their respective clinics in the districts.

1.4. The use of methadone in addressing heroin use is considered as an Opioid Substitution Treatment (OST). The high threshold OST has 2 core elements;

- The pharmacological element which involves replacing illicit opioids with a prescribed replacement opioid, such as methadone or buprenorphine and,
- The psychosocial element (counselling) supports people to stabilise on the replacement opioid and to then make positive changes to their lives and recover from their drug use[5].

[3]Seychelles Biological and Behavioural Surveillance of Heroin Users 2017
[4] Prevention of Drug Abuse and Rehabilitation Agency Act, 2017
[5]https://www.gov.uk/government/publications/opioid-substitution-treatment-guide-for-keyworkers/part-1-introducing-opioid-substitution-treatment-ost

1.5. Contrary to the various modes through which a user can illegally take heroin, methadone as an OST is taken orally, is prescribed by a doctor and may or may not be administered under medical supervision.

1.6. In response to the increasing number of heroin users, increased infections from contaminated needles and rising criminality, APDAR introduced the Low Threshold Methadone Programme (LTMP) in 2018.

1.7. The LTMP is essentially a harm reduction programme and is not intended to be a cure for heroin addiction. The aim of the LTMP is to reduce clients craving for heroin. As a result of not taking intravenous heroin, harms associated with using contaminated needles and syringes such as HIV, Hepatitis C and B are reduced. Heroin users are often unemployed and cannot legally afford to pay for the heroin they consume. Consequently, they steal and commit other crimes to pay for their addiction. By reducing the craving for heroin, the LTMP aims to decrease criminal activities among drug users. The decrease in the craving for heroin also enhance the social and occupational functioning of the affected individuals.

1.8. Following staffing challenges during the covid-19 pandemic the in-patient detoxification and high threshold methadone treatment at the Wellness Centre had to be phased-out. The high threshold treatment continued on an out-patient basis and is now, referred to as the High Threshold Methadone Programme (HTMP). The HTMP specifically targets heroin users who want to achieve and maintain abstinence from heroin.

1.9. With the change of Government in 2020, the Act enabling the establishment of the Agency (APDAR) was repealed in 2021. The Agency was thus dissolved and its functions were transferred to the Ministry of Health (MOH).

1.10. As at the end of 2022, there were 2141 active clients on the LTMP and HTMP. However, the Ministry of Health roughly estimated that the population of heroin users has grown to approximately 6000-7500 individuals.

Reason for the audit

1.11. The Ministry of Health's 2022 Provisional Baseline Report highlights the persistent issue of heroin addiction in the country. The latter was the first report of the National Drugs Observatory Committee (NDO) established by Ministry of Health in collaboration with its stakeholders in the fight of drug addiction. The report indicates that heroin use persists on a large scale.

1.12. The Survey (IBBS HU -Seychelles Biological and Behavioural Surveillance of Heroin Users) conducted in 2017 also confirmed that heroin is available in all of the 26 districts on Mahé, Praslin and La Digue. The Survey, involving 393 participants, also revealed that heroin was being consumed through smoking, sniffing, chasing and injecting intravenously.

1.13. During the years 2018-2022, the period covered by audit for review, SR 202M were allocated to APDAR and DSAPTR to manage substance abuse prevention, treatment and rehabilitation. In addition, Audit was also informed that the Health Care Agency (HCA) incurred other substantial cost associated with the management of substance abuse.

1.14. Hence, considering that the LTMP and HTMP have become the central strategy in Seychelles to combat and manage heroin addiction, it is essential that the programmes operate efficiently and produce the desired results.

Audit scope and objectives

1.15. The audit focused on the design, implementation and evaluation of the Low and the High Threshold Methadone Programmes (LTMP & HTMP) to assess whether the programmes' implementation has been efficient and how far it has been effective in achieving its goals of reducing harm and maintaining drug abstinence.

1.16. The LTMP & HTMP programmes are available on Mahe, Praslin and La Digue. According to statistics on the programmes for 2022, 82% of active registered clients are accessing the programmes on Mahé, hence, the audit focussed on Mahé only.

1.17. The audit covered the implementation of the two programmes over a period of five years from 2018-2022 and was undertaken in line with the guidelines articulated in ISSAI 3000 which are relevant to performance auditing.

1.18. The principal audit objectives were to ascertain and ensure the following:

- the programmes implementation is being guided by a strategic plan;
- the programmes have clearly defined goals and objectives and they are measurable;
- the programmes meet the recommended structure and minimum standards set by the World Health Organisation (WHO) and the United Nations Office for Drugs and Crime (UNODC);
- funding of the programmes is through the budget and there is proper accounting and monitoring of resources;
- an appropriate monitoring and evaluation mechanism is in place to ensure that the intended impact is being achieved;
- there is an adequate and qualified workforce deployed for the programmes implementation; and
- registered clients are processed through the appropriate treatment plans for recovery.

Audit methodology

1.19. As detailed in Appendix 1, different methods were used to collect the necessary qualitative and quantitative data to derive the relevant information. Audit reviewed documents, attended meetings and performed analysis in order to obtain relevant, reliable, accurate and adequate audit evidence. Audit also performed an onsite survey involving 700 clients at the various dispensing sites on Mahe.

System and Process Description

2.1 The Ministry of Health is mandated to steer and implement prevention of drugs use and rehabilitation programmes in line with the National Drug Control Master Plan.

2.2 The Methadone Programmes are an out-patient Opioid Substitution Treatment (OST), rolled out by the Ministry of Health, where clients (people addicted to heroin) are given methadone as a substitution to heroin to manage or treat their heroin addiction.

2.3 The programmes are administered by the Division of Substance Abuse Prevention Treatment and Rehabilitation (DSAPTR) and is funded from the budget allocated to the Ministry of Health.

2.4 The HTMP is the treatment programme whereas the LTMP is a harm reduction programme. Based on information gathered from the intervention tool kit provided by the United Nations Office on Drugs and Crime (UNODC), the two programmes differ in approach, objectives and implementation as depicted in the diagram below.

Key differences between the High and Low Threshold Programmes

Low Threshold Programme	High Threshold Programme
Easy to enter	Difficult to enrol
Harm reduction oriented	Aims at abstinence
Objective to treat withdrawals	Abstinence is the objective
Stop craving	Strict urine control
Suppress further use of illicit opioids	Discharge patients who are using illicit opioids
Flexible treatment options	No flexible treatment approached
Voluntary psychosocial interventions	Compulsory psychological interventions

Vision and Mission

Ministry of Health:

Mission: To relentlessly promote, protect and restore the health, quality of life and dignity of all people in Seychelles, with the active participation of all stakeholders, through the creation of an enabling environment for citizens to make informed decisions about their health.

Vision: The attainment, by all people in Seychelles of the highest level of physical, social, mental and spiritual health and living in harmony with nature.

The mandate, mission and vision of the Division for Substance Abuse, Prevention and Rehabilitation (DSAPTR):

Mandate: to address the drug problems that was ravaging the country and to regulates and coordinate the activities of various institutions and organizations engaged in the prevention of drug and alcohol abuse, treatment and rehabilitation of drug and alcohol addicts.

