The Norwegian experience: Changing models of treatment and services within addictions in Norway

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Norway

Population: 5+ mill

8500-12500 “opioid drug users”

Polydrug

High injection rates

Ageing and older cohort of opioid users

- Diversification of drug users
Overdose deaths in Norway

✓ +/-260 annual deaths
✓ 68/1.000.000 (15-64 yrs)

OD deaths
- Injection of opioids
- Polydrug & benzodiazepines
- Ageing of opioid users; high comorbidity levels

EMCDDA Drug Report 2016
### Overdose in and out of treatment

<table>
<thead>
<tr>
<th>Methadone</th>
<th>No of deaths/person years</th>
<th>Overdose mortality rate/1000 person years (95% CI)</th>
<th>Overdose mortality rate/1000 person years (95% CI)</th>
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<tbody>
<tr>
<td></td>
<td>In treatment</td>
<td>Out of treatment</td>
<td>In treatment</td>
</tr>
<tr>
<td>Gearing et al 1974</td>
<td>33/14 474</td>
<td>21/1170</td>
<td>2.3 (1.6 to 3.2)</td>
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<tr>
<td>Cushman 1977</td>
<td>4/1655</td>
<td>7/297</td>
<td>2.4 (0.7 to 6.2)</td>
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<tr>
<td>Grönladh et al 1990</td>
<td>7/1085</td>
<td>27/740</td>
<td>6.4 (2.6 to 13.3)</td>
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<tr>
<td>Caplenhorn et al 1996</td>
<td>4/1792</td>
<td>19/2004</td>
<td>2.2 (0.6 to 5.7)</td>
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<tr>
<td>Buster et al 2002</td>
<td>42/18 747</td>
<td>26/10 983</td>
<td>2.2 (1.6 to 3.0)</td>
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<td>Scherbaum et al 2002</td>
<td>6/1114</td>
<td>13/172</td>
<td>5.4 (2.0 to 11.7)</td>
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<td>Davoli et al 2007</td>
<td>7/5751</td>
<td>9/998</td>
<td>1.2 (0.5 to 2.5)</td>
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<td>Clausen et al 2008</td>
<td>24/6450</td>
<td>28/1303</td>
<td>3.7 (2.4 to 5.5)</td>
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<td>Petes et al 2010</td>
<td>5/3985</td>
<td>13/727</td>
<td>1.2 (0.4 to 2.9)</td>
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<tr>
<td>Kimber et al 2015</td>
<td>169/91 792</td>
<td>216/45 265</td>
<td>1.8 (1.6 to 2.1)</td>
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<td>Cousins et al 2016</td>
<td>54/22 648</td>
<td>24/6247</td>
<td>2.4 (1.8 to 3.1)</td>
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<td>Overall</td>
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<td>Buprenorphine</td>
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<tr>
<td>Kimber et al 2015</td>
<td>31/21 936</td>
<td>143/31 239</td>
<td>2.6 (2.1 to 3.3)</td>
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L Sordo et al ;BMJ 2017;357:j1550
Meta-analysis conclusion (2017)

✓ Mortality risk among opioid users during methadone treatment is less than a third of that expected in the absence of OMT

✓ The mortality risk in the induction phase of methadone (first four weeks) is high

✓ The mortality risk in the four weeks immediately after cessation of treatment is high

➢ **Long-term treatment important (40wks+)**

Cornish et al, BMJ 2010
“Treatment effect” mortality, morbidity and crime; prior to, during and after OMT

Degenhardt et al, Addiction, 2010
Clausen et al, DAD, 2008
Skeie et al, BMJ Open, 2011
Bukten et al. Addiction, 2011

50%+ risk reduction
OMT patient numbers; with time
Waiting lists for OMT; 1998-2011

Riksheim M. et al, JSAT 2014
The Norwegian OMT system

✓ From limited high threshold to widely available low-threshold system (1997-2017)
✓ One national system with treatment guideline
  ✓ Medication by indication and patient centred

➢ Treatment initiations in specialist health care
  ✓ Follow-up in primary care and municipality
  ✓ 3-party shared responsibility; specialist hc, primary hc & social service

