



Description of opioid agonist therapy in the Swiss Association for the Medical Management in Substance Users (SAMMSU) cohort

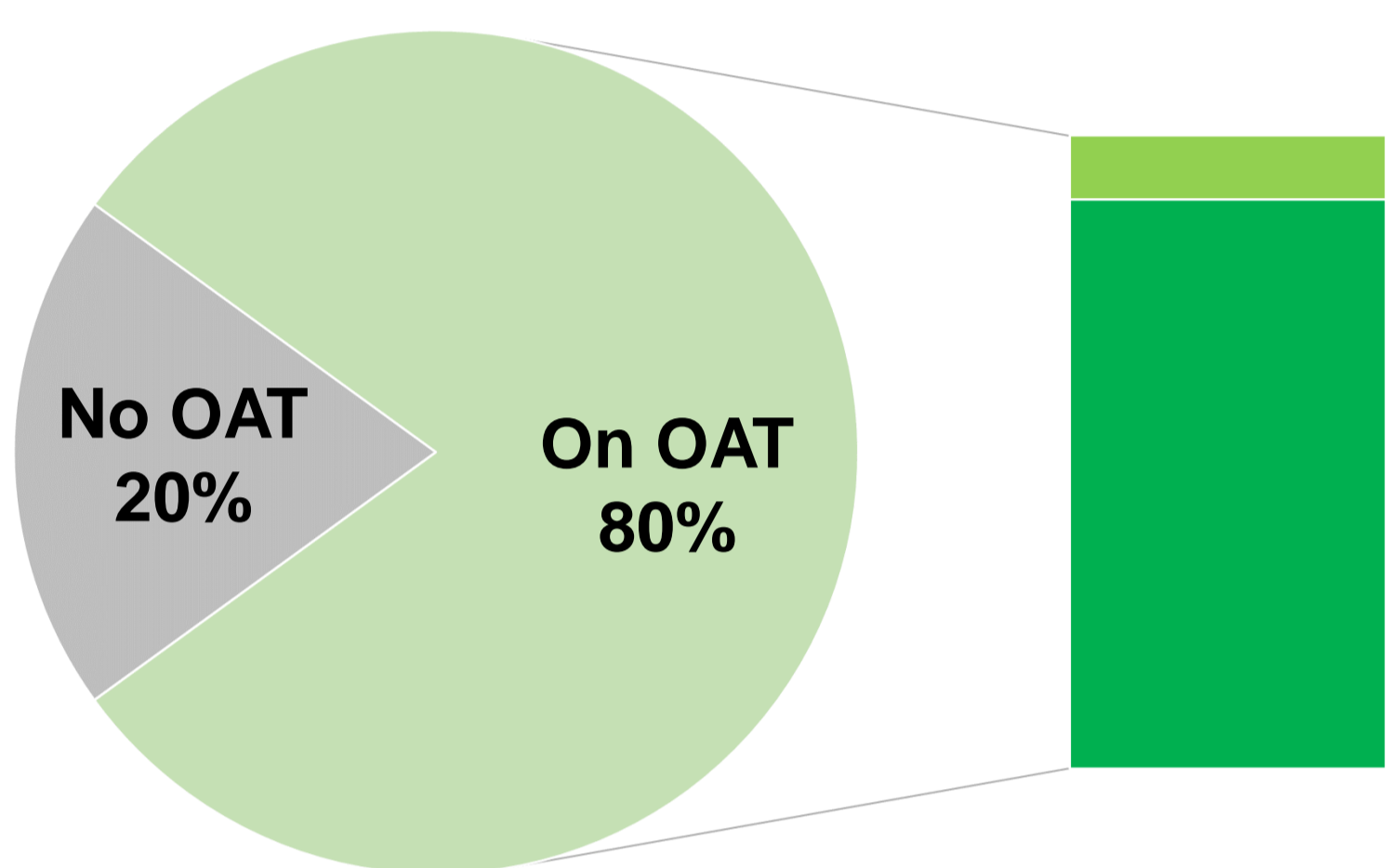
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BACKGROUND

- Of the 22-27,000 people with opioid dependency in Switzerland, about 80% receive opioid agonist therapy (OAT).
- Diacetylmorphine/heroin prescription (1,800 patients) is restricted to 23 institutions in 14/26 cantons, while other opioids (~16,000 patients) can be prescribed by any physician (in ~60% a general practitioner (GP)).
- OAT in the SAMMSU-cohort was described and compared to data from the National OAT Statistics (NOS).

