EQUATOR

The European Quality Audit
of Opioid Treatment

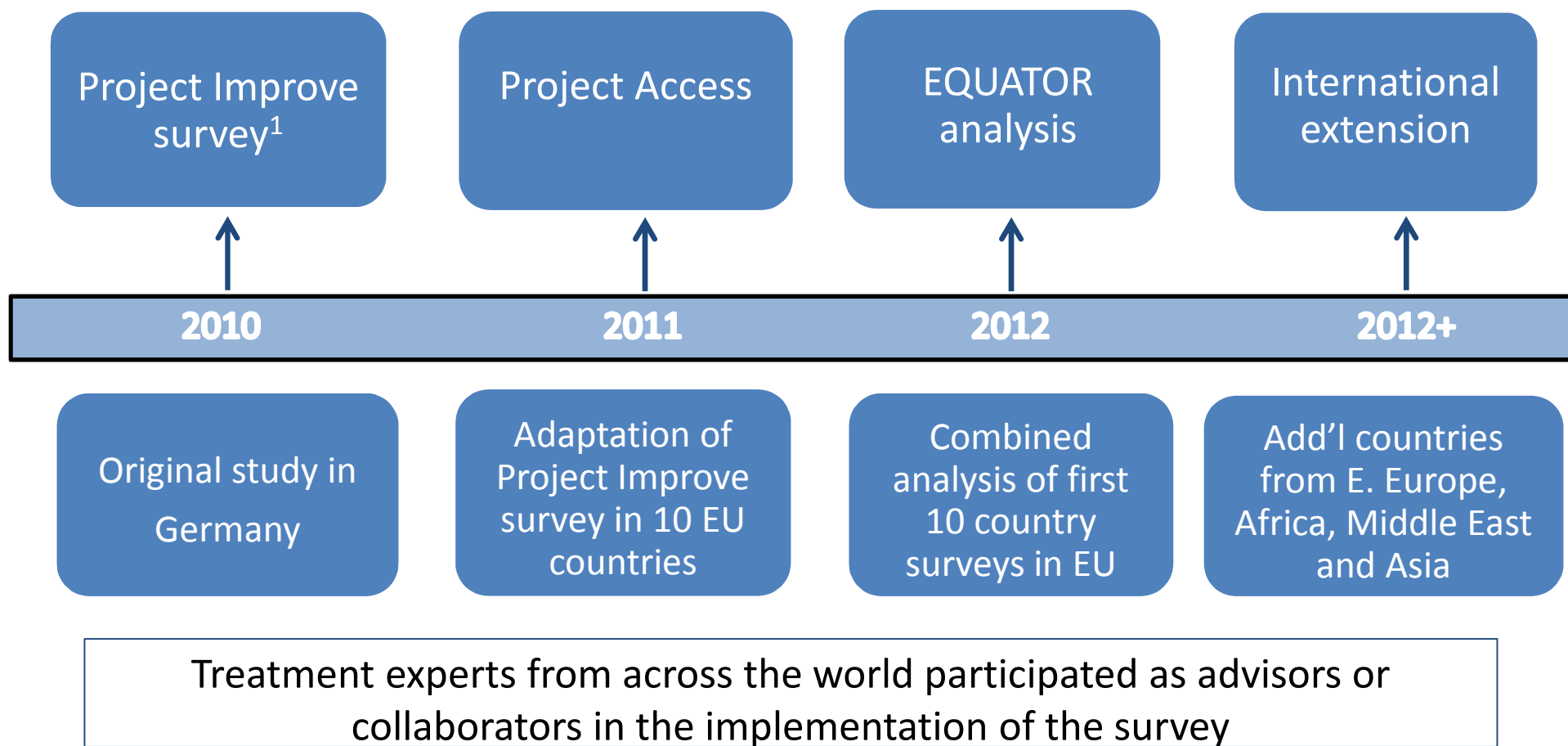# OMT and General Practitioners – EQUATOR Study

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Background: treatment variability

- Treatment approaches for opioid dependence and delivery of OMT vary significantly across national borders, e.g.
  - Access to treatment in the community and in prisons
  - Medication options available and doses used
  - Levels of control (e.g., supervised dosing, urine screens)
  - Psychosocial care (voluntary *vs* mandatory)
  - Treatment settings (GP *vs* specialised clinic)
  - Availability of guidelines and physician training
- The implications of such variability remain unclear
- The European Quality Audit of Opioid Treatment (EQUATOR) project is designed to characterise the current state of treatment provision in Europe

OMT: opioid maintenance treatment

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What is EQUATOR?

Project Improve survey[1]	Project Access	EQUATOR analysis	International extension
↑	↑	↑	↑
2010	**2011**	**2012**	**2012+**
Original study in Germany	Adaptation of Project Improve survey in 10 EU countries	Combined analysis of first 10 country surveys in EU	Add'l countries from E. Europe, Africa, Middle East and Asia

Treatment experts from across the world participated as advisors or collaborators in the implementation of the survey

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Disclosure and acknowledgements

- Reckitt Benckiser Pharmaceuticals provided funding for this project in order to support a better understanding of barriers to treatment access and quality in Europe

- The project was implemented in collaboration with treatment experts from around Europe who were involved in

  – Questionnaire design

  – Recruitment strategy

  – Data analysis and interpretation

  – Reporting and conclusions

- We would like to thank the collaborators from all participating countries

- The results will be submitted for publication in 2012

NOTE: Project Access collected a large amount of data. This slide deck presents the most relevant data (as EQUATOR), as selected by the Steering Committee.

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Objectives of the EQUATOR analysis

- To characterise the target population for OMT across Europe in terms of their demographics, health status, and attitudes to treatment
- To assess the clinical and public health outcomes associated with current treatment approaches
- To identify problem areas that exist and potential areas for improvement, including barriers to treatment access or better outcomes
- To understand how treatment delivery and outcomes vary across Europe

*EQUATOR is the combined analysis of data from the first ten country surveys in Europe

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EQUATOR: General recruitment procedures

Physicians (treating)
- Identified by research collaborators, official lists or internet research
- Telephone or face-to-face interviews, ~60 questions

Patients (currently in OMT)
- Recruited via physicians, treatment/user groups or drug support centres
- Self-completion questionnaire or face-to-face interviews, ~50 questions

Opioid users (currently out of OMT)*
- Recruited via treatment/user groups or drug support centres
- Self-completion questionnaire or face-to-face interviews, ~50 questions

*Many users had past treatment experience

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EQUATOR: Topics addressed by survey data

	Patients (currently in treatment) and Users (currently out of treatment)	**Physicians**
Demographics	Country, age, sex, marital status, education, employment, health and comorbidities, prison history	Country, age, sex, practice setting, # patients, medical specialty, years of experience, setting
Treatment delivery	Treatment goals, medication choice, current dose, use of psychosocial support, supervision of dosing	Treatment goals, medications use/preference, patient medication requests, use of psychosocial support, supervision of dosing, satisfaction with treatment, concerns about misuse and diversion
Clinical outcomes	Illicit drug use, self-reported misuse and diversion, relapse (# past treatment episodes), satisfaction with treatment	
Public health outcomes	Users' drug use and risk behaviour, past imprisonment and access to treatment in prison, black market for diverted medications, consequences of stopping treatment	Perceived value of prison treatment, use of post-release care plans
Information and awareness	Motivations for seeking treatment, awareness and perceptions of treatment and treatment options, sources of information, barriers to access and retention	Barriers to access and retention, areas for improvement

NOTE: Not all topics are presented here – this presentation details the most relevant data, as selected by the Steering Committee.

