VALSTYBĖS KONTROLĖ
PUBLIC AUDIT

ORGANISATION OF TREATMENT SERVICES FOR PERSONS WITH ADDICTION DISEASES

2 May 2023

No. VAE-4

SUMMARY

Relevance of the audit

The use of drugs and other psychoactive substances is a complex health and social problem. Drug users die younger because of poisoning (overdose), long-term drug use, infectious diseases, as well as accidents, violence and suicide as a result of being affected by these substances. In Lithuania, the average life expectancy of these persons in 2005-2019 was between 1.9 and 3.5 times shorter.

No less harm to a person's physical and mental health is caused by alcohol dependence. According to the OECD Health System Review Report 2018[1], Lithuania's population consumes 69 % more alcohol than the OECD average. Addiction to smoking, gambling, the internet, smart devices and social networks are increasingly identified, while undiagnosed and untreated addictions pose various social and psychological problems not only to the person with the disease, but also to their family members.

In Lithuania in 2022, 18.1 thousand persons received addiction treatment funded by the Compulsory Health Insurance Fund[2]. Determining the exact number of people suffering from addictions is difficult, since these persons are identified only when they seek assistance regarding disorders or the use of psychoactive substances, when they are registered with the child rights protection authorities or the probation service. International studies show that only 8 % of those in need of addiction treatment seek it.[3].

[1] OECD Reviews of Health Systems: Lithuania 2018. Available at: https://www.oecd.org/health/health-systems/OECD-Reviews-of-Health-Systems-Lithuania-2018-Assessment-and-Recommendations.pdf (referred to on 10 March 2023).

[2] Data of the National Health Insurance Fund, submitted to the National Audit Office on 29 March 2023.

[3] Alonso, J.; Angermeyer, M.C. Bernert, S.; Bruffaerts, R.; Brugha, T.; Bryson, H.; ... & Vollebergh, W.A. (2004). European Study of the Epidemiology of Mental Disorders (ESEMeD) Project Use of mental health services in Europe: results

Objective and scope of the audit

The objective of the audit is to assess the effectiveness of the organisation of treatment services for persons suffering from addiction.

Key audit issues:

- whether the availability of addiction treatment services is ensured;
- whether the monitoring of addiction treatment allows for the measurement of outcomes;
- whether the state supervision of the availability and quality of addiction treatment services is ensured.

Audited entities:

- Ministry of Health – because it develops policies for addiction treatment;
- Republican Center for Addiction Diseases – because it provides treatment services and participates in the development of methods of prevention, addiction treatment and psychosocial rehabilitation, prepares training programmes, organises training courses in the diagnosis and treatment of addictions for various addiction professionals;
- State Health Care Accreditation Service – because it carries out state supervision of the accessibility and quality of personal health care services and supervision of compliance with licensing conditions.
- The Institute of Hygiene, as the manager of the Monitoring information system of persons who apply to health care institutions for mental and behavioural disorders and use of narcotic and psychotropic substances – because it provides the summary findings of the results to the Drugs, Tobacco and Alcohol Control Department and medical institutions.

During the audit, we collected information and cooperated with representatives of the National Health Insurance Fund, the Department of Drugs, Tobacco and Alcohol Control, Gambling Service, Association of Public Health Bureaus, Lithuanian Psychiatric Association, Young Psychiatric Association, Association of Outpatient Mental Health Centres, Government Strategic Analysis Centres.

Audit period: 2019–2022. In some cases, we used 2023 data to assess trends and developments.

The audit was carried out in accordance with international standards of supreme audit institutions. The scope of the audit and the methods used are described in more detail in Annex 2, ‘Audit Scope and Methods’ (page 48).

from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project. ACTA Psychiatr Scand, 109(420), 47–54.

Main audit results

The organisation of treatment services for people with addictive diseases would be more effective if access to services was improved, especially for children and young people. Reliable and accurate data should be used to monitor the treatment of addictive diseases, enabling measuring the results and making informed decisions about the organisation of addiction treatment.

1. Access to addiction treatment services must to be increased

In 2022, 43% (out of 294) of personal health care institutions did not provide primary outpatient mental health care and/or specialised (addiction) psychiatric services reimbursed by the Compulsory Health Insurance Fund, even though they were licensed to do so. 38 % (out of 185) surveyed institutions reported that they did not provide treatment for mental or behavioural disorders due to a lack of specialists. Accessibility is particularly limited in some regions: in 4 municipalities, there was not a single medical institution providing at least one type of mental health service. 45% of people who sought help for addiction experienced difficulties in accessing it due to territorial accessibility. Without ensuring that mental health services are closer to those who want to receive treatment for addiction, opportunities to support people in their recovery are missed (Section 1.1, page 13).