22-27,000 people with opioid dependency in Switzerland



Annual report 2022, Sucht Schweiz, 2023

Diacetylmorphine/heroin:
10% (1,800) → only in institutions

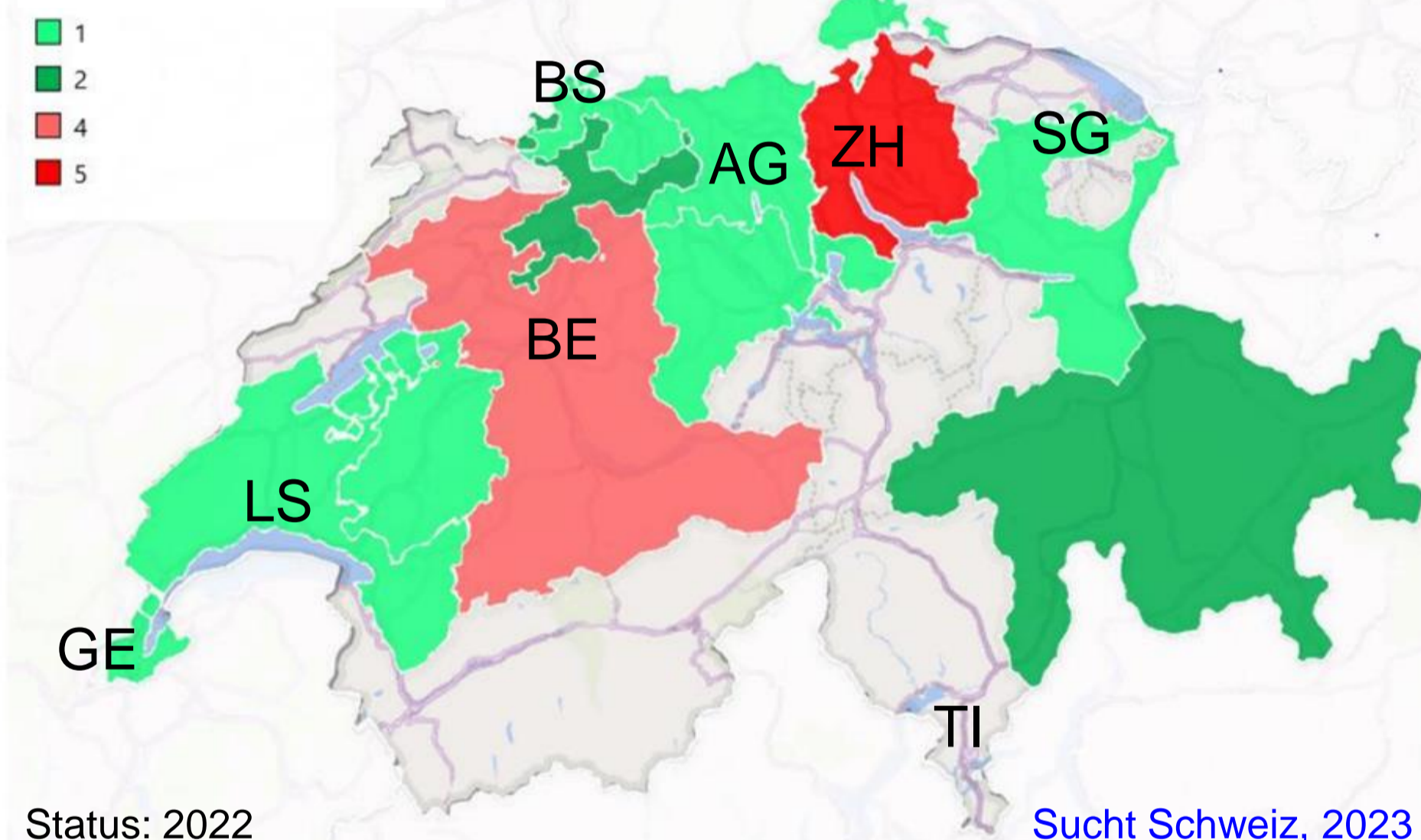
Other OAT:
90% (16,000) → in pharmacies, in institutions and at GPs

