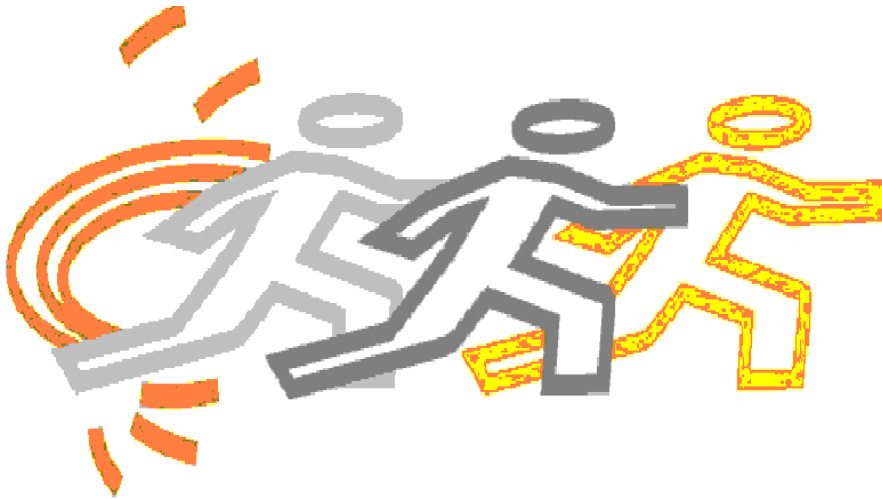


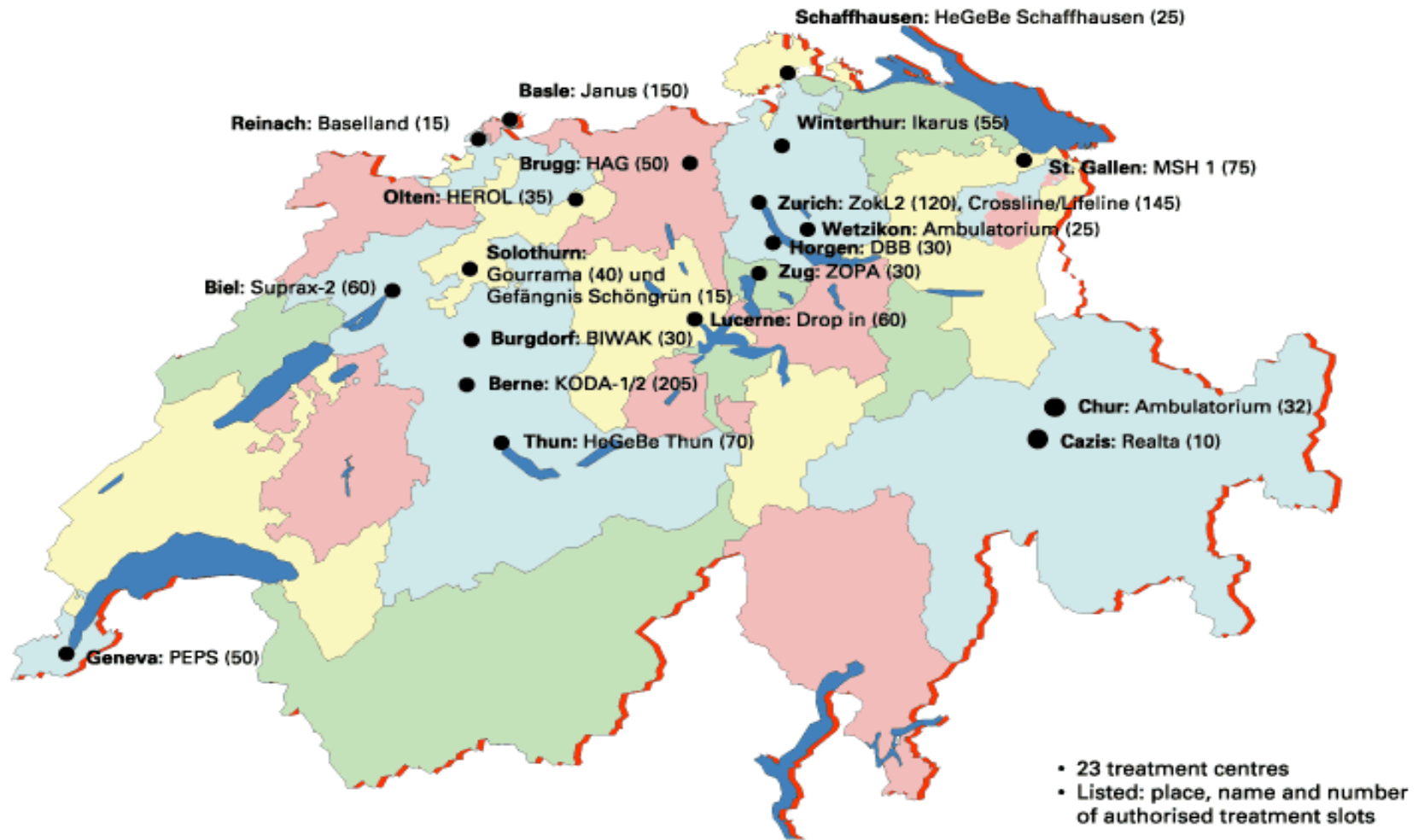
# Heroin assisted Treatment (HAT) in Switzerland: Guidelines and Protocols



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## Heroin assisted treatment centres per 15th May 2002



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# Plan of presentation

- Outlines of Swiss drug policy
- Heroin assisted treatment in the context of substitution therapy: facts and results
- Regulations and standards of heroin assisted treatment
- Discussion

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# Objectives of Swiss Drug policy

- Reduce number of new users
- Increase number of people quitting addiction
- Reduce health damage and social marginalisation of addicts
- Protect society from negative impacts of drug problem and fight criminality

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# Strategy for implementation:

## Fourfold approach

- Prevention
- Therapy and rehabilitation
- Harm reduction
- Repression and control

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# Therapy and Rehabilitation

- Residential therapy and rehabilitation
- Methadone treatment
- Outpatient treatment  
without substitution
- Heroin assisted treatment

