

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

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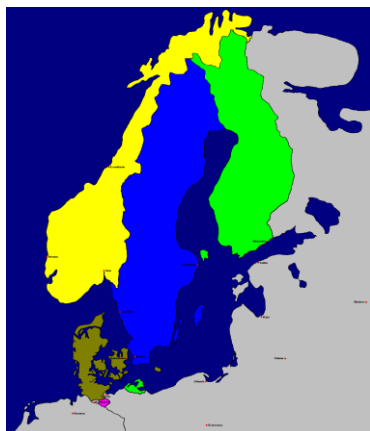
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March, 2018

Glasgow



Norway



Population: 5+ mill

8500-12500 “opioid drug users”

Polydrug

High injection rates

Ageing and older cohort of opioid users

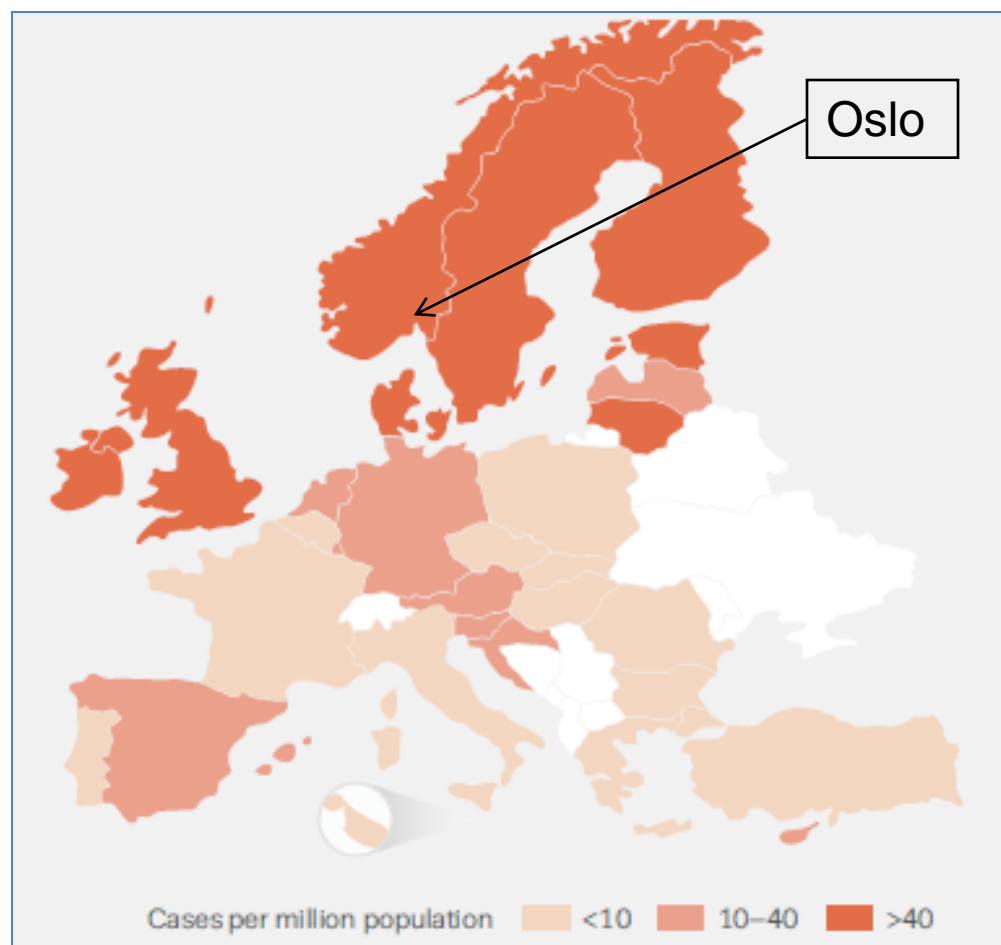
➤ Diversification of drug users

Overdose deaths in Norway

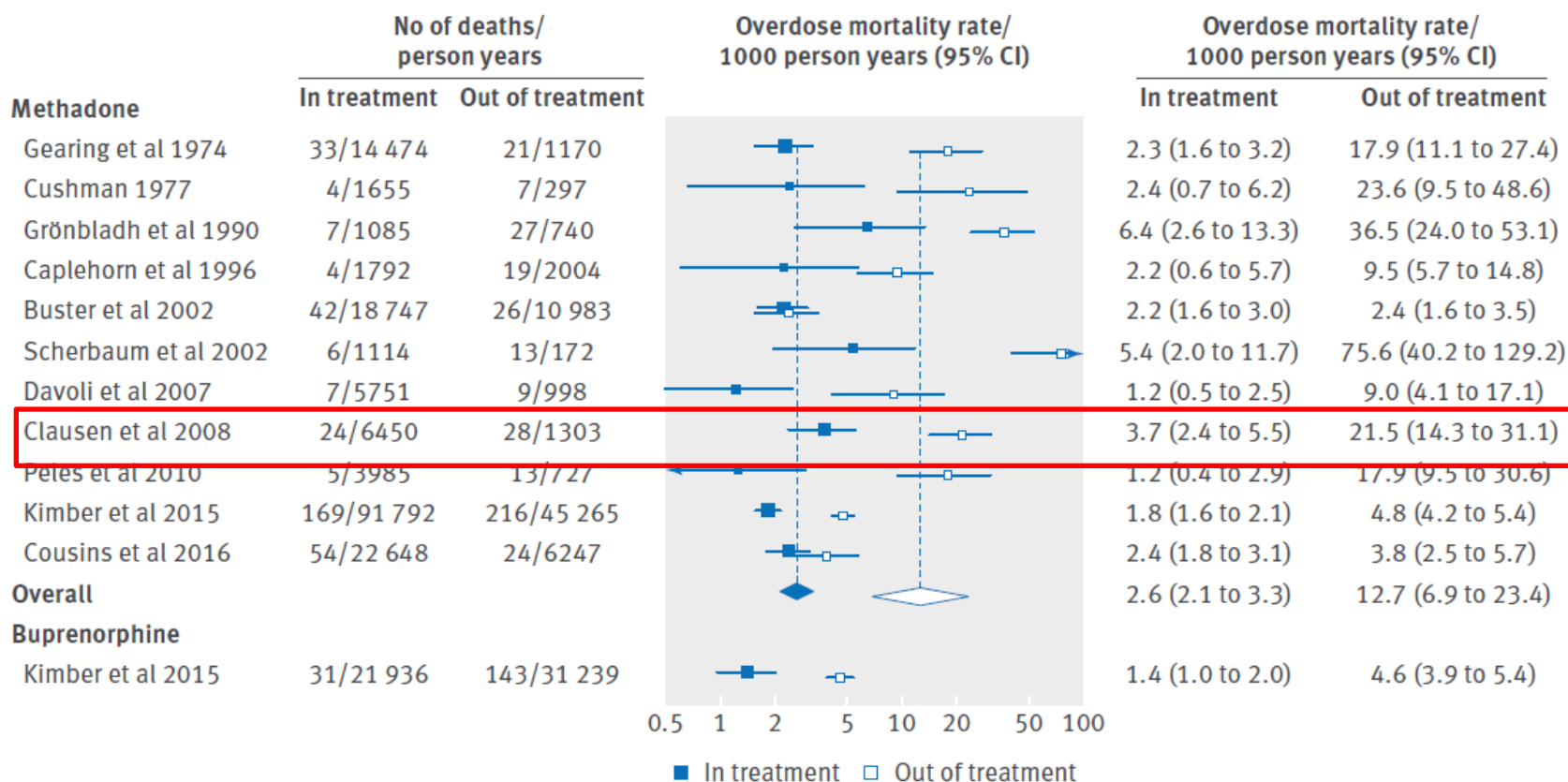
- ✓ +/-260 annual deaths
- ✓ 68/1.000.000 (15-64 yrs)