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Implementation of the surveys

- Adaptation of survey instruments
  - Questionnaires were translated from German into other languages
  - All questionnaires contained
    - (a) a common set of core questions used in each survey
    - (b) country-specific items not included in the EQUATOR analysis

- Data collection
  - Undertaken by a market research company (Synovate or GFK) in each country
  - Conducted in accordance with the European Pharmaceutical Market Research Association (EphMRA) code of conduct and the Declaration of Helsinki

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EQUATOR: Sample for today's presentation – 10 countries, n=3888

		Patients (currently in treatment)	Users (currently out of treatment)	Physicians
Germany	Complete	200	200	101
Austria	Complete	228	50	77
Italy	Complete	378	0	100
Portugal	Complete	160	50	60
Greece	Complete	601	150	24
UK	Complete	248	196	100
France	Complete	130	33	100
Norway	Complete	98	70	49
Sweden	Complete	152	111	60
Denmark	Complete	103	27	32
Total		**2298**	**887**	**703**

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Profile of patients and users in EQUATOR: Key insights

- Patient demographics are broadly consistent across Europe
  - Mean age ~37 years, with ~1/3 patients ≥40 years
  - Majority are male
  - Almost one third are married/cohabiting

- Out-of-treatment users and patients in treatment appear similar for most demographic variables
  - Reflects chronic, relapsing nature of disease

- The demographics of opioid-dependent individuals in EQUATOR are comparable to existing datasets (e.g., EMCDDA)

Comparison with external data: age

Mean age: 37 years   35 years   34 years
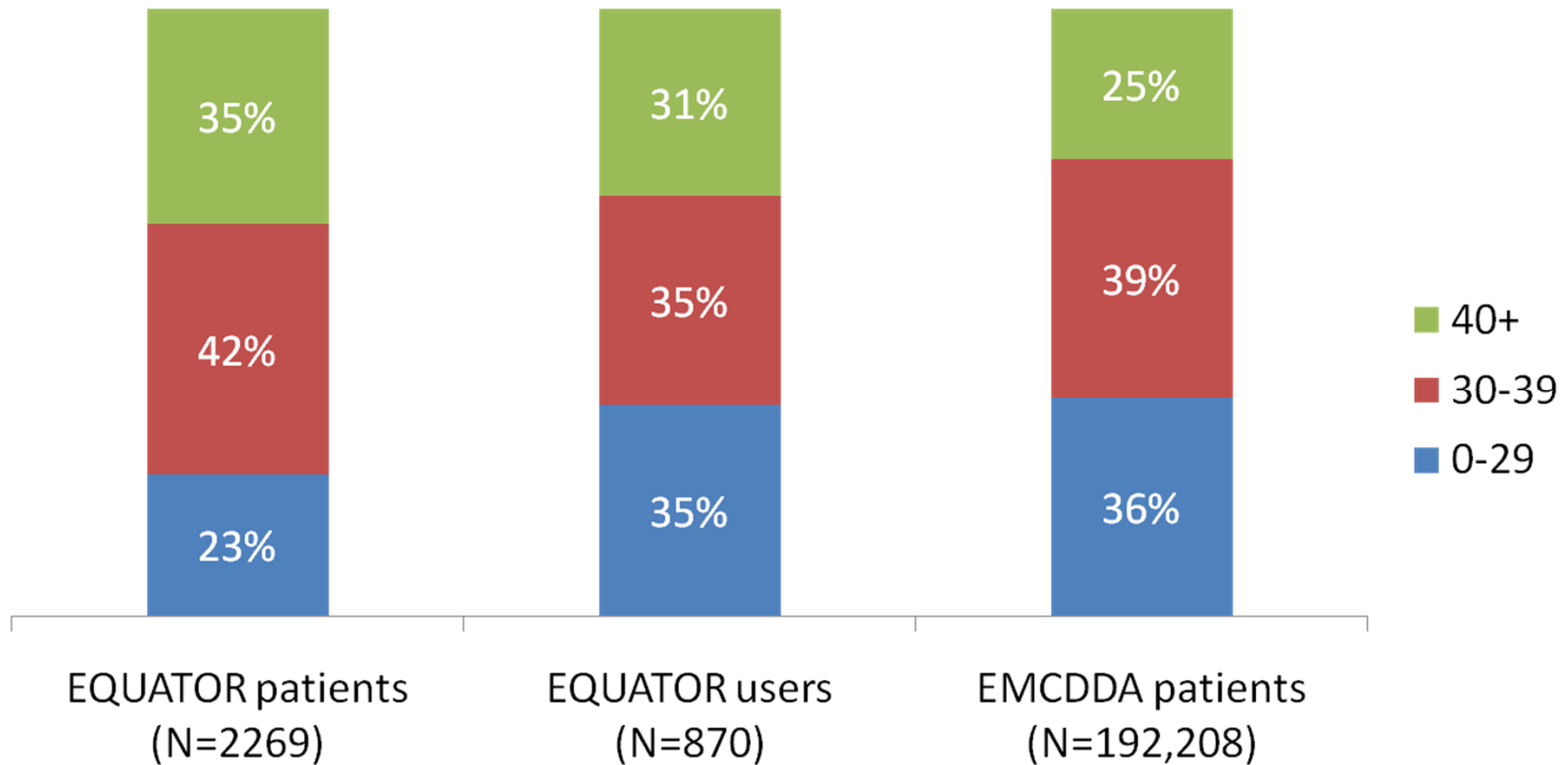
Age distribution in EQUATOR is broadly comparable with EMCDDA data for Europe

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Comparison with external data: sex
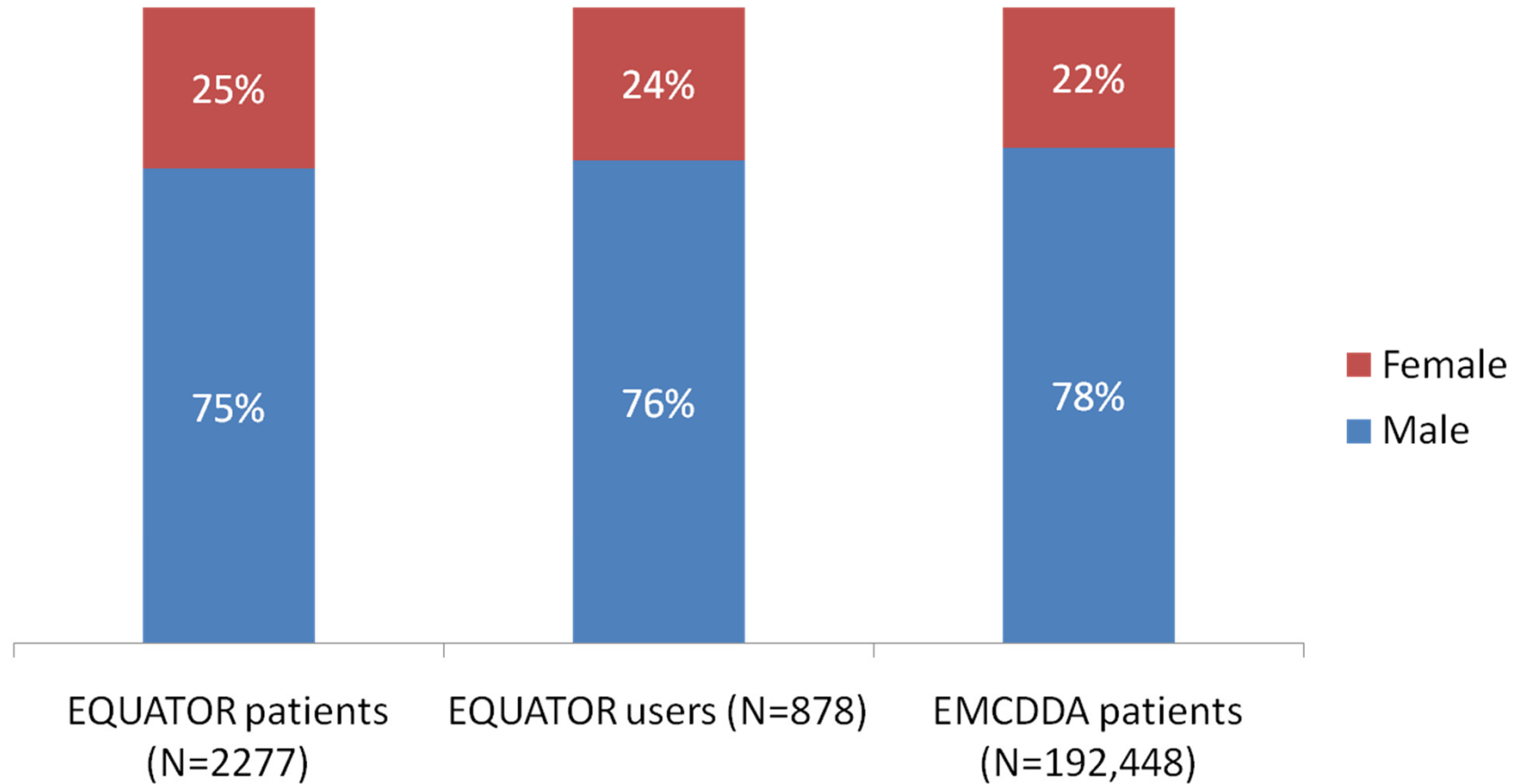
Sex distribution in EQUATOR is comparable with EMCDDA data