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# Situation in Switzerland

- About 30'000 opiate addicts  
(Prevalence of 0,4% of total population)
- 19'000 in MMT
- 1170 in HAT
- 1750 in Detoxification and rehabilitation

# MMT and HAT in Switzerland

- **Methadone maintenance treatment (MMT)**

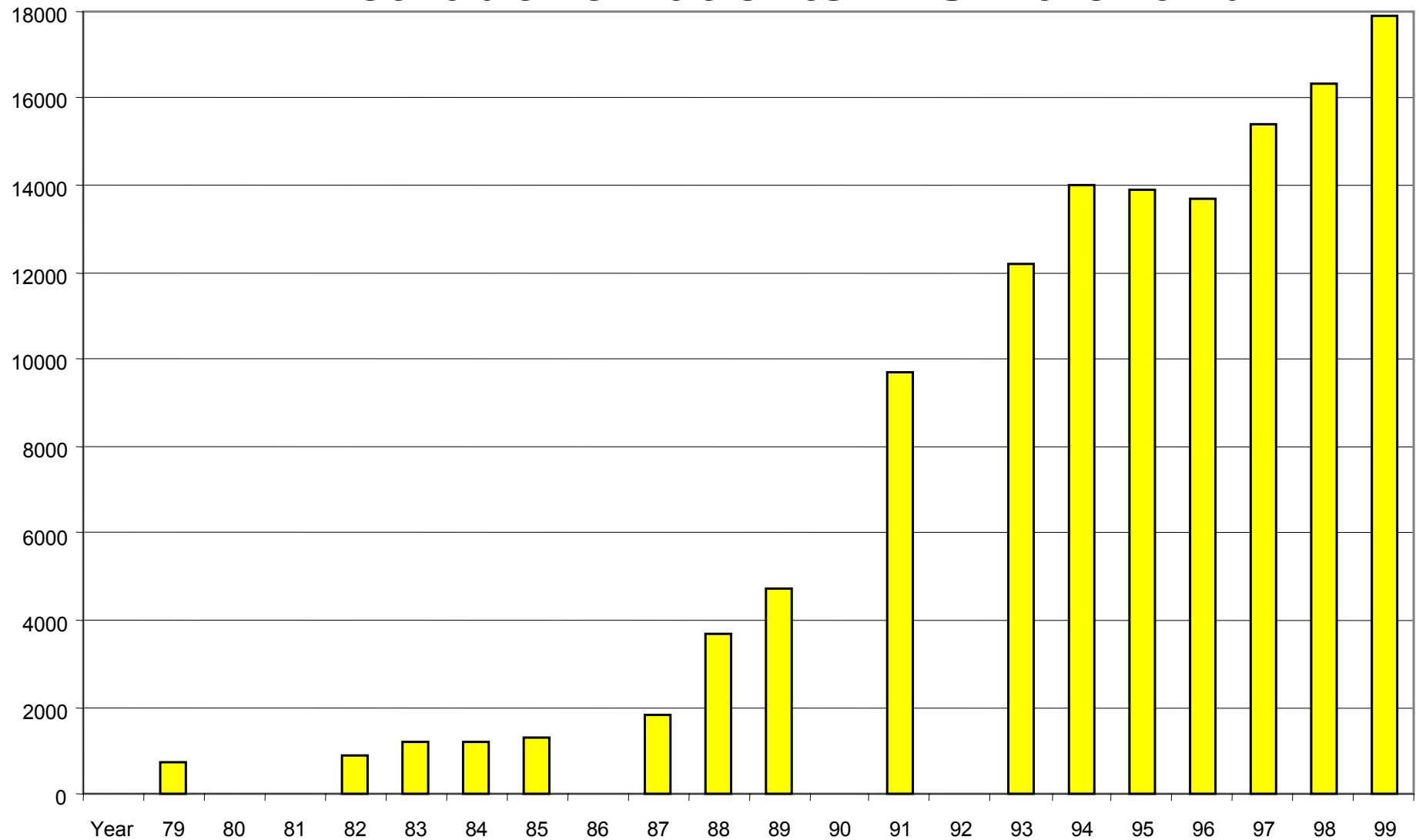
- dispensation at outpatient clinics, by general practitioners, in pharmacies and some prisons
- directives and control on cantonal level (first medical officer), many different treatment protocols

- **Heroin assisted treatment (HAT)**

- treatment exclusively in strictly controlled outpatient clinics and in two prisons
- directives and control in the authority of the federal administration

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# Methadone Patients in Switzerland



Source: SFOPH, 2001

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# Comparison of patients characteristics at enrollement in MMT and HAT

	MMT in outpatient clinics an practices (N=4972, entries between Jan. 91 to Dec. 95)	HAT in experimental outpatient clinics (N=366, entries 1994)
female	30%	38%
foreigners	18%	14%
Mean age	26,7 years	30 years
Mean age of start of heroin addiction	20.7 years	19 years
Mean duration of heroin addiction	5.7 years	10 years
unemployed	44%	72%
HIV-positive	21%	22%

Source: Falcato, L. et al.,  
Zürich, 1999

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# Objectives of HAT

## Article 1 Prescribing Ordinance – Purpose

<sup>1</sup> The aims of heroin-assisted therapy of severely heroin-dependent individuals are as follows:

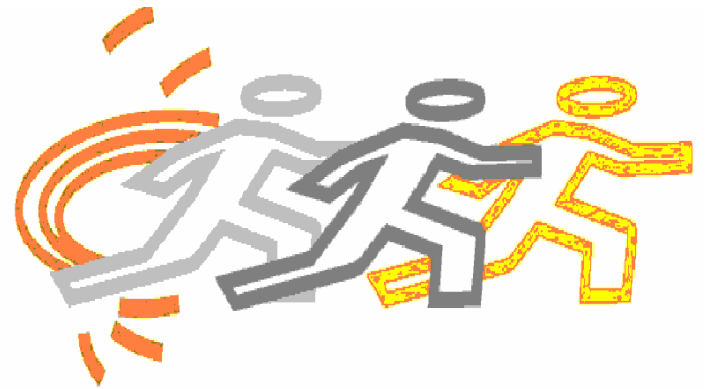
- a. To achieve sustainable contact between the patient and the therapeutic setting;
- b. To improve the patient's state of physical or mental health;
- c. To improve the patient's social integration (ability to work, to distance him/herself from the drug scene, to reduce criminal behaviour);
- d. To achieve lasting abstinence from opiate consumption.