OD deaths

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



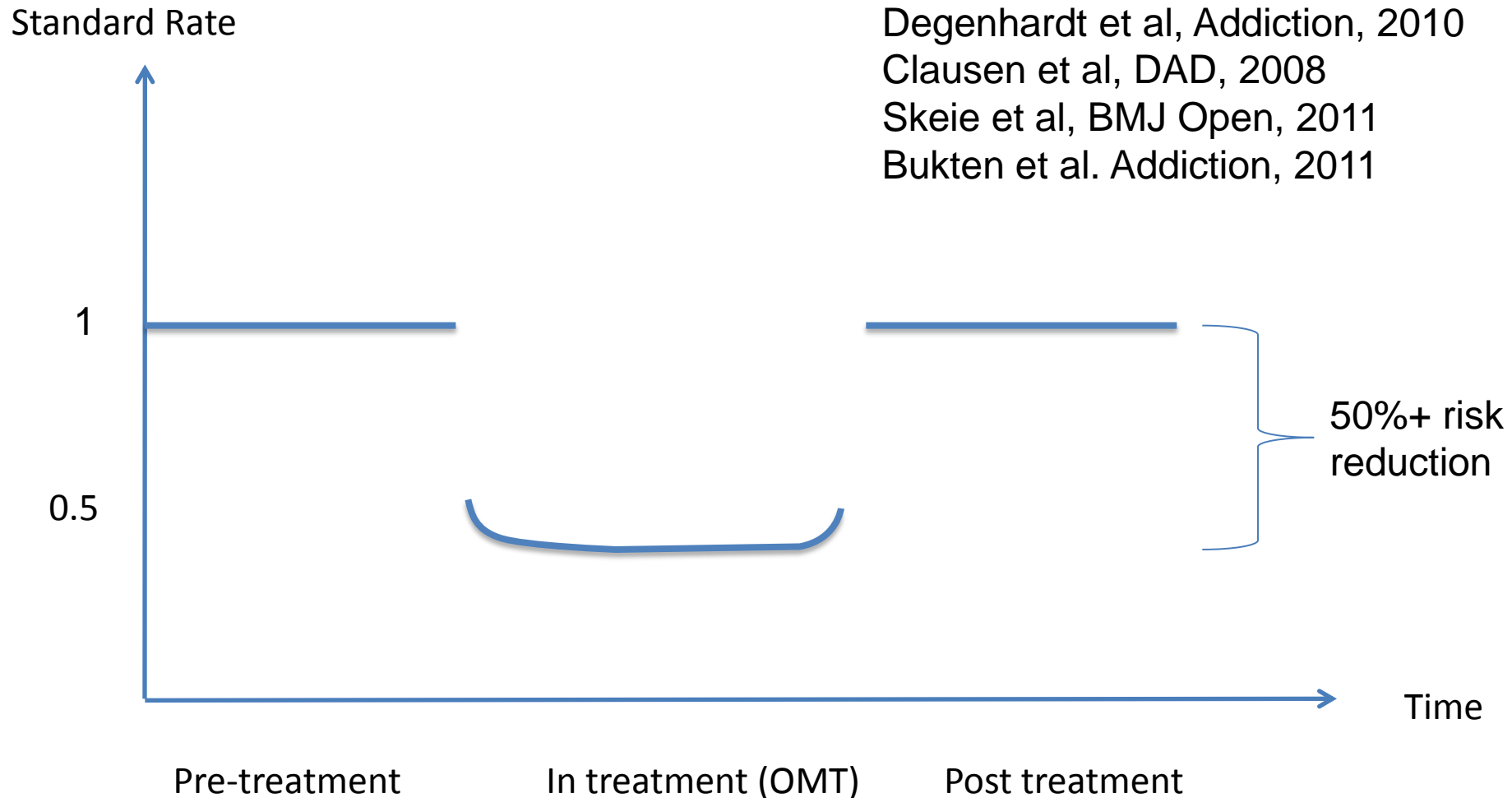
Overdose in and out of treatment



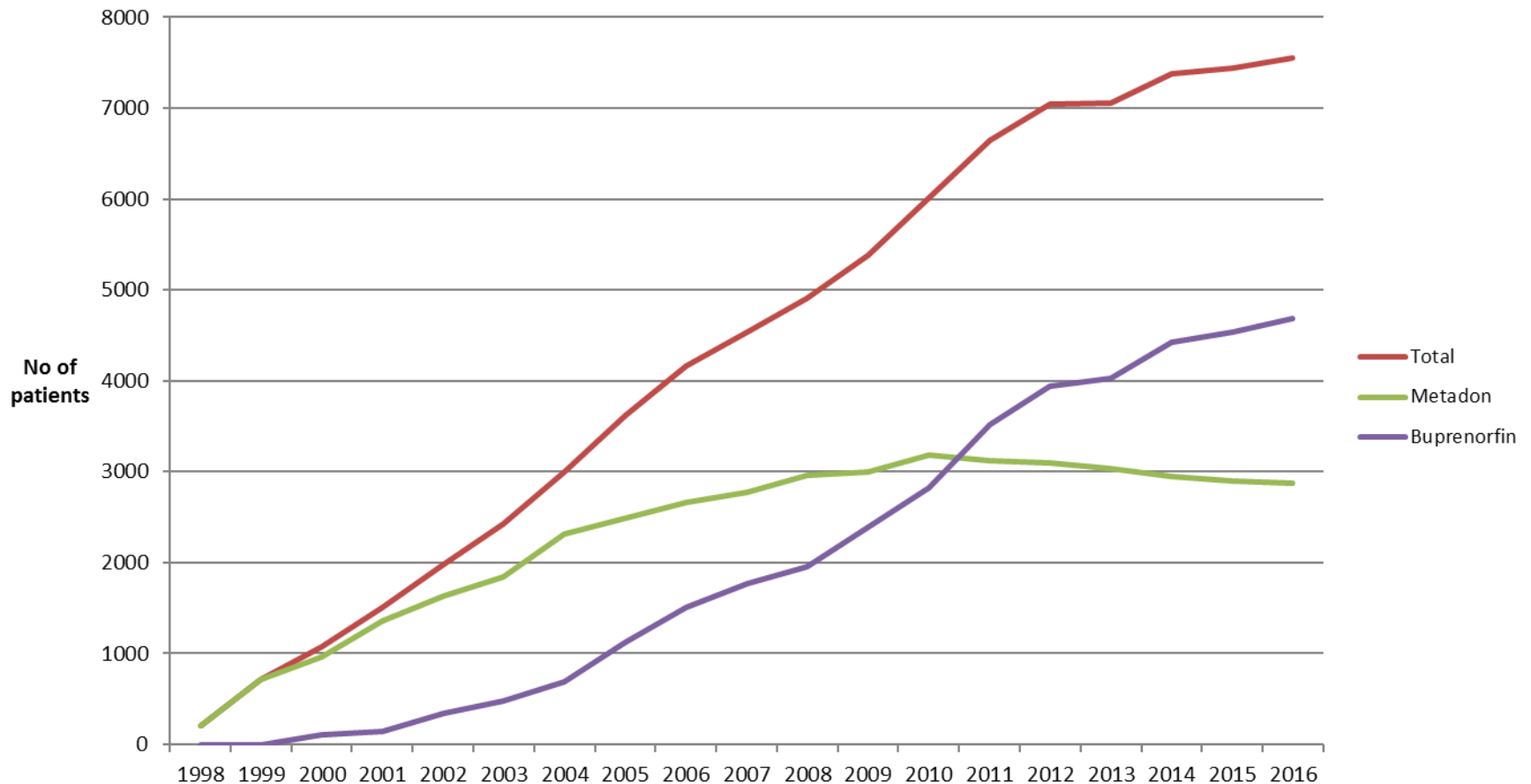
Meta-analysis conclusion (2017)