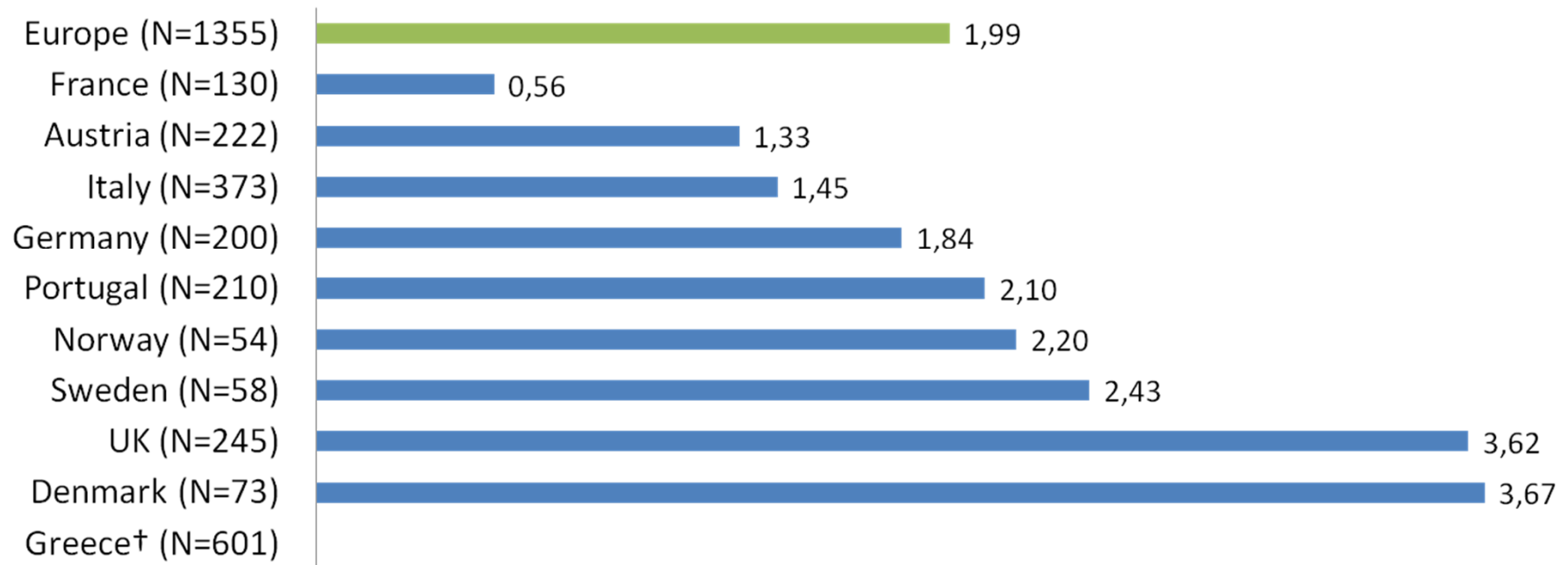# Marital status of patients and users
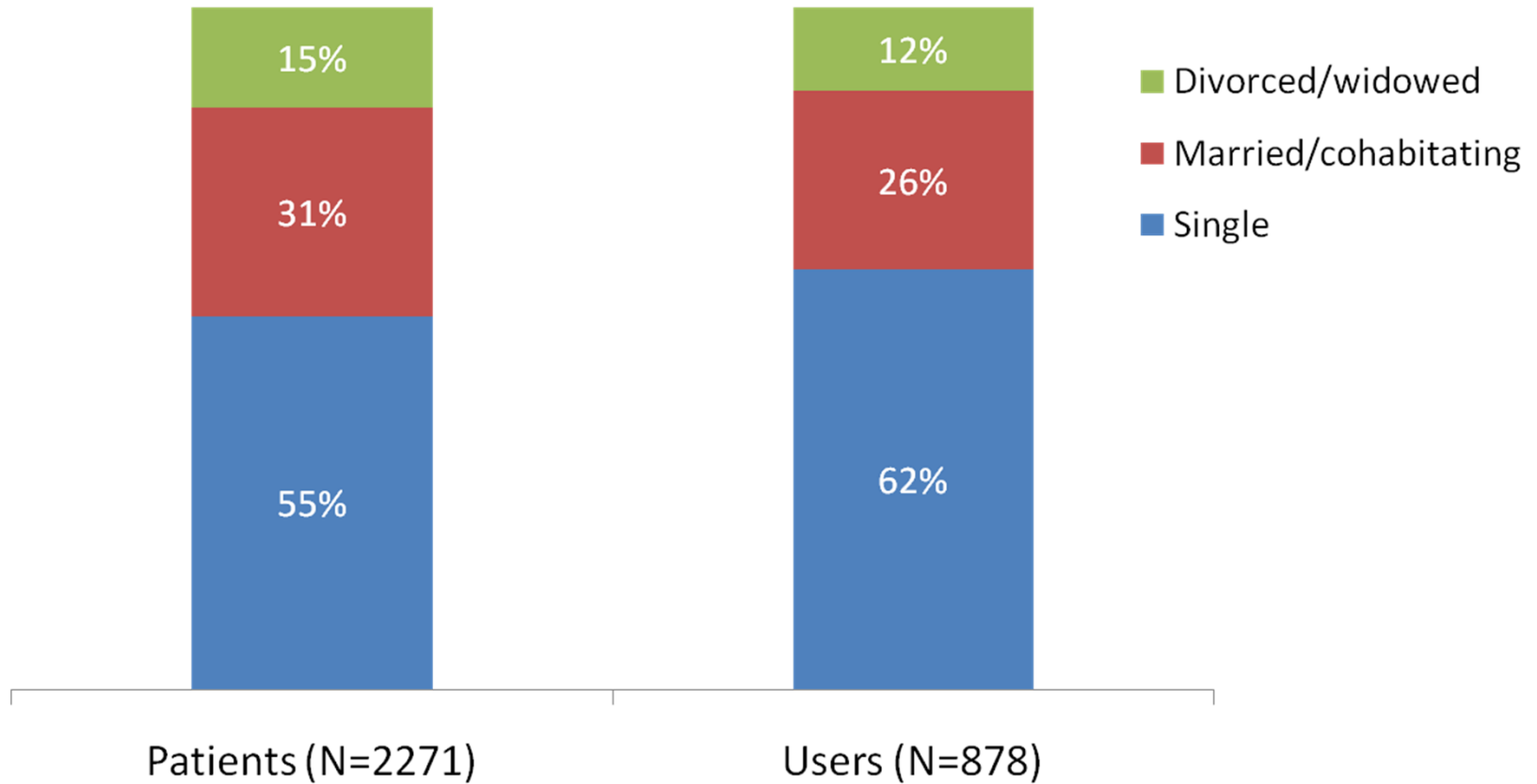
Marital status of patients and users for Europe as a whole is comparable; between one quarter and one third are married or cohabiting

Considerations

- The similar demographic profile of patients and users may reflect the chronic, relapsing nature of opioid dependence
  - Dependent opioid users cycle through repeated treatment–relapse–treatment episodes
- Data from EQUATOR may be thought of as a snapshot in time
  - Whether an individual is currently a patient or a user depends on where they are in the cycle
- Is treatment dropout influenced by less than optimal treatment systems?
- Key questions to explore in this presentation include
  - To what extent is treatment cycling due to the chronic, relapsing nature of disease, rather than failure to optimise the quality of care?
  - What level of variation in outcomes is evident across countries?
  - Do different treatment systems lead to different patient outcomes?