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# Therapeutic offers of HAT

- psychosocial counselling
- medication in case of psychiatric illnesses
- opiate-substitution
- treatment of somatic diseases
- psychotherapy
- group therapy
- day structure
- leisure activities



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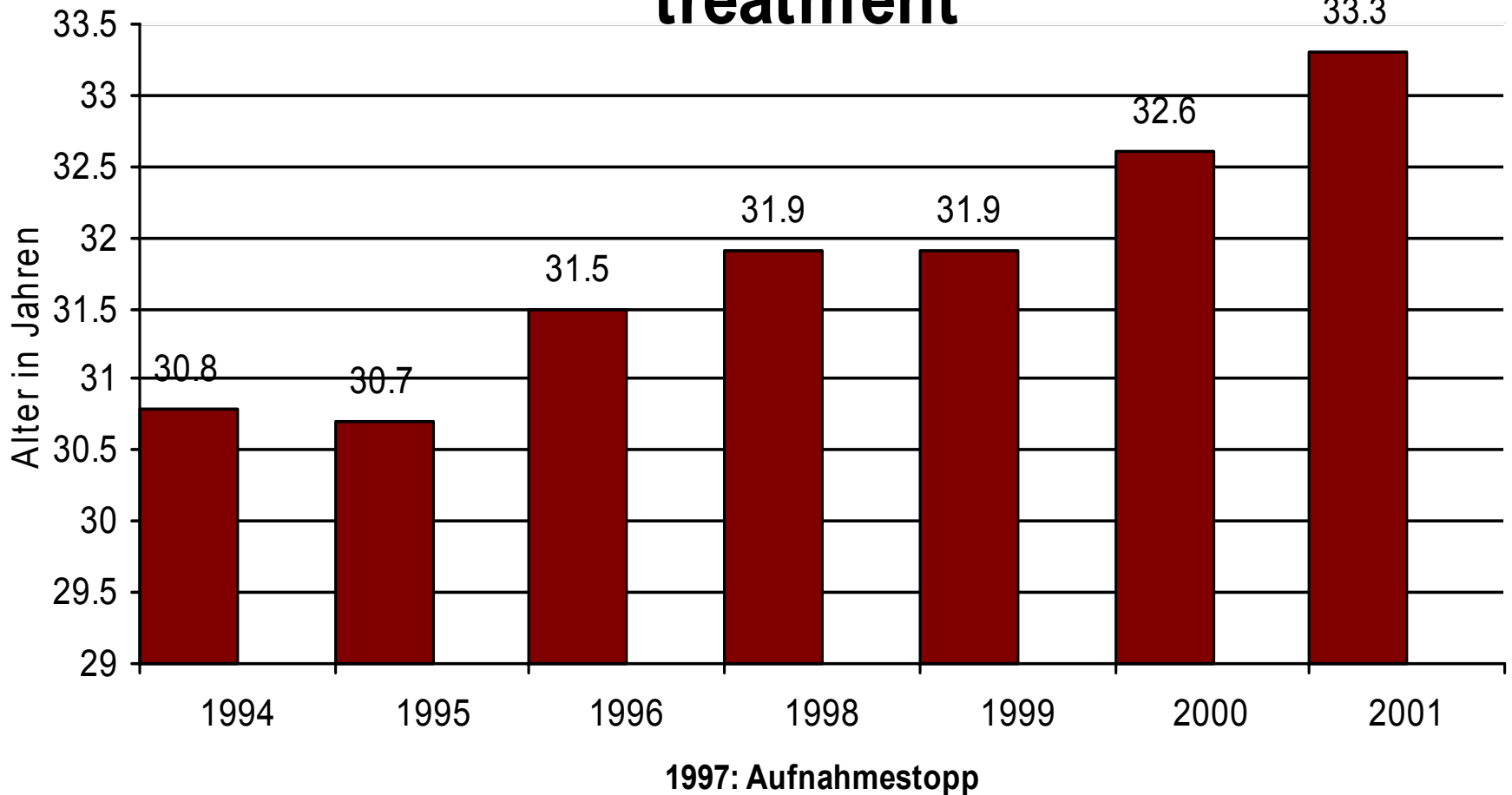
# Treatment settings

- outpatient clinics with main emphasis on somatic medicine
- outpatient clinics with main emphasis on psychiatry
- outpatient clinics with main emphasis on social work
- Prisons

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# Average age of patients starting treatment



Source: SFOPH, 2002

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# Results for patients in HAT (N=237)

