Development of the guidelines on the pharmacotherapy of addiction – case study Croatia

Croatia
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Drug use and drug users in Croatia

Drug abuse and drug addiction is in Croatia not a new story

Being affected by the war, political changes and economic transition, country experienced many challenges and faced social anomie and disturbances

Risk behaviour, including drug abuse, reflects contextual changes in society
Situation analysis
Legislative framework
Organizational structure
Guidelines development
Further activities
Marijuana use in the last 30 days (ESPAD 1995-2007)

Everything starts in adolescence...

It seems that stabilization is registered in Croatia and in ESPAD countries.
Register on persons treated for drug abuse (Register)

Having a vision before really problem arouse, meaning since the early 80’s the Drug Abusers Register has been established in the Croatian National Institute of Public Health.

At the beginning the data were collected from hospitals only, than gradually from all health care facilities, in the latest years from NGOs and therapeutic communities as well.
What do we know about drug use and drug users in Croatia

In the register data are collected for:

- Persons seeking the treatment for drug addiction
- Experimenters or drug consumers if they have had problems requiring social welfare or justice system involvement, or have been referred by parents, schools or GPs
- Mortality data are also included
## Persons treated for drug abuse in the health sector

<table>
<thead>
<tr>
<th>Year</th>
<th>Total treated</th>
<th>Total opioids</th>
<th>New treated</th>
<th>New opioids</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>5.320</td>
<td>3.549</td>
<td>2.548</td>
<td>1.066</td>
</tr>
<tr>
<td>2003</td>
<td>5.678</td>
<td>4.079</td>
<td>1.840</td>
<td>802</td>
</tr>
<tr>
<td>2005</td>
<td>6.664</td>
<td>4.866</td>
<td>1.767</td>
<td>784</td>
</tr>
<tr>
<td>2007</td>
<td>7.464</td>
<td>5.703</td>
<td>1.779</td>
<td>800</td>
</tr>
</tbody>
</table>

Rate total 250/100.000 15–64; opiates 191/100.000

<table>
<thead>
<tr>
<th>Main drug</th>
<th>opiates</th>
<th>76%</th>
<th>marijuana</th>
<th>13%</th>
<th>stimulants</th>
<th>5%</th>
<th>M:F ratio 5.1:1</th>
</tr>
</thead>
</table>
Trends in number of treated drug abusers in Croatia

All treated persons, opioide addicts treated, first demand total, first demand opioide

- Totally treated
- Opioid total
- First demand total
- First demand opioide

Years: 1996-2007

Number of treated persons: 0-7000
Drug abusers in treatment became older...

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>25.7</td>
<td>25.8</td>
<td>25.7</td>
</tr>
<tr>
<td>2003</td>
<td>27.1</td>
<td>27.2</td>
<td>27.1</td>
</tr>
<tr>
<td>2005</td>
<td>28.4</td>
<td>28.1</td>
<td>28.3</td>
</tr>
<tr>
<td>2007</td>
<td>29.8</td>
<td>29.2</td>
<td>29.7</td>
</tr>
</tbody>
</table>


- The mean age of the first use (any drug)
  - 15.9 - 16.0 years
- The mean age of the first heroin use
  - 20.0 - 19.9 years
- The mean age of the first i.v. use
  - 20.8 - 20.6 years
- The mean age of the first treatment demand
  - 25.7 - 26.9 years
## SOCIAL CHARACTERISTICS

<table>
<thead>
<tr>
<th></th>
<th>Opioides</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live alone</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>With parents</td>
<td>64%</td>
<td>85%</td>
</tr>
<tr>
<td>With partner</td>
<td>22%</td>
<td>3%</td>
</tr>
<tr>
<td>In the institutions</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Homeless</td>
<td>0.1%</td>
<td>0</td>
</tr>
<tr>
<td>Others</td>
<td>0.9%</td>
<td>3%</td>
</tr>
<tr>
<td>Permanent job</td>
<td>32%</td>
<td>24%</td>
</tr>
<tr>
<td>Temporary job</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>42%</td>
<td>22%</td>
</tr>
<tr>
<td>Students</td>
<td>4%</td>
<td>37%</td>
</tr>
<tr>
<td>Others</td>
<td>7%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Mode of treatment of opiate drug addicts 2003-2007 year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone detox</td>
<td>60</td>
<td>49</td>
<td>38</td>
<td>32</td>
</tr>
<tr>
<td>Methadone maintenance</td>
<td>24</td>
<td>30</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Detox without methadone</td>
<td>3</td>
<td>4</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Buprenorphine maintenance</td>
<td>7</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial care</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Counselling</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

| Total                           | 100  | 100  | 100  | 100  |
Buprenorphine in one third of drug addicts in total in 2007
Methadone detox and maintenance in 53%
## Co-morbidity 2007

### Psychiatric co-morbidity registered

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Opiate</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific personality disorder</td>
<td>36%</td>
<td>23%</td>
</tr>
<tr>
<td>Behavioral alcoholic disorder</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>Depressive disorder</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>PTSD</td>
<td>10%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Risk behaviour and health consequences

### Sharing the needles and syringes in the last month

<table>
<thead>
<tr>
<th>Year</th>
<th>2003</th>
<th>2005</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33.1%</td>
<td>23.0%</td>
<td>19.9%</td>
</tr>
</tbody>
</table>

