



European Monitoring Centre
for Drugs and Drug Addiction

OST in Germany

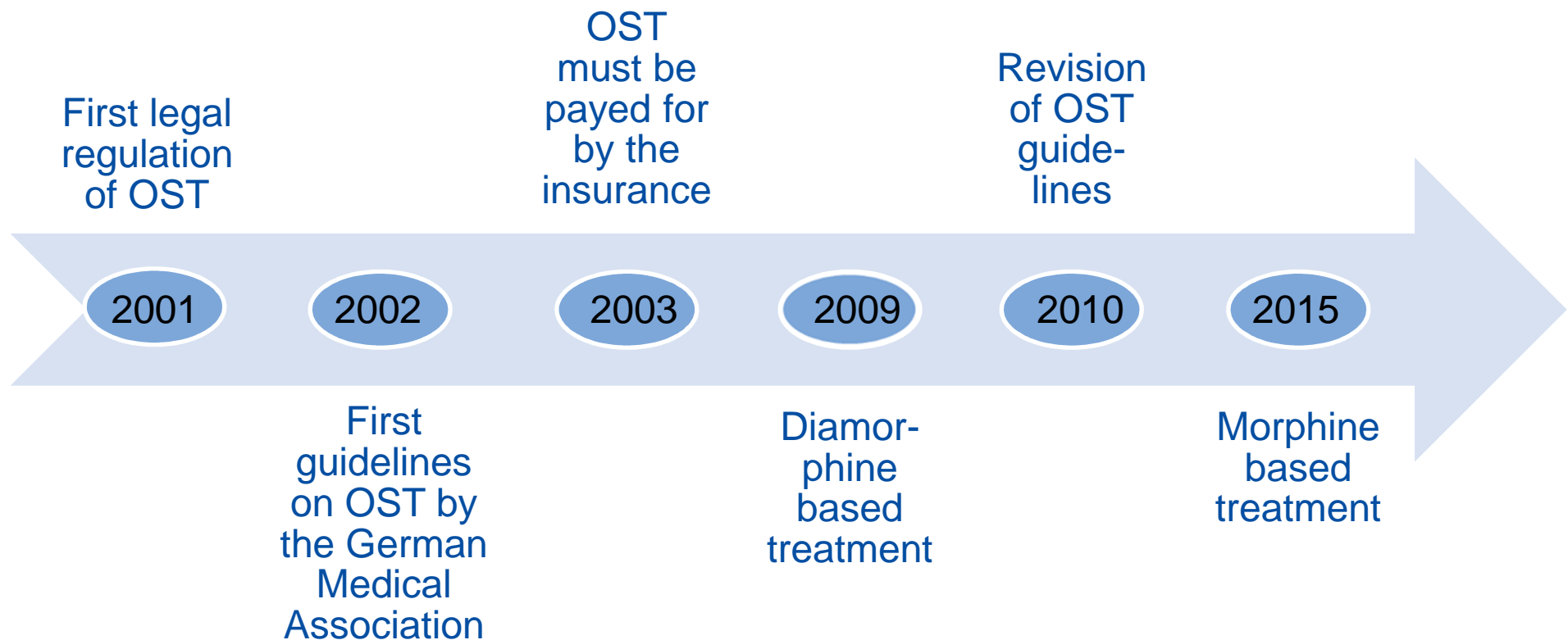
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8th of June 2016

Balancing access, quality and prevention of diversion of OST in Europe: a comparative analysis



Legal framework



Data documentation

Since 2002 the central substitution register records all OST prescriptions to

- avoid double prescriptions of substitution drugs
- monitor the implementation of quality standards

What is recorded?