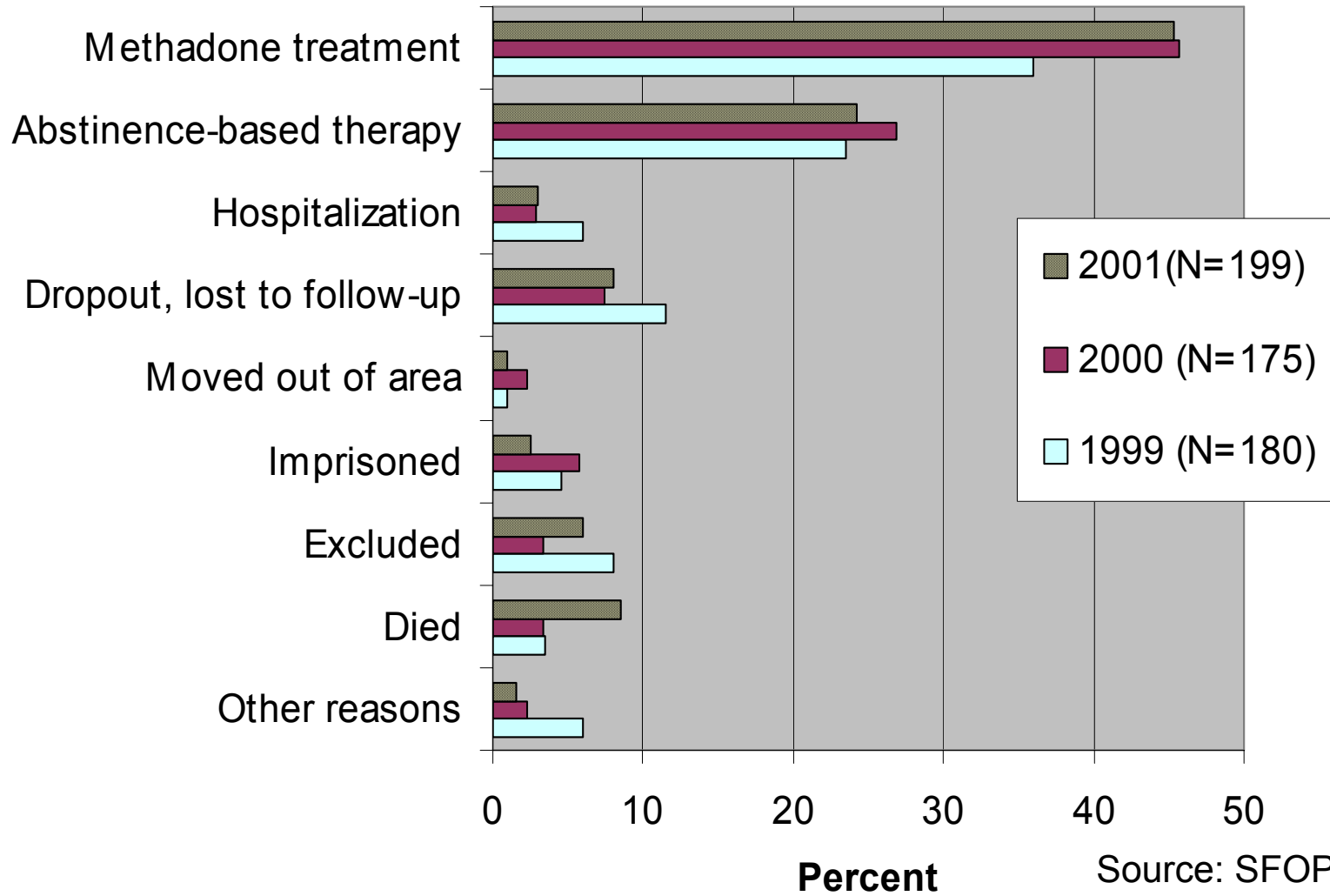
	Admission	18 months
Severe somatic problems	<b>22% (52)</b>	<b>13% (29)</b>
Severe mental problems	<b>37% (88)</b>	<b>19% (43)</b>
Homeless	<b>18% (42)</b>	<b>1% (3)</b>
Unemployed	<b>73% (173)</b>	<b>45% (106)</b>
Nearly daily consumption of cocaine	<b>29% (69)</b>	<b>5% (12)</b>
Nearly daily consumption of Benzodiazepine	<b>19% (44)</b>	<b>9% (22)</b>

Source: Rehm et al. In : Lancet 358, oct. 2001

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# Reasons for termination 99-01