- Methadone
- Slow-release morphine
- Buprenorphine
- Levomethadone

NOS 2022, Sucht Schweiz, 2023

Diacetylmorphine/heroin prescription: 23 institutions in 14/26 cantons

Number of institutions



SAMMSU
Swiss Association for the Medical Management in Substance Users

8 SAMMSU centers (1390 participants on 02/01/2024)

AG = Aarau (510; 37%)
BE = Bern (31; 2%)
BS = Basel (113; 8%)
GE = Geneva (47; 3%)
LS = Lausanne (60; 4%)
SG = St. Gallen (89; 6%)
TI = Ticino (Lugano) (121; 9%)
ZH = Zurich (419; 30%)

Status: 2022

Sucht Schweiz, 2023

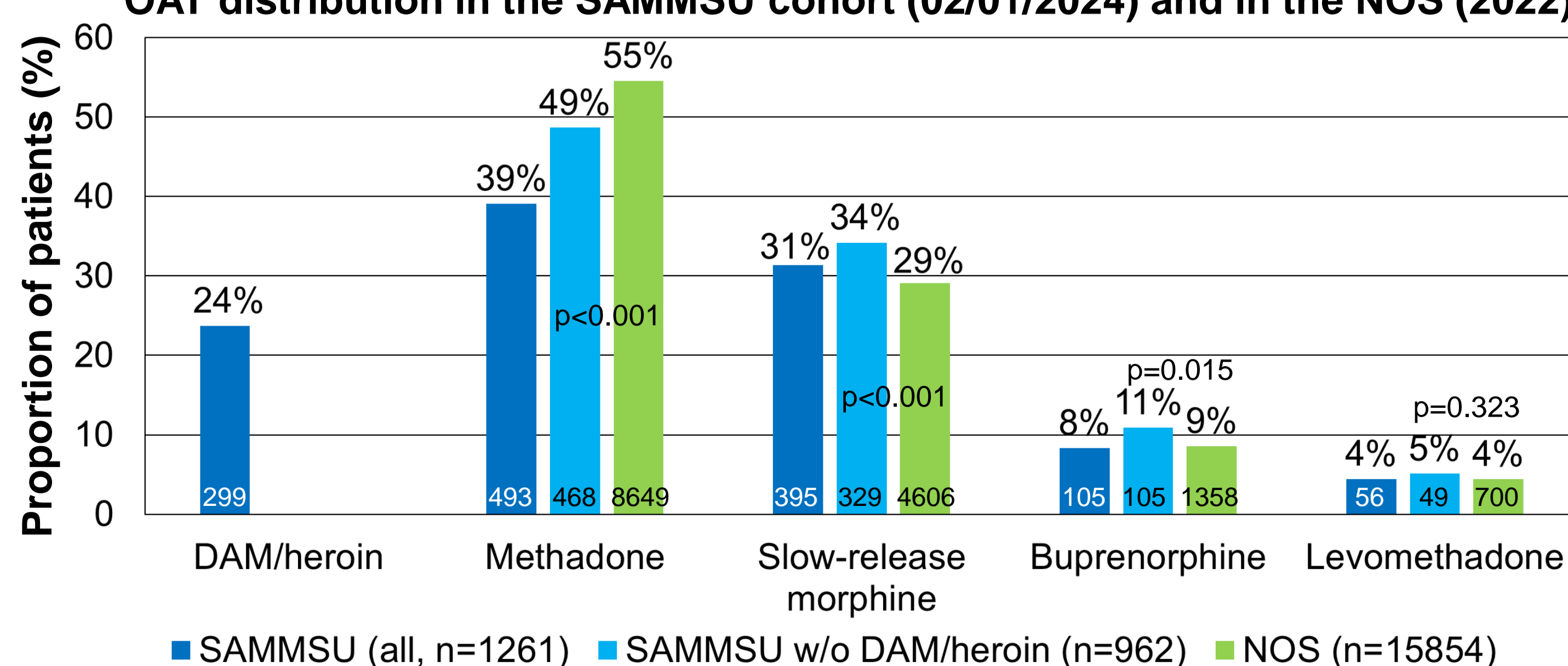
METHODS

- The SAMMSU-cohort is an open cohort with yearly follow-up, enrolling >18-year-old patients with current or previous OAT in eight different centers throughout Switzerland since 2014.
- By 02/01/2024, 1,390 patients have been enrolled (76% male, median age: 44 years, 75% ever intravenous drug use, 61% HCV-antibody-positive, 10% HIV-antibody-positive).
- Since 02/2021, data on OAT-prescriber and OAT-provider are collected, while data on OAT-drug are available since the beginning.

RESULTS – OAT distribution

- At their last follow-up, 91.7% (1,274/1,390) patients were on OAT: 23.7% diacetylmorphine/heroin, 39.1% methadone, 31.3% slow-release morphine, 8.3% buprenorphine and 4.4% levomethadone (n=1,261).
- Excluding diacetylmorphine/heroin patients to compare SAMMSU with NOS data, the percentages were: 48.6% versus 54.6% methadone (p<0.001), 34.2% versus 29.1% slow-release morphine (p<0.001), 10.9% versus 8.6% buprenorphine (p=0.015), and 5.1% versus 4.4% levomethadone (p=0.323) [SAMMSU: n=962; NOS: n=15,854].

OAT distribution in the SAMMSU cohort (02/01/2024) and in the NOS (2022)

