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Office fédéral
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Swiss Federal Office of Public Health

**Heroin-assisted treatment
(HeGeBe) in 2000
(abridged version)**
28 August 2001

1. Heroin-assisted treatment and its importance within the range of addiction therapies provided

It has emerged that heroin-assisted treatment is a suitable option only for a small proportion (currently 4%) of the 30,000 severely dependent injecting drug users. Heroin-assisted treatment is not a replacement for other substitution or abstinence-based therapies, but an important addition for those drug users that have so far fallen through the therapeutic net. This is confirmed by the relatively modest increase in patient numbers since the bar on the legally permitted maximum number was lifted.

The admittedly small patient numbers compared to other treatments, the gradual introduction and investigation of the treatment, and the central coordination and monitoring of the treatments on offer have meant that, within the framework of this treatment, various therapeutic strategies have been tried and tested which now indicate the direction that addiction therapies as a whole should take. Both the close cooperation between the various professional groups (psycho-social care and medical treatment) and the clear structuring of the treatment are exemplary for the whole range of treatments. The guidelines stipulated in the Ordinance of 8 March 1999 governing the Medical Prescription of Heroin and now incorporated in a recently published handbook will enable high-quality, standardized treatment to be provided throughout Switzerland. With the cooperation of the treatment centres and the cantonal authorities, a monitoring and support programme has been developed which gives a high degree of autonomy and responsibility to the individual centres while at the same time ensuring strict compliance with the legal guidelines.

Efforts will have to be made to steadily improve the quality of heroin-assisted treatment. New therapeutic strategies need to be tested for patients who also consume large quantities of cocaine and benzodiazepines and for those that receive treatment for very prolonged periods. The treatment centres should be encouraged to share information and experience concerning the management of these two problem groups with the aim of finding solutions together and possibly establishing standards for the treatment of these patient groups.

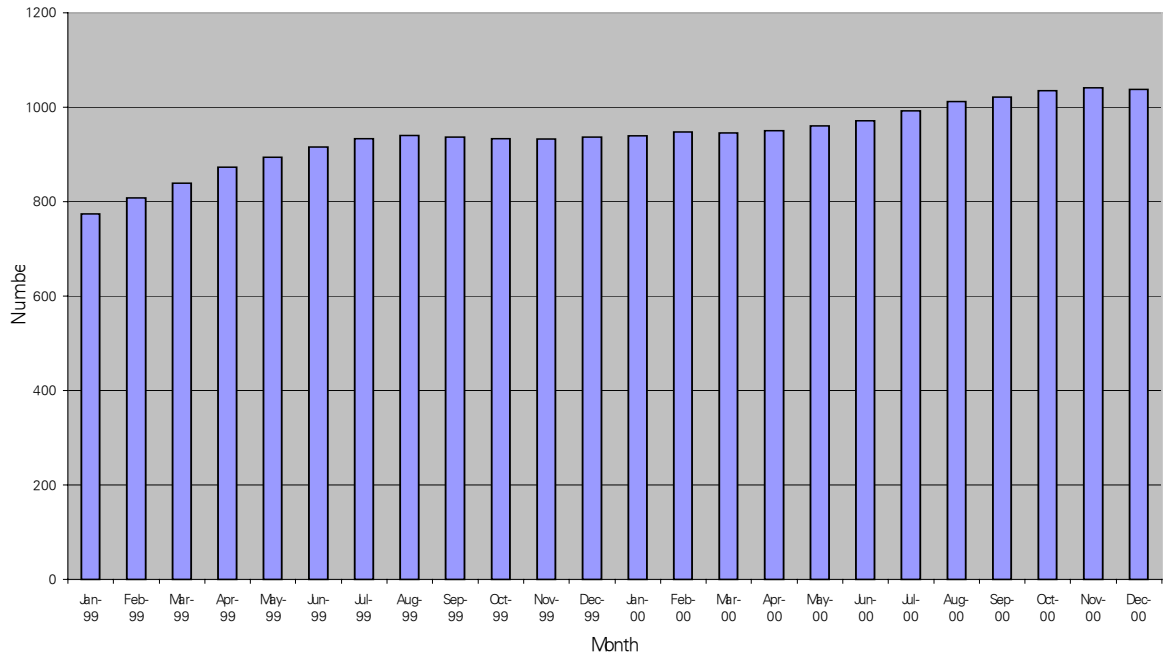
With regard to the range of treatments as a whole, the extent to which the development and findings of heroin-assisted treatment can be applied to other types of treatment will have to be investigated. The declared aim of the Swiss Federal Office of Public Health (SFOPH) is to achieve a consistently high standard of treatment across the whole of Switzerland. Increased sharing of information between the various programmes and extensive knowledge transfer are the first steps towards achieving this aim.

