



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

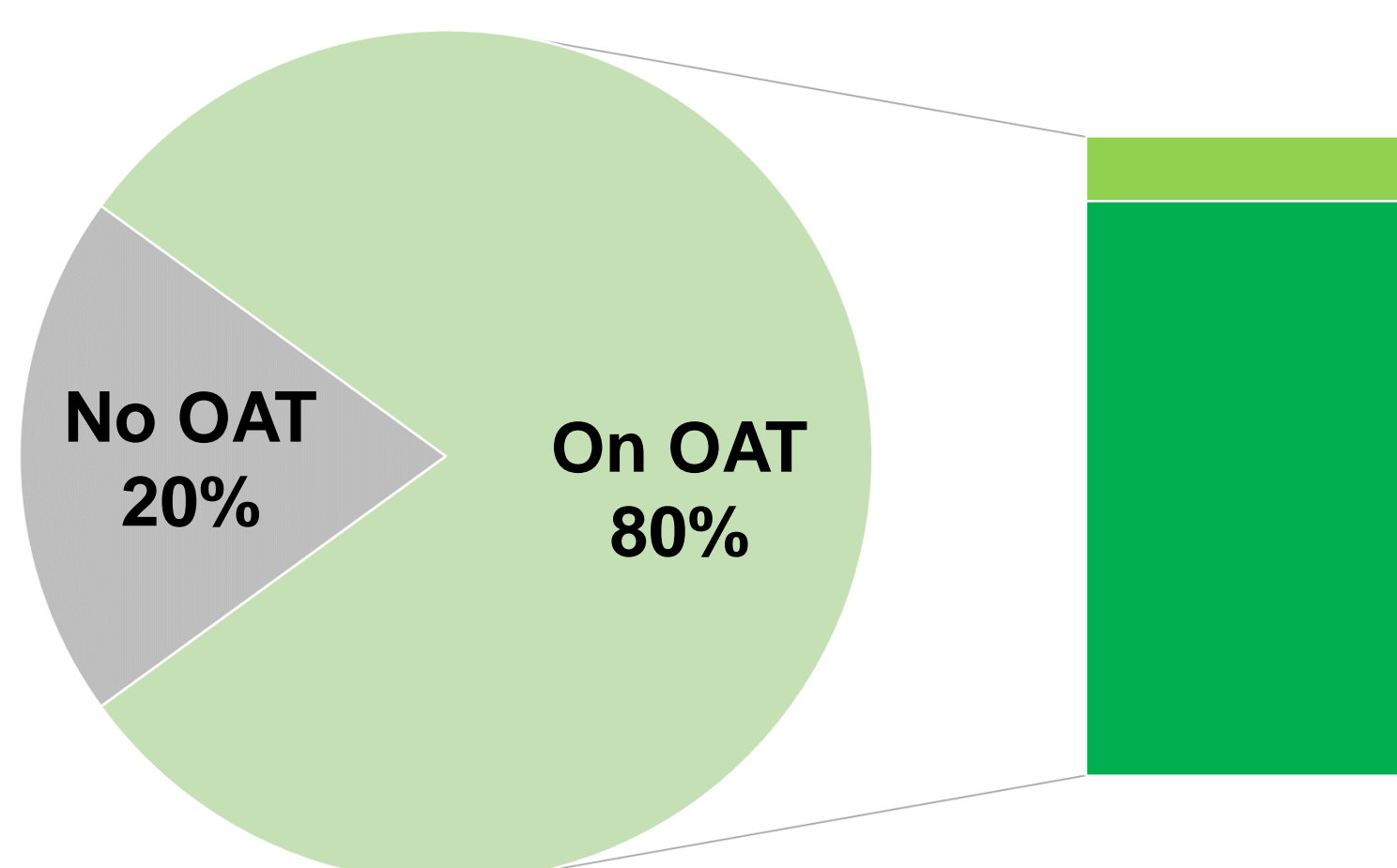
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## BACKGROUND

