



# **Treating problem drug use**

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**(Norway)**

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# Treatment of problem drug use

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# Agenda

- ✓ Addiction a chronic disorder
- ✓ Harm reduction and rehabilitation/recovery
- ✓ Comorbidity
- ✓ Use and misuse of medications in OMT, and mechanisms of fatal overdose
- What should be done?

# Addiction

Drug addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the drug addicted person and those around them

Drug addiction leads to changes in the structure and function of the brain

# The Vicious Circle of Addiction

Repeated use of:

- alcohol
- nicotine
- certain medications
- various drugs

Individual  
factors

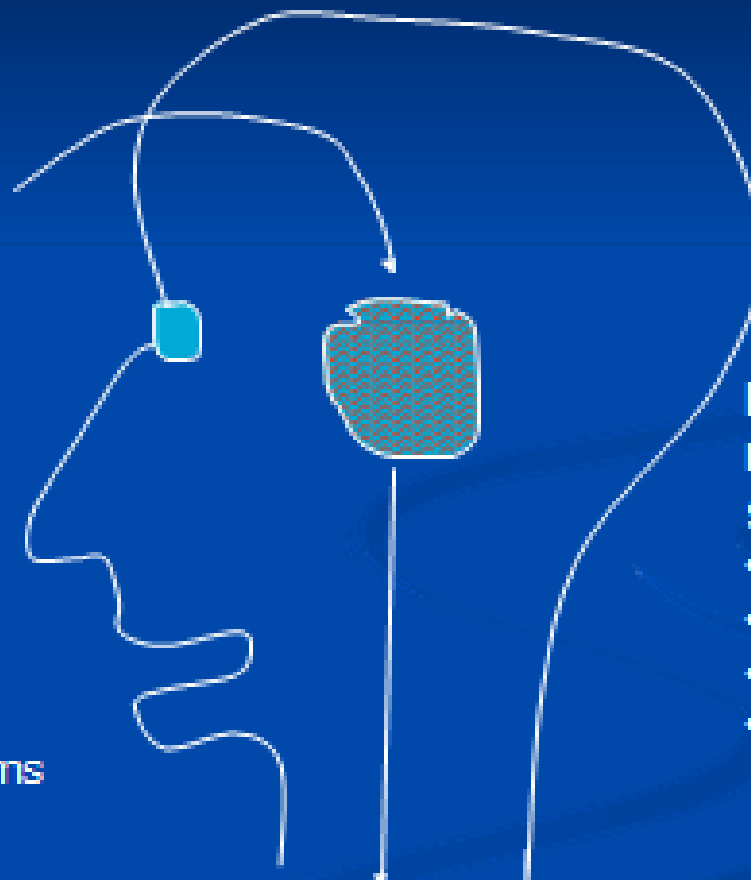
Social  
influences

Medical  
illness

Brain  
damaged

Mental  
disorder

Social  
problems



Re-setting of  
neurocircuits  
subserving:

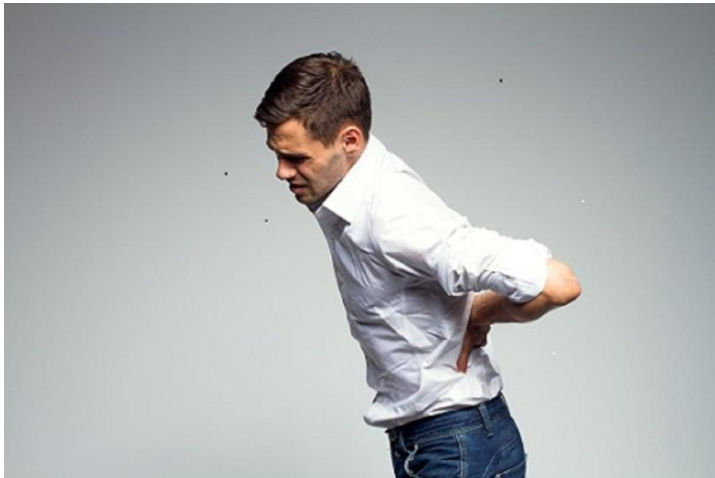
- reward
- alertness
- salience
- behavioural control

The driving force of  
substance dependence



# Opioid using persons

## A range of subpopulations





# Treatment of a chronic condition

## The example of RA

- ✓ The main treatment goals with rheumatoid arthritis are to control the condition and slow or stop the progression
- ✓ Treatment is usually a multifaceted program that consists of medications, occupational or physical therapy, and regular exercise. Sometimes, surgery is needed.
- ✓ Early, aggressive treatment is key to good results. With today's treatments, joint damage can be slowed or stopped in many cases.
- ✓ The treatment must be tailored to each patient's individual case, including the severity of the condition, the effectiveness of specific therapies, and the occurrence of side effects.
- ✓ It is important to work with a healthcare provider to create an effective and acceptable plan for treating RA.