2. Treatment in 2000

2.1. Patient numbers

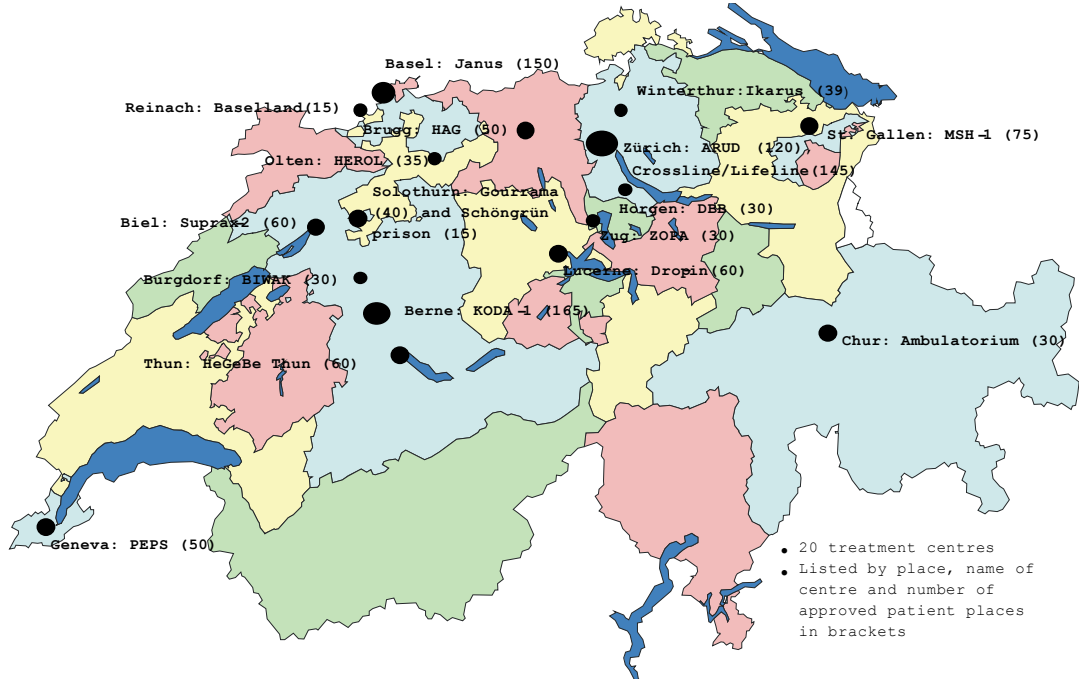
The number of patients increased by 101 during the year under review, from 937 at the start of January to 1,038 at the end of December. The corresponding increase in the previous year, 1999, had been 190 patients. The maximum number of available therapy places for heroin-assisted treatment in Switzerland was 1,065 on 1 January 2000 and 1,194 on 31 December of the same year, corresponding to an increase of 129 places. Four new places were created in an existing facility, while the remaining 125 places were created in four newly opened treatment centres. At the end of 2000, the average capacity utilization of the centres was 87% (1999: 88%). It should be noted that one HeGeBe centre was only opened in September 2000 and was therefore unable to make full use of its quota of 50 places by the end of the year.

Development of patient numbers 1999/2000



Whereas the increase in 1999 was attributable to greater uptake in the then sixteen treatment centres, the growth during the second half of 2000 resulted from the opening of four new treatment centres (see below). By the end of 2000, heroin-assisted treatment was offered in eleven cantons and a total of 20 treatment centres. The table overleaf provides details of the start-up dates and the number of occupied and approved places as at 31 December 2000.