Vision: To work towards achieving a drug safe and prosperous Seychelles

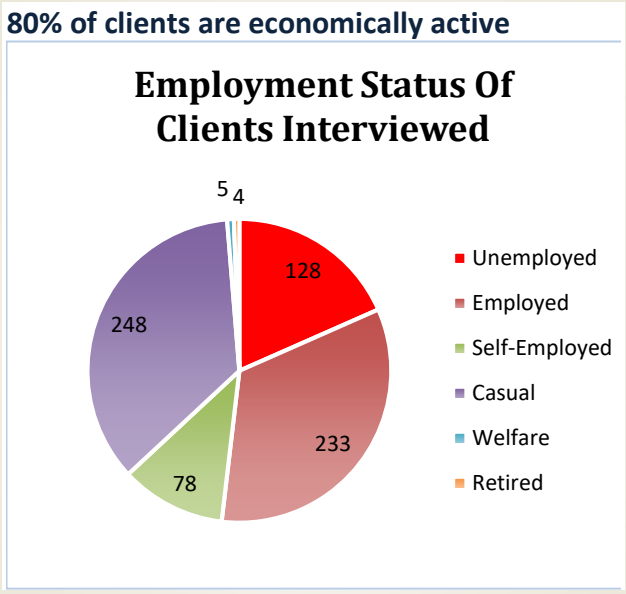
Mission: To have a drug safe country by implementing and coordinating evidence based prevention and intervention strategies through a dynamic and responsive multi-sectoral approach.

2.5 Clients who are compliant on the LTMP and shows willingness to quit using drugs, are promoted to the HTMP at doctor's discretion.

2.6 The literature available on the Programme indicate that the Methadone Programmes are effective in reducing;

- the use of other opioids
- the use of other substances e.g.; cocaine
- criminal activity
- mortality
- injection-related risk behaviours
- other risks behaviours for transmission of HIV and STD's
- and transmission of HIV (and potentially the transmission of HCV and other blood-borne pathogens)[6]

80% of clients are economically active



Source: Audit Survey

2.7 The Methadone Programmes have also been noted useful in improving:

- physical and mental health
- social functioning
- quality of life and
- pregnancy outcomes

Key stakeholders

Ministry of Health	Responsible to import methadone and other medical supplies associated with the programme.
Ministry of Employment	Works in collaboration with the Ministry to facilitate placements of clients in employment and engage in the upskilling and reskilling programmes.
Ministry of Social Affairs	Assists client in need of financial assistance.
Ministry of Youth and Family Affairs Sports	Assist with preventative programmes building resilience in the community and families.
Ministry of Education	Provides access to the school population for prevention and education programmes. Assist the ministry to identify students affected by drugs including heroin.

[6] The effectiveness of the Methadone Maintenance Treatment as a primary prevention strategy for preventing the transmission of HCV and other blood-borne pathogens requires further research. (Best Practices – Methadone Maintenance Treatment – Canada)

	Additionally, assists in placement of clients in post-secondary training institutions.
Ministry of Local Government	Assists with venues to dispense methadone.
Defence Forces	Provides secure storage facility for the methadone stock.
Department of Police	Provides escort support in the dispensing of methadone. Provides security at the dispensing sites.
NGOs and Faith-based organisations	Asists with sensitization, prevention and re-skilling programmes.
International Partners (multi and bilateral)	Provides training opportunities and exchange programmes.
Private Sector	Supports sensitization and prevention programmes.

Principal activities of DSAPTR

2.8 The Division (DSAPTR), headed by a Director General for its daily operations, functions under the overall supervision of the Principal Secretary, Ministry of Health, who is also the accounting officer.

2.9 The Division has 5 functional units:

1. Human Resources and Administration.
2. Prevention and Education
3. Treatment and Rehabilitation which includes the Wellness Centre, Psychosocial Unit, Nurses Services and the Doctor service.
4. Harm Reduction
5. Monitoring and Evaluation

2.10 The Division has a headcount of 85 staff out of which 79 staff are directly or indirectly involved with the Methadone Programmes.

2.11 The Methadone Programmes are implemented by the Treatment Unit and the Harm Reduction Unit of the Division.

Programme Implementation Regulatory Framework

2.12 The implementation of the Methadone Programmes is guided by the Health and Human Development, Strategic Area 1 of Seychelles' National Drug Control Master Plan of 2019-2023 (NDCMP 2019-2023).

2.13 This strategic area aims at eliminating problems linked to the use of drugs, bringing a halt to the current increasing trends in the use of drugs and related harm and to prevent relapse. It encompasses the following themes and objectives:

The themes and objectives of Strategic Area 1

Theme	Objectives
Prevention	To develop and implement comprehensive community and evidence-based prevention programmes to enhance protective factors. To promote healthy student development and prevent problematic substance use. To promote supportive environment in the communities and families.
Drug Dependent Treatment	To create a conducive environment where treatment can be administered affectively.
Social Support and Reintegration	To develop and establish a comprehensive rehabilitation and social integration programmes.
Harm Reduction	To create a conducive environment for the implementation, strengthening and scaling up the harm reduction services. To increase access coverage of harm reduction in the country.
Access to Controlled Drugs for Medical and Scientific Purpose	To ensure all patients in need can access controlled drugs for medical treatment.

Procedures for enrolment

2.14 Services relating to the programmes are available at the Ministry's Medically Assisted Treatment (MAT) Clinic, strategically located in the heart of Victoria.

2.15 To enrol on any of the two Programmes (HTMP or LTMP), eligible clients' need to go through registration. The flow-charts which follows illustrate the process a client goes through when enrolling on the programmes.

2.16 To be eligible to enrol on the LTMP and HTMP, clients must meet the following criteria:

- Aged 18 and above
- Have been using illicit opioids for over 1 year
- Have a drug screen done showing positivity for opiates on the day of assessment
- Meet sufficient criteria for diagnosis of opioid use disorder
- Has never had any adverse reactions to methadone in the past.

2.17 However, for HTMP, clients must show willingness and strong motivation to stop using heroin. Relapse is expected and is not an indication of failure of the programme. Clients who relapse have the opportunity to start the treatment cycle all over again.

Step 1

Registration requirements LTMP

Registration is compulsory for all clients and available every Tuesdays. Clients are required to provide valid identification documents either National Identity Card or Passport.

A client registration form is completed, containing clients demographic details.

Clients' personal, medical and drug use information are recorded in the **IAF** (Initial Assessment Form) by the ***designated staff*** and kept on record for future reference or review. Clients are issued with a unique client registration number (CRN)- ***also called a client ID***.

At the initial stage the client will receive counselling from a Peer- Educator or Counsellor to be aware of the programme's requirement and expectation.

Step 2

Registration: Assesments and tests

Clients have to provide a urine sample, a nurse or counsellor will carry out a supervised drug screening. The test must return with positive indication for opiates and same is also recorded in the IAF. Urine pregnancy test are compulsory for any female embarking on the programme. Pregnant clients are immediately referred to Antenatal Care of the Seychelles Hospital. Nurses assess and monitor clients vital parameters and record in the **IAF**.

