



Nordic Reform 2019
Towards
substitution treatment,
version 3.0

Martin Blindheim



***Those who do not know history
cannot understand the present
and are not fit for shaping the future***

Simone Weill



Nordic Reform 2019



**«A Medical Treatment for
Diacetylmorphine (Heroin) Addiction»**

Vincent P Dole (physiologist)
and Marie Nyswander (psychiatrist)

JAMA, Journal of American Medical Association; 1965



*”Methadone is a medication
for the pysiological opioid
addiction.*

*Methadone does not change
the personality*

*but lies a physiological
foundation for rehabilitation.”*

Vincent P Dole

Version ground zero.1

1967-76: Early trials

- Methadone tried in a few detox projects
- Evaluated as unsuccessful
- A few physicians try to maintain hard-to-reach patients on opioids

White paper 1975

- Illicit drug use has no place in Norwegian society – a drug free society is the aim
- Abstinence is the goal of all interventions
- Substitution treatment = giving up

Version ground zero.2

1976 – 85: The years of denial

- 1976: The Directorate of Health bans the use of methadone and other opioids in drug treatment
- Comprehensive methadone treatment projects in neighboring Denmark and Sweden
- Substitution treatment not discussed in Norway

Version 1.0

1985 – 1989: Reorientation

- 1985: Opiate users in Norway test positive for hiv antibodies
- Proposal to use metadone to stabilize patients with life threatening hiv infection, «to assure a dignified death»
- A methadone maintenance treatment project for 50 seriously ill hiv-positive patients established in Oslo

Version 1.1

1989 – 1997: Trials

- Several OST projects, also for hard-to-reach patients without serious somatic diseases
- Overdose deaths skyrocket
- Substitution treatment fiercely discussed in the drug treatment community

The American expert Loretta Finnegan addresses a Norwegian conference in 1992:

- I want to remind the audience that methadone is not a religion you believe or don't believe in.

Methadone is an evidence-based medication used to treat opiate addiction.



META DON

=
EVERDIG LIV



OLJE OG
GASS
TILBAK

VILJE BAK...

METT...

MEIDAON =
SOSIALT NETTVERK
BUSFRITT LIV / ^m / ^{part}
UTDANNING / JOBB
UTVIDELSE KJENEREG
I NORGE. KRIMINALITETEN
GENERELT I NORGE

1997

- The Parliament discusses OST at length
- The Parliament concludes that OST shall be made a national treatment modality for a limited group of patients addicted to opioids, «as a supplement to medication free treatment»
- 1975 – 1997: 1500 persons have died from heroin overdose

Version 2.0

1998 – 2005: Adaption

- MAR/LAR– Medication Assisted **Rehabilitation** – is implemented
- Very strict inclusion criteria
 - at least 25 years old
 - at least 10 years use
 - must have had tried extensive abstinence oriented treatment
- Max no of potential OST patients according to experts: 6-800
 - No of patients in OST 1997 ~ 50
 - No of patients in OST 2005 ~ 3800



«*Miracle tonic?*»

*A sip a day. With fruit taste.
But is methadone really a
miracle cure? Bente and Vigdis
would not have been alive
without it.»*

Hennes 2005

Version 2.1

2005 – 2010: National Clinical Guideline

- 2005: All addiction treatment, including OST, made part of the specialized health care system
- 2005 - 2010: National clinical guideline for OST developed
 - Inclusion criteria: Opioid dependence
- 2010: Law amendment concerning OST

Nasjonal retningslinje for legemiddelassistert rehabilitering ved opioidavhengighet



Version 2.2

2010 – 2019: Implementation

- OST gradually becoming more geographically uniform
- Waiting lists eliminated
- Less methadone, more buprenorphine, a very small minority given morphine
- Very few involuntary discharges
- Both rehabilitation and harm reduction

Present: A good treatment that can be improved

- OST now is the first choice treatment for opiate addiction
- ~ 8000 patients included
- High retention
- Gradually older patient population
- Serious somatic and mental comorbidities

- Inadequate patient involvement
- Inadequate treatment for comorbidities
- Inadequate help with social rehab
- Leakage challenges
- Challenges in level of control; i.e. safety vs patient autonomy
- Populations that are hard to treat / hard to reach

Version 3.0 – revised guideline

- 2015 – present: Development of revised National Guideline
- What can we expect?
 - Heroin will be included on a trial basis
 - Efforts to include SROM – 24 hours morphine
 - Other substitution medications will be included; depot buprenorphine, levo-methadone, morphine?, depot naltrexone
 - Better follow up
 - Better patients involvement
 - Systematic assistance for those who want to quit OST

Version 4.0 – what will the future hold?

- A cure?
- Personalized addiction medicine?
- Substitution medication treatment for other addictions?



”Methadone alone changes little in a life otherwise chaotic. We never said that methadone provides a man who fell out of school with an education.

Or provides dignity to a person who lacks self respect.

Or a social network to someone who has lost it.

Such problems must be treated with other methods.

Vincent P Dole

Opioid dependence / addiction

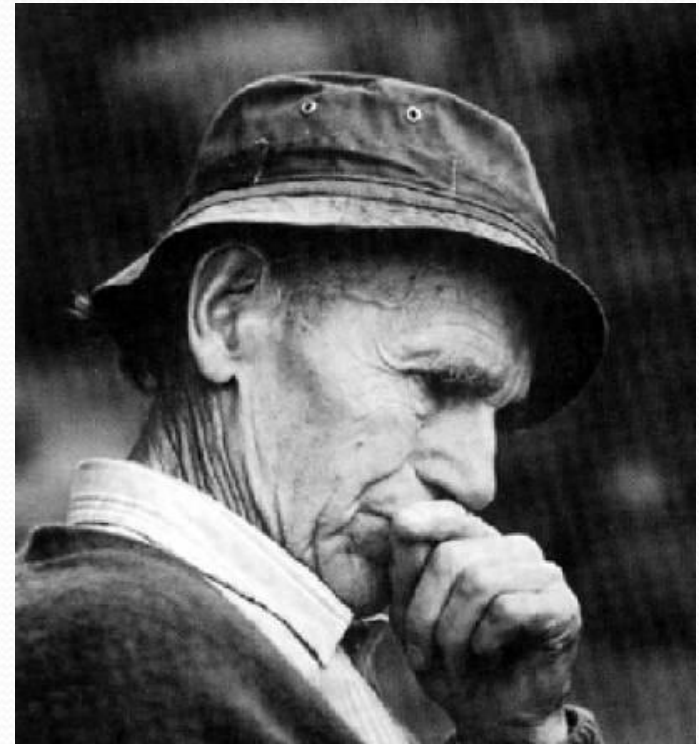
- A chronic disease with bio-psycho-social components
- Due to the nature of the disease the treatment will in most cases include multiple interventions over a long period of time
- The treatment must include comprehensive patient involvement on all levels



**WORK IN PROGRESS
FOR BETTER TOMORROW**

It's the dream

It's the dream we carry with us
that something miraculous will happen,
that it must happen –
that time will open
that the heart will open
that doors will open
that the rock will open
that springs will gush –
that the dream will open,
that one morning we will glide onto
a wave we didn't know was there.



Olav H. Hauge