HeGeBe centres in Switzerland on 31.12.2000

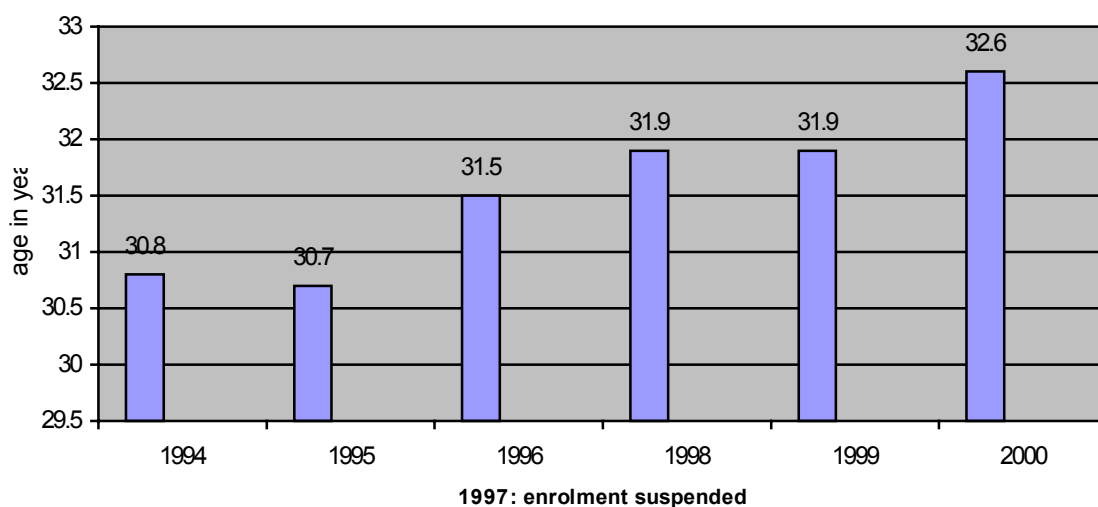


Centre	Heroin-assisted treatment since	Numbers on 31.12.2000	Approved places
Basel	October 94	123	150
Basel-Land	June 00	13	15
Berne	May 94	158	165
Biel	September 95	54	55
Brugg	September 00	9	50
Burgdorf	May 00	21	30
Chur	July 00	30	30
Geneva	September 95	45	50
Horgen	September 95	26	30
Lucerne	September 95	60	60
Olten	May 94	33	35
Solothurn	August 95	36	40
Solothurn, Schöngrün prison	September 95	15	15
St. Gallen	September 95	70	75
City of Zurich, Crossline	August 95	61	145 (Lifeline and Crossline together)
City of Zurich, Lifeline	Jan 94	65	145 (Lifeline and Crossline together)
Thun	July 94	55	60
Winterthur	August 95	39	39
Zug	August 95	29	30
Zurich, ARUD	Jan 94	96	120
Total		1038	1194

2.2. Enrolments in 2000

275 patients (77.5% or 213 of which were men) with an average age of 32.6 years joined the heroin-assisted treatment programme in 2000. The age at enrolment continues to show a slightly rising trend. This may be an indication of the fact that there are now fewer young drug addicts than there used to be.

