

Heroin Assisted Treatment (HAT) in Switzerland

Thilo Beck

Head Psychiatrist

Arud Centres for Addiction Medicine, Zurich

Arud

Centres for Addiction Medicine



Patients in Treatment

- Alcohol, cocaine, cannabis, BDZ, party drugs
approx. 1'000
- Opioid maintenance treatment (OMT)
methadone/buprenorphine/morphine (SROM)
approx. 750
- Heroin-assisted treatment (HAT)
approx. 240

Comprehensive Interdisciplinary Medical Care

Therapeutic Staff: 89 Employees

- Psychiatry/Psychotherapy 17 Physicians
8 Psychologists
- Internal Medicine 7 Physicians
- Social Work 3 Social Workers
- Physician Assistants 4 Assistants
- Nursing staff 43 Nurses (part time)
(take out, first line)

Treatment Concept

Quality of life

Greatest possible reduction of harm

- ↳ Flexible, patient oriented goal setting
- ↳ Low threshold, easily accessible
- ↳ Minimal constraints (barriers)
- ↳ Interdisciplinarity

Agenda

- ↳ Introduction
- ↳ OMT and harm reduction
- ↳ OMT and HAT in Switzerland
- ↳ Practice in Arud Centres
- ↳ Take home messages

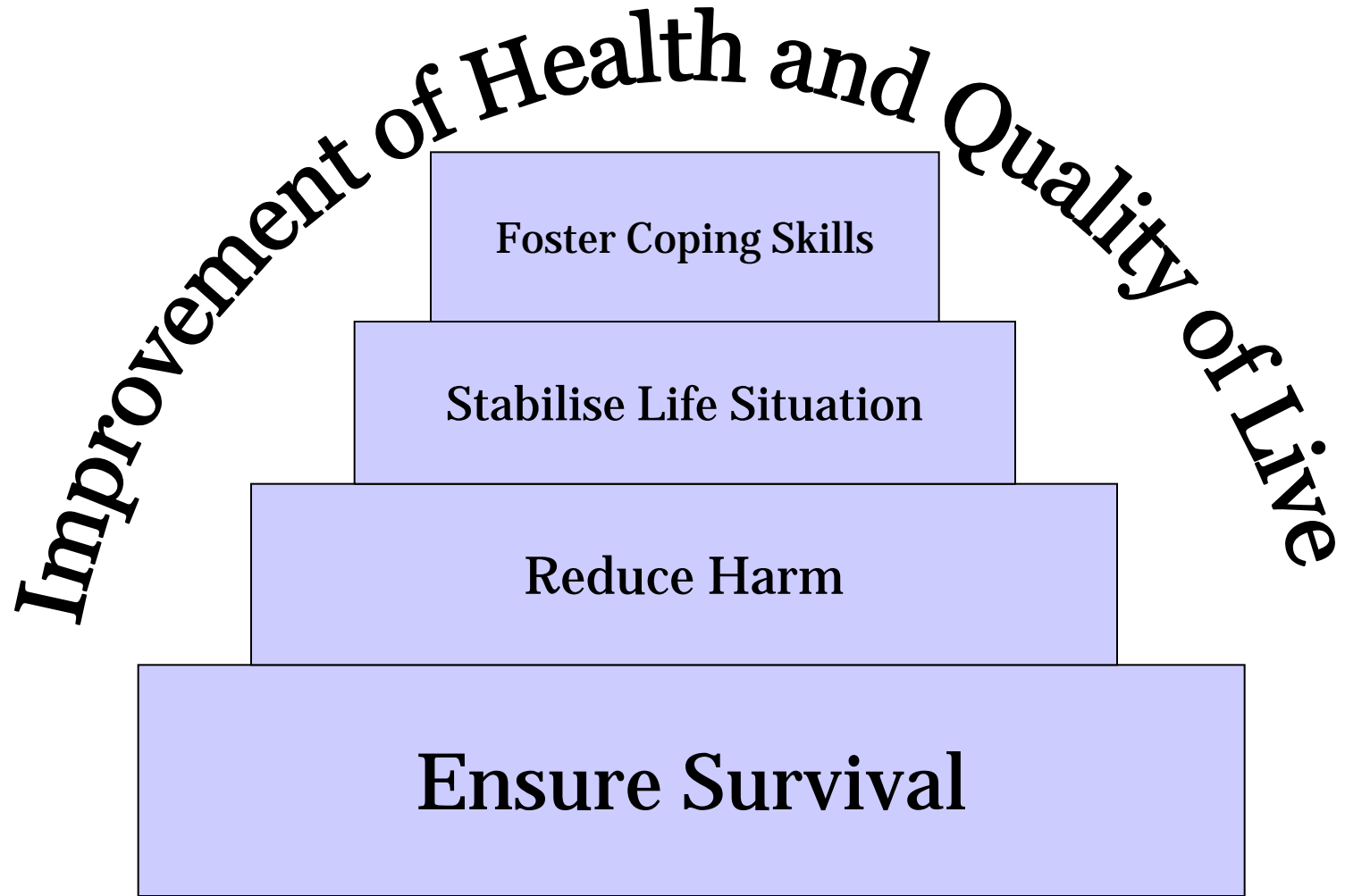
Platzspitz 1986 – 1992



Platzspitz today

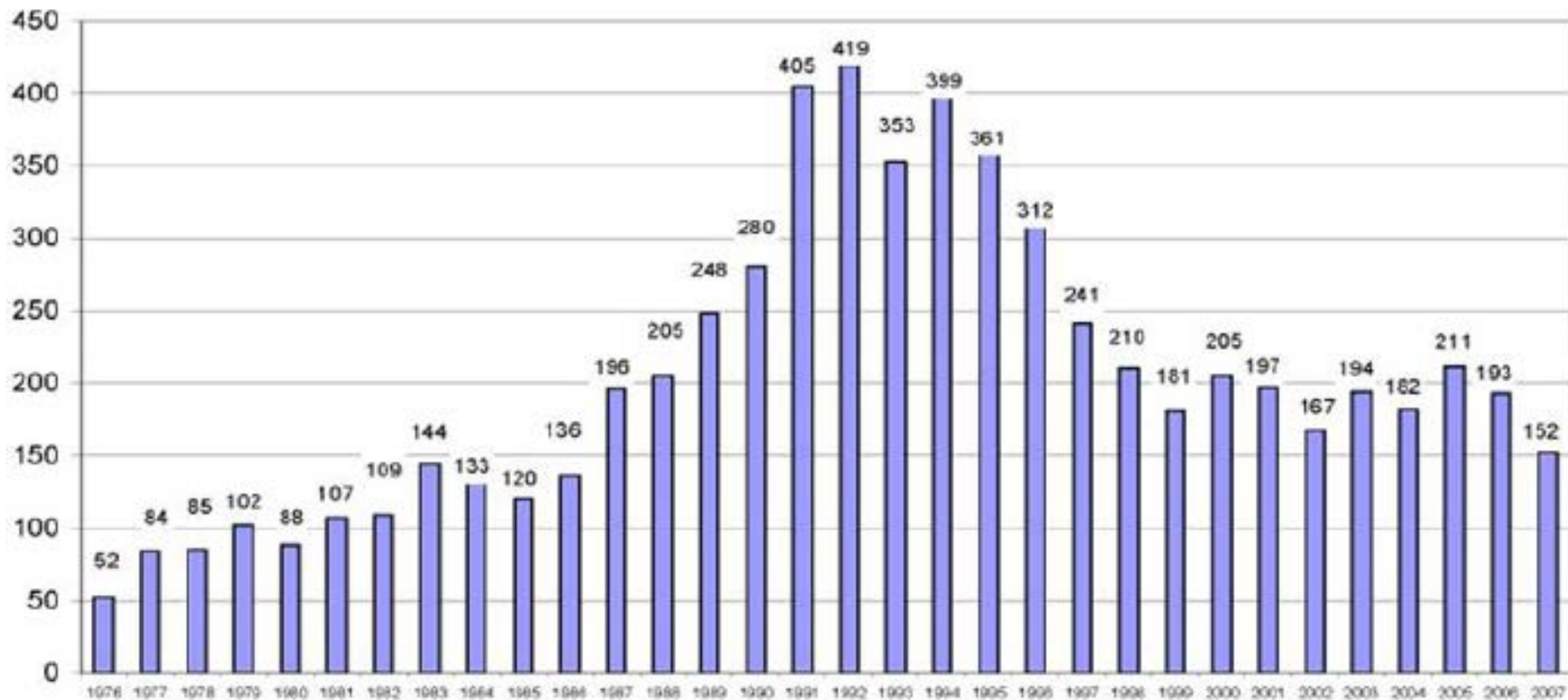


Therapeutic Goals

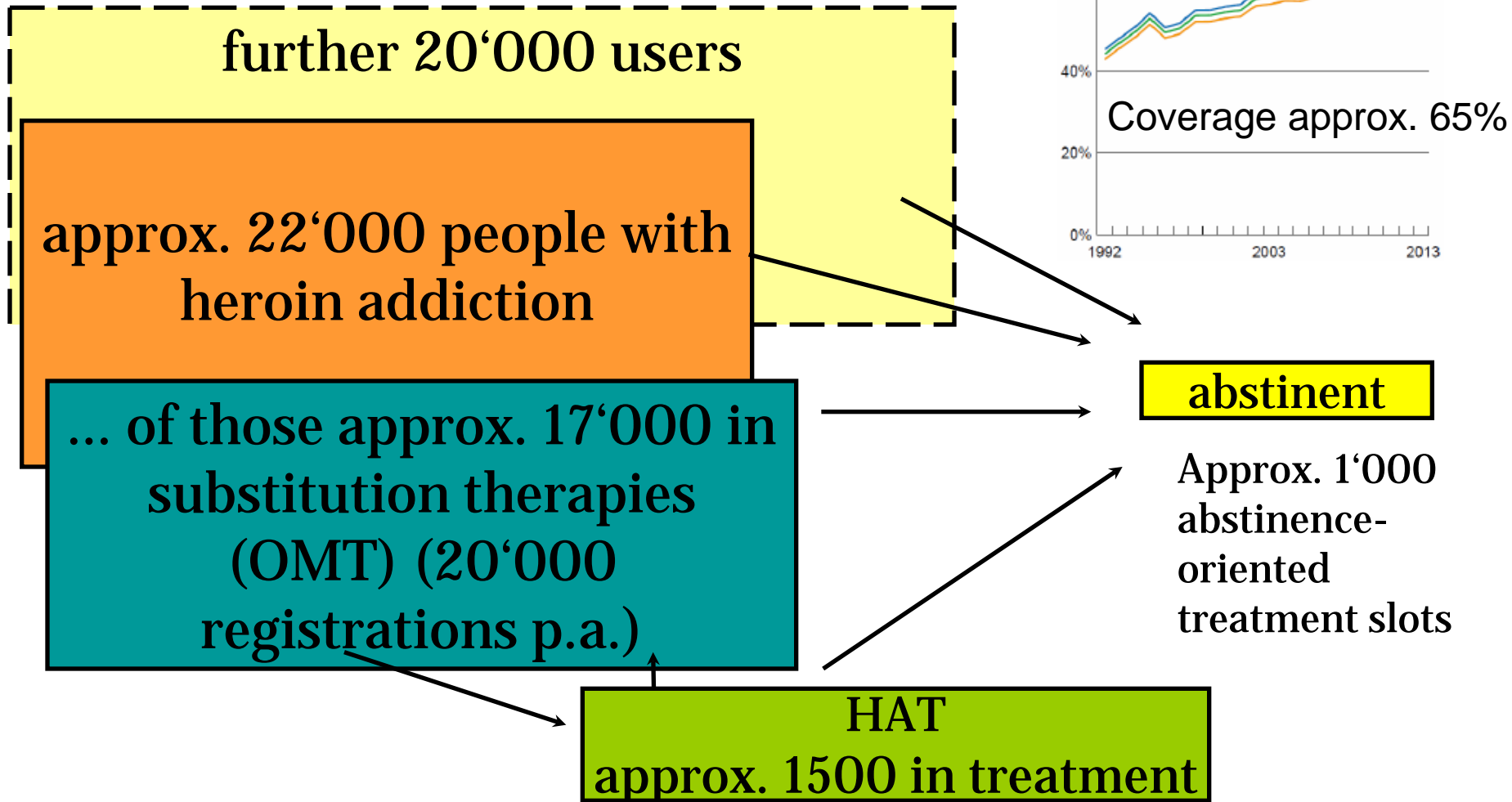


Abstinence seen as a possible state, not as goal per se

Drug Deaths 1976 - 2007

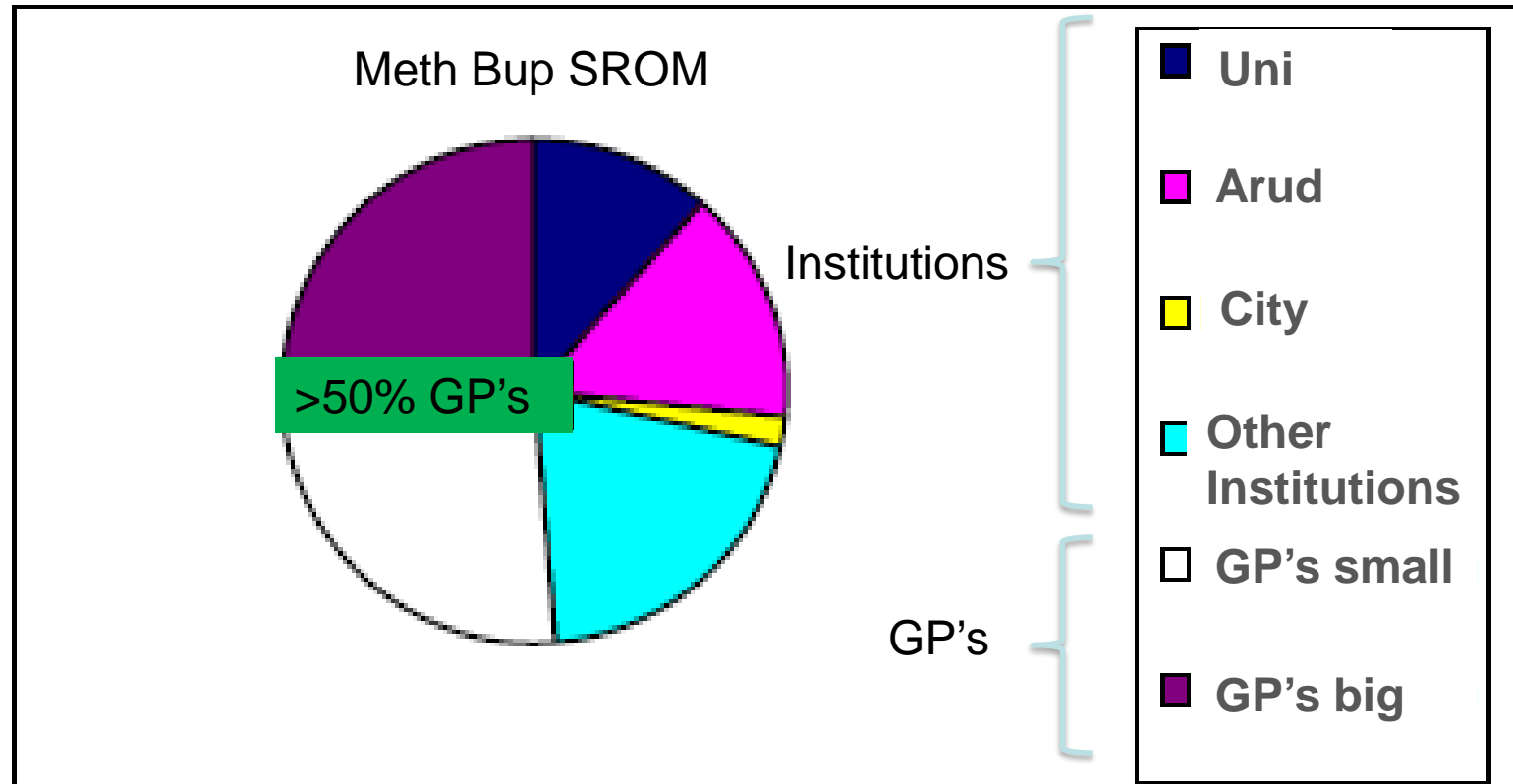


Supply and Demand of OMT and HAT in Switzerland



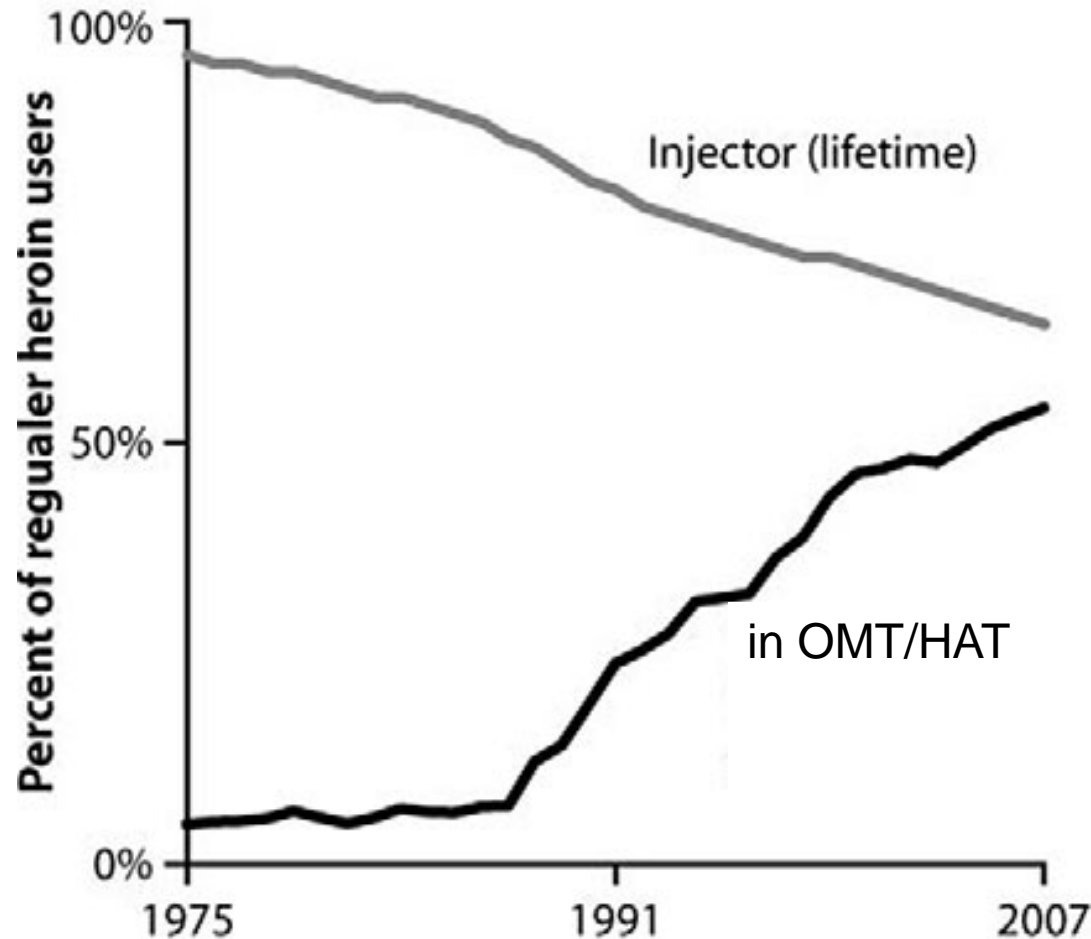
Switzerland: approx. 8.3 Million Inhabitants