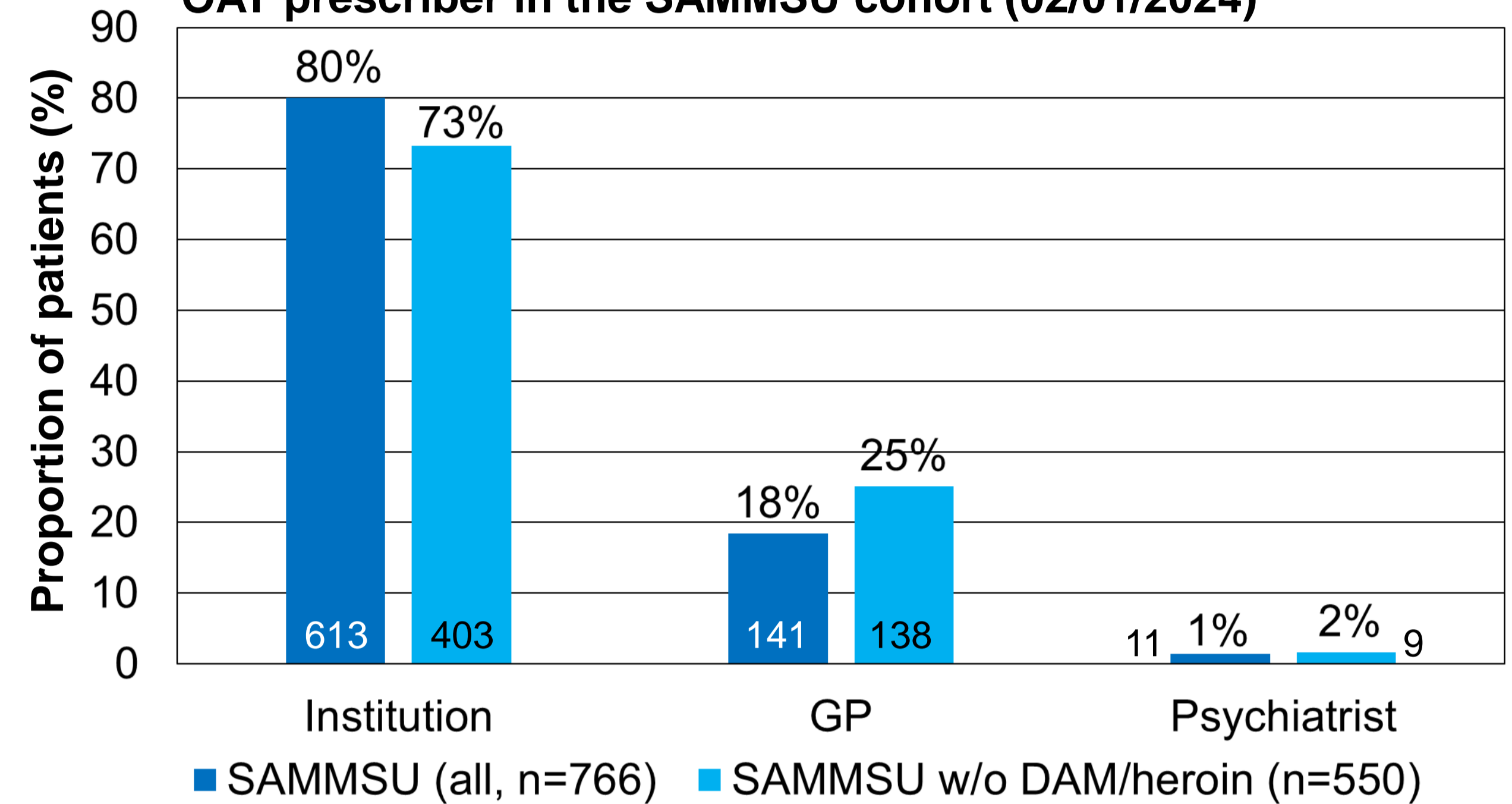


OAT = opioid agonist therapy, SAMMSU = Swiss Association for the Medical Management of Substance Users, NOS = National OAT Statistics, w/o = without, DAM = diacetylmorphine