Re-presentation rates vary considerably across Europe

Mean number of prior OMT episodes undergone by patients

Country	Mean
Europe (N=1355)	1,99
France (N=130)	0,56
Austria (N=222)	1,33
Italy (N=373)	1,45
Germany (N=200)	1,84
Portugal (N=210)	2,10
Norway (N=54)	2,20
Sweden (N=58)	2,43
UK (N=245)	3,62
Denmark (N=73)	3,67
Greece† (N=601)	

- **Re-presentation rates vary considerably despite similar patient demographics**
- **Differences in treatment approaches may be a contributing factor**

*Some respondents did not answer the question; †Data unavailable

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ARE PATIENTS MAKING INFORMED CHOICES ABOUT TREATMENT?
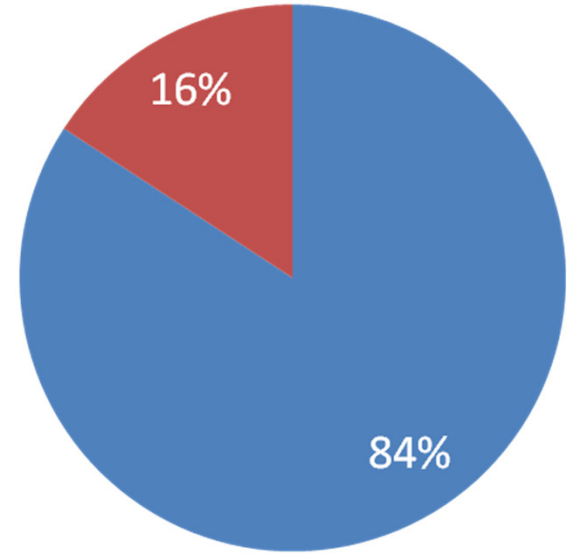
Patients frequently report getting the medication they ask for

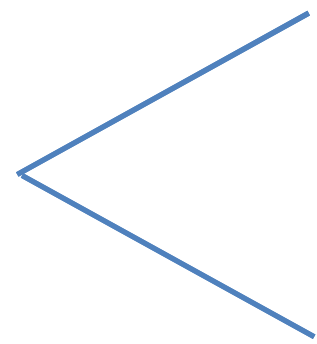**Proportion of patients who explicitly asked doctor for a certain medication**

40%

60%
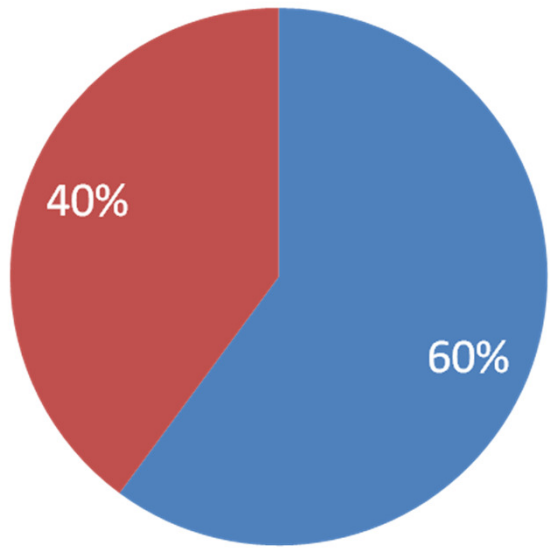
Yes   No

N=1856

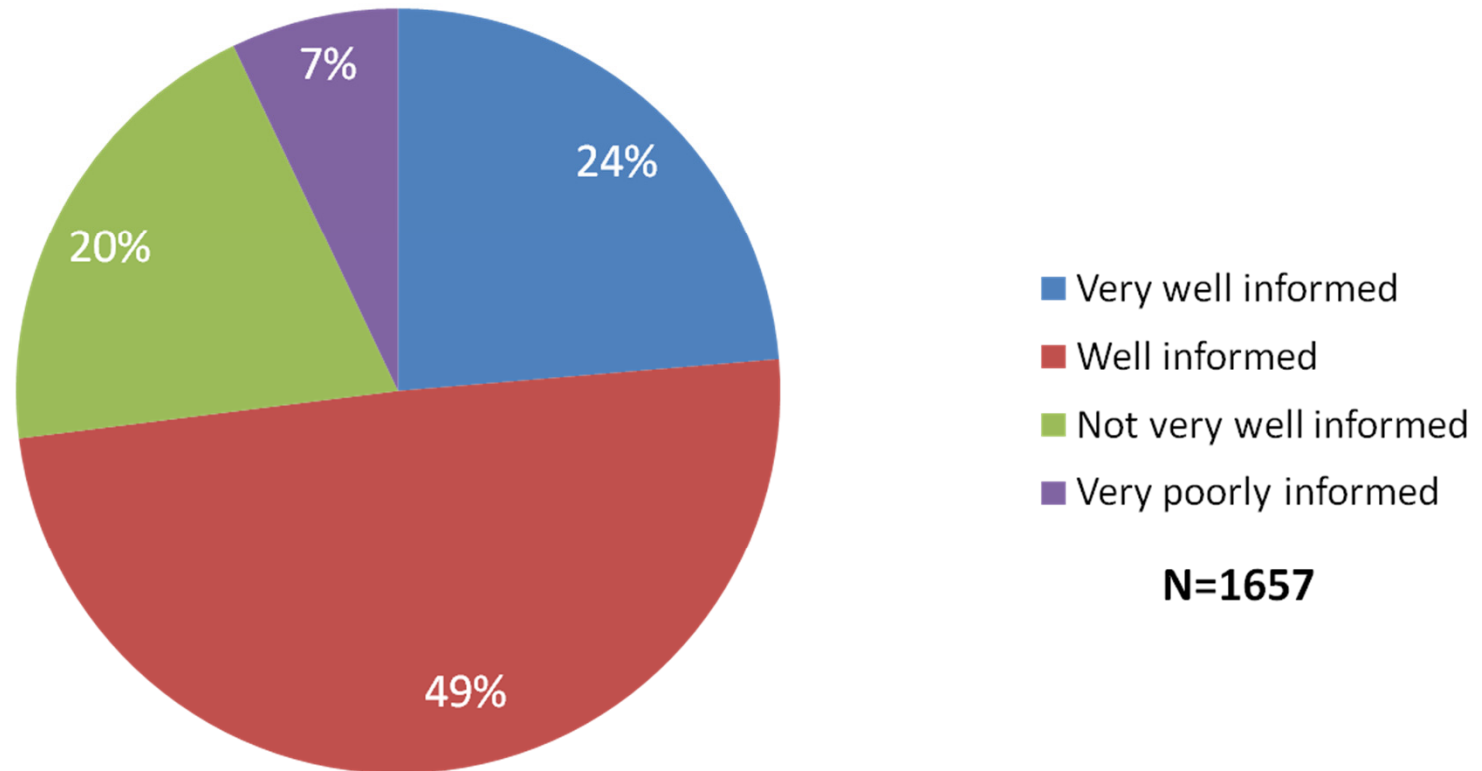**Proportion* of those whose doctor gave them what they asked for**