Clients are referred to the doctor for physical medical assesment to identify and properly address possible morbidities and health conditions which require referrals to other specialist prior or after introduction to opiod substitution treatment.

At the end of this assessment,the doctor will issue the clients ***an OST Prescription*** if not otherwise indicated. The *prescription* contains clients treatment *dose regimen* that they will be getting for the first thirty days.

The psychologist is expected to be present during registration should the doctor find the need to refer clients who present comorbid factors and require immediate *assessment* or -*referral as necessary*.

After clients have been provided with thorough information and counselling, they are then required to sign the Methadone Treatment Agreement and consent form**.**

Step 3

Accessing the Treatment - Clients access the methadone treatment available at various dispensing sites on Mahe, Praslin and La Digue.

Clients can access the service at any dispensing site using their ***CRN/ client ID***.

Review

After the initial 30 days of treatment , clients undergo a follow-up review with the doctor (ie; once ***60mg*** methadone daily dosage is reached for at least 3 days) to assess clients current general medical condition and to adjust the dose accordingly**.** *An earlier follow up may be requested as per the medical officer's assessment at initial assessment***.**

Reasons for earlier referral *also include client's request to remain on a lower dose, or in the event of complaints or observation of side effects* by trained nurse.

At the end of the review, a revised Methadone Prescription will be issued to the client with the appropriate variations.

Step 1

Registration for the HTMMP is compulsory for all clients. New clients can register on any weekday. ***Clients are required to provide valid indentification documents either National Identity Card or Passport.***

A client registration form is completed, containing client's demographic details.

Clients personal, medical and drug use information are recorded in the **IAF** (Initial Assessment Form) by the Nurse and kept on record for future reference or review. Clients are issued with a unique client registration number (CRN)- ***known as client ID***.

At the initial stage the client will receive counselling from a Peer-Educator or Counsellor to be aware of the programs requirement and expectations.

Clients signs the HTMMP agreement and consent form.

Step 2

Full screening with doctor which includes compulsory urine and blood tests, blood pressure and heart assessment.

The blood tests establish the medical condition of the clients in relation to sugar level, blood borne diseases or to identify traces of drugs used intravenously.

The urine test identifies the types of drugs being used to ensure that the right treatment plan is prescribed to clients.

The prescribed dosage of methadone vary from client to client because of different factors i) the amount of drugs are using, ii)the period they have been using and iii)their tolerance to methadone.

Step 3

Accessing the Treatment - Clients access the methadone treatment available at various dispensing sites in the on Mahe, Praslin and La Digue.

Clients can access the service at any dispensing site using their CRN.

Clients are required to undergo a follow-up review with the doctor after the intitial seven days of treatment.The purpose of this review is to evaluate clients' current general medical condition and to adjust the dose of methadone accordingly.

In the event that clients are not stabilizing with the standard 60mg dosage of methadone, dosage will be increased to a maximum of 120mg.

Once enrolled, clients are given a 3 months grace period to attain abstinence from heroin and stabilize on the methadone dosage. After the 3 months clients should only have traces of methadone when tested.

Clients should not miss three (3) or more consecutive doses and if they fail to comply they will have to see the doctor for review.

Clients are expected to be seen ***regularly*** by the counsellor ***according to an agreed schedule. This is ideally*** every 1-2 weeks depending on their psychological evaluation, ***done within one week of initiation on HTMMP***.

Step 4

Counselling & Review

After the 3 months of being clean from heroin, clients are required to maintain follow-up appointments with the doctor, nurse and most importantly the counsellor to mitigate or identify relapse and also to follow prevention therapy and counselling session for the maintenance of sobriety from heroin.

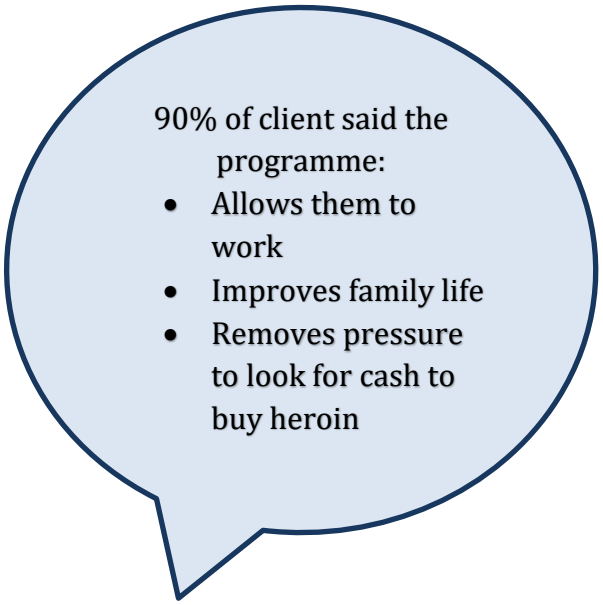
The urine tests is repeated monthly until trust is established and the urine test ***frequency is*** gradually reduced, unless ***relapse is suspected.*** In that case they are called in for a review and tests are performed to confirm the suspicion.

There is no specific time frame for completion of methadone treatment. An ideal case scenario would see client stabilise within 12 weeks, maintain abstinence from heroin for 16 weeks, and taper off in 24 weeks, completing methadone treatment in one year. However, this varies from client to client due to factors mentioned in step 2.

Audit Findings, Conclusions and Recommendations

The Programmes

3.1 The methadone programmes are considered as the core programmes dealing with heroin addiction in Seychelles. The Ministry of Health currently offers 2 different methadone programmes:



i) **HTMP,** which is a Treatment Programme designed to treat heroin addiction and,

ii) **LTMP,** which is classified as a Harm Reduction Programme and therefore does not aim to cure addiction. The aim of the LTMP is to reduce harms associated with illicit drug use, such as, reducing the spread of HIV, Hepatitis C and B and reduce illicit opioids use. Additionally, the LTMP aims to decrease criminal activities among drug users and enhance the social and occupational functioning of the affected individuals.

3.2 Except in extremely rare circumstances which involves severe withdrawals, all clients are initially enrolled on the LTMP. A client's referral to the HTMP is subject to doctor's assessment which considers their level of motivation to abstain and the result of their psychosocial assessment.

3.3 Audit reviewed the programmes' statistics as at December 2022 and noted the following.

i) **Increase in the registration of clients:** Audit observed a gradual increase in the registration of clients for the two programmes, which started with 1869 clients in 2018 and increased to 4391 by the end of 2022. The number for 2022, represents 60% registration of the targeted population of some 6000-7500 potential heroin users as estimated by MOH in 2022.

Number of clients registered

2018	2019	2020	2021	2022
1869	2740	3431	3741	4391

Source: Ministry of Health

ii) **49% of clients active on programmes:** Audit noted that although the total number of clients registered was 4,391, only 2,141 representing 49% are active on the programmes, leaving some 2,121 registered clients not active on the programmes. Of the 2,121, some 508 clients have been marked as 'lost of follow-up' and no reference was provided for the remaining 1,613 clients.