RESULTS – OAT prescriber and provider

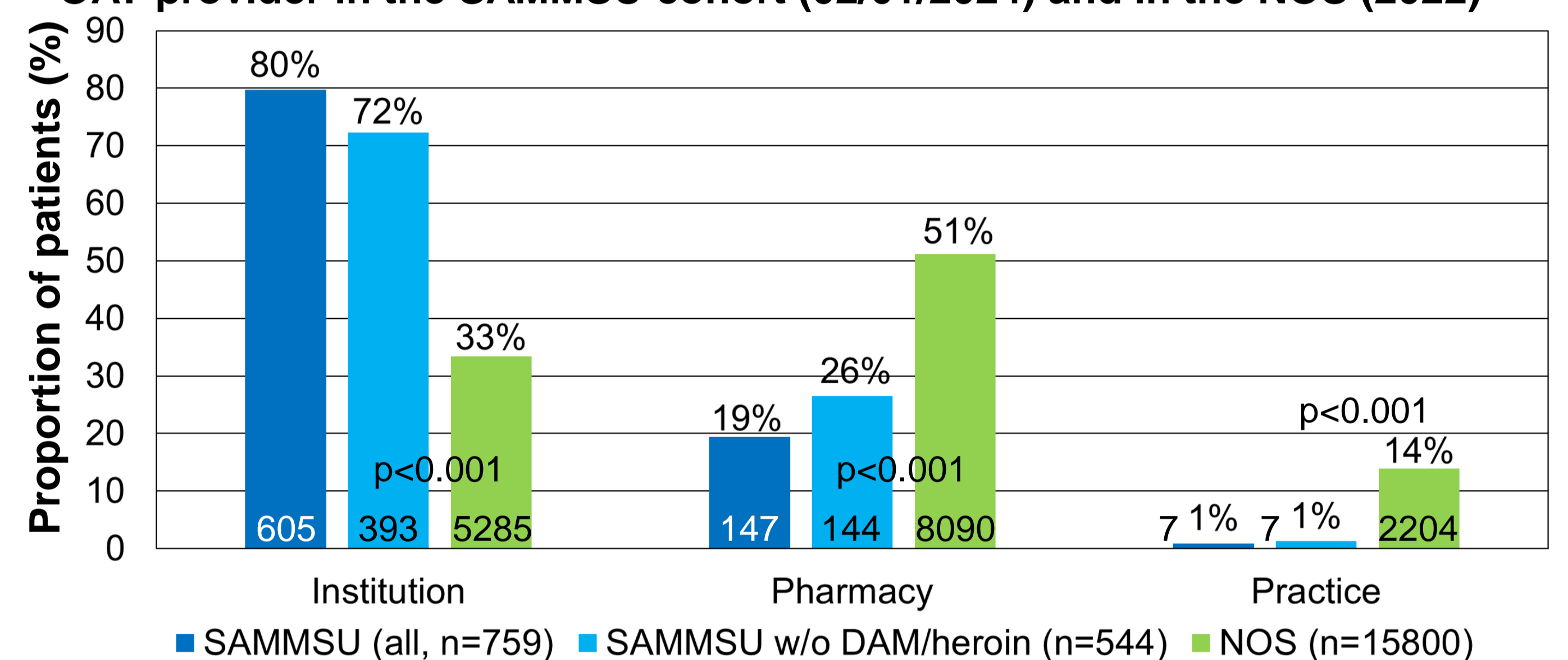
- In non-diacetylmorphine/heroin-SAMMSU-patients, the OAT-prescriber was in 73.3% an institution, in 25.1% a GP and in 1.6% a psychiatrist (n=550), and the OAT-provider in 72.2% an institution, in 26.5% a pharmacy and in 1.3% a practice (n=544).
- In the NOS, the OAT-provider distribution was: 33.4% institution, 51.2% pharmacy and 13.9% practice (n=15,800, p<0.001 for all comparisons).

OAT prescriber in the SAMMSU cohort (02/01/2024)



OAT = opioid agonist therapy, SAMMSU = Swiss Association for the Medical Management of Substance Users, w/o = without, GP = general practitioner, DAM = diacetylmorphine

OAT provider in the SAMMSU cohort (02/01/2024) and in the NOS (2022)



OAT = opioid agonist therapy, SAMMSU = Swiss Association for the Medical Management of Substance Users, NOS = National OAT Statistics, w/o = without, DAM = diacetylmorphine

OAT distribution according to OAT provider [SAMMSU cohort (02/01/2024)]

	Institution (n=605)	Institution w/o DAM/heroin (n=393)	Pharmacy (n=147)	Practice (n=7)
DAM/heroin	35% (212)	-	-	-
Methadone	26% (158)	36% (143)	50% (74)	71% (5)
Slow-release morphine	34% (207)	44% (171)	30% (44)	14% (1)
Buprenorphine	5% (31)	8% (31)	8% (12)	14% (1)
Levomethadone	7% (40)	9% (37)	3% (5)	0% (0)

CONCLUSIONS

- In the SAMMSU-cohort, patients with an institution as OAT-provider (centralized setting) are overrepresented, while patients with a pharmacy or practice as OAT-provider are underrepresented.
- Accordingly, diacetylmorphine/heroin as OAT-drug is over- and methadone underrepresented.
- To increase representativity, recruitment in decentralized settings (pharmacy, GP) must be increased, which is of course more challenging than in institutions.

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