16%

84%

Yes   No

N=1140

*Of those patients who answered the question

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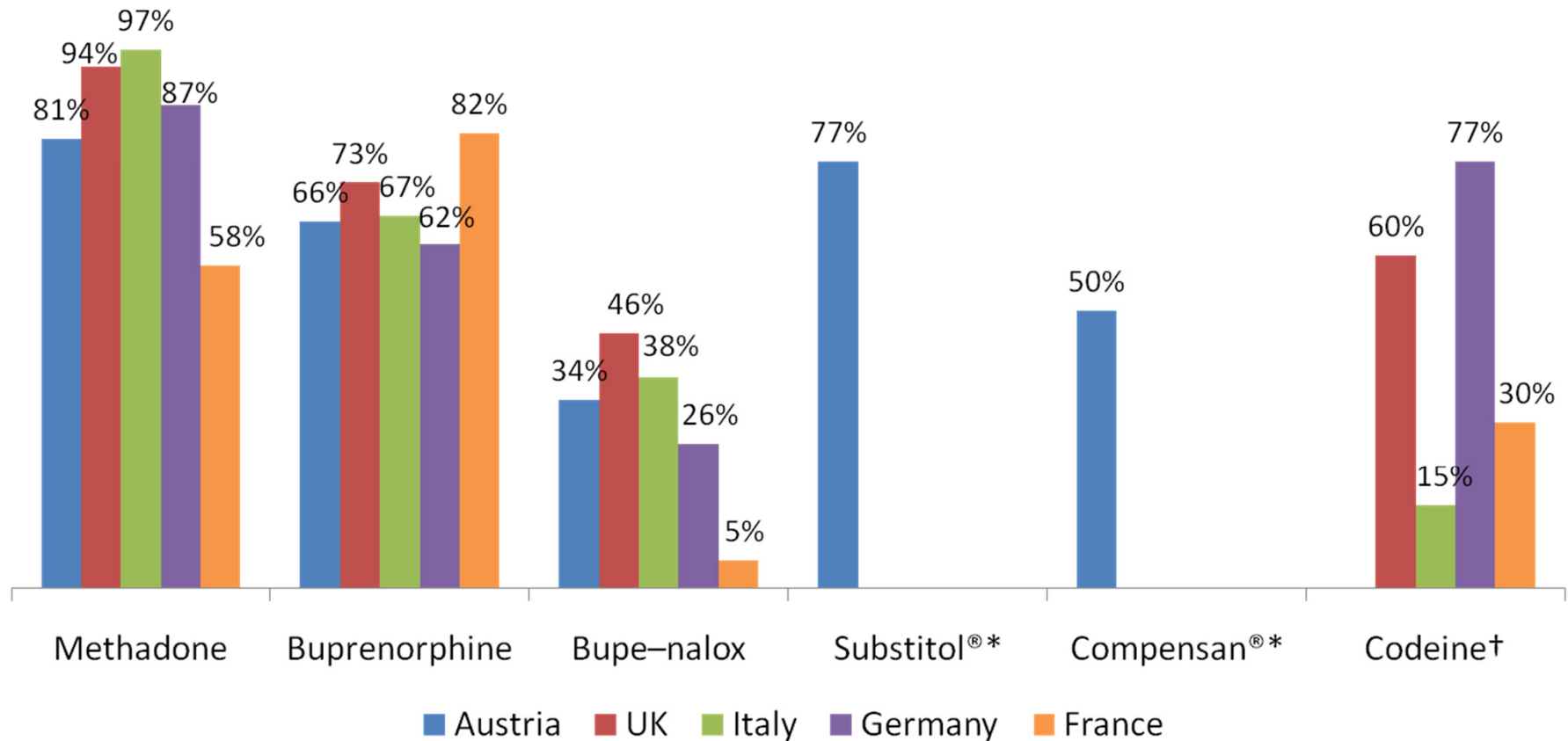The European Quality Audit
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Patients generally consider themselves well informed about treatment options

**73% of patients believe they are well or very well informed**

Patients are not aware of all OMT options

Patient knowledge of OMT medications prior to beginning therapy

*Only provided as a possible response to patients in Austria; †Not provided as a possible response to patients in Austria

Medication distribution in EQUATOR is broadly consistent with EMCDDA data

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8%

36%

60%

N=2298

Legend:
- Methadone
- BPN and BNX
- Other

EMCDDA


4%

32%

64%

N=527,028
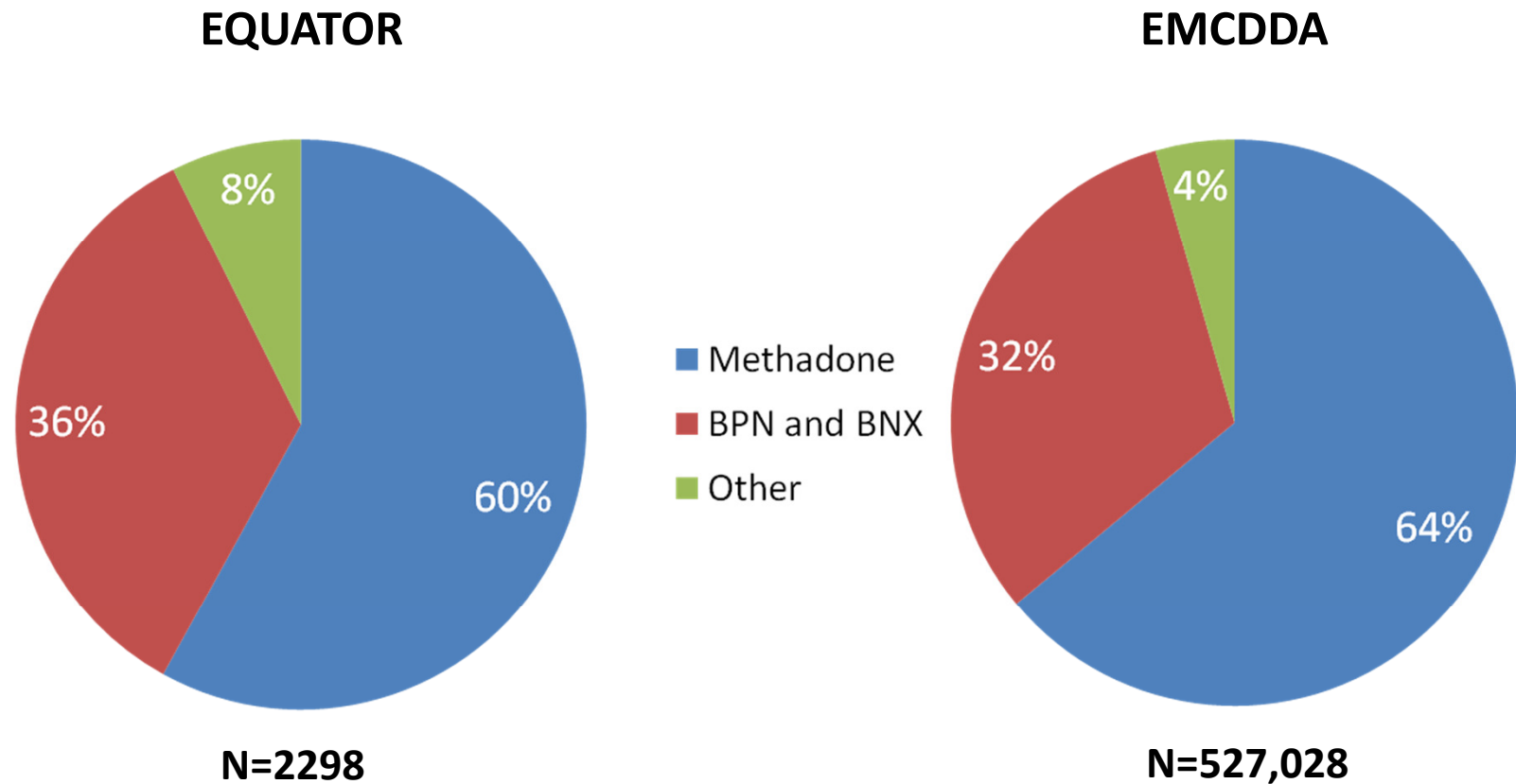
A minimum of 30 patients per treatment option were recruited in each country to allow meaningful comparisons to be made; some patients gave more than one answer; EMCDDA data are calculated by averaging most recent patient share data for countries in EQUATOR, where available

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ARE WE ACHIEVING DESIRED REDUCTIONS IN ILLICIT DRUG USE?