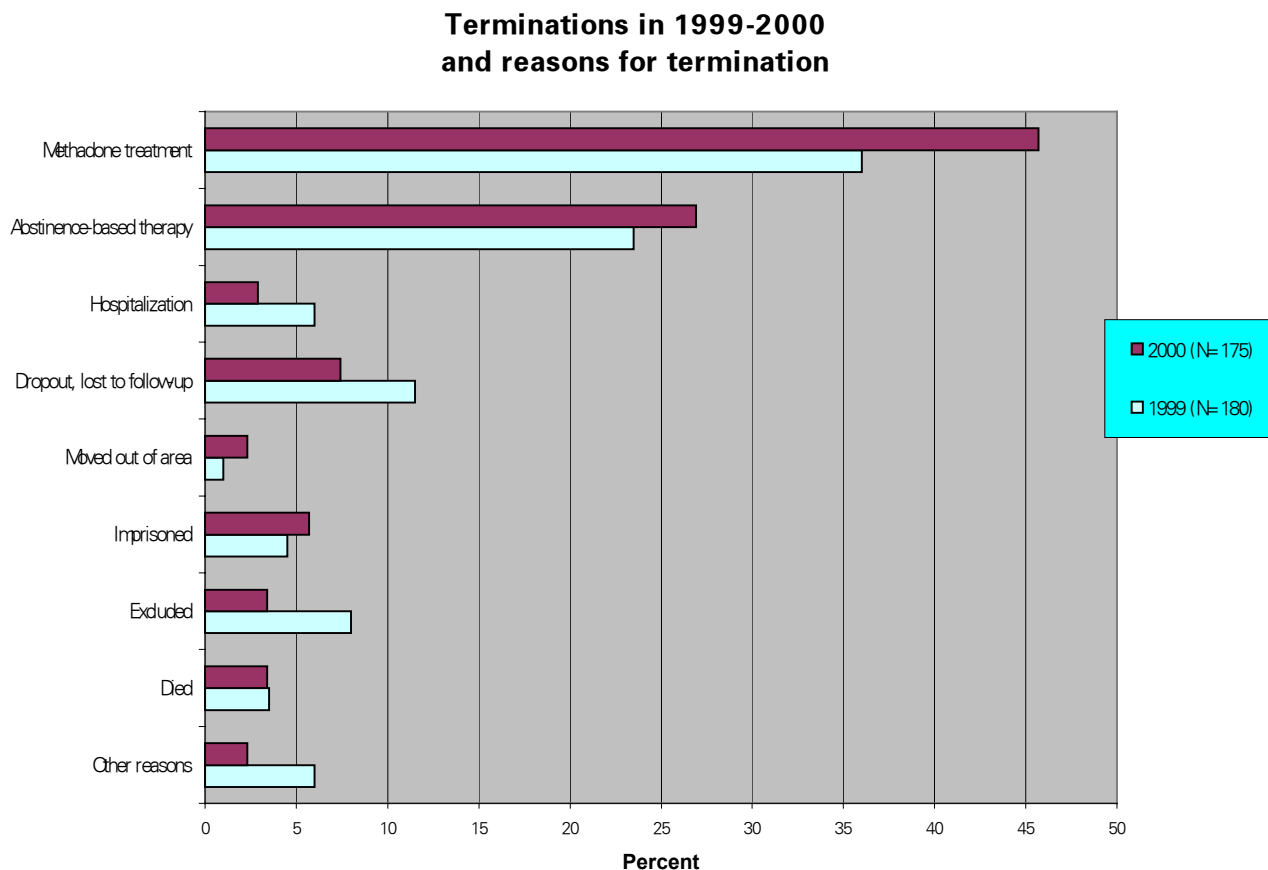
Average age of patients starting treatment



2.3. Treatment terminations

175 patients terminated their heroin-assisted treatment in 2000. Of these, 127, i.e. 72.6% switched to methadone treatment or an abstinence-based therapy. Compared to the previous year, this represents an increase of 12.1% in these "positive" terminations, from 59.5% to 72.6%.

Although the number of patients has increased by approx. 100, the number of treatment terminations



has remained stable. Far fewer patients dropped out or were excluded. Treatment terminations are managed more conservatively, i.e. they are better planned and are implemented less rapidly. The increase in positive terminations shows that these patients were evidently better prepared by the treatment centres.

2.4. Long-term patients

What was already known for methadone substitution has also proved to be true for heroin-assisted treatment: it generally marks a phase in the patient's life covering a period of several years. The first few months of treatment primarily involve stabilization, adjustment of the drug regimen and adapting to a new lifestyle without (illegal) drug consumption. A working therapeutic relationship has to be developed between the careworker and patient. Once this phase is successfully concluded – and building on this phase – in-depth work can begin on improving the patient's mental and physical health and on the problem areas of accommodation, education, work, relationships and consumption habits. The duration of this process varies considerably from one individual to the next. Surveys by the SFOPH and contract researchers have all shown that heroin-assisted treatments that end positively in withdrawal or a switch to a methadone programme last about 23 months on average. This is the period needed to give the patient the necessary stability for tackling the next phase of life. Treatments with a negative outcome (patient dropouts or exclusions, prison term, hospitalization, death) last 15 months on average. The number of premature Treatment terminations shows a declining trend (dropout, lost to follow-up: 1999 N=21; 2000 N=13).

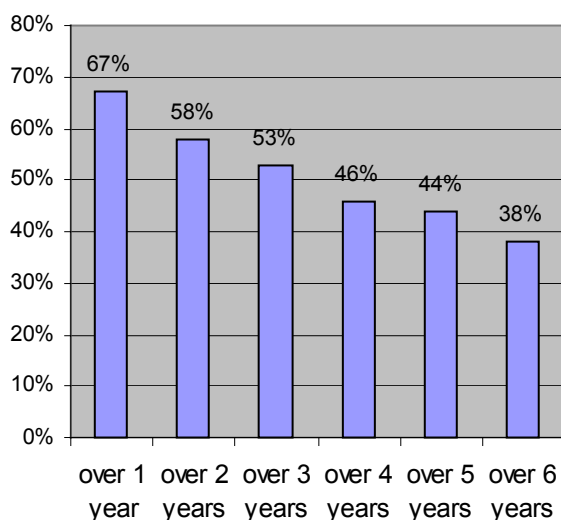
There are also some patients for whom long-term heroin-

assisted treatment is the most appropriate option. This applies particularly to the not inconsiderable percentage of patients with a concomitant psychiatric illness. It is thought that up to 50% of patients fall into this category. A research project commissioned by the SFOPH is currently investigating ways of optimizing the treatment for this patient group (see section 4.6. below).