OMT in the Canton of Zürich



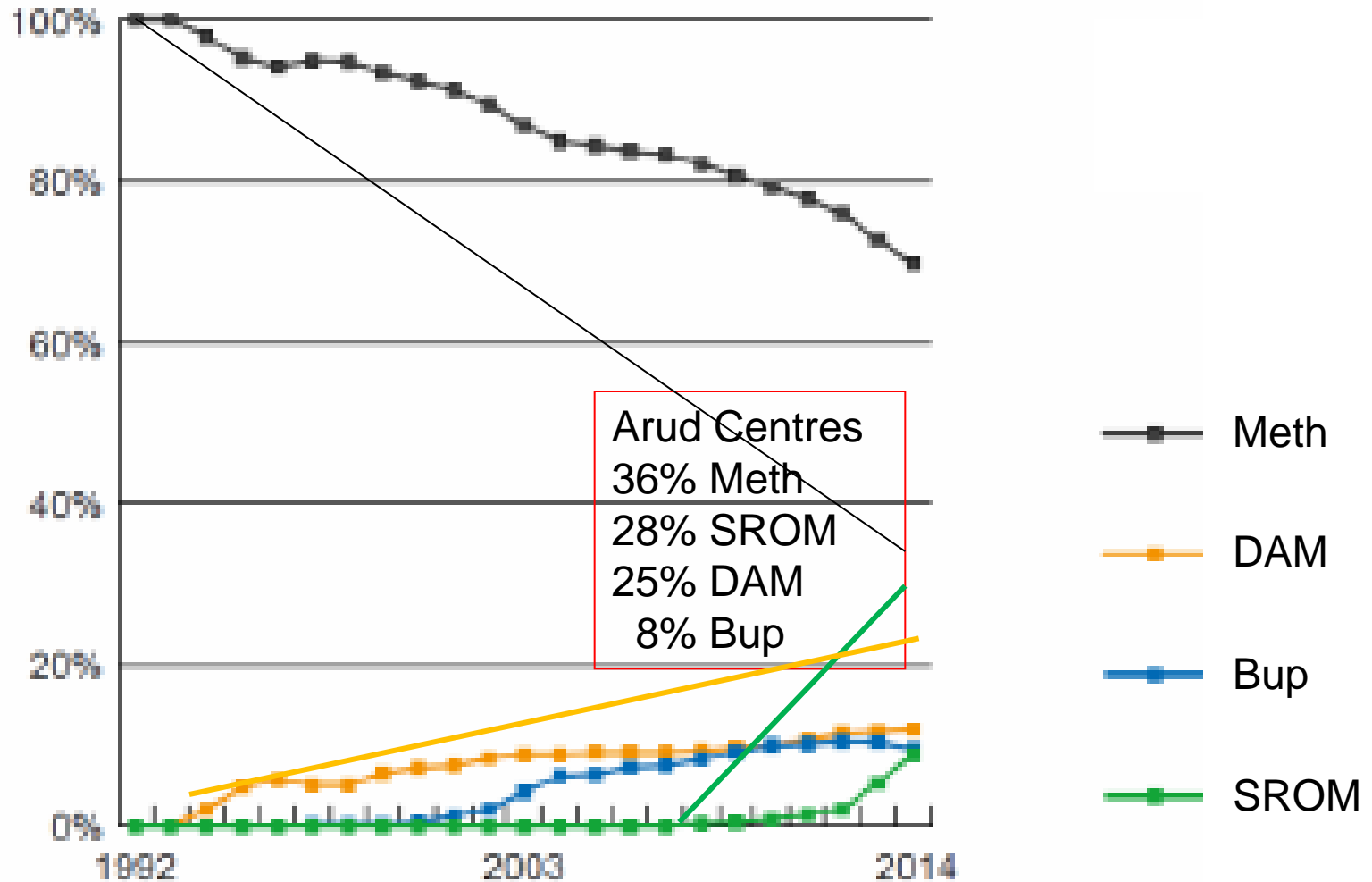
HAT restricted to licensed centres

Treatment Coverage and Injecting



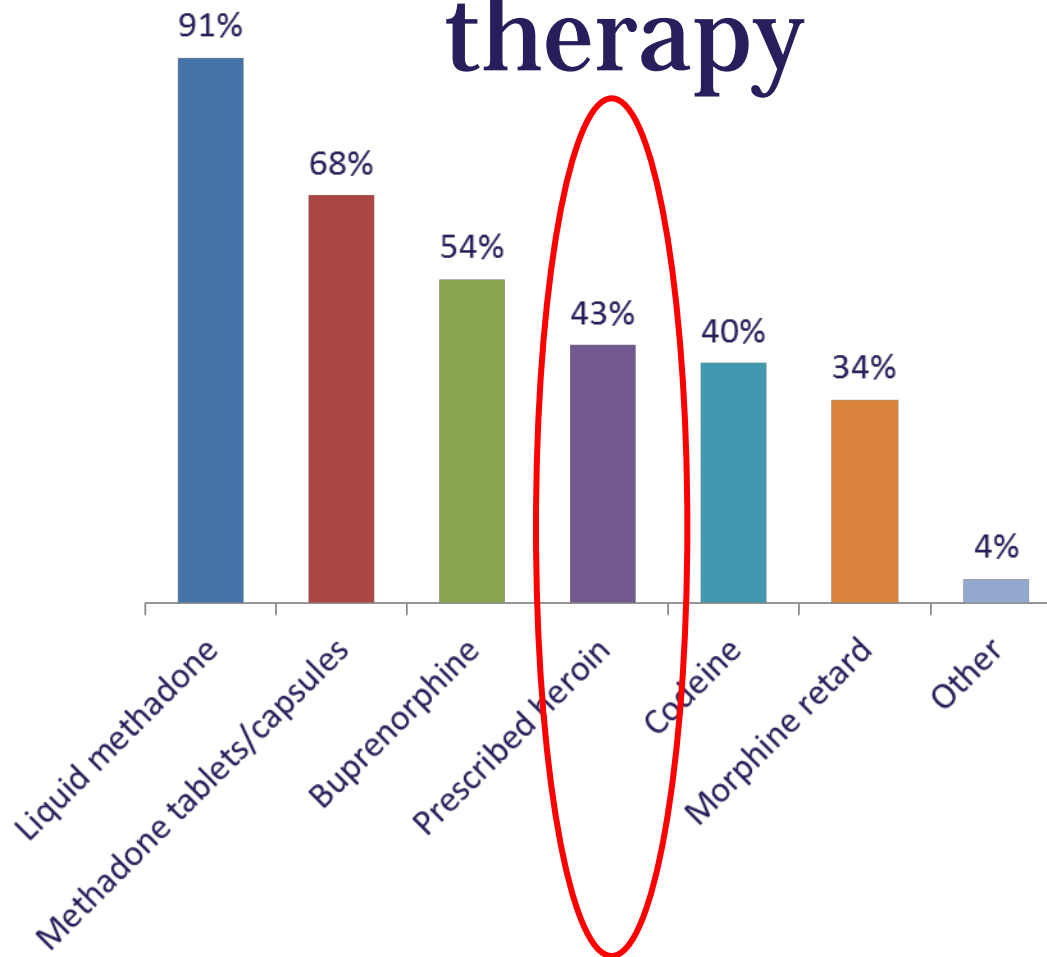
Nordt 2010

Diversification Canton of Zurich

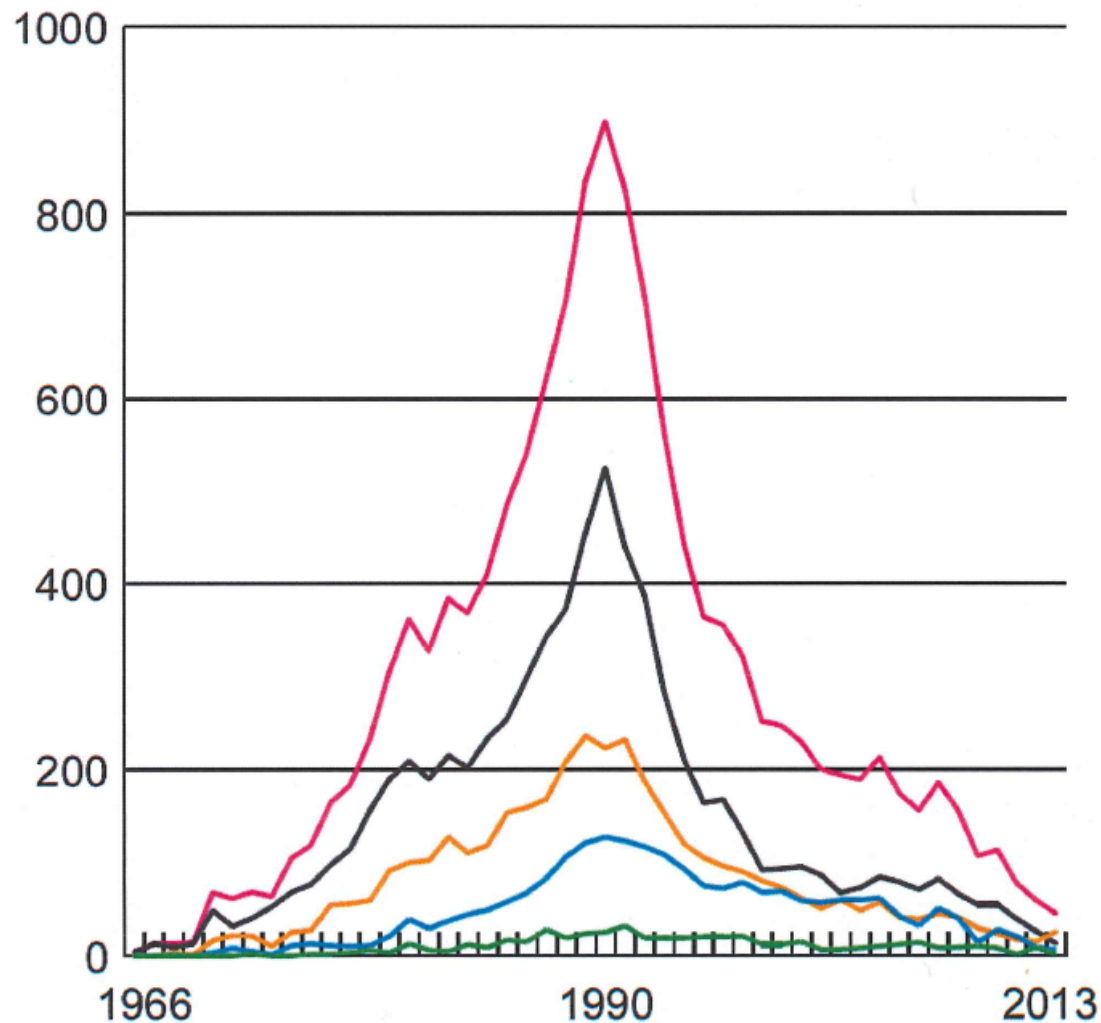


Nordt 2014 , unpublished

Awareness of available OMT options prior to initiation of therapy