- ✓ 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+)**

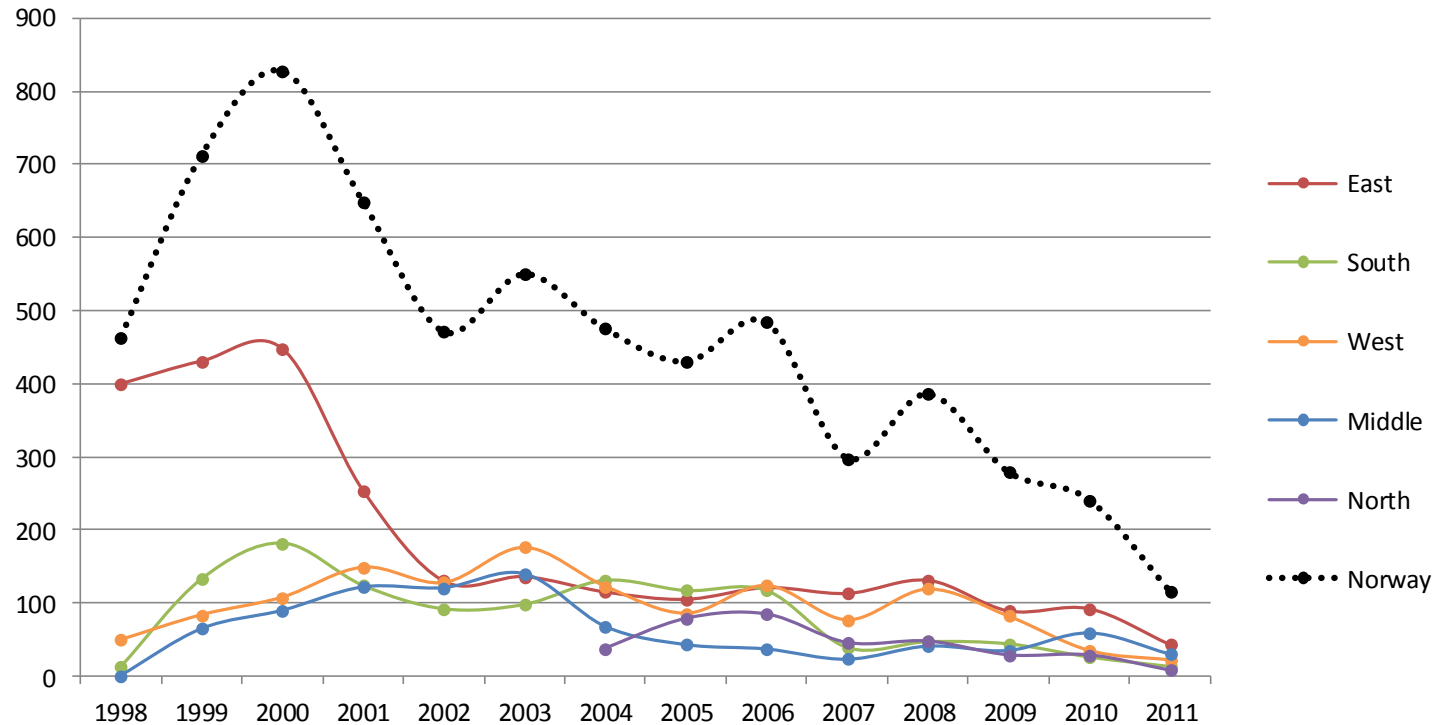
"Treatment effect" mortality, morbidity and crime; prior to, during and after OMT



OMT patient numbers; with time



Waiting lists for OMT; 1998-2011



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

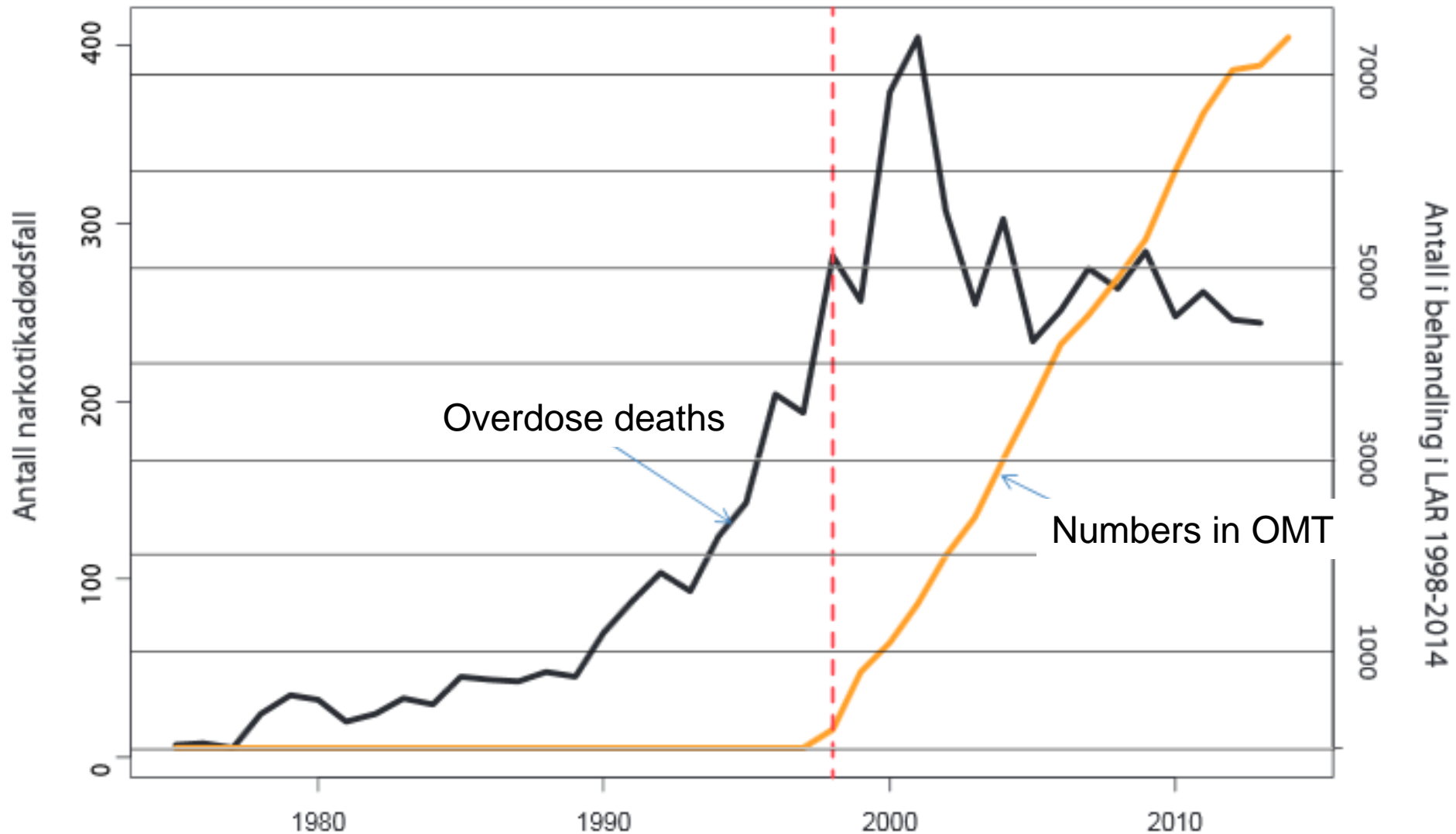
OMT patients in 2016

- ✓ 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

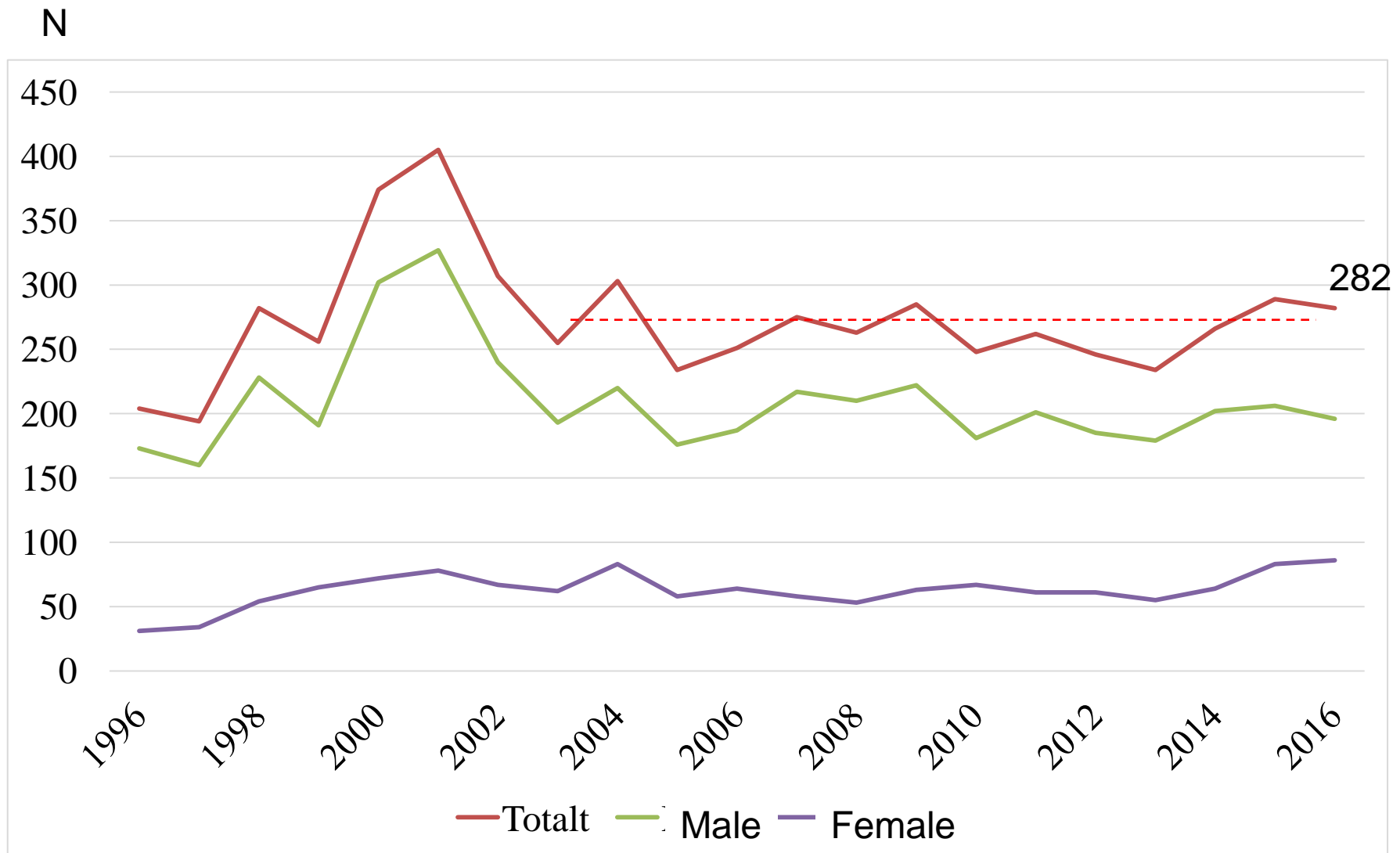
Current situation

- 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, Norway



Opioid addicted persons?

1970s



2010s



Norwegian National Overdose Strategy 2014 – 2017



Helsedirektoratet

Norwegian Directorate of Health

*Sure you can quit drugs -
but first you have to survive!*

<https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/145/National-overdose-strategy-2014-2017-IS-0418EN.pdf>

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.

Benzo in treat.

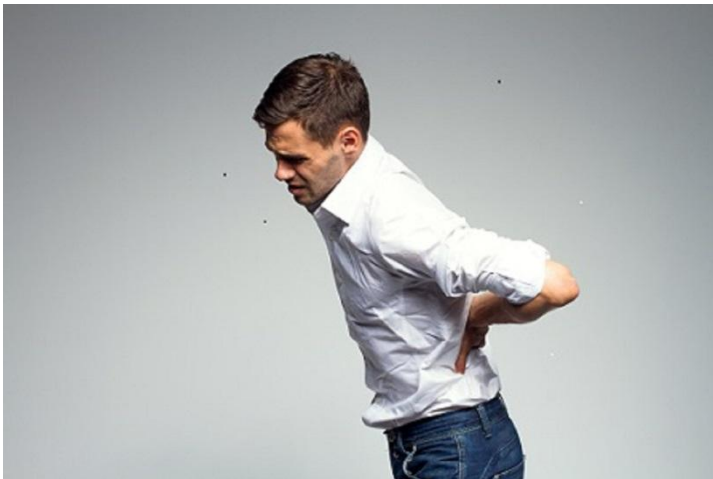
Residential treat.