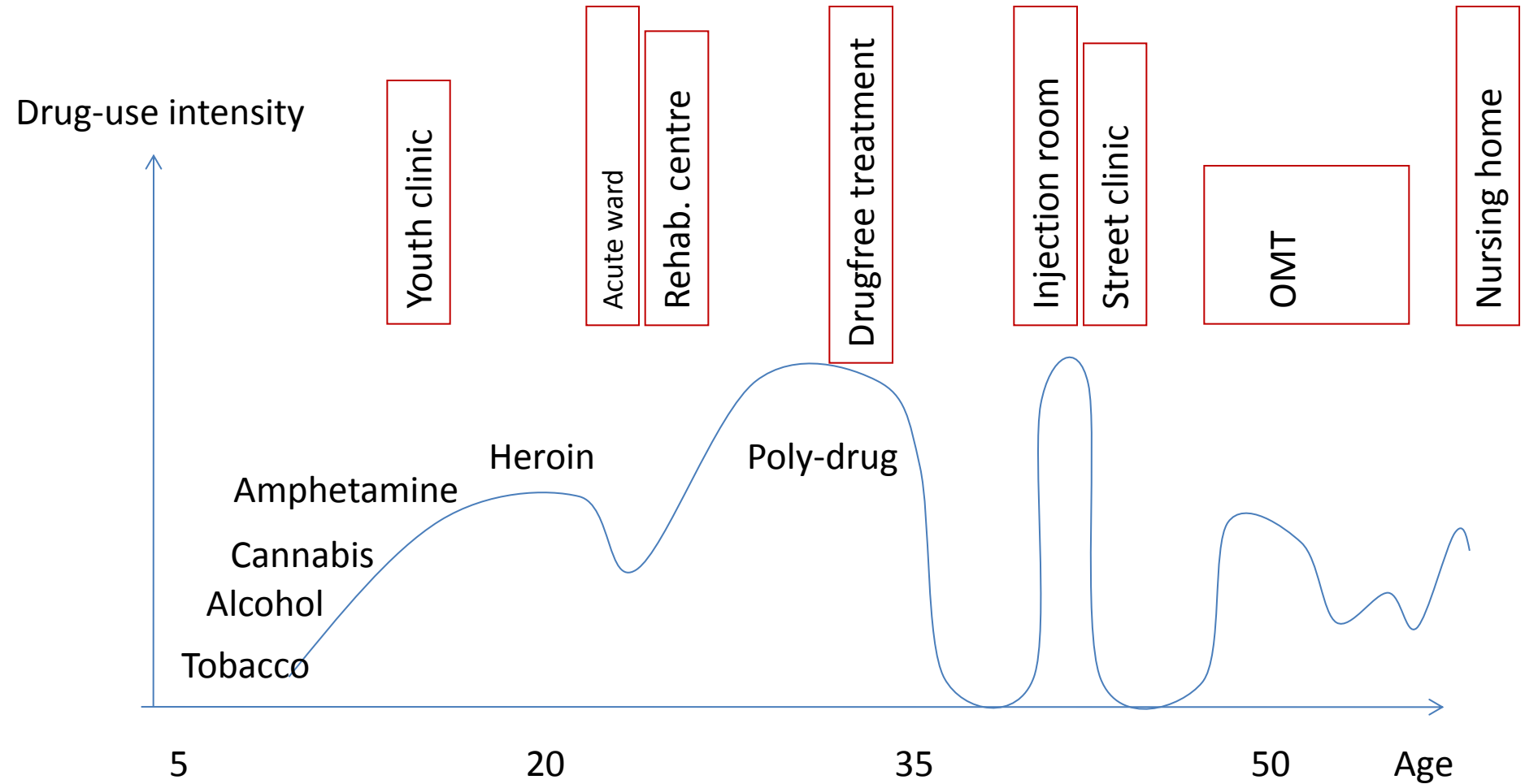


# Treatment of addiction

## A condition with varying intensity

- ✓ Aim: control condition and reduce risk
- Offer early, comprehensive treatment
- Multifaceted approach
- Tailored interventions, adopted to comorbidities
- Health care provider part of interdisciplinary process
- Long-term approach and plan
- Include strategies to handle relapse
- Adjust treatment intensity to symptom intensity