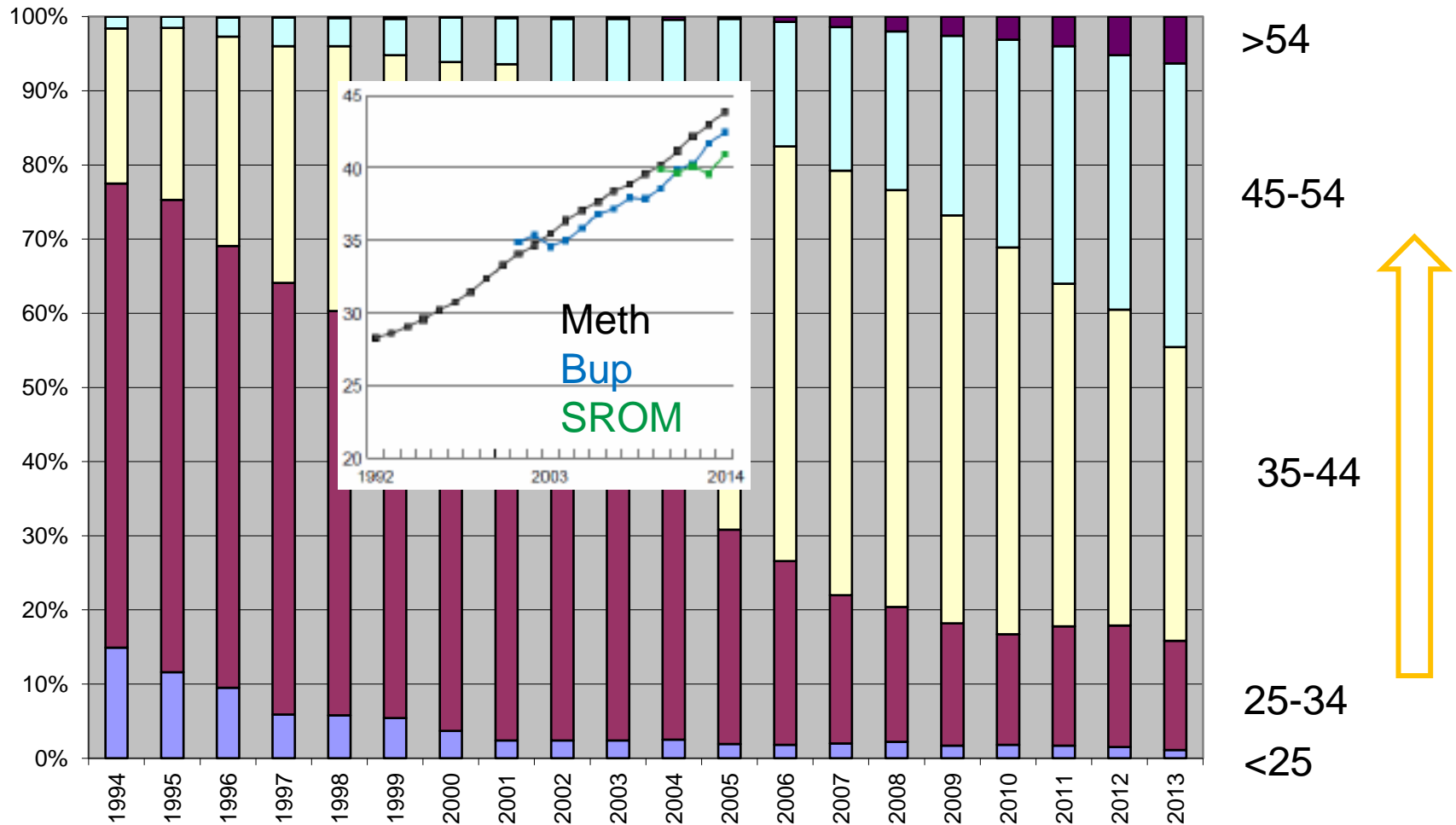


Incidence of Regular Heroin Use

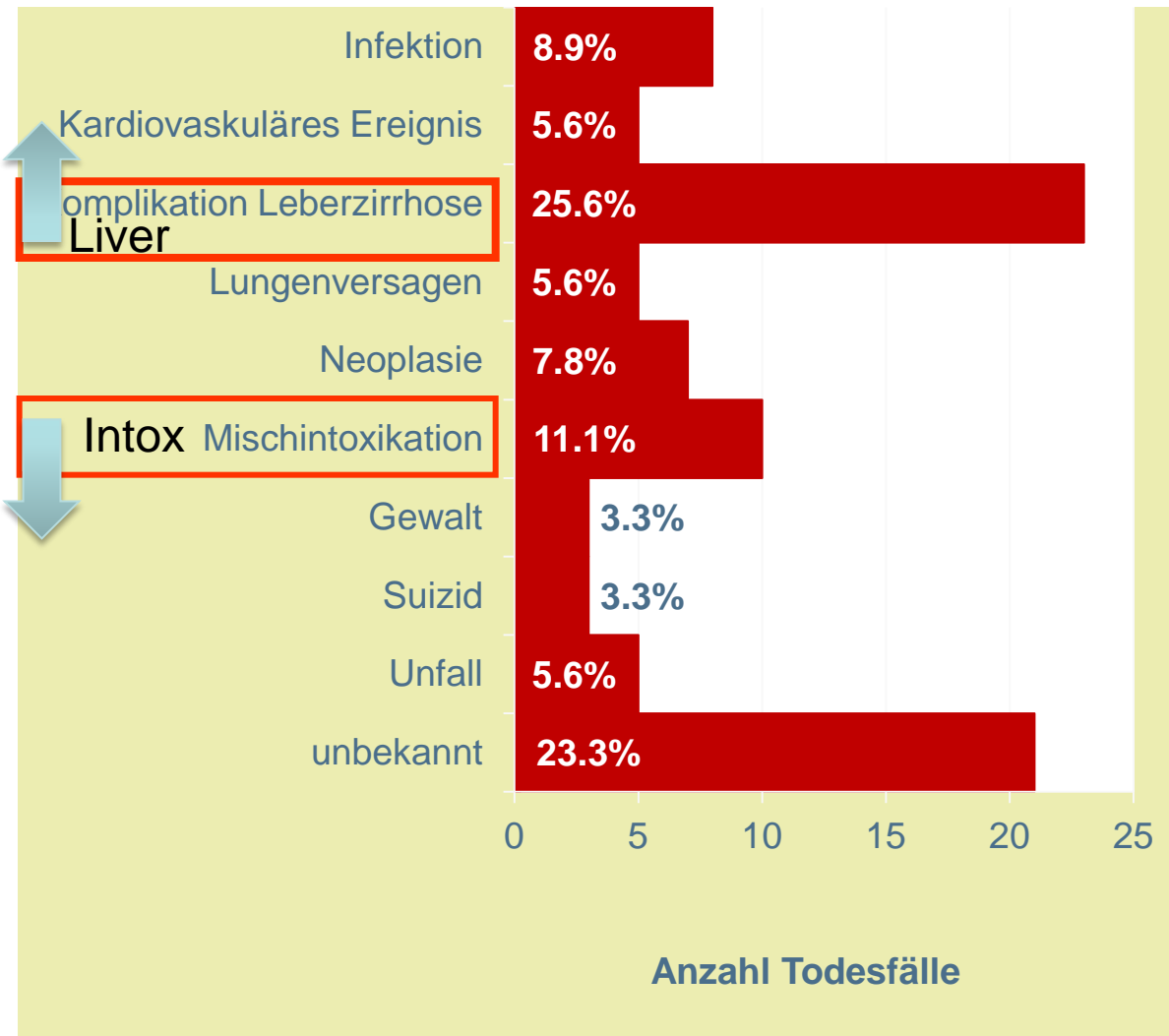


Nordt, 2014

Age of Patients in OMT/HAT



Causes of Death



Arud Cohort
2005-2012

Graf 2013

Aging and Comorbidities

Average Age: >40 Years

HIV Prevalence 12%, HCV 68%

Mortality caused by physical diseases >>
drug related deaths