- 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

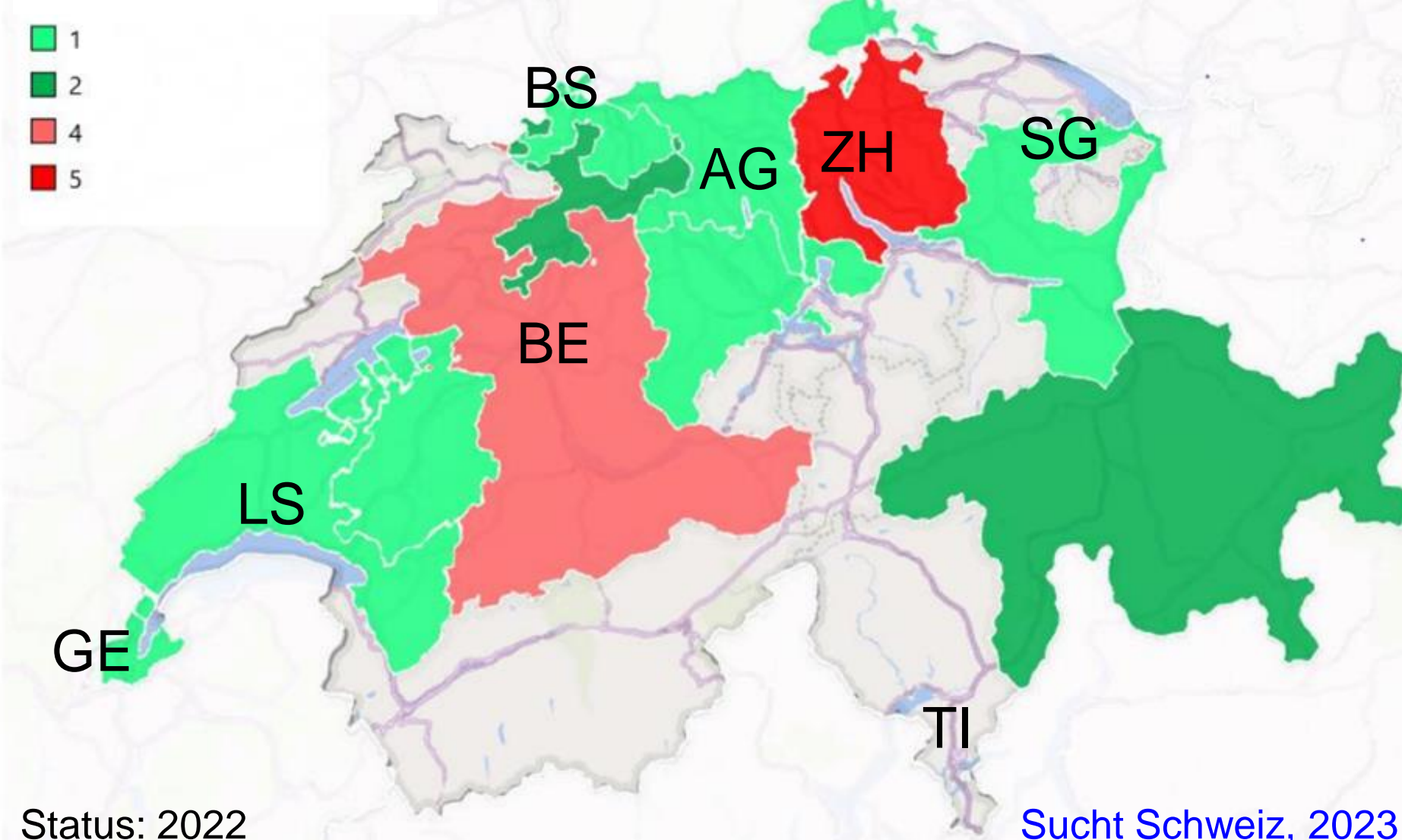
**Other OAT:**  
90% (16,000) → in pharmacies, in institutions and at GPs