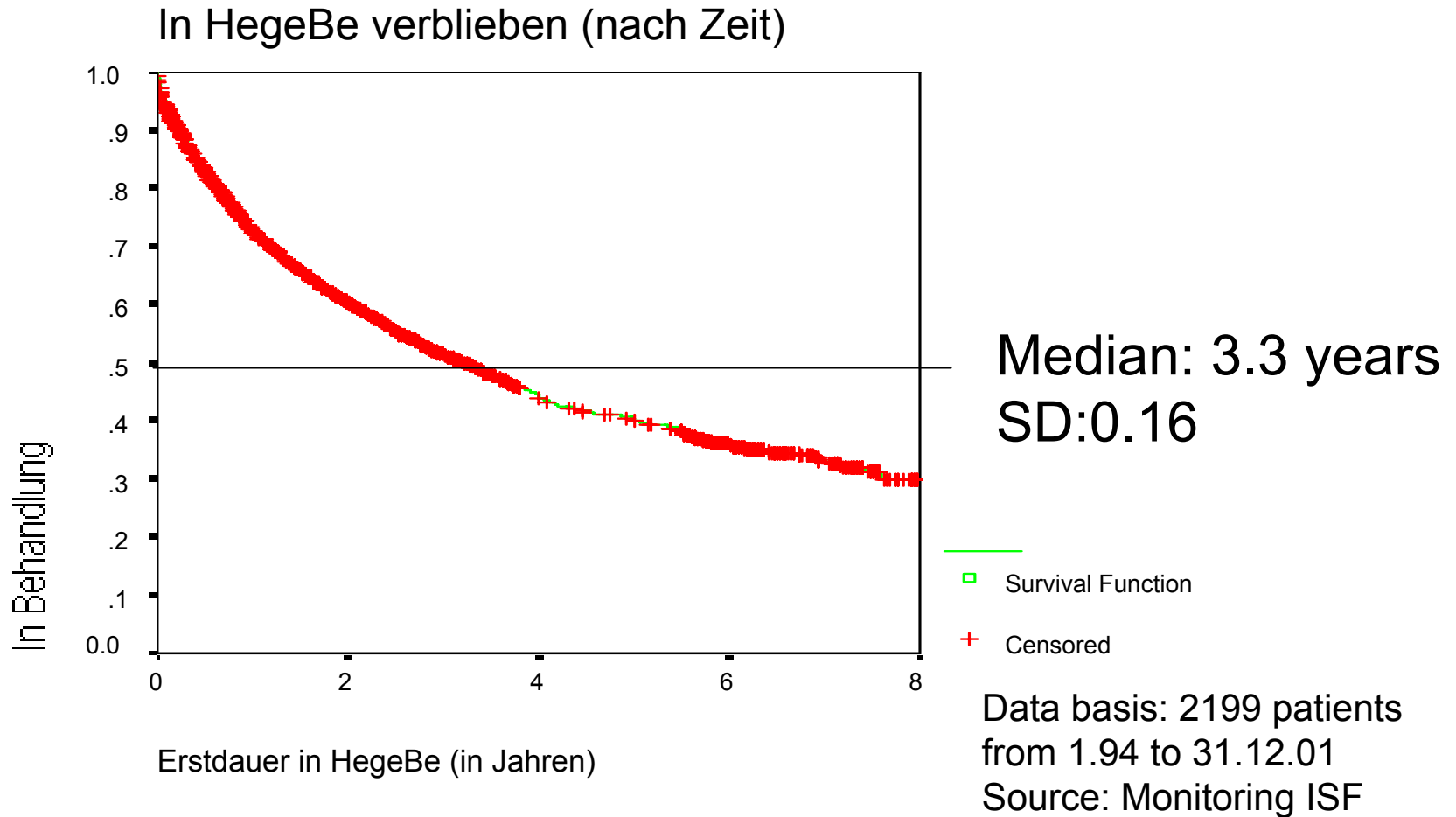
Source: SFOPH/ISF, 2002

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# Duration of Therapy in HAT

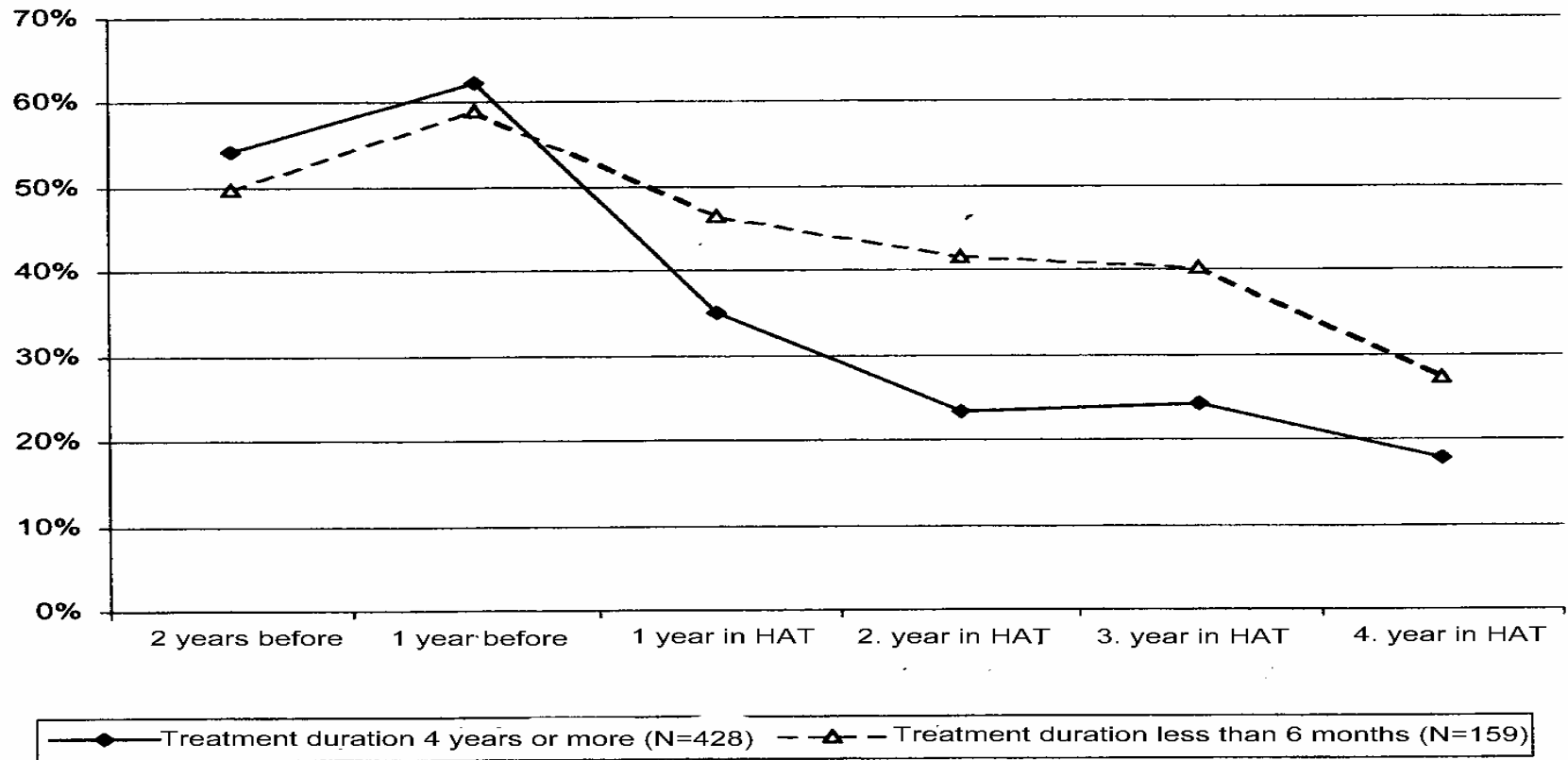
(Survival Analysis according to Kaplan-Meier)



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# Decrease in criminality:

Comparison between long term patients in HAT and patients having left HAT within 6 months (prevalence rates)