Increasing need of internists

8 days inpatient treatment/patient/year

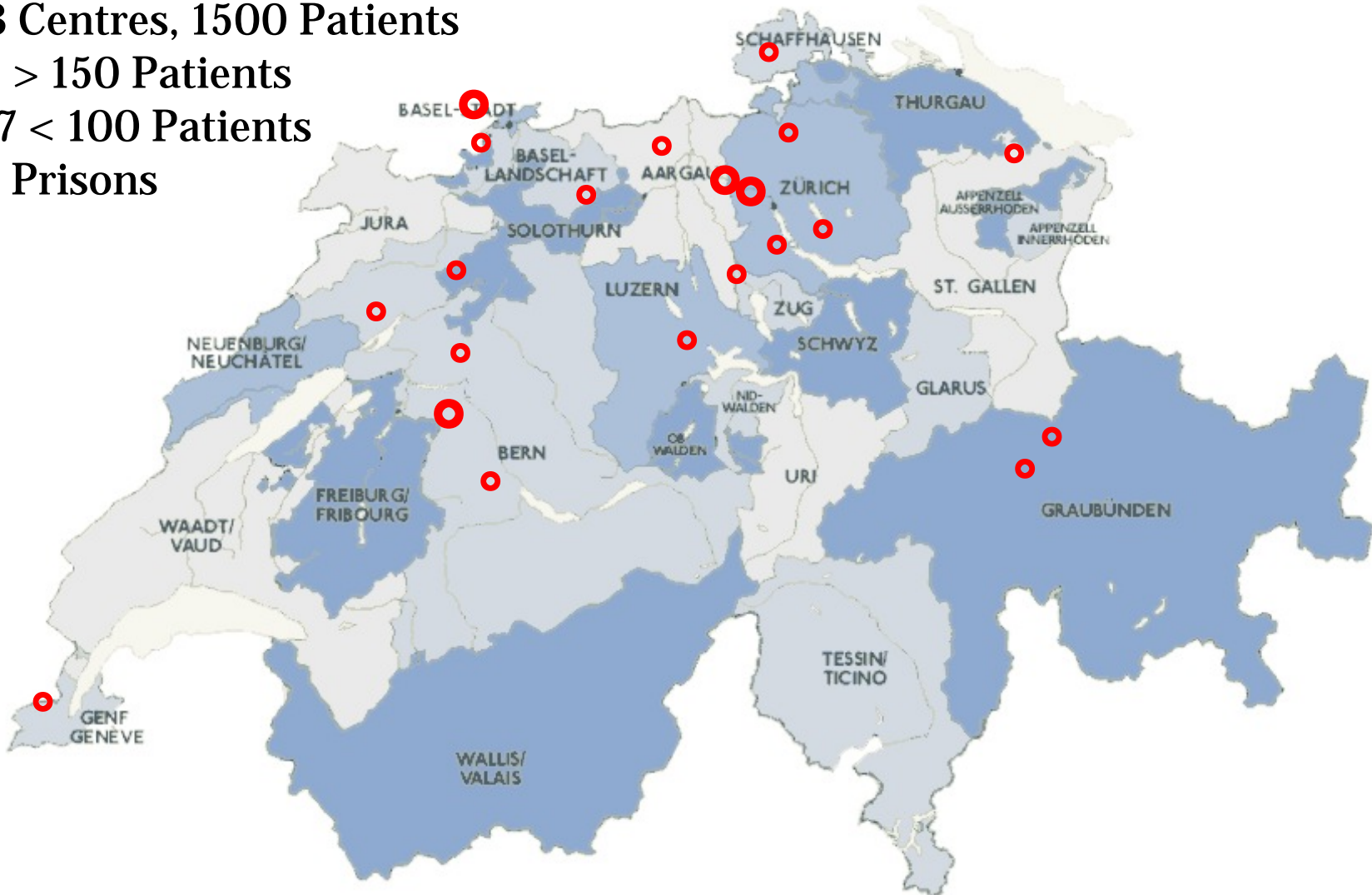
Key Points of OMT

- Access to treatment
- Adequate disclosure of information
- Choice of best tolerated substance in sufficient dosage
- Take homes
- Patient autonomy, no coercion
- Individual goal setting
- Treatment of concomitant conditions

