The Treatment Demand Indicator (TDI)

12th Annual Expert Meeting 2012

EMCDDA (OEDT)

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Misuse of pharmaceutical opioids

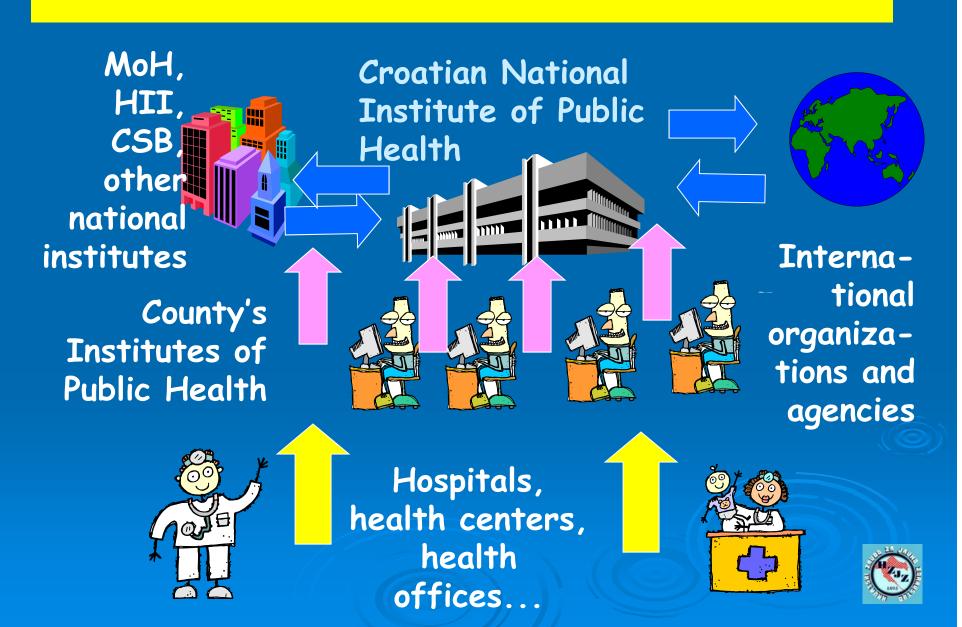
in Croatia

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Health Indicators - data flow



Legislation:

- Combating Drug Abuse Act
- Guidelines for the Use of Methadone in the Substitution Therapy of Opiate Drug Users in January 2006
- Guidelines for for the pharmacotherapy of opiate addicts with buprenorphine in November 2006

Acts are here, the network service exists, experts are trained but still ...

Drug treatment system in Croatia:

- inpatient treatment;
- outpatient treatment;
- > rehabilitation therapeutic communities



Drug treatment system in Croatia:

- Treatment system Outpatient treatment is provided by 21 Services for Mental Health and Addiction Prevention in PHI
- > financed from national insurance company
- There is no waiting lists



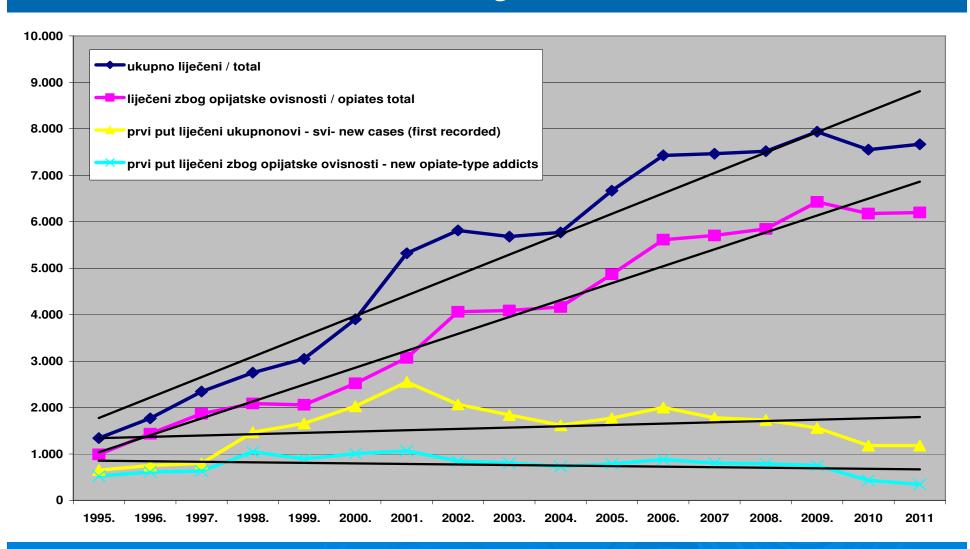
TREATMENT SYSTEM:

Licensed medical doctors in treatment centres <u>prescribe</u> substitution treatment.

However, the treatment is predominantly provided by general practitioners.



Treated drug addicts





Some examples of misuse done by patient:

- drugs prescribed for oral use, taken intravenously
- taking a therapy prescribed for another patient
- reselling the therapy (methadone or buprenorphine) to another person(s), not necessarily to a previous drug addict – black market



Misuse

Possible reasons:

People with previously undiagnosed psychosis or depressive psychosis often enter the world of addiction so that they get from relatives or another person methadone or buprenorphine



Misuse may be also done by other persons:

- lack of due care/negligence of a doctor who provides therapy
- absence of or poor control within the system (e.g. obtaining drug from several doctors where each doctor is unaware of the the prescription given by another)



Opiate addicts treated in 2010

	Methadon	Buprenorphi n+ (naloxon)	Morphin	Naltrexon	other	No medication	Total
Short-term maintenanc e	27 (1,0%)	41 (2,0%)					68
maintenanc e	1.905 (68,0%)	2.294 (98,0%)					4.199
Slow detoxificatio n	776 (28,0%)						776
Rapid detoxificatio n	84 (3,0%)						84
No medication						723	723
Other types of pharmacoth erapy			4	27	85		116
Total	2.792	2.335	4	27	85	723	5.966

Opiate addicts treated in 2011

	Methadon	Buprenorphi n+ (naloxon)	Morphin	Naltrexon	other	No medication	Total
Short-term maintenance	51 (1,9%)	93 (4,0%)					144
maintenance	1.982 (80,0%)	1.935 (80,0%)		19			3.936
Slow detoxificatio n	548 (20,9%)	358 (15,0%)					906
Rapid detoxificatio n	37 (1,4%)	19 (1,0%)					56
No medication						503	503
Other types of pharmacoth erapy			14		189		203
Total	2.618	2.405	14	19	189	503	5.748

Reasons to worry...

- We have noticed that there is more people taking methadone than they treated prescribed
- for more deaths of people who had not previously been treated in toxicology was found methadone
- in conversations with their therapists they talked about large amounts of methadone "on the street" ...
- ...on that way drug addicts "create" new drug addicts



- This problem has been recognised once the analysis has shown not only a large number of people on methadone therapy, but also an increase in the number of people who died from methadone overdosing
- Moreover, the analysis of data on fatal overdosed persons has shown a large proportion of persons who have never been previously treated
- Fatal overdosing with methadone or buprenorphine is verly likely to occur in combination with alcohol (strong effects on the central nervous system)



How to prevent treatment-related drug misuse:

- Established special services centres,
- or a licensed psychiatrist, shall in the first instance regularly (at least once a week) monitor addicts who are undergoing toxicological analysis of urine in order to determine patient-specific treatment needs.



How to prevent treatment-related drug misuse:

- stronger cooperation between general practitioners and services for outpatient treatment of addicts
- General practitioners could also examine the patient's body for any needle marks on veins.
- If positive changes in patient's behavior are missing, there must be possibility for abandoning, decreasing the prescribed dose or suspension of the therapy.



More active engagement of the Commission of the Ministry of Health (Reference Center) in controlling the work of licensed doctors, psychiatrists, etc.



and now a discussion and some useful suggestions ...



Thanks!