Outcome for clients

Outcome	Total HTMP	Total LTMP	Grand Total
Active	160	1981	2141
Completed	38	75	113
Disciplinary discharge		1	1
Deceased		15	15
Lost to follow Up	34	474	508
Grand Total	**232**	**2546**	**2778**

Source: DSAPTR 2022 Annual Statistics Report

Audit's analysis further revealed that the percentages of active clients on the programme was much higher in the earlier years than in 2022 being 69% for the year 2020 and 70% for 2021.

iii) **only 7% of active clients enrolled on HTMP:** Of the 2,141 active clients on both programmes, only 160 clients (7%) are enrolled on the HTMP whereas 1,981 clients (93%) are on the harm reduction programme (LTMP). This is indicative of an underlining problem that the majority of the clients are either not interested in or not forthcoming to join the HTMP programme aimed at treating the addiction for which the reasons are not evident.

33% participating clients expressed desire to progress to the HTMP

Source: Audit Survey

iv) **16% of HTMP clients in "recovery":** According to statistics, 38 out of the 232 clients on the HTMP were in the state of 'recovery" (completed), that is to say that they were no longer using heroin, other drugs or methadone and had been re-integrated in the society. This is an improvement from 2021 where only 26 clients had completed the programme.

Conclusion

3.4 Audit concludes that although the number of registered clients have been on the increase, the number of clients who are active on the programmes stands at only 49%. Further, from the active clients only 7% were on the HTMP whereas the remaining 93% were on the LTMP which is a harm reduction program. This may be indicative that the Ministry's focus is primarily on the LTMP, which does not address the heroin addiction. Furthermore, the country's statistics on the estimated size of the heroin addiction problem dates back to 2017, and is in need of an update.

Recommendation

3.5 Audit recommends that the Ministry formulates strategies to:

i) retain clients on the programmes;

ii) encourage and empower clients on the LTMP to enable their progression to HTMP;

iii) capture the remaining population of the estimated heroin users not enrolled on the programme; and

iv) update its statistics of the size of heroin addiction in the country to develop further strategies to minimise its negative impact on the country's health budget and the economy.

Management response

3.6 Potential reasons why 51% of individuals are not enrolled in the LTMP and HTMP are as follows;

- *Users may not be ready to seek treatment or may feel unprepared to commit; or*
- *Some individuals may be dealing with multiple addictions.*

3.7 There is something called Stages of Change Theory. The intervention that is delivered to an individual with addiction must be appropriate according to which stage of change they are at that point in time. An individual who is yet pre-contemplative to change will not benefit from further interventions than harm reduction strategies and motivational interviewing on a regular basis.

3.8 Public education, outreach, media campaigns are a heavy part of the work done by DSAPTR. Further community engagement is required to encourage people with drug dependence to seek help and stick to therapy.

3.9 The Ministry takes note of the above recommendations; efforts are already underway to undertake a new study however the ministry also notes that additional resources will be required to provide services on a larger scale to accommodate the population of heroin users.

Finance

3.10 **Savings of programmes not substantiated:** According to the International Standards for Drug Use Disorder, evidence-based treatment of drug use disorders is a smart investment as the costs of treating drug use disorders are much lower compared to the costs of untreated drug dependence (UNODC and WHO, 2008).

3.11 Calculations provided by the Ministry indicated that the yearly cost for methadone medication alone for one patient is SR1885.59 based on a daily average dose compared to;

- SR 72,000 to be spent on food per year in the instance that the drug user is imprisoned,
- SR 190, 000 per year if the drug user is infected with HIV; and
- SR 47,000 per year if the user gets infected with Hepatitis.

3.12 However, the Ministry did not have the supporting evidence to substantiate the above cost and quantify the potential savings made with the implementation of the two programmes.

3.13 **Cost of the programmes not evident:** Audit noted that a separate budget is allocated to the Division of Substance Abuse Prevention Treatment and Rehabilitation (DSAPTR) from the Ministry's budget. The Division used the allocated budget to implement both drugs and alcohol abuse programmes as well as for the administration of the Division. From the records being kept, Audit could not establish the costs of the respective methadone programmes given that the actual costs were not allocated per programme. The yearly budget allocations to APDAR for the period 2018 to 2021 and the DSAPTR including the APDAR for the year 2022 are detailed below with actuals.

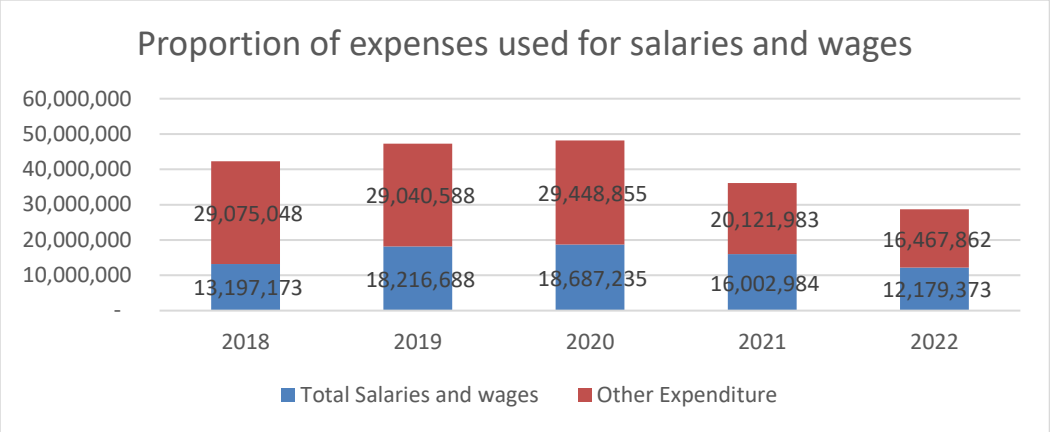
Year	Budget -SR	Actual -SR	Variances SR	Registered Clients	Active Clients
2018	42,423,001	42,272,221	150,780	1964	No data
2019	47,442,543	47,257,276	185,267	2435	No data
2020	49,910,282	48,136,090	1,774,192	2872	1987
2021	42,364,038	36,124,967	6,239,071	3126	2214
2022	57,086,000	28,647,235	28,438,765	4391	2141
Total		202,437,789			

3.14 Audit noted the following in relation to the actual expenses:

i) ***significant decrease in actual expenses from 2020 to 2022:*** Audit noted a decrease of SR12.0m from 2020 to 2021 and SR7.5m from 2021 to 2022 in the actual expenses incurred. The 2022 actual of SR28.6m was a reduction of SR19.4m from the actual of SR48.1m in the year 2020. According to the Ministry, there has been a significant reduction in the actual costs due to the phasing out of the CEO position, accommodation for doctors working with the programmes, fuel cost for dispensing van, ground security and medical supplies such as syringes and urine kits.

ii) ***Salaries and wages amount to 40%:*** The audit review of the actual expenses incurred for the period 2018 to 2022 revealed that, on average, 40% of the actuals were for the payment of salaries and wages including the compensation, overtime and applicable allowances, as shown in the graph which follows.