In 2022, mental health centres failed to ensure the number of professionals and their working hours: they did not ensure 49% (out of 125) of professionals' teams working 6 hours 5 days a week and 37% of the number of professionals or their teams based on the number of residents registered. The provision of services was not guaranteed within the time limits by 46 % (out of 125) of institutions rendering primary outpatient mental health services, 16 % (out of 51) of specialised outpatient healthcare (adult psychiatrists) institutions and 25 % (out of 12) institutions providing specialised outpatient healthcare (children and adolescent psychiatrists). The hardest part was ensuring child and adolescent psychiatrist services: In October 2022, 56 % of services in primary outpatient care were delivered after more than 7 calendar days and 18 % services in secondary care - after more than 30 calendar days. Due to the lack of professionals, medical institutions were unable to ensure delivery of addiction treatment services on time (Section 1.2, page 15).

In 2021-2022, none of the 185 licensed medical institutions provided the psychosocial rehabilitation programme for adults (Minnesota). In the Republican Center for Addiction Diseases, the number of people treated under the Minnesota Programme remained relatively stable (from 846 to 856), while the use of the motivational therapy increased by 25 %. (687 to 862). Motivational therapy services were provided to 99% (out of 333 evaluated) of the people who met the conditions for psychosocial rehabilitation, 70% of whom received immediate services. It is not provided that the Minnesota programme can be continued after the end of the motivational therapy programme, but 58 % (out of 738) of the persons continued treatment under the Minnesota programme in 2021 on the basis of the recommendation of the doctors, when the Centre assessed that it was not appropriate to repeat the motivational therapy. The beds occupancy rate of the Units of the Centre implementing motivational therapy and the Minnesota Programme was within the target of 90 % and 85 % respectively in 2022. The Republican Centre for Addiction Diseases (RCAD) provides psychosocial rehabilitation services to adults to the best of its

ability, but it is not ensured that these services are provided by a wide range of other medical institutions (Section 1.3, p. 17).

In 2019-2022, psychosocial rehabilitation services for children and young people were provided only in the branches of the Republican Center for Addiction Diseases in Vilnius, Kaunas, and in Klaipėda since December 2022. The services were financed by the state budget. 99 % (out of 152 assessed) rehabilitation services were provided to children and adolescents without inpatient psychiatric treatment, and 92 % of cases did not meet the value of the assessment according to the Children's Overall Rating Scale. It is important that requirements for the treatment of minors with harmful use or a diagnosis of addiction are properly established and serviced. The occupancy of beds of the Centre's unit implementing psychosocial rehabilitation of children and young people was on average 57 % in 2019-2022 for objective reasons and below the target. In 2019-2022, only 3 other medical institutions provided inpatient addiction treatment to children and young people. This does not ensure the availability and provision of care services for minors' addiction (Section 1.3, page 17).

Between 2019 and 2022, the number of family members of people with addictions receiving counselling in medical institutions decreased by almost 2 times (from 74 to 38). According to the National Health Insurance Fund, 57 medical institutions provided counselling on addiction issues, with an average of 78 services per year for 48 persons. The relatives of persons treated in the Republican Center for Addiction Diseases received 3696 consultations, which are not recorded in the Compulsory Health Insurance Information System: these consultations were recorded in the health records of the persons being treated. In the absence of data on the services provided to relatives of persons with addictions, without knowing their real need, psychological support services for relatives cannot be ensured (Section 1.3, p. 17).

The stigma tends to lead to anonymous addiction treatment, and the conditions are in place for this. In 2022, one-third (687 out of 1779) received anonymous addiction treatment at the Republican Centre for Addiction Diseases, 85% of whom received services through the Minnesota programme. In the case of administrative offences, an increase of 83 % in 2022 compared to 2019 was observed for those who could opt for an alternative to punishment – addiction treatment. (Section 1.3, page 17).

Between 2019 and 2022, funding for the treatment of addictive diseases increased from EUR 10 million to EUR 14.7 million. During this period, the treatment was funded: from 44 % to 52 % — by the state budget, from 50 % to 43 % — by the Compulsory health insurance fund, 5 % — by income from services rendered. In 2022, addictive diseases ranked eighth in terms of funding per person and third in terms of funding per service for addictive diseases, compared to all mental and behavioural disorders, with funding for the treatment of addictive diseases accounting for 7 % of total funding for the treatment of mental and behavioural disorders.

Among the 101 responding medical institutions, the maximum wage for adult psychiatrists in 2022 exceeded the median by a factor of 3 (from EUR 2 789 to EUR 7 170), while the maximum wage for child and adolescent psychiatrists exceeded the median by a factor of 7 (from EUR 1 317 to 9 100).

Thus, funding for addiction treatment makes it possible to provide addiction treatment services, the services are financed both by the Compulsory Health Insurance Fund and by the State budget (Section 1.4, page 27).