### Personal illness history (opiate addicts)

- **hepatitis C**: 46.3%
- **hepatitis B**: 13.6%
- **HIV**: 0.5%
Drug related deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>78</td>
</tr>
<tr>
<td>2003</td>
<td>106</td>
</tr>
<tr>
<td>2005</td>
<td>115</td>
</tr>
<tr>
<td>2007</td>
<td>154</td>
</tr>
</tbody>
</table>

Source: death certificate DEM-2, Register of drug abusers

Causes of death 2007

- Overdose heroin: 27%
- Overdose opiates: 25%
- Overdose methadone: 13%
- Overdose cocaine: 1%
- Intoxication mixed drugs: 4%
- Suicides: 2%
- Accidents: 6%
- Other: 20%
- Unknown: 2%
- Total: 100%
Legislative framework and policy documents

- Drug Abuse Prevention Act
- National Drug Abuse Prevention Strategy
- Action Plan for Drug Abuse Prevention
- Healthcare Plan and Programme
- Healthcare Act
- Health Insurance Act
- Family Act
- Croatian Red Cross Act
- Criminal Code
Organizational structure

Health sector

The Centres for drug prevention and treatment (in the County Institutes of Public Health, 21 in total, co-ordination CNIPH)

Hospitals (detox)

Out-patient facilities in hospitals

Primary health care

Financial resources

Health Insurance Institute

Ministry of Health and Social Welfare (state budget)

Local (County) Government

Government Office for combating narcotic drug abuse
According to the enacted legislation, since 2003 the Centers for drug addiction prevention (CDAP) became part of the counties Institutes of Public Health and responsible for a wide range of activities.

The Programme became part of the official state document Plan and Programme of Healthcare Measures, which define obligatory health care delivered to Croatian population.

The centers are financed by the Health Insurance Institute, state and local budget.

Professionals (medical doctors, psychologists, social workers, nurses) are either full- or part-time employees, according to the number of drug abusers in the area.
Network of the Institutes of Public Health in Croatia
CDAP are responsible for the mode of treatment selected.

Substitution treatment (methadone, buprenorphine) can be prescribed only by licenced medical doctors (appointed by MoH). Buprenorphine and methadone are free of charge (expenses covered by Health Insurance Institute).

The everyday dose of methadone is taken in GP office, under the supervision of the doctor or the nurse. GPs do not have any incentives for drug addicts as patients (only in some counties local government gives the small amount of money annually).

The drug addicts can be treated free of charge on doctors’ request, even being without health insurance.
That was the situation when the process of guidelines development started.

MoH initiated guidelines development for methadone pharmacotherapy of opioide addicts, which should regulate:

- Strategic determinants of the state policy related to drug addicts’ treatment
- Treatment programmes available
- Definition of professionals entitled for programme recommendation
- Criteria and rules for inclusion
- Details of programme implementation
- Registration and evaluation
That was the situation when the process of guidelines development started.

Working group appointed by MOH representing:

MoH, Croatian National Institute of Public Health, Referent Center for drug addiction prevention (University hospital), professionals working in CDAP, GPs Society, Government Office for combat of narcotic drug abuse, Health Insurance Institute.

Taking into account existing policy and strategy, epidemiological situation, organizational structure, professional experience, international guidelines, financial possibilities, document was meant to define rules for pharmacotherapy implementation.
Guidelines structure

Background and context

Policy, strategy, action plan

Goals of drug addicts pharmacotherapy

Indications and inclusion criteria (general)

Programmes definition and inclusion criteria (specific)

Definition of appointed professionals for pharmacotherapy recommendation and prescription

Definition of programme implementation (hospitals, CDAP, GP offices)
Guidelines structure ..cont.

Definition of the recommended daily doses range
Exclusion criteria or abruption of the programme
Registration and evidence
Professional supervision and surveillance
Evaluation

Draft of the guidelines was sent to the professional associations, authorities of the institutions involved and to the Goverment Committee for drug addiction prevention.
Adopting and implementation

After obtaining approval from consulted institutions and authorities, MoH started the legislative procedures and guidelines were adopted by the Croatian Government.

As necessary pre-conditions for the implementation already were in place, the implementation did not require any new structure or incentives development. The guidelines have been sent out to the respective professionals and educational seminars especially for medical staff working in CDAP and GPs were organized.
EVALUATION

The presented model enables maximal availability and accessibility of the treatment facilities, comprehensive health care and continuous collaboration between PHC and specialists, destigmatization of the programme and of the clients and decreases the expenses.

Evaluation variables: number of persons in treatment, treatment retention, age of drug addicts in treatment, blood born disease prevalence, DRD
FUTURE ACTIVITIES

The collaboration with NGOs and therapeutic communities has to be improved, harm reduction possibilities enhanced.

Subuxone is in the process of approval for Health Insurance “A” list, than similar procedure as for those previous guidelines is to be expected.

The harmonization with health system in prisons is on a good way, still needs improvement - the post-release program for imprisoned drug addicts is under development.

Intersectoral collaboration proved to be of the crucial importance.
Islands are beautiful, but people are not islands....