Graph 1



iii) ***93% of the Division' s workforce dedicated to the methadone programmes:*** The DSAPTR has a workforce of 85 staff, according to the Ministry 79 staff work with the methadone programmes. In the absence of a manpower requirement exercise for the implementation of the two methadone programmes, including the intervention of specialists, Audit could not ascertain as to whether the numbers were adequate or in excess of the programme requirements.

iv) ***Cost of methadone is low*:** Audit noted that SR1,398,492 was spent on two orders in 2022 (as per the general ledger) to procure methadone medication, equivalent to 4% of the total actual expenditure. Based on this figure and the average dose of methadone dispensed during 2022, Audit estimated that the cost for methadone per client was SR995.84 contrary to SR1,885 calculated by the Ministry.

Conclusion

3.15 Audit concludes that the cost of purchasing methadone itself is significantly low compared to the total operational cost of the programmes. Further, the Ministry has not assessed the intended financial impact of implementing the programmes, in addition to not monitoring the cost of the respective programmes against set targets and objectives.

Recommendation

3.16 Audit recommends that the Ministry should have specific, separate budgets for the programmes and ensure that all costs are monitored and analysed in order to explore a more cost-effective way to administer the programmes, especially in light that the cost to purchase methadone is small in comparison to the total actual expenditure. Additionally, such practice will give the Ministry an indication of their capacity if they have to extend the programmes to the total potential drug user population, which is roughly estimated at 7500 persons.

3.17 The Ministry should also collaborate with the Judiciary, Department of Police, the Prison Services and any other participating agency to establish the intended financial impact of the programmes on their services.

Management Response

3.18 *The Ministry can state emphatically that if the methadone programmes did not exist or were to be stopped immediately, the number of drug related-crimes in the country would skyrocket immediately and neither the police, nor the judicial system and nor the prisons would be able to cope.*

Most of the people addicted to heroin cannot afford their "daily dose" of heroin with the money they "earn". The societal costs of handling such a law and order crisis would be enormous. The absence of such a major law and order crisis because of the methadone programme is, in itself, a major success of the methadone programme.

Additionally, current evidence suggests that the incidence and prevalence of HIV, Hepatitis C and other infections that are also contracted through contaminated needles have remained, by and large, steady over the last five years representing a robust proxy indicator for the success of the methadone programme.

If the methadone programme did not exist and all 2500 people on the programme were injecting themselves daily with contaminated needles, the public health consequence of that would be terrifying.

The majority of persons on the methadone programme are due to its harm reduction attributes.

However, the Ministry acknowledge that it does not have the capacity and resources to conduct the financial analysis of the programme.

Adherence to best practices and international standards

3.19 According to the Southern Africa Development Community (SADC)'s key assessment tool[7], certain good practices relating to the design of the Methadone Programme requires that the programme objectives are SMART i.e. Specific, Measurable, Achievable, Realistic and Time-bound. Audit reviewed the goals and objectives of the programmes and noted that:

i) ***LTMP lack measurable KPIs:*** The formulation of the goals and objectives of the Low Threshold Methadone Programme (LTMP) lack measurable KPIs, progress measurement criteria and programme milestones to facilitate and ascertain monitoring of progress in its implementation.

ii) ***No LTMP programme implementation timeframe:*** A timeframe to implement the programme in terms of its key performance indicators (KPI) has not been specified reflecting a lack of commitment in terms of its attainment.

Goals and objective of the LTMP

1) To reduce the demand of drug users in the country awaiting an opportunity to join the high programme and eventually detox
2) To reduce the spread of sexually transmitted diseases, such as HIV, Hepatitis B and C which is on the increase according to MOH statistics
3) To reduce harms associated with illicit drug use by providing equitable access to methadone, counselling, primary health care and other community –based services
4) To reduce illicit opioid use by managing withdrawals, reducing cravings and ultimately enhance motivation for abstinence.

Source: LTMP Project Proposal

iii) ***Lack of directed-approach for HTMP***: Audit noted that HTMP lacked a well-thought out approach with adequate documentation of the same to make it a targeted approach. From the discussions with MOH, it appeared that the programme came to its present form in an evolutionary manner based on the needs arising from the time, rather than driven by design and assessment.

[7] SADC assesment tool of the Methadone Maintenance Programme of Mauritius

iv) ***The HTMP does not have specific objectives:*** The audit review of the available documents on the two programmes did not contain any specific objectives for the HTMP.

3.20 The Ministry has acknowledged that they did not have a baseline for objectives 2, 3 and 4 at the development stage of the programme to establish appropriate key performance indicators (KPI) and stated that objective 1 was achieved with the introduction of the Programme, given that the LTMP is open and publicly accessible.

Conclusion

3.21 Audit concludes that the absence of measurable KPIs, timeframe for successful programme implementation and specific objectives undermines the effectiveness of the programmes making it difficult to ascertain the extent to which the programmes has been successful.

The evolution of the HTMP

The programme started as an Opioid Substitution Treatment programme (OST) on a small scale in 2012 thus did not fully cover the targeted clients. The programme was then a mix of an in-patient and out-patient care where, clients firstly detoxed from drugs through hospitalization and were afterwards released to continue with methadone treatment as out-patient where they would gradually, with psychosocial support, reduce the amount of methadone they were taking until they could get off methadone completely.

With the creation of APDAR in 2017, the OST programme of the Ministry was transferred to the Agency. Following the onset of the Covid-19 pandemic restrictions, the centre was closed down owing to shortage of nurses to work in the required shifts. Consequently, the OST was modified into solely an out-patient programme and was subsequently renamed as the HTMP.

3.22 Such deficiencies also promote lack of monitoring, mid-term reviews which is imperative in the formulation of corrective action and control to ensure achievement of programmes intended goals and targets. Consequently, Audit was also not in a position to comment on how far the programmes has achieved its intended objectives.

Recommendation

3.23 Audit recommends that the Ministry undertakes a swot analysis of the programmes based on its experience so far and formulates a Strategic Plan(s) for the programmes duly setting its SMART objectives to enable;

- Efficient and effective monitoring of the programmes implementation
- Review of progress in terms of achievement of milestones and KPIs
- Exercise of control to keep the programmes in the intended direction and ultimately accelerate achievements of the set goals and targets.

Management Response

3.24 Upon taking over the roles that had been previously assigned to the Agency for Drug Abuse Prevention and Rehabilitation (APDAR), the Ministry made a conscious decision to continue to implement the National Drug Control Master Plan in place, to maintain the staff of APDAR and to continue the programmes that they had been running, knowing full well that APDAR had been supported by a specialist agency, UNODC, to develop the National Drug Control Master Plan and the plan had been a consensus document of all stakeholders in Seychelles.