Waal H. EAR 2007
OMT patients in 2016

✓ 7500+ patients in treatment (injecting, polydrug)
✓ Mean age 44.3 yrs, and 30% women
  – 8% below 30yrs, and more than 28% above 50yrs
  – Mean dose methadone 93mg (15mg bup)
  – 28% prescribed benzo

➢ 36% severe somatic health problems
➢ 20% severe depression, 28% anxiety symptom

Annual OMT report 2017, SERAF
Current situation

Well-functioning national OMT system

- High coverage (+/-60%)*
- High retention (90% current year)
- No/Low waiting times
- Integration of; community health, social services & specialist services
- Pragmatic approach; rehabilitation (80) and harm-reduction (20)
- Annual evaluation report (treatment data)
- Annual x2 meetings; OMT clinic leaders
Overdose deaths and OMT; Norway

Overdose deaths

Numbers in OMT

Burden of disease report 2016; Norway; FHI
Overdose deaths, Norway

N

<table>
<thead>
<tr>
<th>Year</th>
<th>Totalt</th>
<th>Male</th>
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<td>2016</td>
<td>282</td>
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</tbody>
</table>
Opioid addicted persons?

1970s

2010s
Sure you can quit drugs – but first you have to survive!

National overdose prevention strategy

✓ Aims at reducing numbers of deaths annually
  – Long-term 0-vision

 ➢ Multidimensional strategy:
  – Improve access to evidence based treatment (OMT)
  – Take-home Naloxone distribution
  – Encourage “SWITCH” from injection to inhalation
  – Improve knowledge and practices in municipalities
  ➢ Included funding (also for evaluation/research)

https://helsedirektoratet.no/folkehelse/psykisk-helse-og-rus/overdose
https://helsedirektoratet.no/publikasjoner/nasjonal-overdosestrategi-20142017
Overdose deaths
A heterogeneous group; need for a range of interventions

Outside of treat.
Injecting in treat
Benzo in treat.
OMT
Residential treat.
Imprisoned

260
Opioid addicted persons
A range of coordinated interventions

- Reducing overdose deaths
- Prevent future problems
- Handle current problems

Prevention

Treatment

Continuum of care and approaches

Harm reduction
Opioid Drug treatment
A comprehensive model

Stable Abstinence

OMT Buprenorphine – Methadone

Dual diagnosis clinics

Syringe exchange

User room

Heroin

Low-threshold-OMT

Tapering off OMT

Abstinence oriented treatment AO

Compulsory treatment

OMT in prison

Compulsory

Stabilizing Harm reduction

From; Wim van den Brink
Dimensions of care

- Access to care
- Control while in treatment
- Quality of care (Long-term)

- Quality of care includes adoption to users needs
- Includes support towards meaningful daily activity and abstinent networks
The puzzle:
Why are overdose rates not decreasing more following large OMT expansions?
Two opioid waves?

- Heroin
- Observed overall trend
- Prescription opioids
Current challenge

- Growing and new at-risk groups outside of treatment
  - NPS opioids
  - Prescription opioids
  - Sporadic opioid users (low tolerance)

- Need for new and targeted interventions
- And provide for the “classical” opioid users
Some remaining challenges

- To provide evidence based treatment
- To provide access to relevant treatment
- To provide an appropriate range of treatments
- To provide a continuum of care
  - Attract and keep high numbers of patients
- Give appropriate priority towards harm reduction
Aims of treatment; opioid addiction

✓ Rapid access to treatment
✓ Provide a range of treatments
  ✓ OMT a central part of treatment provision
✓ Individually adapted treatments (comorbidities)
✓ Multidisciplinary teams
✓ Long-term treatment and perspective
✓ Provide treatment concurrent with intensity of disorder

➢ Control disorder & reduce risk
➢ A continuum of care!
New developments

➢ Drug policy reform
  – Decriminalize possession of smaller amounts of drugs
  – Provide treatment not imprisonment
  – Introduce heroin-assisted treatment as a trial
At last:

✓ Social exclusion, social inequalities, and stigma increases risk for harmful drug use

➢ Reducing social inequality and the inclusion of individuals into «the productive society» have the potential to reduce harms from drug use