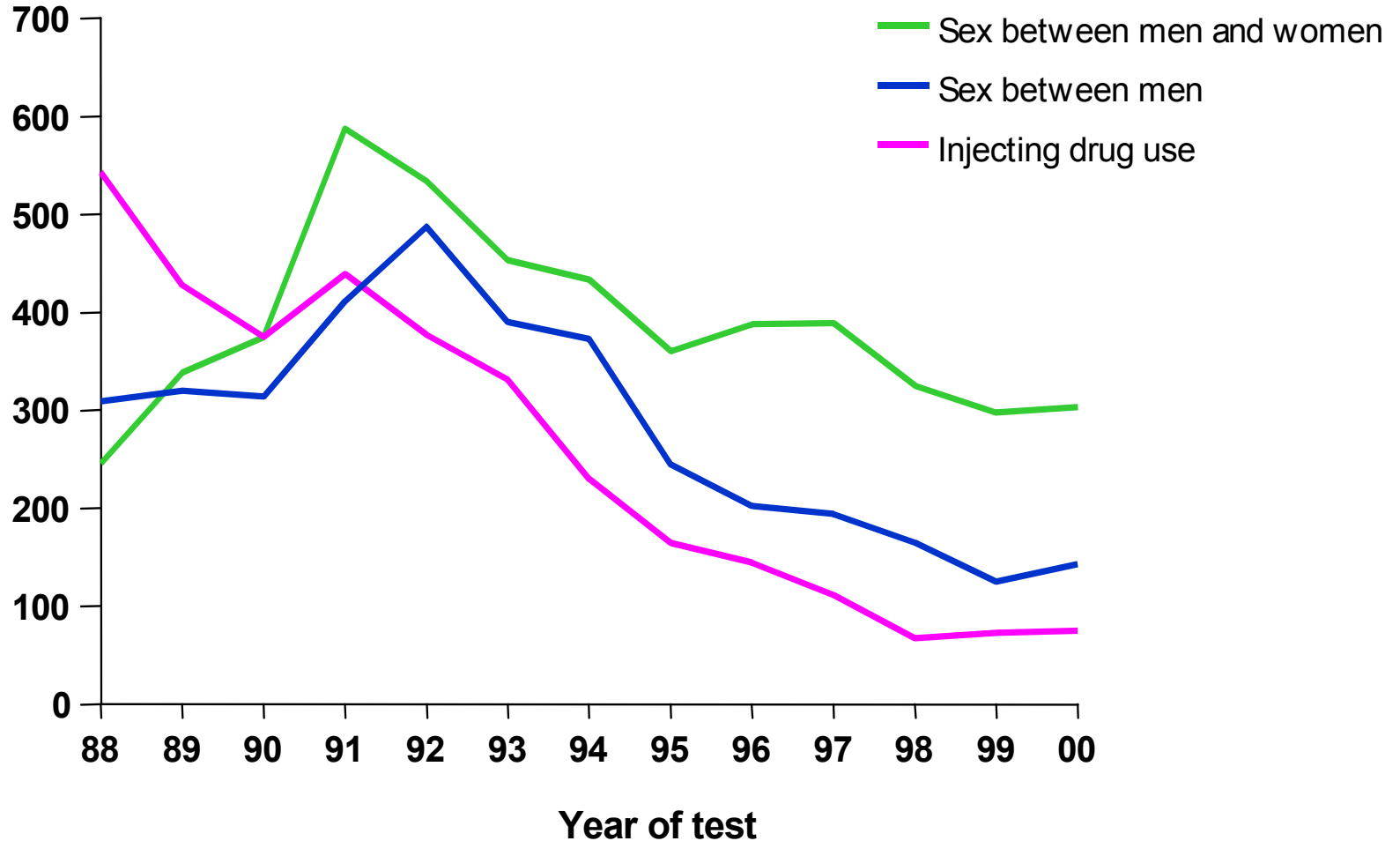


Source: Ribaud, D.; Aebi, M., Lausanne, 2001

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# HIV in Switzerland

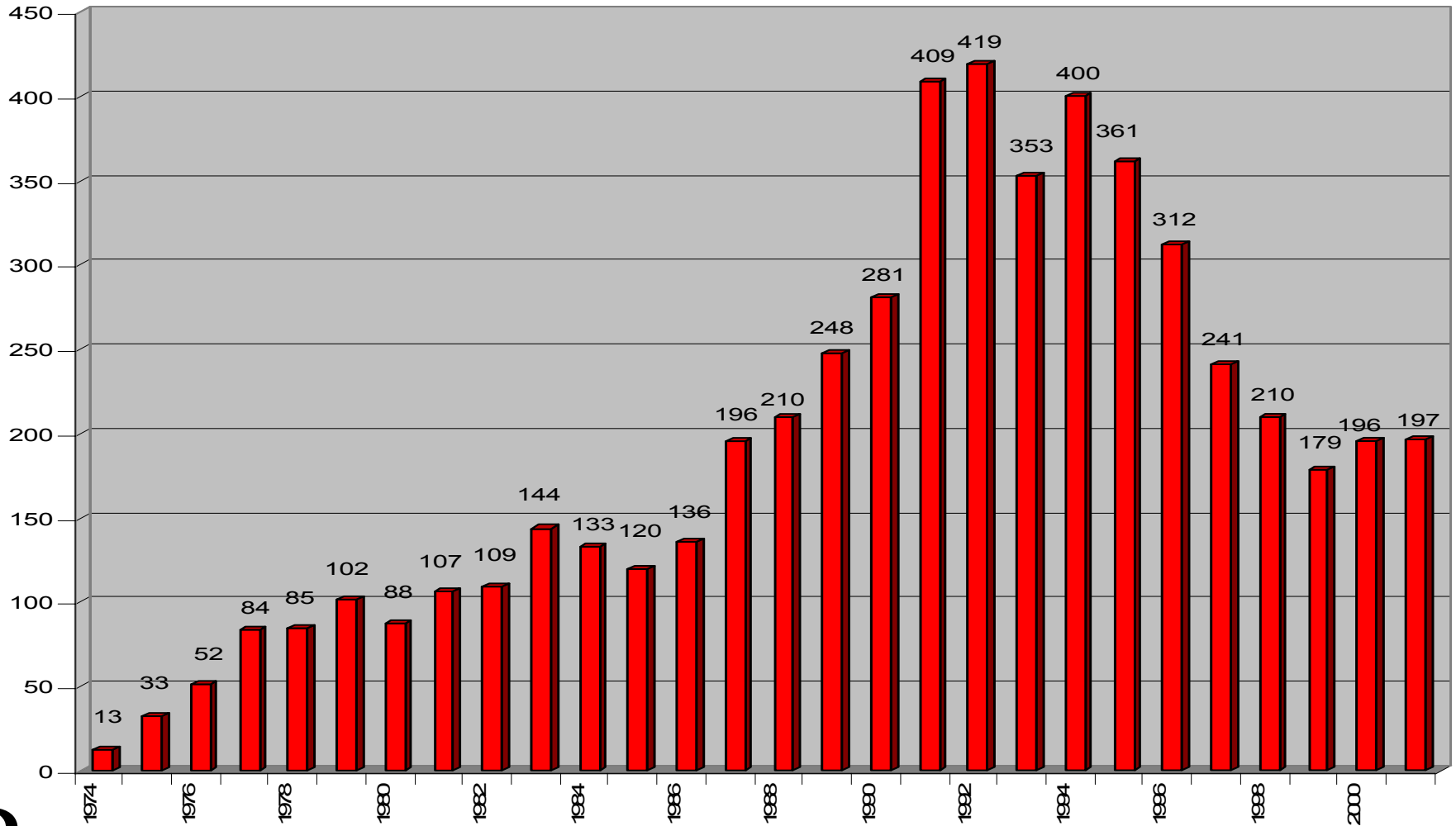
## Estimated annual number of newly diagnosed HIV infections by transmission group and year of test