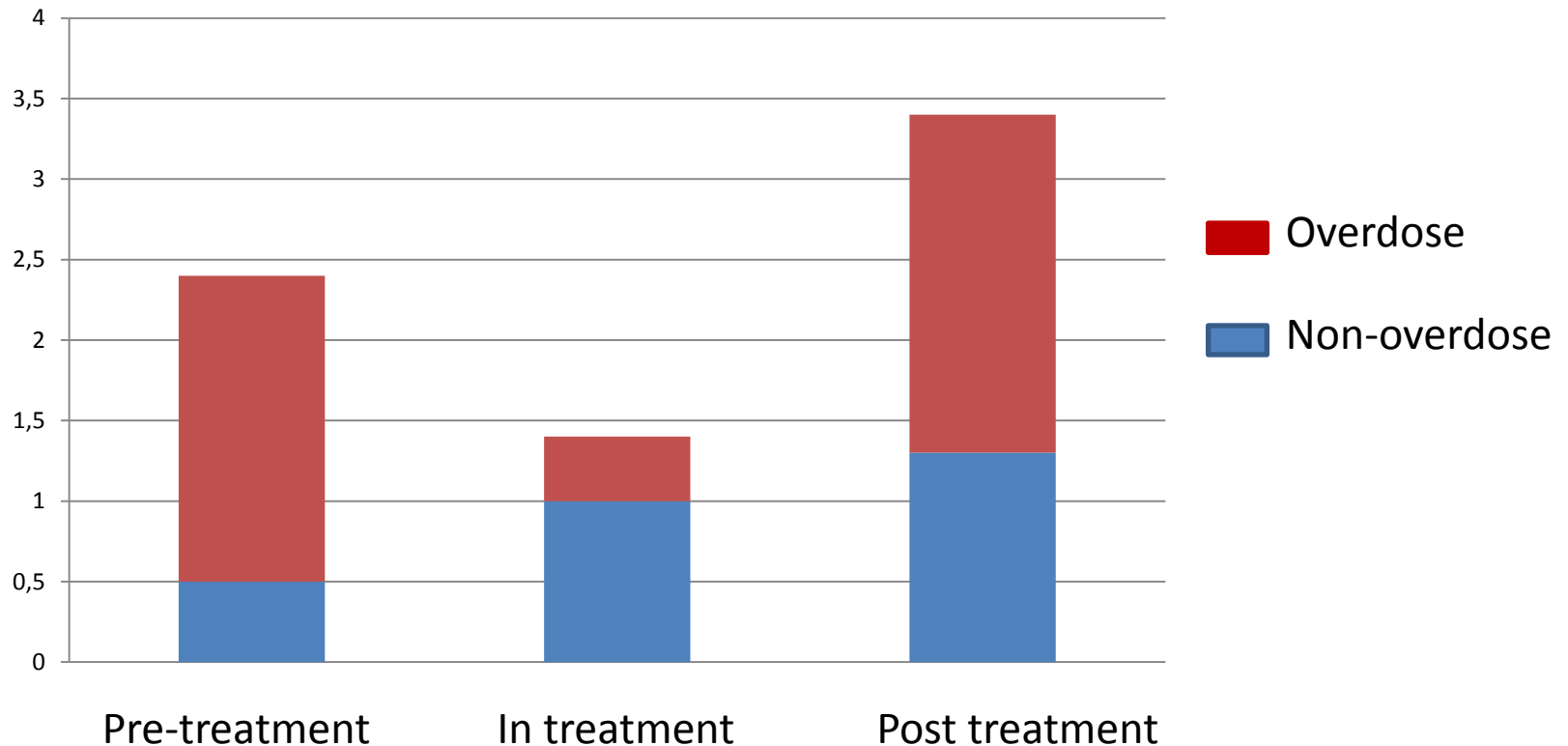
# Varying intensity with time



# Mortality before, during and after OMT in Norway

1998-2003

% pr year



**Clausen T. et al. Drug and Alcohol Dependence, 2008,**  
Mortality prior to, during and after opioid maintenance treatment (OMT)