- Methadone
- Slow-release morphine
- Buprenorphine
- Levomethadone

NOS 2022, Sucht Schweiz, 2023

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

Number of institutions



Status: 2022

**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%)

Sucht Schweiz, 2023

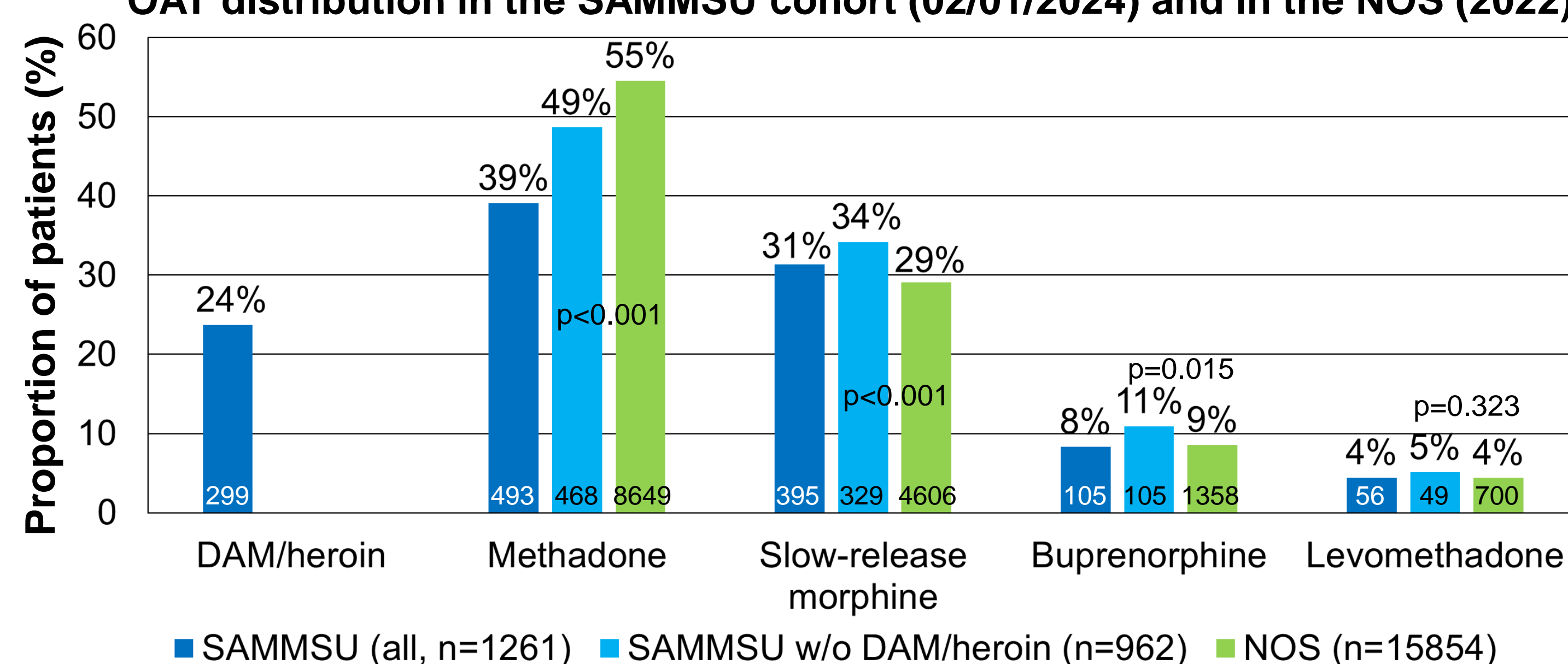
## METHODS

- 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)