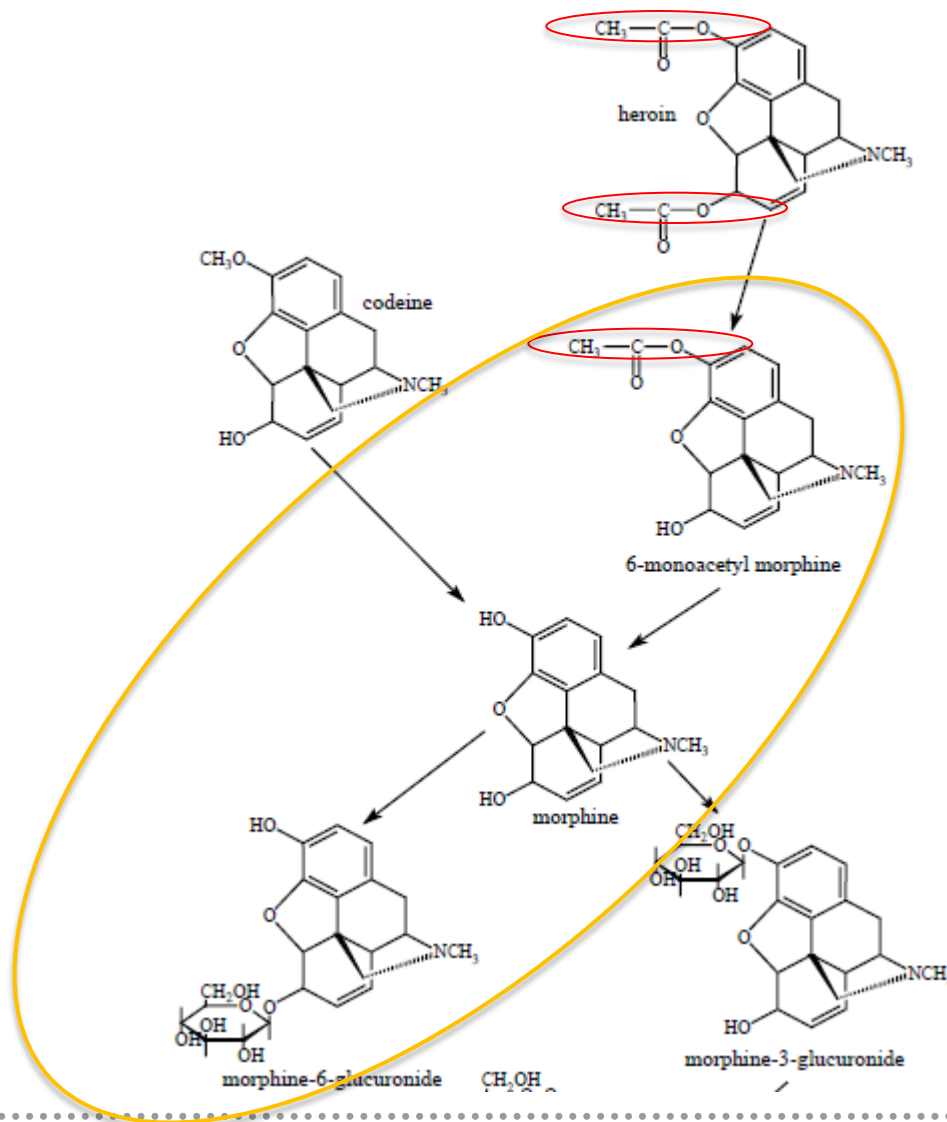
HAT in Switzerland

23 Centres, 1500 Patients

- 4 > 150 Patients
- 17 < 100 Patients
- 2 Prisons



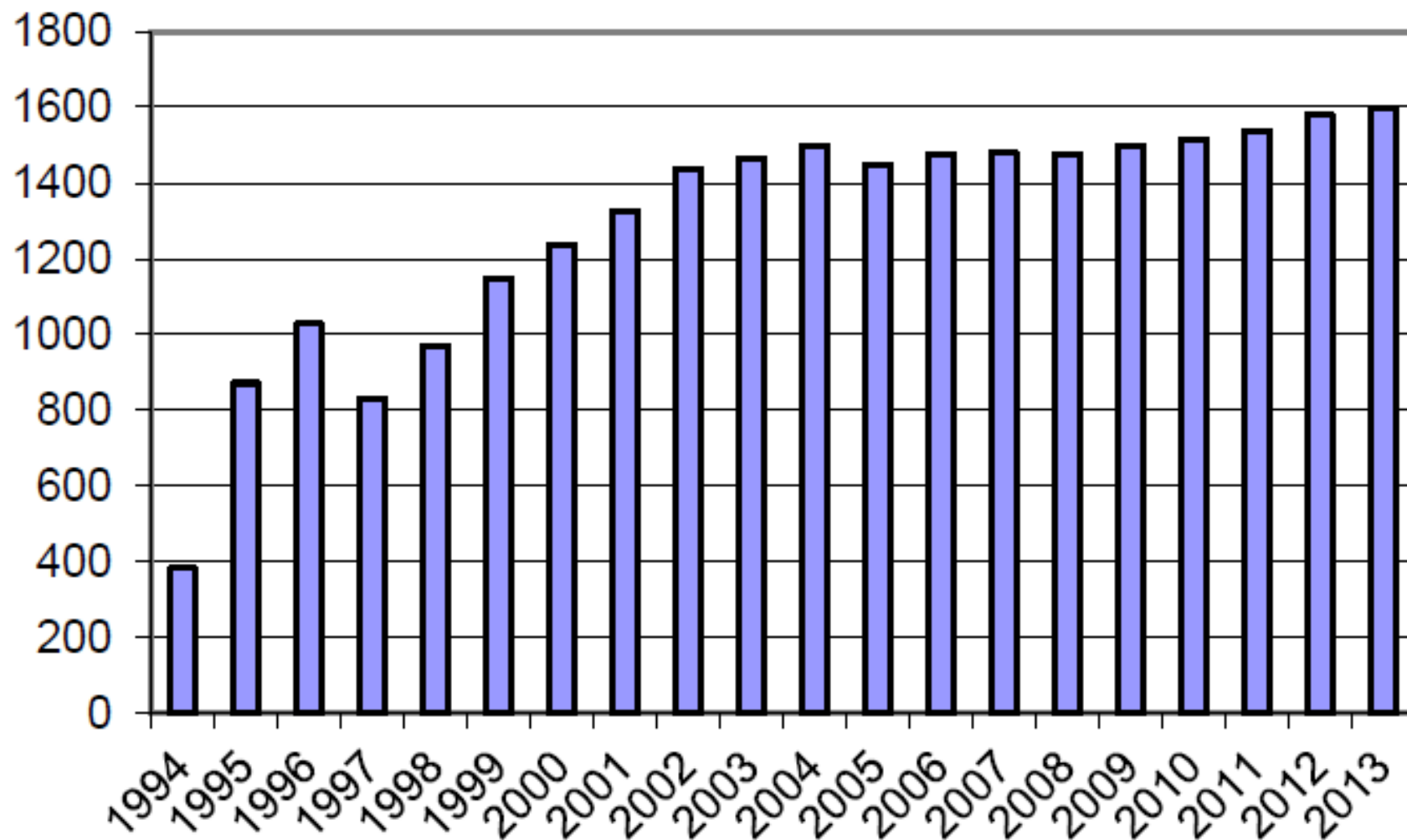
Morphine and Diacetylmorphine



Diacetyl
morphine (DAM)
as Prodrug

6-monoacetyl
morphine,
morphine and
morphine-6-
glucuronide as
acting agents

HAT-Patients in CH



Access to HAT

Criteria for admission:

(Swiss narcotics act)