- Patient code
- Date of first and last prescription
- Prescribed substance
- Prescribing doctor (+ external consultant)



OST provision

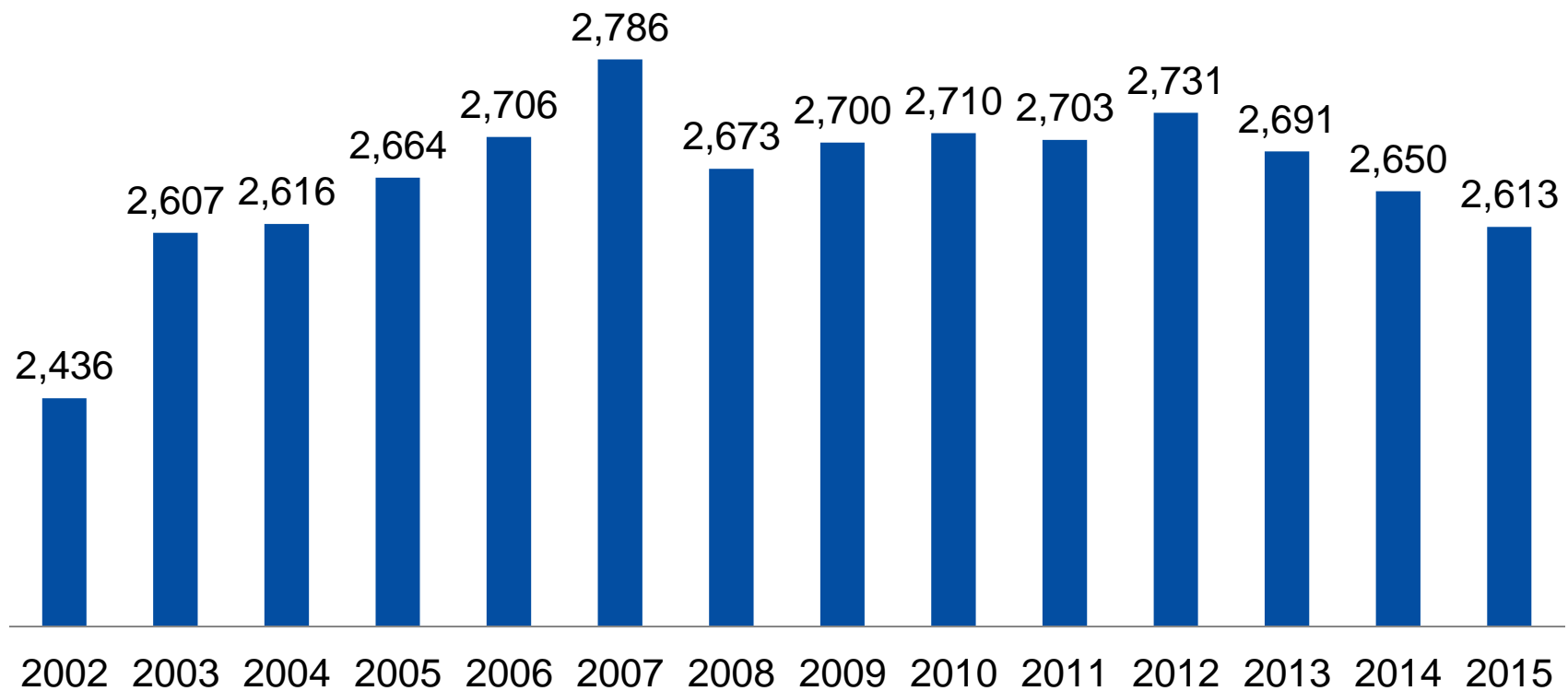
Doctors providing substitution therapy must hold a qualification in addiction medicine. Exception: colleague consultation rule

Number of patients treated	Share of doctors
< 4	29 %
4 – 50	50 %
51 – 100	15 %
> 100	6 %