OMT reduces heroin use
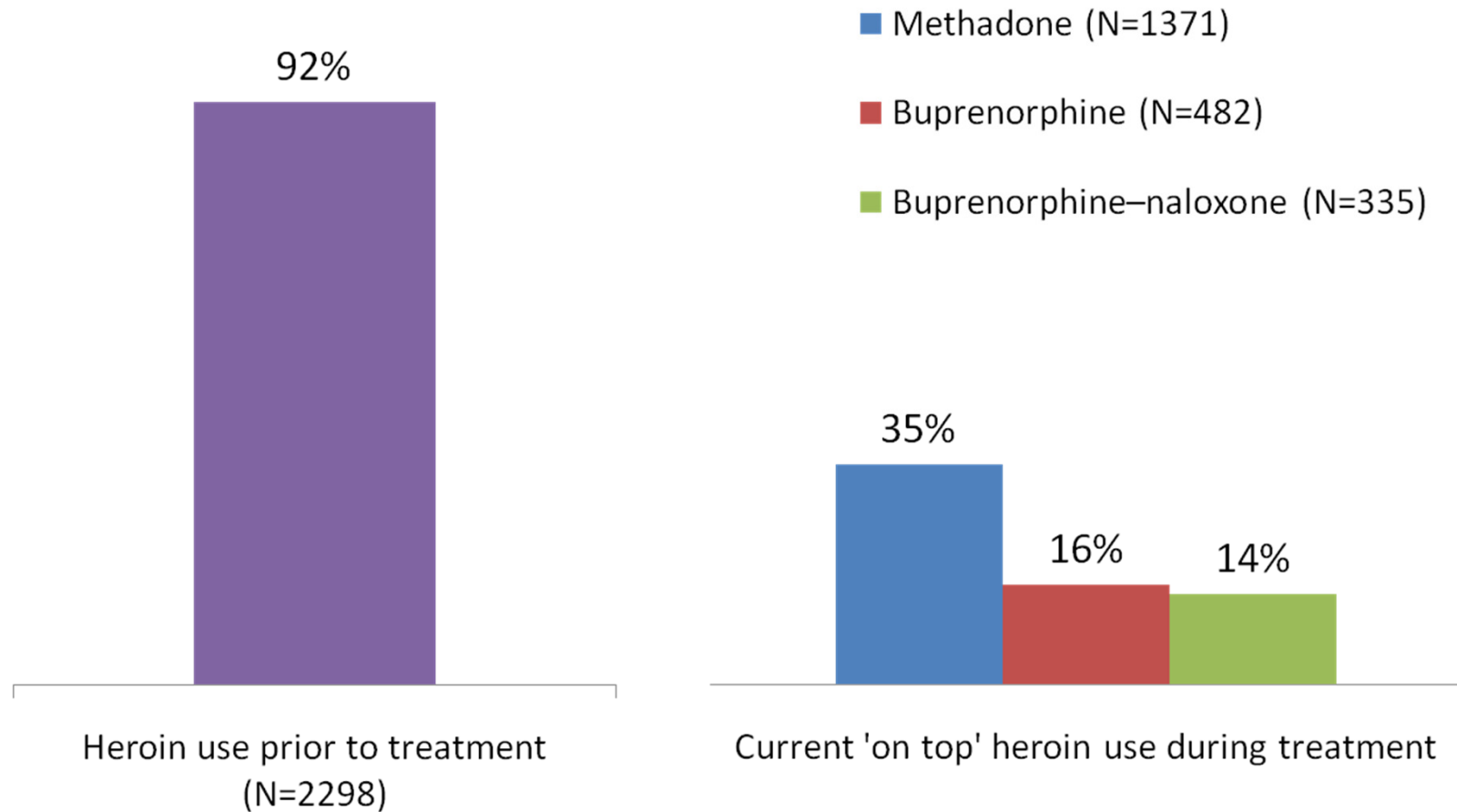
More patients on methadone reported on-top heroin use than patients on buprenorphine or buprenorphine–naloxone (p<0.01)

Rates of crack and BZD use vary by country
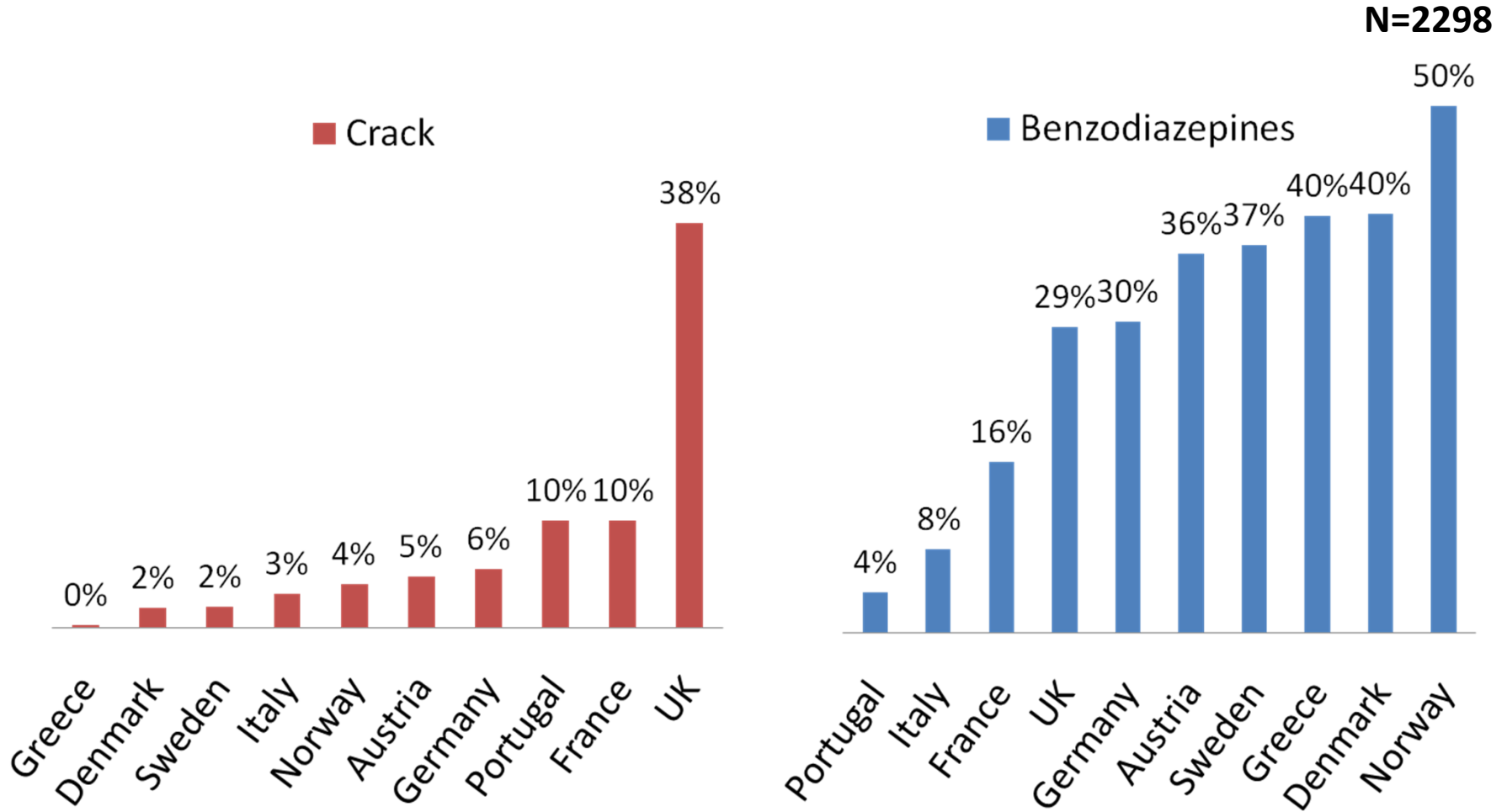
Patients frequently use multiple illicit drugs – the rate varies across Europe