Minimal age 18 Years

Opioid dependence for minimum 2 years

At least 2 prior treatments other than HAT

Physical, psychical or social impairments

Set-up of HAT

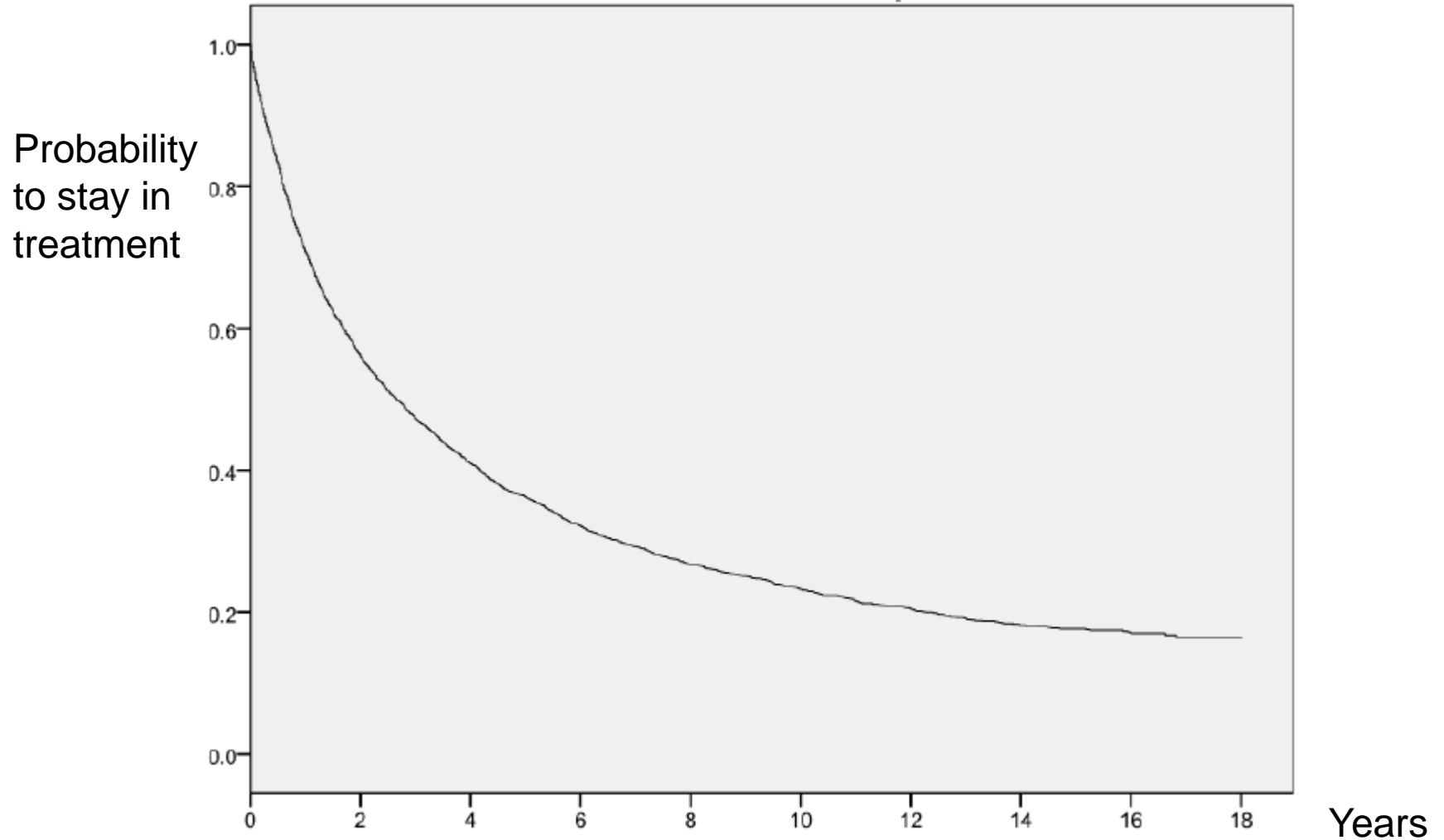
Admission takes weeks

Admission criteria rather limiting

Limited take-home doses (max. 2 days)

High threshold, difficult conditions of
treatment

Retention



Schaub 2013

Costeffectivenes of HAT

Daily costs all over

Homeless heroin user no treatment

CHF 160.- / EUR 145.-

Heroin user in prison

CHF 110.- / EUR 100.-

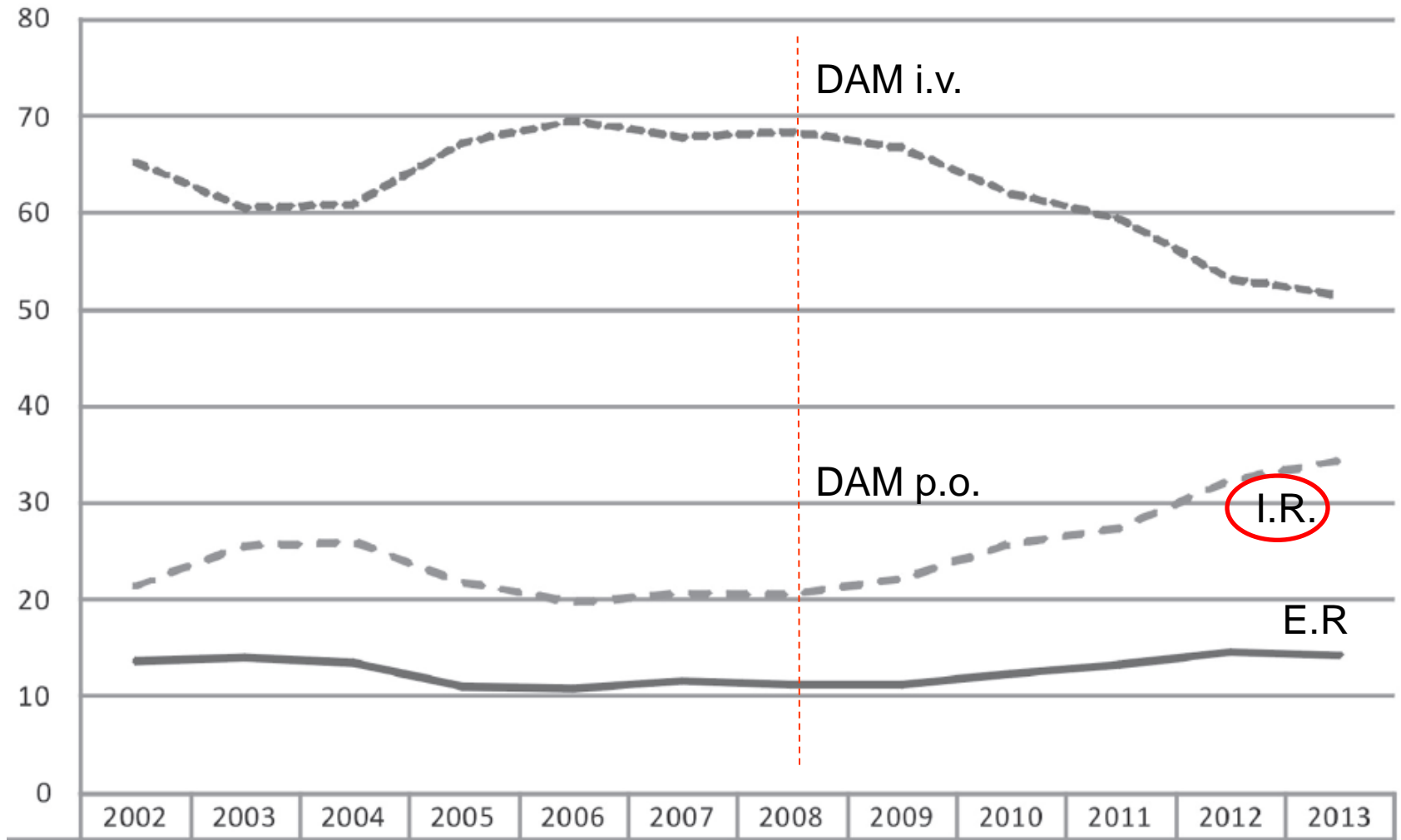
Heroin user in HAT

CHF 60.- / EUR 55.-

Arud Centres with HAT

- Start 1994
- 240 Patients in Treatment
- Form of Administration
 - 24% DAM i.v
 - 29% DAM i.v. and p.o.
 - 47% DAM p.o.

DAM prescribed in CH



Kormann 2013

Arud Centres with HAT

- Take-home doses of injectable DAM not possible for technical reasons
- Take-home doses of DAM-tablets for up to 2 consecutive days (approx. 50% with 2 days)
- DAM and methadone or SR0M frequently combined (approx. 60%)

DAM-Tablets

Morphine from prodrug DAM acts quicker and reaches higher plasma levels

- Invasion time 20 min. with pronounced effect
- Invasion time 50% quicker than morphine
- Bioavailability 37% better than morphine

Practice in Arud Centres

DAM i.v.

Max. 6 injections per day

Max. 1200 mg/d

Average daily dose : 600-800 mg/d

Single dose ≤ 200 mg

DAM p.o. (Tablets à 200 mg)

Max. 3 applications per day

Max. 1800 mg/d

Average daily dose: 1000-1200 mg/d

Individual dosing by the patients within safe limits

Summary

- Good coverage with OMT due to harm reduction approach
- HAT essential part of comprehensive treatment range of various substances
- Increasing proportion of oral DAM application
- Potential of HAT only partly deployed due to restrictions by federal law