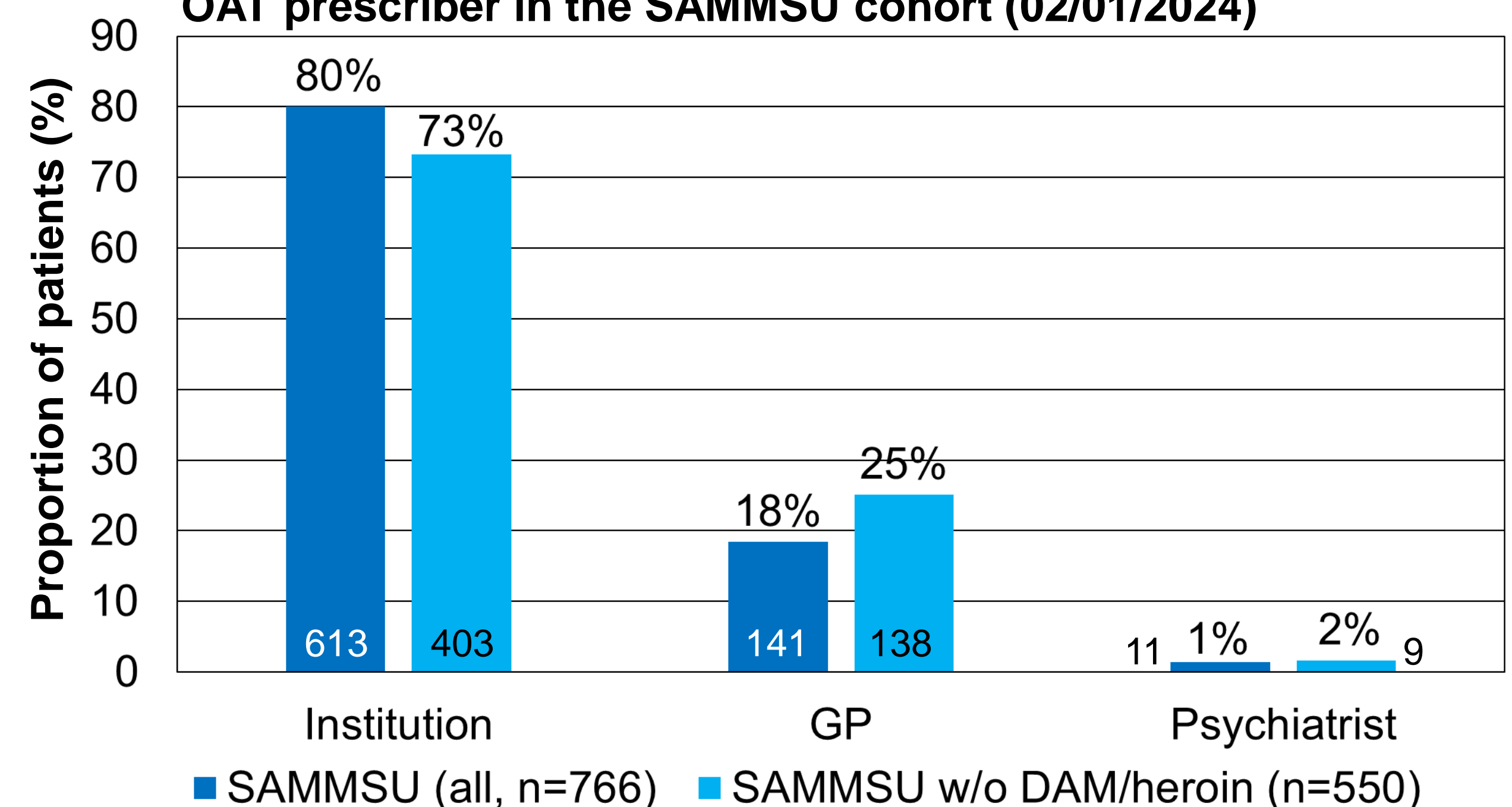


OAT = opioid agonist therapy, SAMMSU = Swiss Association for the Medical Management of Substance Users, NOS = National OAT Statistics, w/o = without, DAM = diacetylmorphine