Patients who stated they sometimes or frequently used illicit drugs are included here

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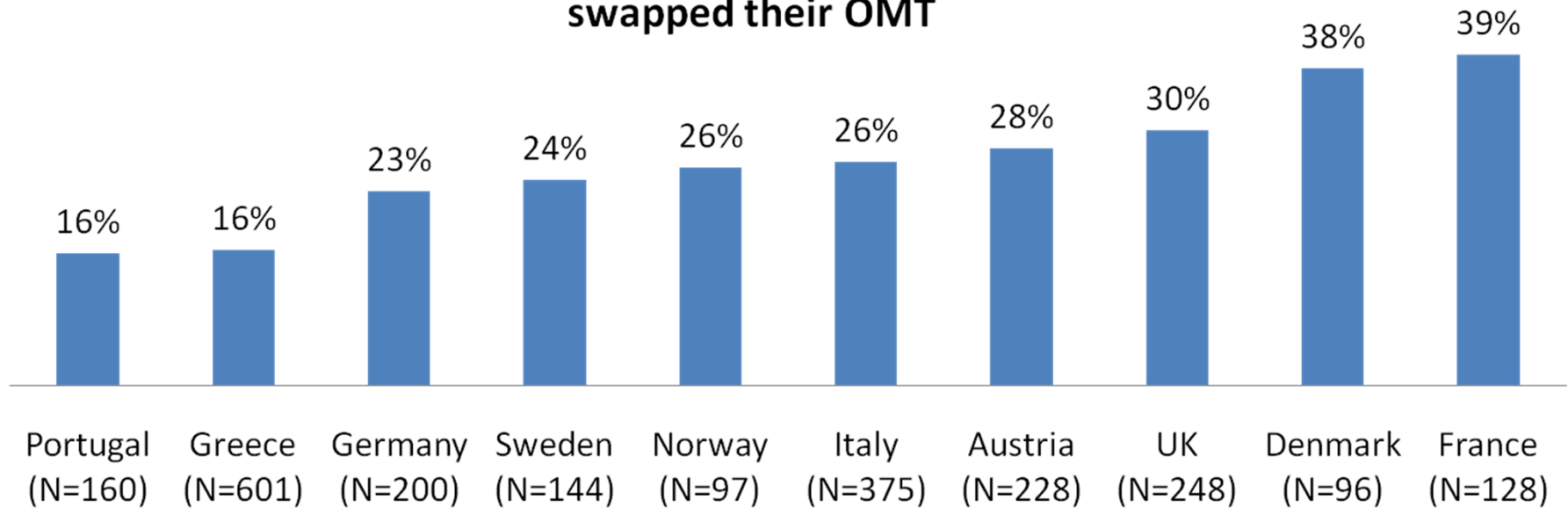# ARE WE GETTING THE RIGHT BALANCE BETWEEN TREATMENT ACCESS AND TREATMENT CONTROL MEASURES?

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A significant minority have diverted their OMT in the past

Patients reporting they have ever sold, given away or swapped their OMT

Portugal (N=160)	Greece (N=601)	Germany (N=200)	Sweden (N=144)	Norway (N=97)	Italy (N=375)	Austria (N=228)	UK (N=248)	Denmark (N=96)	France (N=128)
16%	16%	23%	24%	26%	26%	28%	30%	38%	39%

Proportion of patients having every dose supervised

21%	78%	40%	30%	46%	28%	20%	40%	15%	26%

- **Across countries, 16–39% of OMT patients have diverted their OMT medication**

Between-country difference: p<0.01

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Rates of diversion vary between current treatment options

Patients reporting they have ever sold, given away or swapped their OMT

Treatment	Percentage
Methadone (N=1371)	24%
Buprenorphine (N=482)	30%
Buprenorphine–naloxone (N=335)	19%
Morphine (N=105)	31%
Other (N=69)	44%
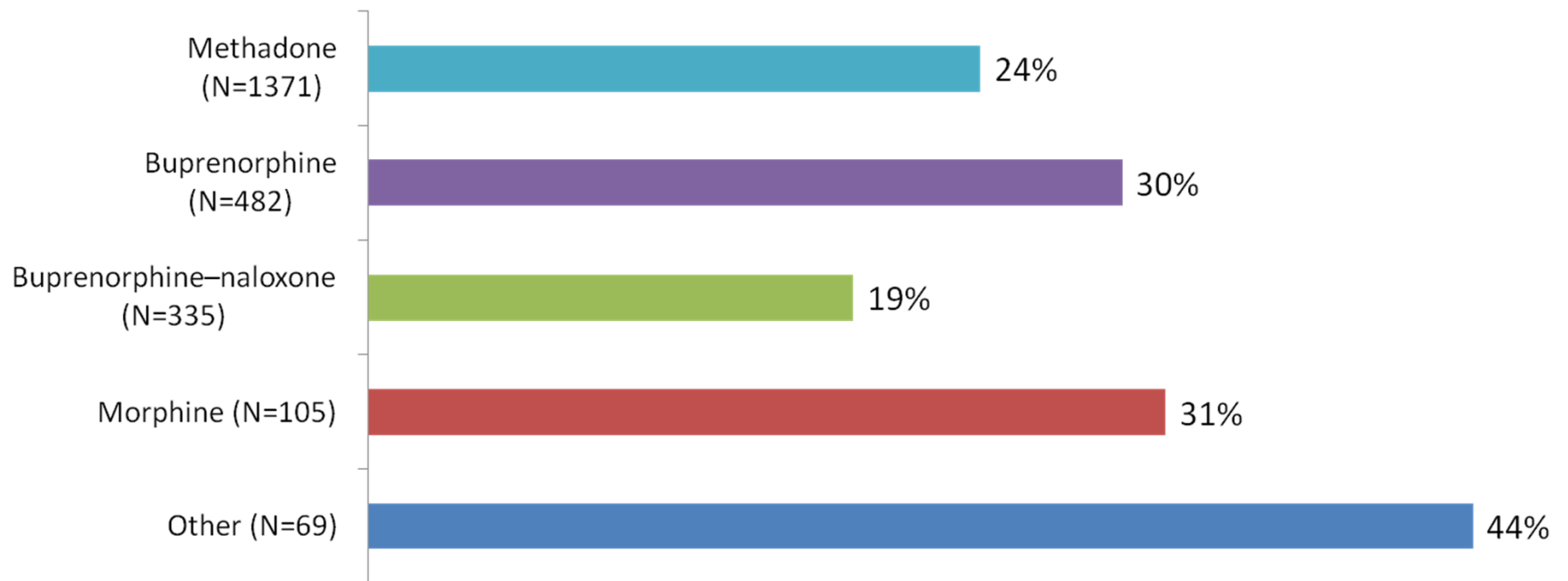
Rates of OMT medication misuse vary across countries