# Fatal overdoses!

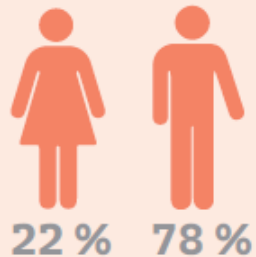
- ✓ 8/10 of fatal overdoses caused by opioids (heroin, morphine, methadone, fentanyl etc)
- **Respiratory depression and oxygen deficiency**



# Overdoses in Europe; on a rise

## DRUG-INDUCED DEATHS

### Characteristics



Mean age at death

38

Deaths with opioids present



### Age at death

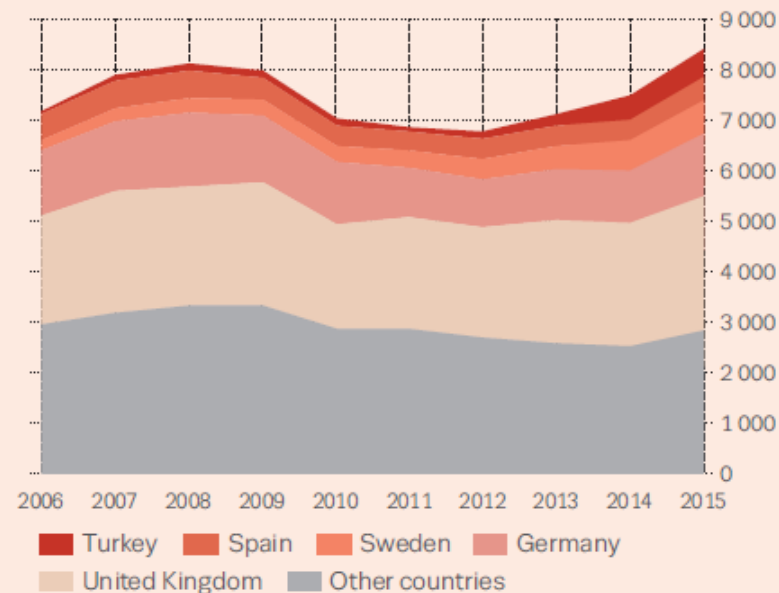


### Number of deaths

7 585 EU

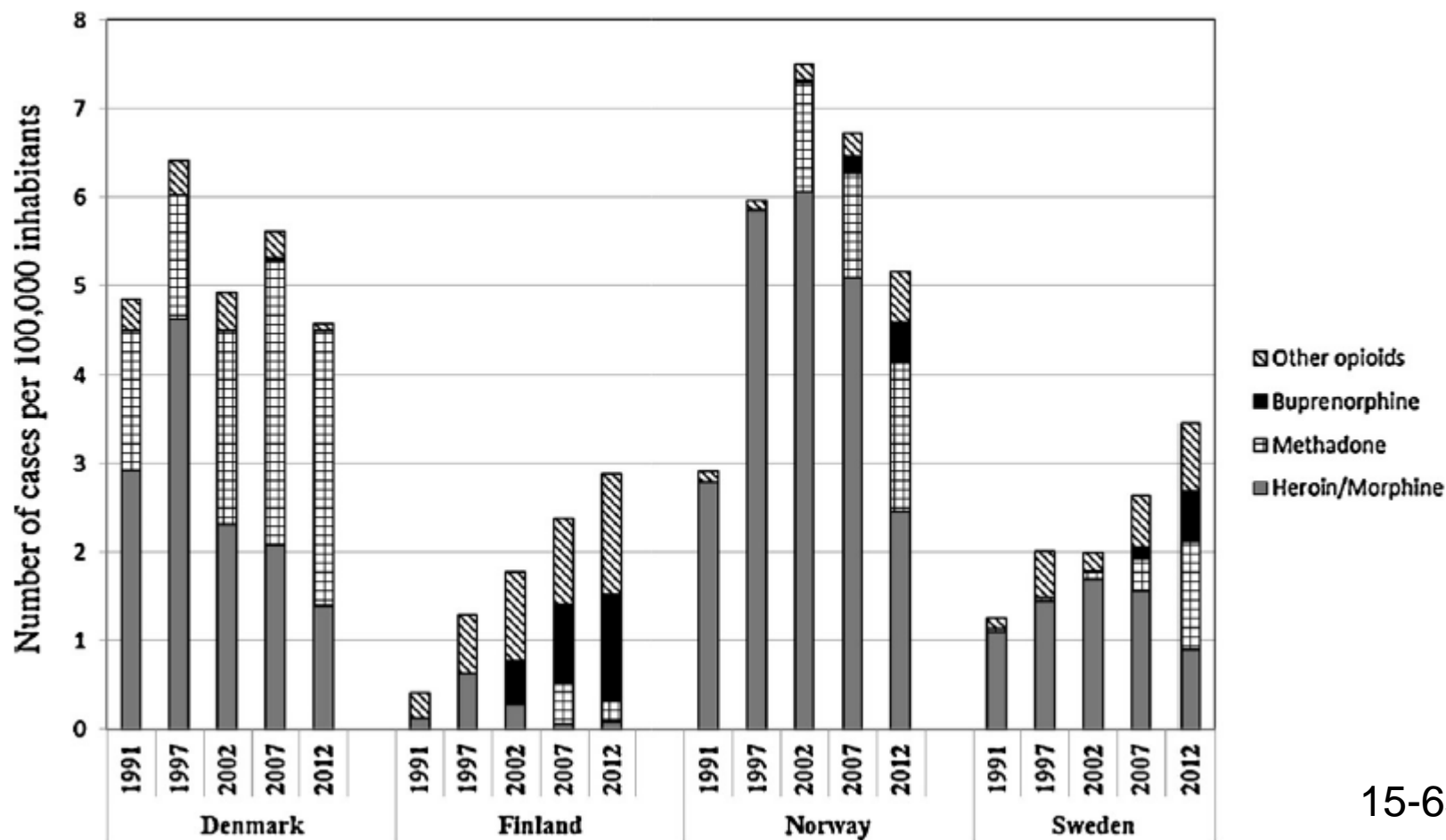
8 441 EU + 2

### Trends in overdose deaths



# Overdoses in the Nordics; (2012)

*K.W. Simonsen et al./Forensic Science International 248 (2015) 172–180*



15-65 år

# Responses:



# Norwegian National Overdose Strategy 2014 – 2017



Helsedirektoratet

*Norwegian Directorate of Health*

*Sure you can quit drugs -  
but first you have to survive!*

<https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/145/National-overdose-strategy-2014-2017-IS-0418EN.pdf>

# National overdose prevention strategy

- ✓ Aims at reducing numbers of deaths annually
  - Long-term 0-vision
- Multidimensional strategy:
  - Improve access to evidence based treatment (OMT)
  - **Take-home Naloxone distribution**
  - Encourage “SWITCH” from injection to inhalation
  - Improve knowledge and practices in municipalities
- Included funding (also for evaluation)

<https://helsedirektoratet.no/folkehelse/psykisk-helse-og-rus/overdose>

<https://helsedirektoratet.no/publikasjoner/nasjonal-overdosestrategi-20142017>

# Nasal naloxone in Norway



**5 dosages of 0,4mg Naloxone**

# A systematic approach

## ✓ A range of services

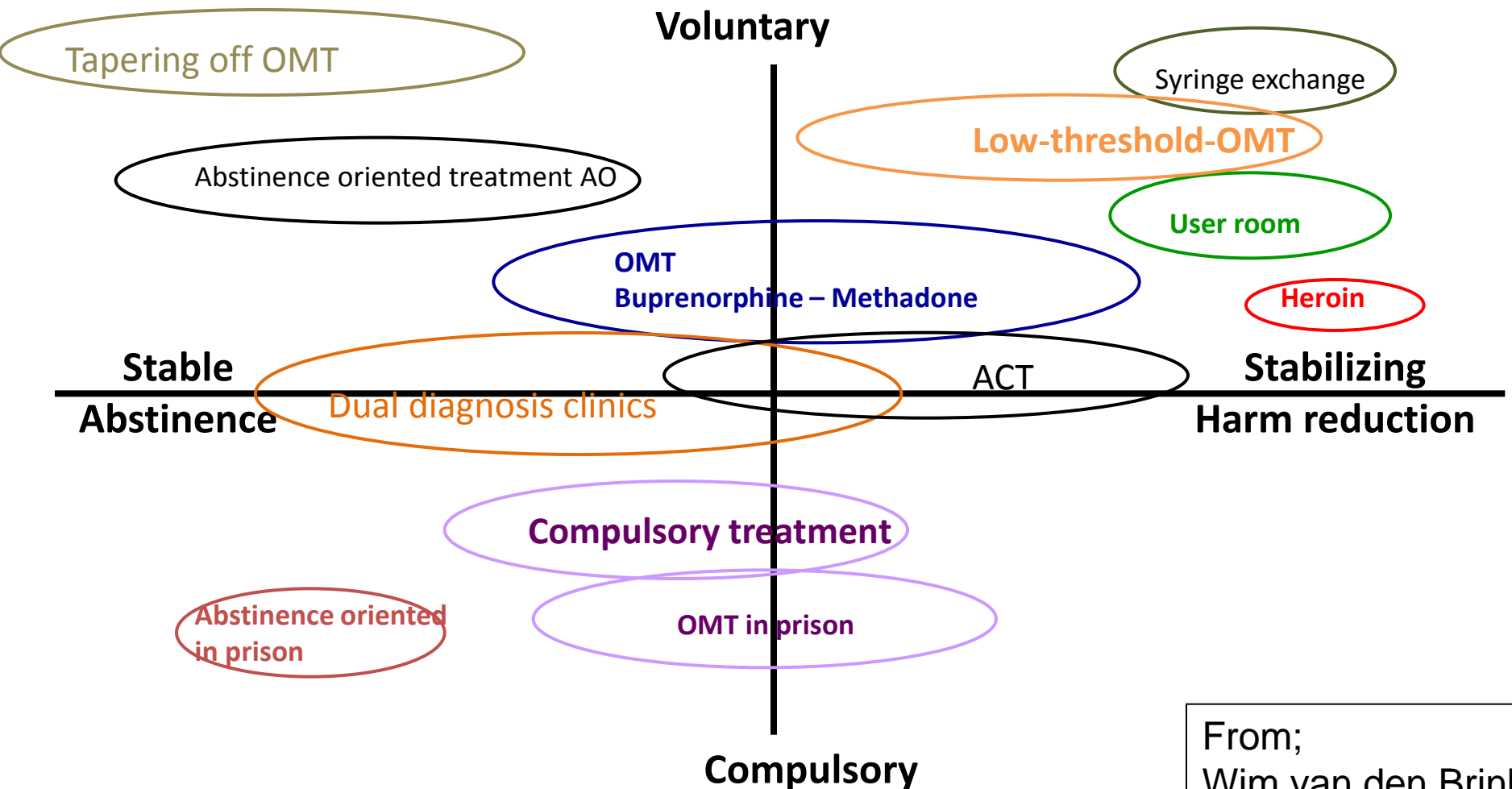
- Coordinated - “A treatment system”
- Integrated - Cater for comorbidities
- Tailored to needs - Primarily in community
- Long-term - Varying intensity

## ➤ Treatment goals:

- Reduced risk
- Improved health
- Improved quality of life

# Opioid Drug treatment

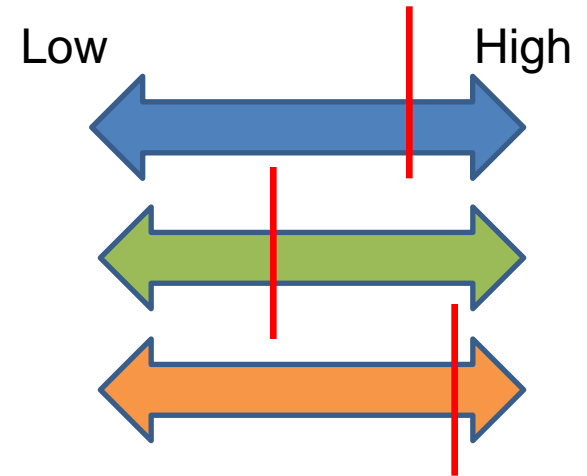
## A comprehensive model



# Conclusions

## Dimensions of addiction care

- Access to care
- Control while in treatment
- Quality of care



- Quality of care includes adoption to users needs
- Includes active support towards meaningful daily activity and abstinent networks
- Combinations of psychosocial interventions and medications



# Thank you!

**TWIST**  **Training With Stakeholders**  
Applying EU Addiction Research

[www.twist-train.eu](http://www.twist-train.eu)



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