B SFOPH February 2001

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# Overdose related deaths since 1974



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# Why has therapy to be regulated?

- quality of therapy
- enables mutual learning
- Research protocol demanding it
- security of use of heroin (dosage, diversion, etc.)

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# Guidelines of HAT

- Federal Ordinance
- Contract between SFOPH and treatment centre
- Permission for clinics, MD and for every patient by SFOPH
- Reference book HAT
- SFOPH directives

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# Enrolment criteria

## Article 4 Prescribing Ordinance

In order to qualify for enrolment in heroin-assisted therapy, the participant must:

- a. Be at least 18 years of age;
- b. Have been severely heroin-dependent for at least two years;
- c. Have terminated prematurely or completely without success at least two attempts at therapy using another recognized outpatient or residential method of therapy; and
- d. Display deficits of a physical, mental or social nature which are due to drug use.

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# Informed consent

## Article 6 Prescribing Ordinance

**<sup>1</sup> On enrolment in the programme, the patient signs a form stating that he or she has been informed thoroughly about the nature and scope of the therapy, the associated rights and obligations and the consequences of failure to observe the conditions of therapy.**

**<sup>2</sup> In particular, patients undertake not to drive motor vehicles while receiving heroin-assisted therapy.**

**B**



# Interdisciplinarity

## Article 3 Prescribing Ordinance

**<sup>1</sup> Heroin-assisted therapy comprises somatic, psychiatric and social care.**

**<sup>2</sup> The head of the institution shall ensure cooperation and coordination with and between the professionals involved in the therapy.**

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# Treatment staff by end of year 2001 (total amount of percents)

- 35 MDs (1'930%)
- 54 Social workers or psychologists, (4'085%)
- 133 persons employed in the area of care and medication, (6'655%)
- 202 female / 94 male

# Planning Treatment

## Article 7 Prescribing Ordinance

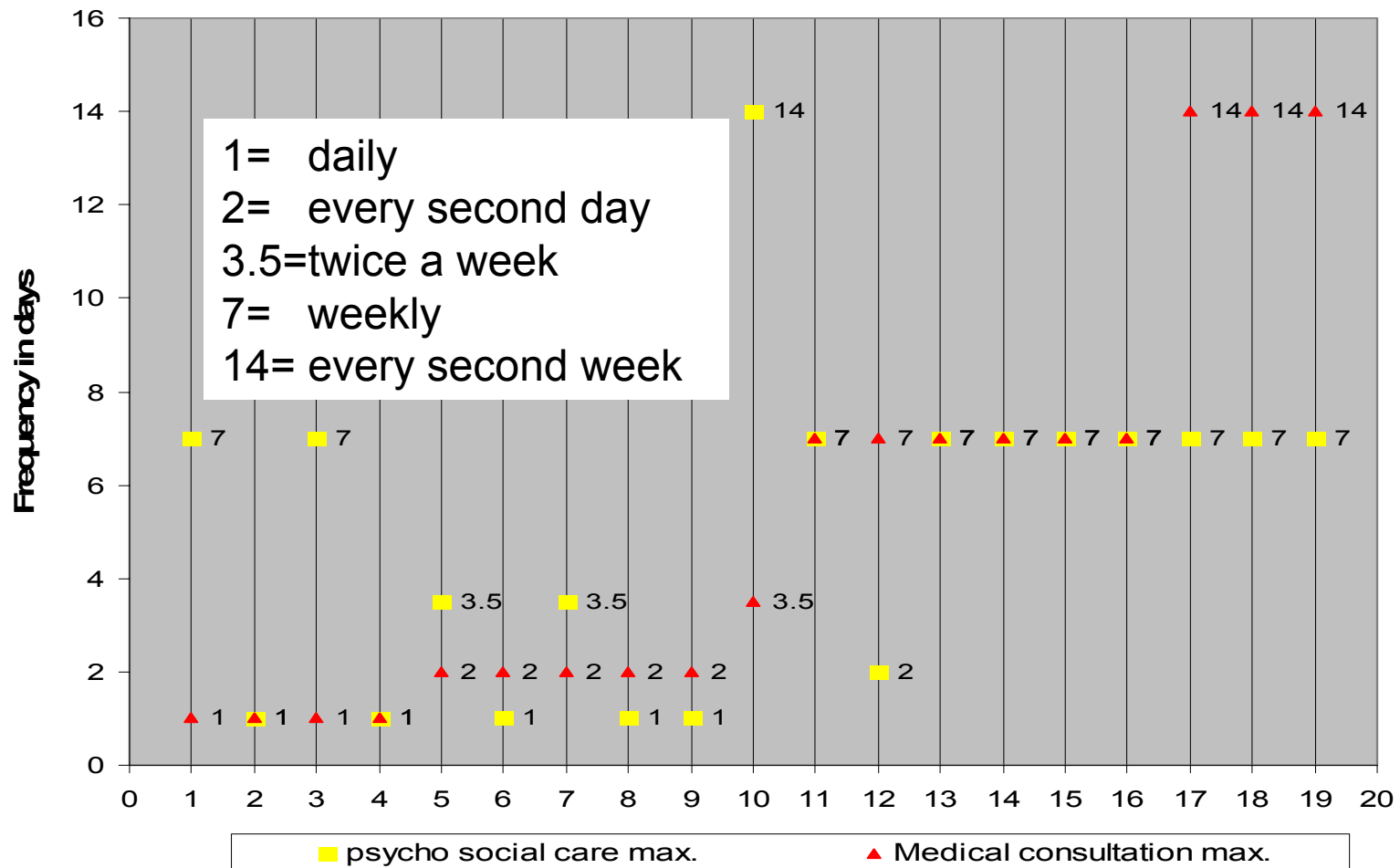
- <sup>1</sup> The individual objectives for the patient in the various areas of the therapy shall be defined in an interdisciplinary treatment plan.**
- <sup>2</sup> The staff involved in the therapy shall review the treatment objectives on a quarterly basis and shall adapt them as required.**
- <sup>3</sup> The review shall specifically consider the likely success of transferring the patient to another form of therapy such as a methadone programme or abstinence-based therapy.**