[Concerning graph on the right:]

A third of those enrolled in 1994 are still receiving treatment today.

Duration of therapy of patients enrolled in 1994 (N=224) as at 31.12.2000



2.5. Achievement of therapeutic objectives

The objectives of heroin-assisted treatment are stipulated in Article 1 of the Ordinance governing the Medical Prescription of Heroin of 8 March 1999. These are:

1. a sustained therapeutic commitment;
2. improved physical and mental health;
3. improved social integration (fitness for work, distancing from the drugs scene, reduction in criminal behaviour);
4. permanent abstention from opiate consumption.

The figures for the duration of therapy give an indication of the degree to which the first therapeutic objective has been achieved. According to the table below, the proportion of premature treatment terminations (during the first four months) during the period of enrolment between the start of 1999 and April 2001 has halved compared to the period 1994 to 1998, from 30% to 16%. The percentage of treatment terminations after 2 years and over has doubled, from 21% to 42%.

Frequency distribution of treatment terminations from 1994 to 1998 and from 1999 to April 2001 (n=1074 treatment terminations: 732 terminations from 1994 to 1998 and 342 from 1999 to April 2001)

	Treatment termina	Treatment termina	Treatment termina
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	tion in the first 4 months	tion between the 4th month and 2 years	tion after 2 years
PROVE (1994 to 1998)	30% (219)	49% (357)	21% (156)
HeGeBe (1999 to April 2001)	16% (55)	42% (142)	42% (145)

Drug users may have a more realistic understanding of heroin-assisted treatment nowadays than was the case between 1994 and 1998, hence the reduction in premature treatment terminations. In terms of preparation for a positive termination, the shift in the termination frequency towards longer treatment periods is to be welcomed.

In assessing how far therapeutic objectives 2 and 3 have been achieved, we can consider the therapeutic progress of 561 patients for whom renewal applications for patient authorization were submitted to the SFOPH during the period under review. The evaluation of the therapeutic progress of patients receiving treatment for two years revealed that, for about two thirds of this group, their physical and mental health, concurrent consumption of other substances and social behaviour have improved or greatly improved. The financial situation had improved for just under half of this group, while the areas of work and accommodation had improved for 40%. In many cases, however, these gratifying results are still not enough, and patients continue to require treatment.

The therapeutic progress made this year and last year of patients who have been receiving treatment for three years or more was compared. The comparison revealed that the improvements obtained had reached a ceiling in many patients. Nevertheless, further improvements were obtained in a third of these patients in respect of mental health, consumption of other substances and social behaviour, indicating that successes can also be achieved in the long term and with continuing treatment.

As regards the fourth therapeutic objective, we would refer again to the 127 persons who switched to a methadone or abstinence-based treatment. Strictly speaking, compliance with this objective can really only be determined by means of patient interviews after the end of the treatment. Accordingly, the SFOPH has commissioned a 6-year follow-up analysis of the patients enrolled in 1994. The HeGeBe Quality Committee (see below) has also started work on drafting a follow-up questionnaire for all treatment terminations.

3. Diacetylmorphine (DAM): monitoring, overall consumption and formulations

The handling of heroin by the HeGeBe institutions is checked on site by the SFOPH at regular intervals. The legally stipulated use of heroin was checked during 2000.

The internal monitoring of heroin by the HeGeBe institutions themselves is appropriate, and effective safety precautions have been taken against possible abuses, e.g. the theft of heroin.

3.2. Total quantity administered

In 2000, a total of approx. 155 kilograms of heroin was administered in the context of heroin-assisted treatment in Switzerland. It was supplied as heroin hydrochloride, which is available in three formulations.

3.3. Use of heroin by formulation

The formulations used comprise:

- Heroin for injection
- Heroin tablets, immediate release
- Heroin tablets, sustained release

The graphic below shows the proportions for each formulation:

