

Buprenorphine treatment in Denmark

Introduction

The limits for the treatment of substance abusers can be found in a number of laws that concern the health and social authorities (see Act No. 435 of 14 June 1995 concerning changes to the Hospital Sector Act, as well as Act No. 944 of 16 October 2000 concerning social services (Servicebogen) and Act No. 267 of 12 April 2000 on legal rights and administration in the social sector (Retsikkerhedsloven). while medical treatment with euphoriant substances is regulated through § 5 in The Medical Practice Act (Lov om udøvelse af lægegerning, LBK No. 272 as of 19 April 2001), which was most recently revised in 2001. According to this paragraph the Health Board decides what is meant by dependency creating substances. The Health Board distributes at regular intervals circulars that define more closely the regulations for how dependency creating substances are to be prescribed in general somatic and psychiatric practice, as well as in special circumstances such as substitution treatment.

Numerous controlled studies of substance abusers in methadone treatment have demonstrated lesser mortality and use of heroin than among untreated substance abusers, but effects on criminality have not been conclusively proven (Mattick et al. 2003 a). Controlled studies have shown similar results for buprenorphine and methadone, but a higher drop-out rate for buprenorphine treatment (Mattick et al. 2003 b). The purpose of substitution treatment is to not only stabilise the substance abuser medically, but also socially and psychologically. It is therefore recommended in Denmark that medicinal treatment not stand alone, but is accompanied by psychosocial treatment that deals with the substance abuser's psychological and social issues.

The first marketing approval for a treatment substance in Denmark was granted in 1979 for the product Temgesic, which

is used for the treatment of pain. Buprenorphine in the form of Subutex was released for substitution treatment in Denmark as of 14 May 1999. In Denmark it is the county that has responsibility for overall treatment. The county has likewise an obligation to see to it that an overall treatment plan is established as quickly as possible, and combined with a municipal treatment since the municipality provides social services and further arrangements in connection with possible halfway-house treatment and aftercare.

The prescription of dependency creating medicines for the treatment of substance abusers can apart from short-term detoxification treatments only be carried out by doctors in county facilities and the probation services. These special prescription rights apply to methadone and buprenorphine. The prescription rights can be delegated to other physicians such as GPs and doctors at private treatment facilities. In order for a substitution treatment to begin it should be relevant in terms of a social treatment plan and meet the following criteria 1):

- There should be proof of opioid dependence (F 11.2) as defined in WHO ICD-10.
- The substance abuser should want treatment. Treatment should be voluntary with considerable weight being attached to the wishes of the client.
- Other relevant treatment alternatives should have been considered.
- Pregnant substance abusers who wish to complete their pregnancies should be offered substitution treatment in the event that detoxification is unrealistic.

Buprenorphine is today recommended as a first choice medication for new, primarily opiate dependent substance abusers. The substance is recommended due to its

low toxicity, for not suppressing breathing and for its fewer side effects.

The consumption of buprenorphine in Denmark in general

The Danish Medicines Agency publishes yearly medicinal statistics (The Danish Medicines Agency, 2003). For this article we have looked at the consumption of buprenorphine in the age bracket between 20 and 50 years. The rationale for choosing this group is that persons outside this group are rarely seen in substitution treatment with buprenorphine, as younger abusers are frequently offered drugfree treatment, while older substance abusers can more often be expected to be found in methadone treatment. Moreover, only consumption in the primary health sector is included since consumption in the hospital sector only to a small extent can be presumed to be substitution treatment.

The consumption of buprenorphine in this age group has undergone a development in which the number of persons in treatment has dropped during recent years (from 4,438 to 3,590 in 2001), while the number of daily doses has risen (from 407,933 to 621,708 in 2001). This seems to indicate that buprenorphine is used to a higher degree in long-term treatment, as it means that more daily doses are used per person.

Treatment with and abuse of buprenorphine among treatment-seeking abusers in Copenhagen Municipality

The internal monitoring system of Copenhagen Municipality oversees the continual registration of entries for treatment due to illegal substance abuse in the municipality.

The municipality contains between one third and one half of all the substance abusers in Denmark, although it only contains one sixth of the country's inhabitants.

Every year around 1 500 treatment episodes are registered in the SFS (Status og Forskningsystemet), wherein the substance abusers state which intoxicants they are seeking treatment for. Citizens can disclose up to 16 different intoxicants, whereof only one primary substance and a maximum of two secondary substances are registered.

Since 2001, Copenhagen Municipality has monitored the share of clients that are given substitution treatment in conjunction with registration. On a yearly basis around 1500 persons are registered for substitution treatment. Of the registered clients around 5–6 per cent are admitted for buprenorphine treatment while 50–60 per cent are admitted for substitution treatment with methadone. During this period substitution treatment has constituted a falling share of all treated users, while the share of those in substitution treatment who are offered buprenorphine consists of approximately ten per cent of all the registered persons in substitution treatment. The pattern is the same for new registrations and re-registrations.

Buprenorphine emerges for the first time as an illegal substance in 2000, when two citizens seek treatment due to buprenorphine as the primary substance. At no point in time has the number of applications in which clients desire treatment by stating buprenorphine as their first or second substance risen over one percent. In this sense, buprenorphine does not play a major role as an intoxicant among treatment seeking substance abusers in Copenhagen Municipality. Observations from the

drug scene and treatment facilities indicate that buprenorphine is purchased illegally by persons who wish to detoxify and free themselves from opiate abuse without contacts with the treatment system.

Moreover, there are reports of a small number of persons who abuse buprenorphine by snorting it. These are primarily persons who are allegedly clean from substances but wish to evade urine control, in connection with, for instance, cases involving the custody of children. The reason these people choose to abuse buprenorphine is that Copenhagen Municipality's laboratory for the analysis of urine samples is still unable to control for buprenorphine. However, the number of such persons is presumably quite low.

Conclusion

All in all, buprenorphine seems to be a substance that is used increasingly in the treatment of opioid abuse and is not widely resold in Denmark. The highest societal cost is the well-documented rise in drop-outs from treatment. This means that this type of medicine can only be used on unstable substance abusers to a limited degree. One can also note the high price of the medicine. Anecdotal reports about the abuse of buprenorphine should lead to more being done to monitor buprenorphine through urine controls in cases where it is expected that the abuser is clean, ie., not in substitution treatment.

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NOTE

- 1) Lov om udøvelse af lægegering (The Medical Practice Act), LBK No. 272 as of 19 April 2001:

§ 5 f. The prescription of euphoriant substances as a part of substance abuse treatment should be carried out by physicians within the municipal/county medical facilities or hospitals of the capital. However, individual prescriptions can be carried out by other physicians in connection with short-term abstinence treatment

Section. 2. Prescription rights as mentioned in section 1 can subject to negotiation be delegated to a GP (general practitioner) or practising specialist.

Section. 3. The Health Board determines more specific regulations for prescription and to that purpose associated distribution and control, as well as deciding whether the right, to give distribution and control measures shall

be decentralised.

Section. 4. This regulation does not apply to treatment in the institutions of the probation services. The Ministry of Justice decides in consultation with the Health Board the rules as regards cooperation between the physicians of the probation services and the physicians mentioned in section 1.

REFERENCES

- Mattick, R.P. & Breen, C. & Kimber, J. & Davoli, M. (2003a): Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. Cochrane Database Systematic Reviews 2
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