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# Maximum frequency of care in HAT-centres November-December 2000

(sorted ascending by medical consultations)



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# Documentation

## Article 20 Prescribing Ordinance

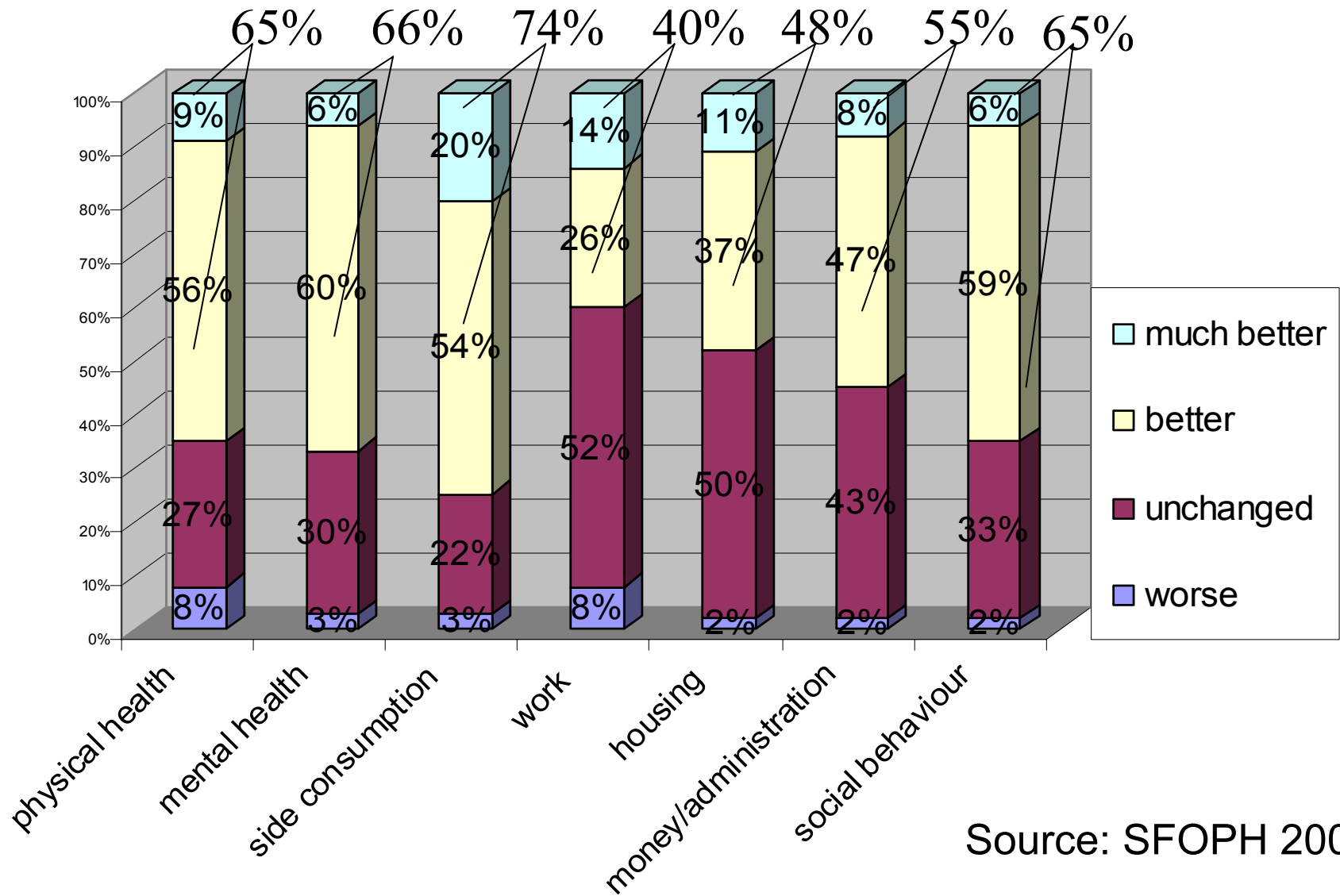
**<sup>2</sup> Permission for patients is valid for two years. It may be renewed for one-year periods in justified cases.**

**<sup>3</sup> Applications for renewal must contain documentation of the course of therapy to date and of the new therapy objectives.**

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# HAT: Evolution of patients in treatment for two years or more (N=464)



Source: SFOPH 2000

# The Future

- Quality enhancement
  - **treatment duration**
  - **polysubstance abuse**
  - **Monitoring**
- Applications of some HAT standards for MMT clinics and for methadone prescribing GPs

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# Discussion

- **How much structure should there be?**
- **How much control can you allow in a treatment setting?**
- **Where starts the responsibility of the physician and how to deal with his/her professionalism?**
- **How is treatment allocation organized?**
- **Is it a medical or a multidisciplinary unit and what consequences does that have for treatment guidelines and decisional procedures?**