Patients reporting they have ever injected or snorted their OMT

Country	Rate
Greece (N=601)	5%
Portugal (N=160)	8%
Italy (N=378)	14%
France (N=130)	19%
UK (N=248)	25%
Germany (N=200)	26%
Norway (N=98)	38%
Sweden (N=152)	39%
Austria (N=228)	49%
Denmark (N=103)	51%
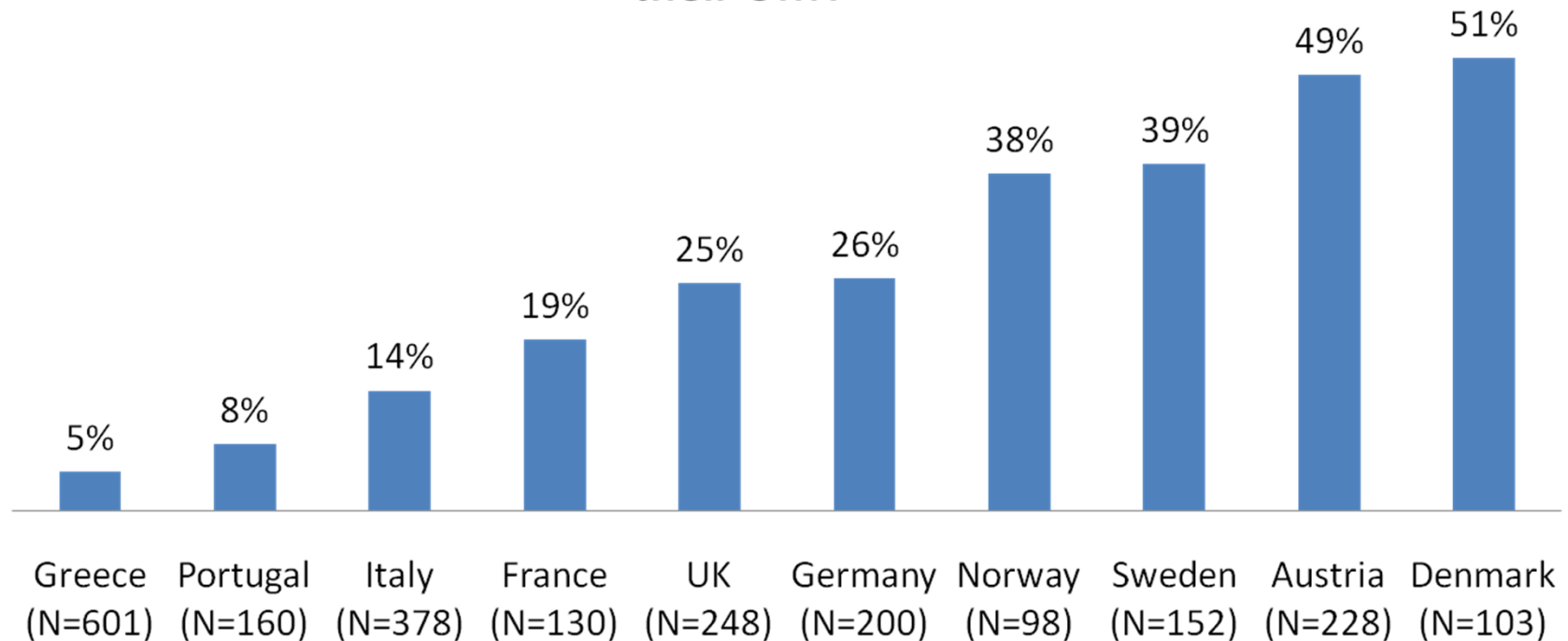
Reported rates of misuse vary substantially across Europe

Between-country difference: $p < 0.01$

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ARE WE PROVIDING ADEQUATE ADDITIONAL SUPPORT?

Rates of psychosocial counselling vary across Europe

Patients* reporting they were currently receiving psychosocial counselling

Country	Percentage
Austria (N=228)	36%
Denmark (N=100)	37%
Sweden (N=149)	41%
France (N=130)	43%
Italy (N=370)	58%
UK (N=248)	60%
Portugal (N=160)	61%
Norway (N=96)	62%
Germany (N=198)	63%
Greece (N=465)	100%
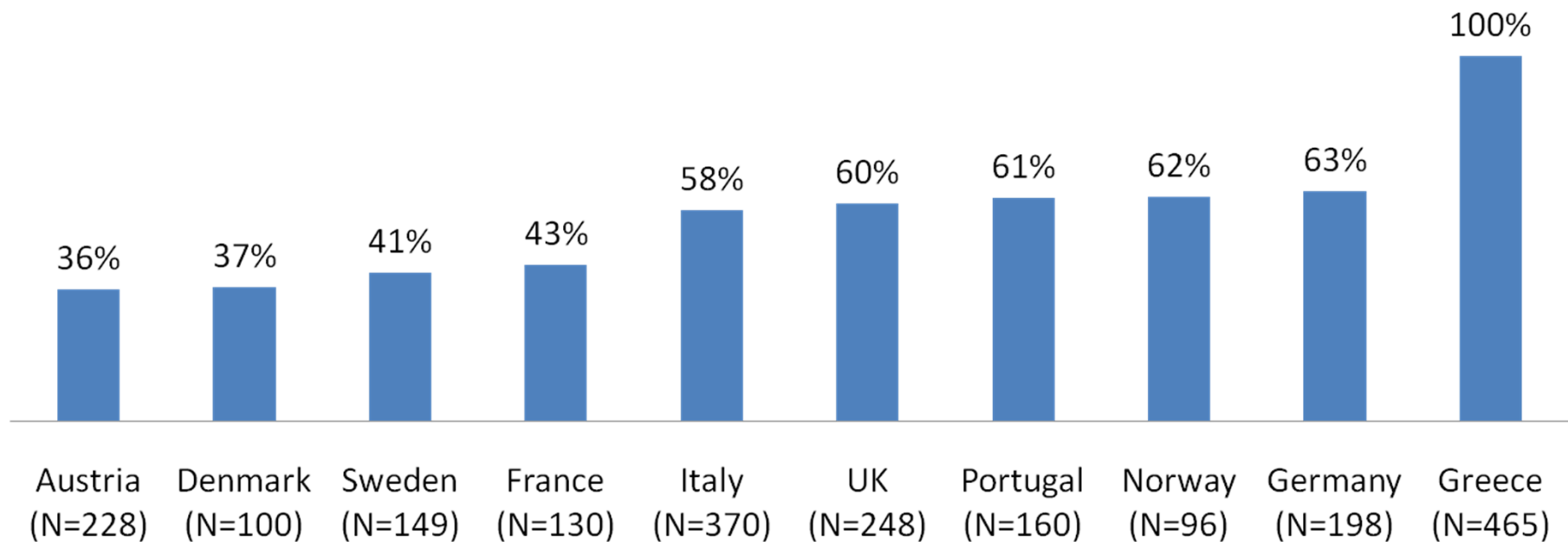
Of those answering the question; between-country difference: p<0.01

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PREVIOUS ACCESS TO OPIOID TREATMENT IN PRISON

Past prison episodes and treatment access in prison

		Patients and users (N=3161)
Ever in prison		45.5% (n=1422)
Mean no. of prison episodes		3.75
Total time in prison	≤1 year	51.7% (n=745)
	2~5 years	31.2% (n=449)
	6~9 years	11.3% (n=163)
	10+ years	5.8% (n=83)
Mean no. of prison episodes for drug-related offences		2.79 (n=1374)
Mean no. of prison episodes where addiction treatment received		0.88 (n=1228)
In OMT before prison		35.9% (n=503)
OMT continuation upon prison entry	Continued	50.9%(n=256)
	Stopped completely	22.1% (n=111)
	Changed OMT drug	6.4% (n=32)
	Received counselling	1.8% (n=9)

- **A third of individuals were in OMT before prison; almost 60% continue OMT**

Prison episodes *vs* treatment episodes

In every country where data were available the mean number of drug-related prison episodes was higher than the mean number of treatment episodes

*Data unavailable

Summary

- Treatment choice appears to be driven by patient preference rather than guidelines
- Rates of on-top use, diversion and misuse vary by OMT medication and across Europe
  - Misuse/diversion do not necessarily correlate with the degree of treatment control
- A high proportion of patients do not access psychosocial support
- Almost half of patients/users have been to prison
  - Prison provides a critical opportunity to continue or initiate treatment
- EQUATOR is the largest multi-country evaluation of OMT using individual-level data and will help to address key knowledge gaps

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