Injecting in treat

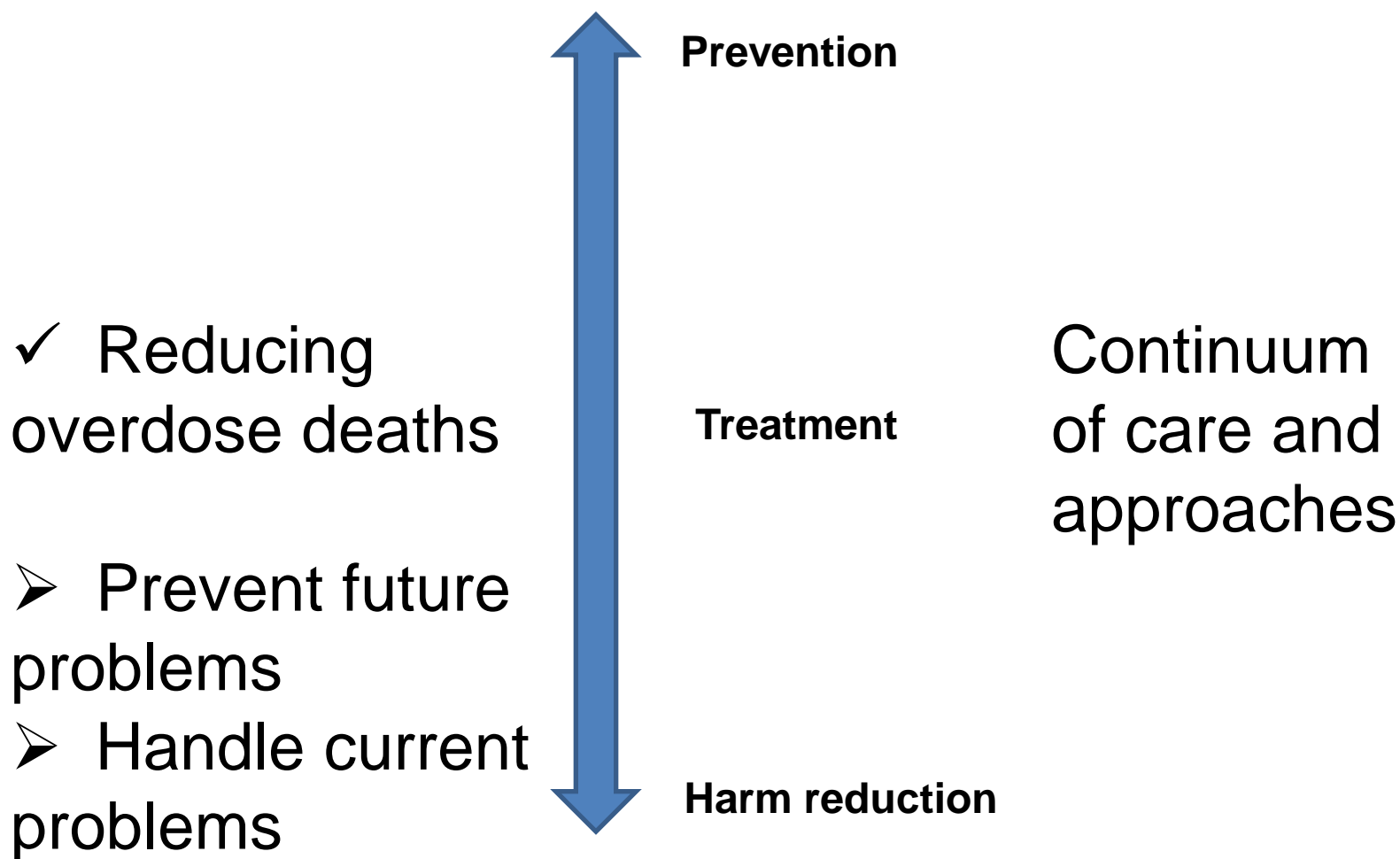
OMT

Imprisoned

Opioid addicted persons

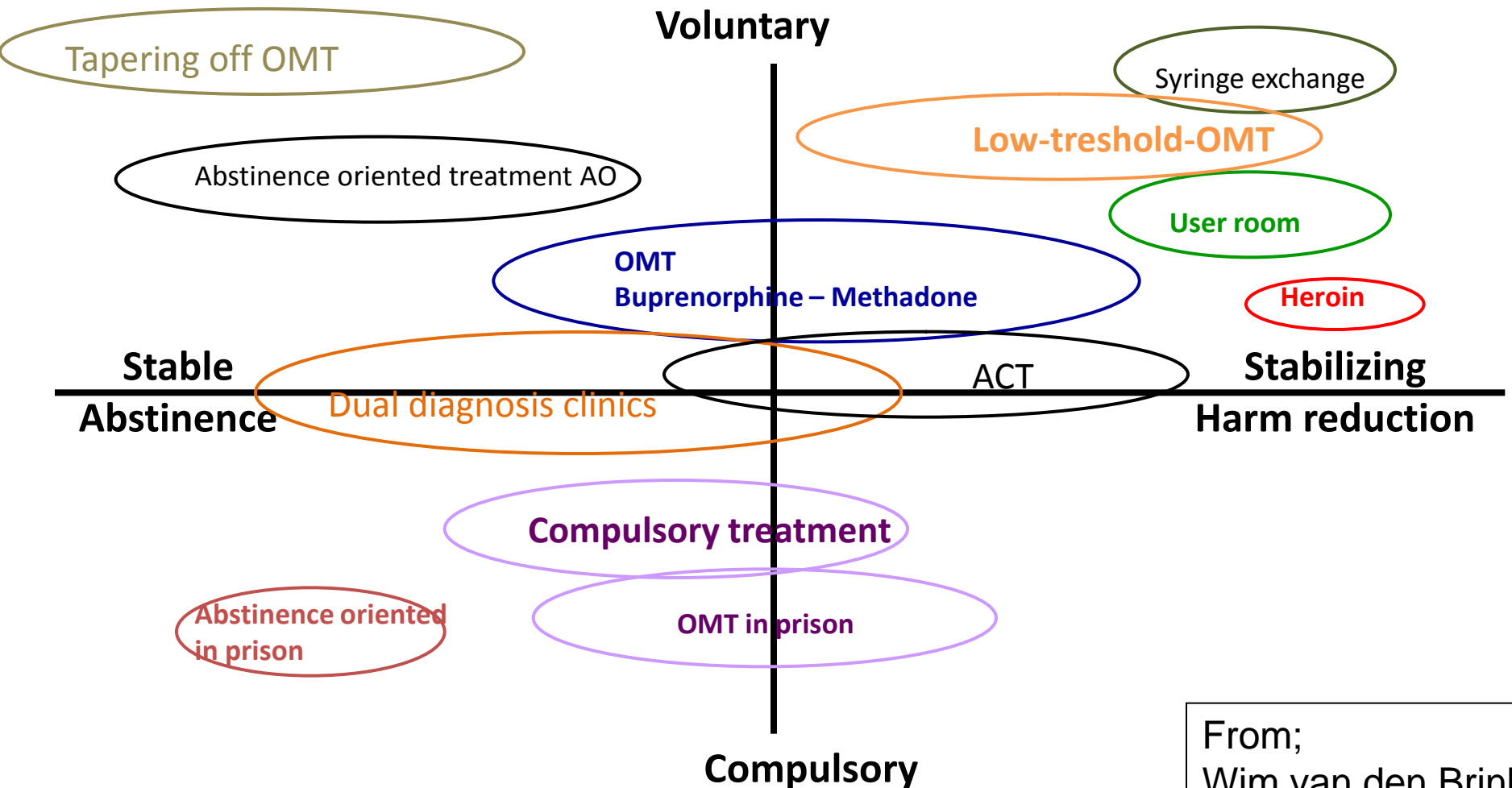


A range of coordinated interventions



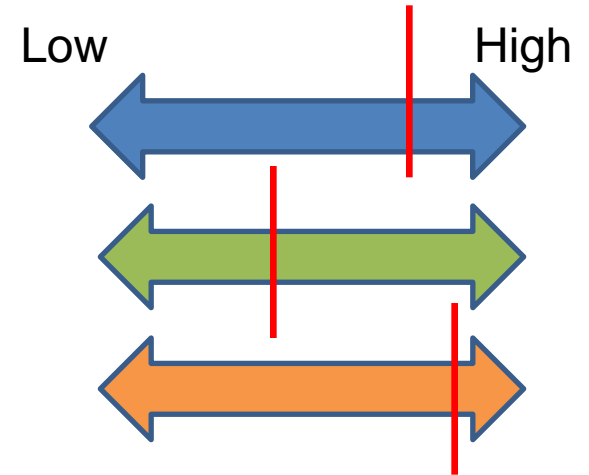
Opioid Drug treatment

A comprehensive model



Dimensions of care

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

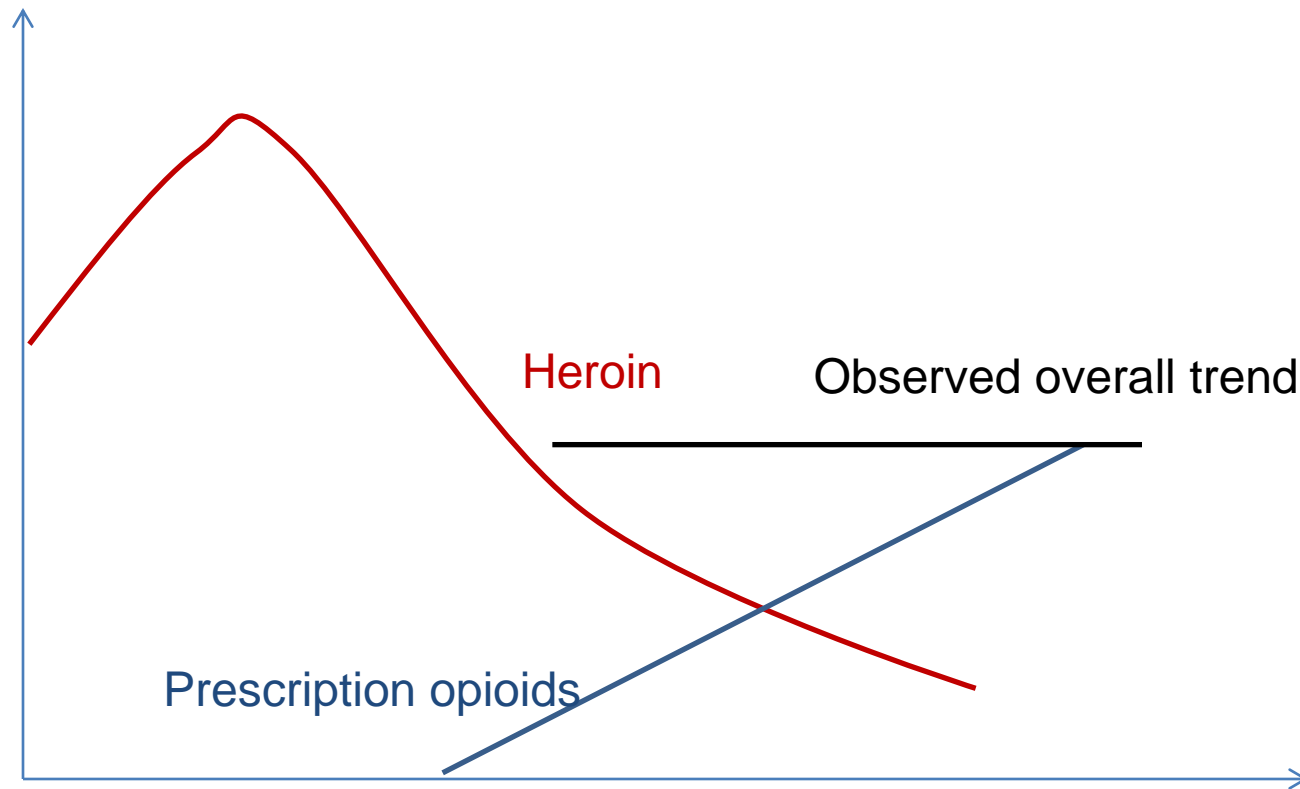


- Quality of care includes adoption to users needs
- Includes support towards meaningful daily activity and abstinent networks

The puzzle:

Why are overdose rates not decreasing more following large OMT expansions?

Two opioid waves?



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