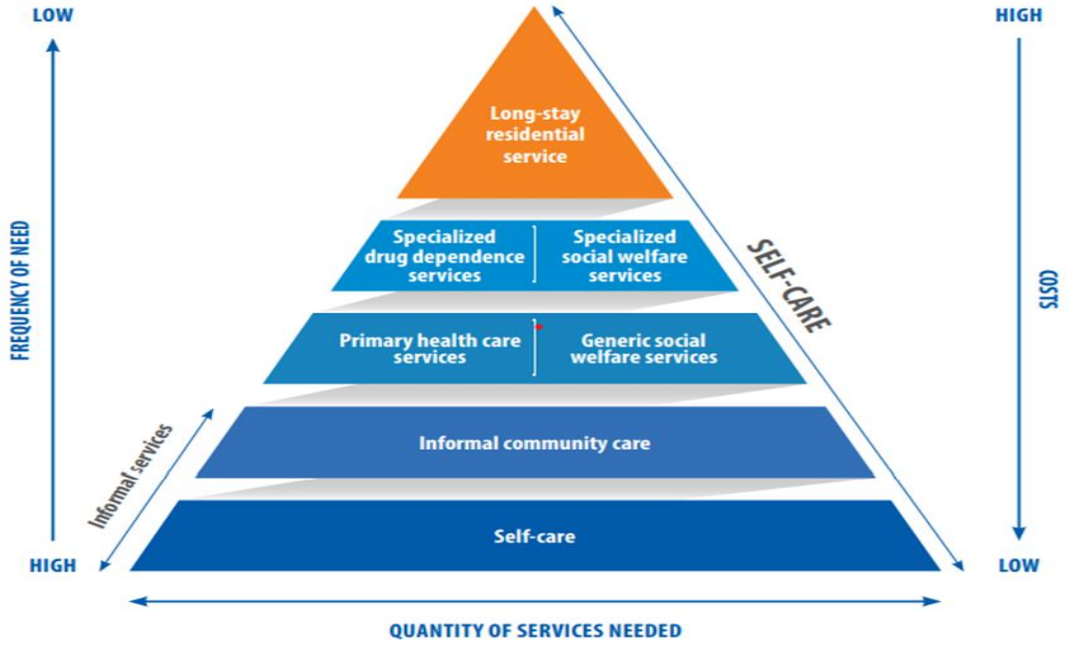
3.25 It is only by implementing the National Drug Control Master Plan in the form that it was inherited, that the Ministry discovered inherent weaknesses with the plan, especially its Monitoring and Evaluation Framework and the lack of clear definition and KPIs for the Opioid Substitution Therapy component of the plan.

3.26 The National Drug Control Master Plan is now expired. A new national strategic plan to prevent and treat addiction and also manage rehabilitation and reinsertion into formal employment (after treatment), will now be developed with the support of World Health Organisation (WHO) and others. This will take place after a new national survey on drug prevalence and trends has been completed.

Obviously, the new strategic plan will address weaknesses identified with the old plan and incorporate a more meticulously definition of the Opioid Substitution Treatment, as component of the national drug response strategy.

3.27 **Programme lacks interventions for social and economic rehabilitation:** The International Standards for the treatment of drug use disorder have formulated a system of treatment organisation which bring out the form, nature and level of various interventions which are considered necessary for a holistic treatment of the disorders. These have been summed up in the service organisation pyramid below.

Figure 2: Service organization pyramid for substance use disorder treatment and care recommended by WHO and UNODC



3.28 The service organisation pyramid for substance use disorder treatment and care makes provision for the following services; self-care, informal community care, primary health care services, generic social welfare services, specialised drug dependence services, specialised social welfare services and it indicates the trend in the quantities of needed services, their frequency and the associated costs.

3.29 Provisioning of services such as informal community care, primary health care services and generic social welfare pitched at the lower level of the pyramid can prevent people from developing severe complex use disorders[8] which will require long-stay residential services and both specialized drug dependence and social welfare services.

[8] WHO and UNODC's International standards for the treatment of drug use disorder (2020) revised edition

3.30 To complement the recommended service organisation pyramid, WHO and UNODC have further proposed a list of possible interventions for each care and service indicated in the above pyramid.

3.31 Audit reviewed the prescribed suggested interventions for each services versus interventions being offered by the Ministry and noted that the programmes fully meets the medical interventions prescribed.

3.32 However as shown in the below table, certain interventions have not been implemented and they most commonly fall in services such as; informal community care, generic and specialised social welfares and long-term residential services.

Comparison of suggested and available interventions

	Suggested interventions prescribed by WHO and UNODC	Interventions available at the Ministry	Suggested interventions which have not been implemented
Informal community care	Outreach interventions	✓	
	Self-help groups and recovery management		x
	Informal support through friends and family		x
Primary health care services	Screening, brief interventions, referral to specialist drug use disorder treatment	✓	
	Continued support to people in treatment/ contact with specialized drug treatment services.	✓	
	Basic health services including first aid, wound management	✓	
Generic social welfare	Housing/shelter		x
	Food		x
	Unconditional support		x
	Referral to specialized drug treatment services, and other health and social services as needed	✓	
Specialised treatment services (in-patient and out-patient)	Assessment	✓	
	Treatment planning	✓	
	Case management	✓	
	Detoxification/ withdrawal	✓	
	Psychosocial intervention	✓	
	Medicated-assisted treatment	✓	
	Relapse prevention	✓	
	Recovery management	✓	
Other specialiSed health Care Services	Interventions by specialists in mental health services in mental health services (including psychiatric and psychological services)	✓	
	Interventions by specialists in internal medicine, surgery, pediatrics, obstetrics, gynecology and other specialized health care services	✓	
	Dental care	✓	
	Treatment of infectious disease (including HIV, Hepatitis C and tuberculosis)	✓	
Specialised social welfare services for people with drug use	Family support and reintegration	✓	
	Vocational training/education programmes	✓	
	Income generation/micro-credits		x
	Leisure time planning		x
	Recovery management services		x
Long-term residential services for people with drug use disorders	Residential programme to address severe or complex drug use disorders and comorbid conditions		The last cohort on the Ministry's previously available residential programme was discharged in 2020. A total of 104 clients completed in that year
	Housing		x
	Vocational training	✓	
	Protected environment		x
	Ongoing therapeutic support		x
	Life skills training	✓	
	Referral to outpatient/recovery management services		x

Conclusion

3.33 The programmes principally provide medical interventions, however, there is an absence of other rehabilitations such as social and economic rehabilitation which are equally important. In the absence of both social and economic rehabilitations, clients may revert to the old position of drug disorder and thus fall back in the old trap. Further, the Ministry is taking full responsibility of both the medical and non-medical interventions, but the latter is not within their field of expertise.

Recommendation

3.34 The Ministry should set-up a high powered inter-ministerial steering committee for the identification and better coordination of their respective programme components.

Management Response

3.35 Though not on records, the ministry encourages self-care with each brief intervention clients receives, outreach interventions are done weekly, and family interventions are effected for those accepting counselling. The ministry also assists clients to set up self-help groups when they manifest desire to do so. Running the group is up to clients' will and consistency.