2. Lack of attention to quality assurance in addiction treatment

There is a lack of methodologies for diagnosing and treating addictions, e.g. to the use of sedatives and hypnotics, tobacco use, and pathological gambling among minors, and the existing five (out of six) methodologies were developed more than 10 years ago and have not been updated. This does not ensure the use of up-to-date treatment methods (Section 2, page 30).

Addiction treatment services were not included in the priority areas of the Ministry of Health, therefore the State Accreditation Service for Health Care Activities did not carry out planned inspections in 2019-2022 to ensure the quality and availability of these services and to supervise the compliance with the licence conditions.

This way, no proposals were made to improve the functioning of the medical institutions providing addiction treatment. During this period, the Service carried out unscheduled inspections (according to notifications) of 11 institutions entitled to provide addiction treatment: two on supervision of compliance with licence conditions and nine on ensuring the quality and accessibility of service requirements for mental and behavioural disorders. Unscheduled inspections revealed 13 infringements (Section 2, page 30).

3. Monitoring of the organisation of addiction treatment needs to be improved

Between 2019 and 2022, five national strategic documents set targets for the provision of addiction treatment services. In order to have a national plan covering the field of addictive diseases, a resolution on the National Agenda on Drug, Tobacco and Alcohol Control, Consumption Prevention and Harm Reduction was planned to be adopted in the Seimas by the Q4 2022, and the action plan for this agenda, with the measures, timelines, targets and indicators, was supposed to be adopted by the Q1 2023, but has not been achieved. The Action Plan to improve the availability and quality of addiction treatment and harm reduction measures for 2021-2024 includes 44 measures, 39 % of which were implemented in a timely manner between 2021 and 2022. In 2022, 54 % (7 out of 13) of the indicators set out in this Action Plan were achieved. In the absence of a structured action plan on the field of addictive diseases, it is difficult to address addiction problems in a targeted way (Section 3, page 35).

In 2019-2022, 17% (out of 64) of the responding medical institutions did not keep records of patients who received addiction treatment, and 64% of them did not enter the data into the Monitoring Information System of persons who apply to health care institutions for mental and behavioural disorders and use of narcotic and psychotropic substances. Since July 2022, the results of the monitoring of this system have been aggregated only on the basis of requests from interested parties. Lithuania is committed to providing the European Monitoring Centre for Drugs and Drug Addiction with data on drug-dependent persons, therefore it is important to obtain accurate and reliable data and provide it to the Drugs, Tobacco and Alcohol Control Department periodically. In addition, medical institutions are required to provide information to two other information systems on the occupancy of their professionals, but the data is missing and inaccurate. These systems are intended to collect and manage information that is partly overlapping (e.g. professional's responsibilities, recruitment and dismissal information), which is an additional administrative burden for medical institutions. Monitoring data for the addiction treatment is not reliable, it is not possible to make informed decisions about

the planning of the need for human and financial resources by improving the organisation of the addition treatment (Section 3, page 35).

Changes during the audit

During the audit, the legal acts on the provision of primary outpatient mental health services, the provision of psychosocial rehabilitation services for people with mental disorders, the payment of pro-longed sickness benefits to insured persons for the treatment of addiction diseases, and planned inspections of institutions providing addition treatment were amended (see details in the audit results section).

Recommendations

To the Ministry of Health

1. In order to increase the availability of addiction treatment services, ensure the provision of these services in primary outpatient mental health care institutions through the management of the network of health care institutions.

2. In order to increase the availability of psychosocial rehabilitation services for persons suffering from addiction diseases, ensure the provision of inpatient Minnesota Program and/or motivational therapy services in each county.

3. In order to create preconditions for earlier provision of child and adolescent mental health services to children with harmful use or addiction, change the requirements for access to psychosocial rehabilitation services for children.

4. In order to ensure that treatment is effective – patient-centred and up-to-date treatment methods are applied, develop missing and update existing standardising documentation on the diagnosis and treatment of addictions in adults, children and adolescents.

5. In order to have reliable data to make informed decisions on the organisation of addiction treatment:

    5.1. ensure that accurate and correct data on mental and behavioural disorders during the use of narcotic and psychotropic substances are periodically made available to interested institutions;

    5.2. ensure the compilation and processing of data on professionals in medical institutions and their employment (recruitment and dismissal of professionals) in a single information system, without duplicating their provision.

During the audit, we submitted written proposals[4] to the State Service for Accreditation of Health Care Activities to improve the ongoing risk assessment of medical institutions and to monitor the implementation of recommendations made to institutions.

The measures and timelines for the implementation of the recommendations, the expected impact of the audit and the indicators for assessing changes are presented in

[4] Letter No SD-(210-9.3.1-E-6154)-429 of 26 April 2023.

the report section 'Recommendations Implementation Plan' (page 41). Relevant information on the state of the implementation of recommendations, results and changes that have taken place is published in open data on the website of the National Audit Office in Lithuanian at https://www.valstybeskontrole.lt/LT/AtviriDuomenys.