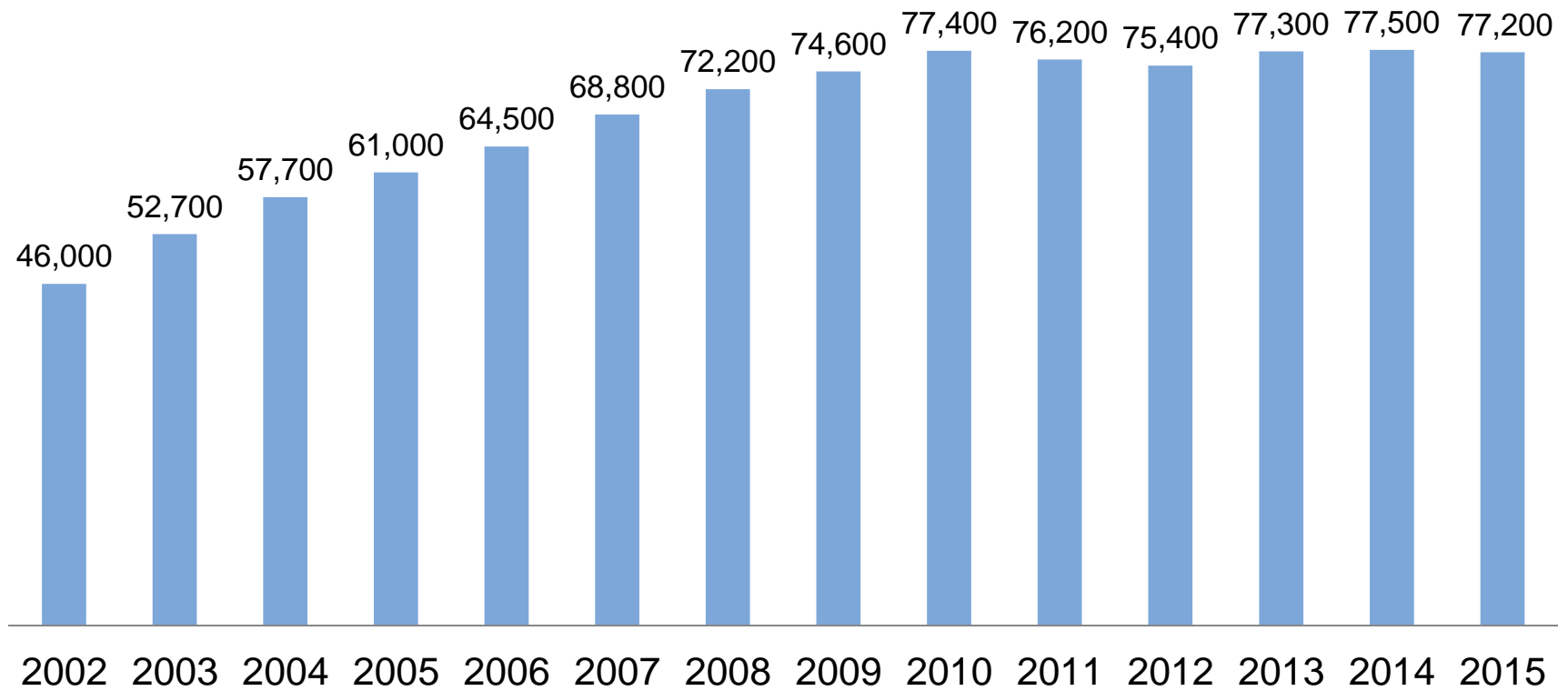
Doctors providing OST

Number of doctors



Patients reached

Patients receiving OST on 1st of July



OST coverage

Estimation of coverage is problematic.

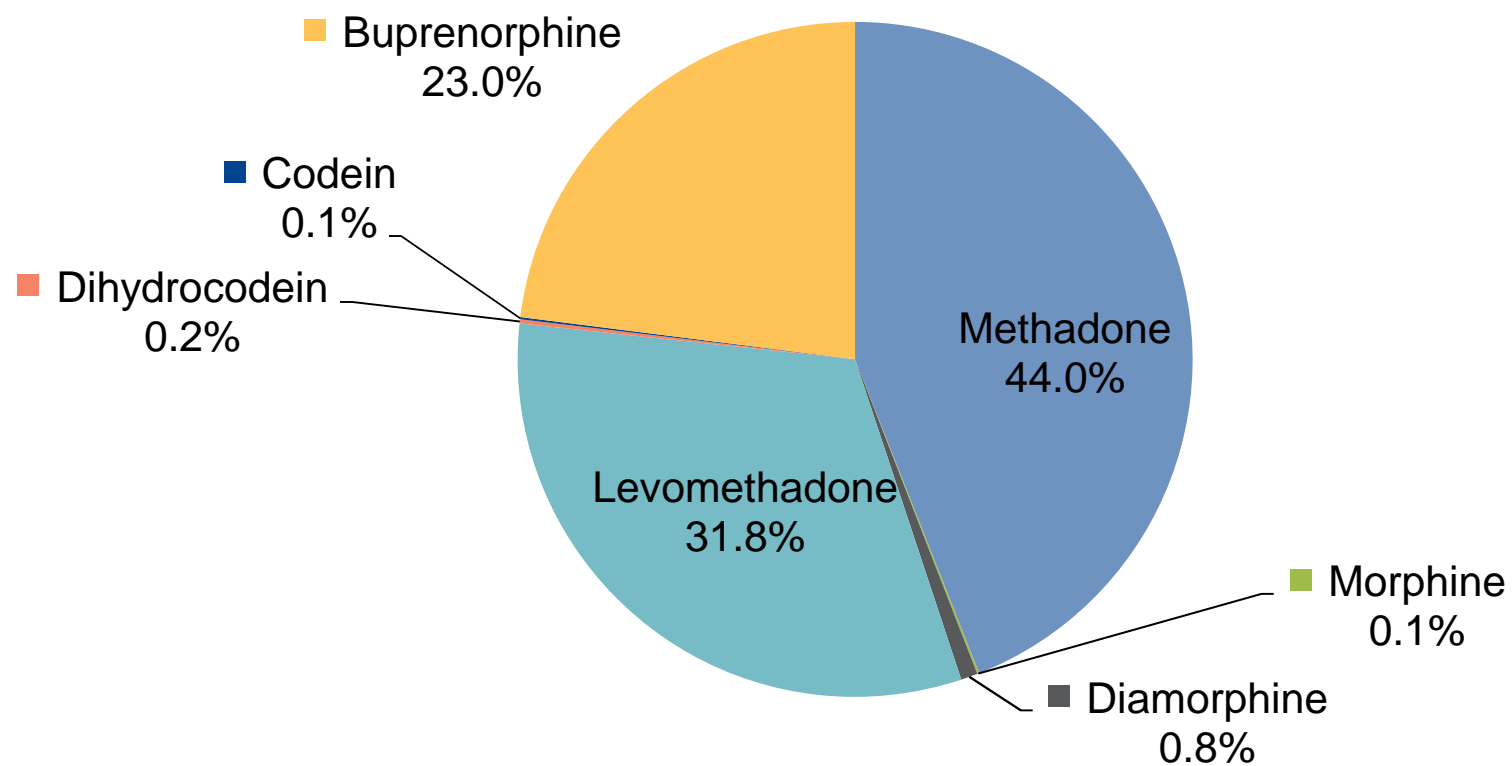
On 1st July 2013, 77.300 persons received OST.
But how many people need it?

Data source	Estimated High Risk Opioid Users	OST Coverage
DRD	57.000 – 59.000	> 100 %
Police data	68.000 – 90.000	86 - 88 %
Treatment data	143.000 – 169.000	45 - 54 %



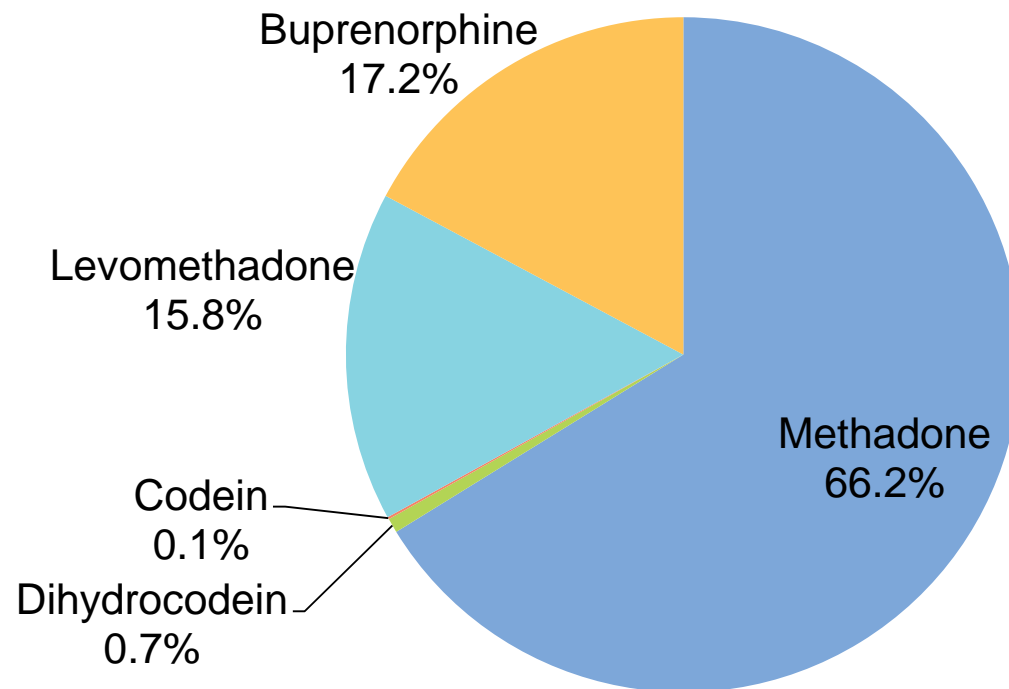
Share of prescribed substances

2015



Share of prescribed substances

2005



Share of prescribed substances

Type & proportion of substances reported
in substitution register

Substitution drug	2005	2010	2011	2012	2013	2014	2015
Methadone	66.2%	57.7%	54.8%	51.6%	49.3%	46.1%	
Levomethadone	15.8%	23.0%	25.4%	27.0%	28.6%	30.3%	
Buprenorphine	17.2%	18.6%	19.2%	20.4%	21.3%	22.6%	
Dihydrocodein	0.7%	0.3%	0.2%	0.2%	0.2%	0.2%	
Codein	0.1%	0.1%	0.1%	0.1%	0.1%	0,1%	
Diamorphine		0.3%	0.4%	0.7%	0.5%	0.7%	

BOPST 2015.

Diversion & misuse of substitution drugs

- Monitoring double prescription through the substitution register is in place
 - In both 2014 and 2015, approx. 120 patients were found who tried to get double prescriptions
- In the beginning of each treatment, a patient is required to take the drugs on site. Later on, no blanket monitoring is in place
- The issuing of OST drugs is only monitored more closely where problems arise



Substitution drugs in the open drug scene

- Reimer et al. (2009) concluded *for the open drug scene* that substitution treatment is a key protective factor regarding
 - use of OST drugs not in accordance with the intended purpose
 - life-threatening drug emergencies
 - poly substance use
- One in six users of non-prescribed substitution drugs stated that they used those because they could not find a place on an OST programme



Quality of OST

Quality standards are in place

- Guidelines for the treatment of drug dependence & addiction problems including OST treatment
- Guidelines for training of staff

Key problems

- Access can be highly problematic in rural areas
- Not enough young doctors in the field – especially the large providers are growing older and may leave large gaps in the treatment network
- The effectiveness of accompanying psychosocial measures within the framework of OST in Germany is still in question (Deimel & Stöver 2015)



Problems with collecting data and studies

- Complications in describing the care situation in Germany
 - Federal structure
 - Different objectives of different providers / legislators
 - Regional differences, i.e. access for the general population or prison populations
- High fluctuation limits the value of the number of patients from the record date
 - 90.000 patients registered / re-registered / signed off in 2015
- Estimation of coverage is problematic





Thank you for your attention!

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