3.36 Recovery management is also addressed through group sessions and individual therapy. Informal support through friends and family is always advocated for. Friends and family often bring the clients to the programme, although records are not kept.

3.37 The recommendations would facilitate the work of the ministry to a high degree. This work is not something that the ministry alone can handle, but needs inter-ministerial involvement.

Monitoring of the programmes

3.38 **Decrease in Urine toxicology test:** According to Standard 7.7 of the International Standards for the Treatment of Drug Use Disorder, each service should have a mechanism in place to monitor patient's health and well-being. Methadone is a

controlled medication used not only to help clients quit using drugs but also to reduce their use of other opioids or substance. Therefore, reducing drug use can also be a treatment goal when treating people with drug use disorder[9].

3.39 The Ministry of Health uses a urine toxicology test to detect and establish clients' use of illegal drugs when they are on the programmes. This test is mandatory for all client registration and re-registration on the programmes, and for each doctor's review. The test may also be conducted on a small scale for other reasons, however, Audit specifically focused on tests performed for doctor's review.

3.40 Audit analysed the number of urine tests done during doctor's review for the period 2020-2022 and noted that there is a significant decrease in the number of tests performed. A total of 3,608 tests were done in 2020, which decreased to 662 tests in 2021 and, further decreased to 339 tests in 2022. similarly, Audit noted that the number of clients tested had also decreased over the years from 2020 to 2022.

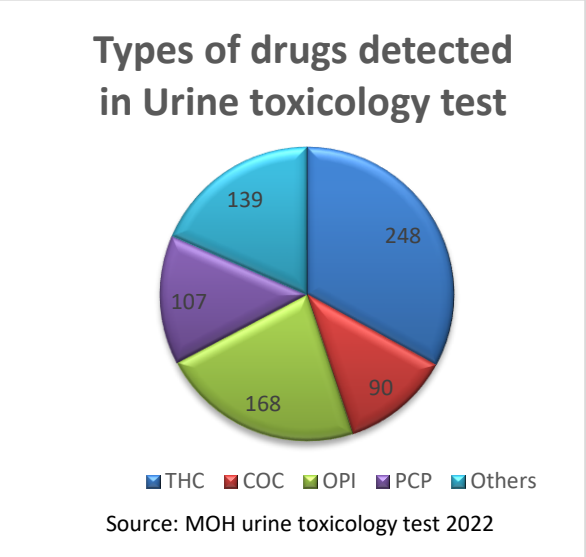
Total number of urine tests done throughout 2020-2022

	2020	2021	2022
Total number of tests done for reviews	3608	662	339
Number of clients tested	1550	403	253
Total number of active clients on the programme	1987	2214	2141
Number of tests which were negative for drugs	511	93	42

Source: MOH

[9] The international Standards for the treatment of drug use disorders WHO/UNODC

3.41 Audit noted that in the years from 2020 to 2022, test results confirmed that more than 85% of clients tested were still using drugs. Further analysis of 2022 test results showed that 86% of the client tested confirmed that they were still using drugs such as marijuana (THC), heroin (OPI), cocaine (COC).



Source: MOH urine toxicology test 2022

3.42 According to the Ministry, to cut cost from the onset of the covid-19 pandemic, less urine tests kits were purchased. Such figures indicate that there were many clients who had not been tested throughout these years.

Conclusion

3.43 The clients on the Methadone Programmes lack discipline as they are still very much engaged in using illegal substances, this was confirmed from the urine test over the years 2020 to 2022 which confirmed that more than 85% of clients tested were positive for drugs/ opioid.

Recommendation

3.44 Audit recommends that the Ministry reviews its protocol to ensure that clients are being monitored for drug use with a view to improve the result of the programmes.

Management Response

3.45 Urine toxicology is done at every medical review, for monitoring of the types of drugs on the illicit market, to know type of drug client used in the previous week which will impact treatment decisions. Internationally, frequent forced mandatory urine tests just for sake doing tests is not recommended.

3.46 People who continue to use substances, and are still in the pre-contemplative stage of change are placed in the low threshold methadone maintenance programme. This implies they will have continued intermittent substance use,

regardless of their stabilizing dose. This is the reason it is called harm reduction, and not abstinence based treatment programme.

3.47 **Implementation of the programmes not evaluated:** The best practice guidelines, in respect of the "Methadone Maintenance Treatment" programme suggest a systematic approach for evaluation of the programme and ensuring that results are published and disseminated[10].

3.48 Against the above suggested practice, Audit noted that the full programme implementation of the HTMP and the LTMP has not been evaluated. While there was no evaluation of the HTMP, the Ministry conducted an evaluation of the pilot stage of the LTMP only; which, was carried out in 2018 wherein a number of challenges in the implementation of the programme were highlighted.

3.49 A review of the relevant documents and records indicated that the Ministry is still encountering some challenges including the following persisting ones:

- strong focus on methadone delivery only
- increases in drug types detected in urine tests
- many gaps in the existence of data maintained as data protocol has not been established

3.50 The Ministry was yet to formulate a corresponding action plan to address the above weaknesses.

Conclusion

3.51 Lack of evaluation of the programmes has inhibited the ministry from obtaining vital information which can be used to improve decision making on the allocation of resources, programme design and assess the effectiveness and efficiency of the programmes in their entirety.

Recommendation

3.52 Audit recommends that the Ministry should establish guidelines and a framework to facilitate evaluation and reporting, undertake an immediate evaluation of the

[10] Best Practices/Methadone Maintenance Treatment/ Canada

Methadone Programmes and should ensure regular dissemination of the results of the evaluation. It should present a holistic picture of the programmes implementation status.

Management Response

3.53 *With the expiry of the National Drug Control Masterplan 2019-2023, an evaluation is due in 2024, beginning with a research on risky behaviors and consequences to assess the national situation surrounding drug use and HIV and other STIs.*

3.54 *In 2020, with the Covid-19 pandemic, change administration of the programmes from APDAR to MoH and staff redeployment all caused much uncertainty. Annual report was not produced; however, unit reports were produced. Since 2022, the ministry has produced quarterly reports.*

3.55 **Lack of active engagement of the wider community:** The Methadone Programmes does not make provision for adequate community support and engagement. The general public is not well informed about how the programmes work and a negative perception towards the programmes can be felt in the community.

3.56 According to best practices[18] community involvement is a key pre-requisite for programme development, design and implementation to formulate provision of well-integrated comprehensive services for the Programme. It suggests that community advisory boards can bring public on board and broaden the sense of community ownership towards the programmes. These boards can play a number of valuable roles including:

- Facilitating consultations, information sharing and communication with the general public to highlight the need for the programme, its goals, explain how exactly it works and its potential benefits;
- Addressing public concerns and fears;
- Providing opportunities for community members to learn about and formulate their support to the programme;
- Seeking employment opportunities and other resources for clients; and

- Serving as a community feedback mechanism.

Conclusion

3.57 Audit concludes that the lack of community involvement has resulted in one of the Ministry's biggest challenge in the form of negative perception of the general public towards the programmes. Lack of awareness about the importance of having the Methadone Programmes remains a hot topic of concern and negative discussions in the community which the Ministry has not been successful in addressing.

Recommendation

3.58 Audit recommends that the Ministry takes adequate measures to embed adequate community involvement in the programmes. This may be achieved by reaching out to the members of the community at large, the civil society community, clients themselves or specific community players, such as, the District Administrations, the Police, concerned agencies and spiritual and cultural organisations.

3.59 The Ministry should remain engaged with the team on-board for community involvement at all times and provide the necessary support to get the message across.

Management Response

3.60 Community engagement is something the ministry struggles with, indeed with a pervasive negative perception regardless of the numerous public education programmes done over the years. This hinders delivery of the service. The ministry will need government support as well as public support to be able to maintain the work it is doing with the people with heroin dependence.

3.61 **Lack of training in counselling:** According to Principle 6, point 6.2 of the WHO and UNODC's International Standards for the Treatment of Drug Use Disorder, staff working in specialized drug use disorders should be adequately qualified and receive on-going evidence-based training, certification, support and clinical supervision which are all needed to prevent "burnout' among staff members.

3.62 The Ministry informed that due to the lack of trained counsellors on the labour market, social workers were recruited to fulfill the role of counsellors who only have knowledge in general counselling. Audit reviewed the personal files of the 5 counsellors working with the programmes and did not sight evidence that they were formally given training in alcohol and drug counselling. Audit was however informed that the recruited counsellors were given some introductory basic training.

3.63 The Ministry has 2 licensed counsellors who are supervising the works of the counsellors recruited from the field of social work.

3.64 From the Ministry's training plan, audit noted that there was plan for further studies in Social Work for 3 staff, instead of training in counselling or addictology.

Conclusion

3.65 There is a requisite skill and training gap in the psychosocial function of the Division (DSAPTR).

Recommendation

3.66 Audit recommends the Ministry should prioritise bridging the capacity gap considering its importance for the successful implementation of the two programmes. Given the non-availability of skilled manpower, adequate training should be ensured to the counsellors and the Ministry should formulate a strategy to deal with the issue of non-availability of required licensed counsellors specializing in alcohol and drug abuse counselling.

Management Response

3.67 *Training is crucial for this field of work. In house counselling training is done regularly by the licensed counsellors Most of DSAPTR's staff have undergone ISSUP's UPC and/or UTC Colombo Plan training. This is an international accreditation body. As of 2023, there is one certified psychiatrist, one addictologist, and one medical officer. More training and higher certification is desperately needed for the counsellors, and the provisional psychologists on the team.*

Appendix 1 Audit Methodology

1. Review of documents

	Documents reviewed	The purpose of reviewing the document
1	The international standards for the treatment of drug use disorders	To obtain the structure and minimum standards of treating drug use disorder.
2	Best Practices – Methadone Maintenance Treatment[11]	To ascertain the best practices adopted under the LTMP & HTMP.
3	SADC prescribed Best Practice[12]	To ascertain the best practices adopted under the LTMP and HTMP.
4	The National Drug Control Master Plan - 2018-2023	To ascertain the strategic plan formulated or adopted to implement the LTMP and HTMP.
5	The Project Proposal of the Low Threshold Methadone Programme	To review the objectives of the Low Threshold Methadone Programme (LTMP) and to assess whether they are smart.
6	The Standard Operating Procedure of the programme	To review the documented procedures or SOPs prescribed for the Low and High Threshold Methadone Programmes (LTPM & HTMP) to ascertain compliance and their efficacy in terms of the results achieved.
7	DSAPTR's Client Database	To ascertain adequacy and accuracy of the clients database maintained. To analyse clients' progression on the LTMP and HTPM and the extent to which programmes objectives and targets have been achieved. To re-compute a sample of daily methadone stocks reconciliation from the dispensing sites.
8	DSAPTR's General Ledger vis a vis budgetary allocations	To establish cost of the LTMP & HTMP.
9	Stock movement records	To verify adequacy of the records maintained and control over movement of stock, mitigating the risk of theft or fraud.
10	Counsellor's personal files	To verify adequacy of the number of counsellors trained, retained and engaged in treatment of drug use disorders.
11	DSAPTR's training plan	To identify whether the Ministry of Health plans to train the counsellors engaged in the treatment of drug use disorder.

[11] Best Practices/Methadone Maintenance Programme/Canada

[12] Methadone Substitution Therapy Programme in Mauritius

Interviews

2. Audit conducted an entry meeting on the 7th of July 2022, with the Principal Secretary of Ministry of Health, who is also the Accounting Officer for the Division for Substance Abuse Prevention Treatment and Rehabilitation to get an overview on the Methadone Programmes from the strategic level.

3. Subsequent meetings were held with the Director General of the Division, the Principal Monitoring and Evaluation Officer, the Medical Officer, the Nurse in charge, the Programme Manager of the Psychosocial Unit and a senior counsellor to have a better view of the implementation of the programme.

4. Meetings were also held with the in-country World Health Organisation representative to seek information on the international standards set by the World Health Organisation in regards to the methadone maintenance programme and discuss their role in this regard and other relevant aspects.

Survey

5. The audit conducted a two-day survey on the 9th and 17th February 2023 covering all dispensing sites on Mahé collecting data from 700 randomly selected clients who came for their daily methadone dose. Client participation was voluntary. Below table shows client participation per dispensing sites.

Dispensing sites	Number of clients
Anse Aux Pins	83
Anse Boileau	70
Anse Etoile	46
Anse Royale	40
Beau Vallon	57
Cascade	61
MAT Clinic English River	193
Glasci	13
Les Mamelles	75
Mont-Fleuri	32
Roche Caiman	30
	700

Direct observation

6. Audit observed the start to end process at the MAT clinic to assess whether controls in place are operational and procedures prescribed are adhered to. Audit used the policies and procedures of internal stock control and the standard operating procedures (SOP) as guidelines to verify compliance.

Data analysis

7. Audit reviewed the database to obtain evidence of how many clients are registered on the LTMP and HTMP, to ascertain the registration trend, clients progress and the dosage being administered to the clients throughout the audit period. Data analysis of same was also carried out.

8. Audit also analysed the number of urine toxicology test performed during the years 2020-2022 and the number of clients tested and results obtained. Also to be noted that audit had some challenges whilst analysing the data since they were not readily available and often the figures kept on changing. Data relating to number of active clients on the programmes for 2020 and 2021 were submitted in August 2024 after the initial exit meeting.

9. Following the submission of the draft report on May 29, 2024, the exit meeting was held on July 23, 2024. The ministry's initial management response was received on August 16, 2024 however, further discussion was needed to finalise the response. A follow-up meeting with the Ministry took place on October 2, 2024 which included the PS (accounting officer) since he was not present in the initial meeting and the updated and final management response was received on October 15, 2024. Follow up information was received on the 28 November 2024. The report including the management response was submitted to the Principal Secretary on 03 December 2024 for further confirmation of fact and figures before the report is submitted for publishing. The Ministry's feedback was received on December 13th 2024 in which they agreed with the findings and provide an action plan.