## RESULTS – OAT prescriber and provider

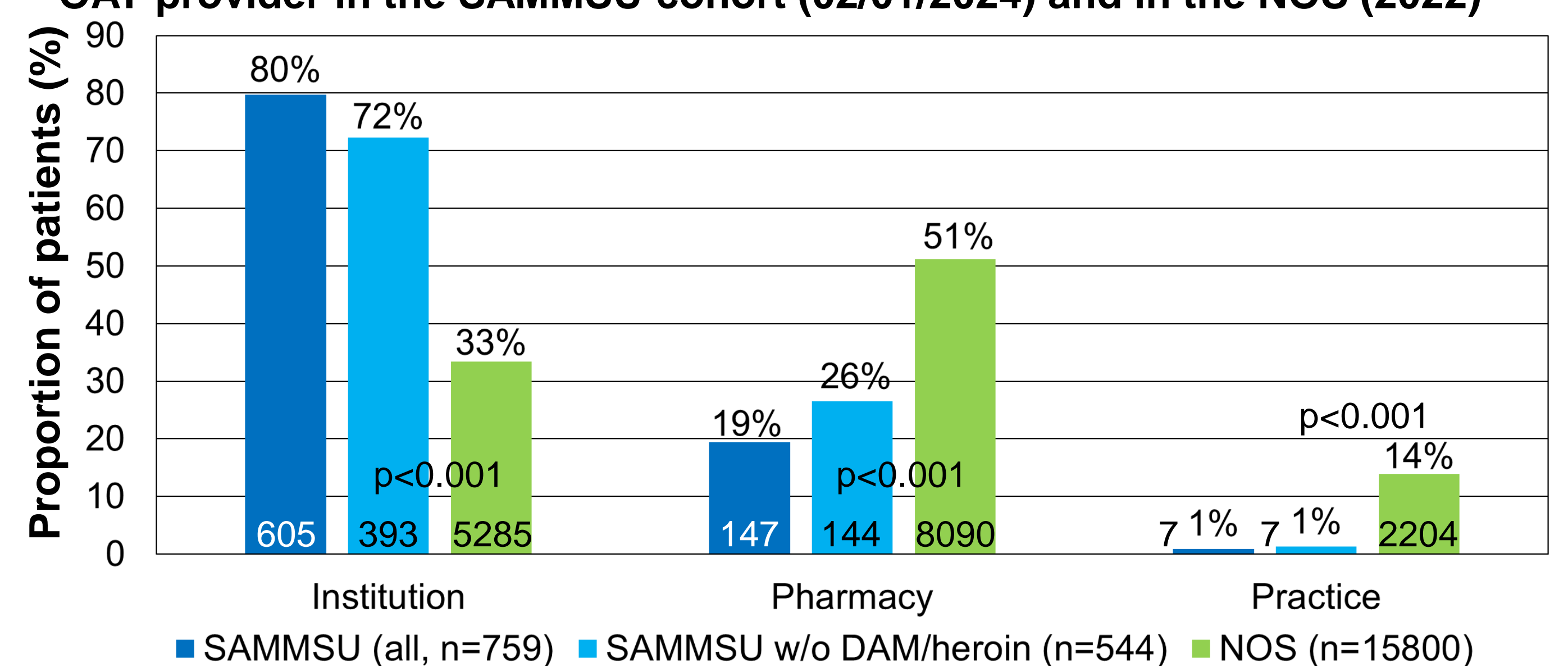
- In non-diacetylmorphine/heroin-SAMMSU-patients, the OAT-prescriber was in 73.3% an institution, in 25.1% a GP and in 1.6% a psychiatrist (n=550), and the OAT-provider in 72.2% an institution, in 26.5% a pharmacy and in 1.3% a practice (n=544).
- In the NOS, the OAT-provider distribution was: 33.4% 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)
<b>DAM/heroin</b>	35% (212)	-	-	-
<b>Methadone</b>	26% (158)	36% (143)	50% (74)	71% (5)
<b>Slow-release morphine</b>	34% (207)	44% (171)	30% (44)	14% (1)
<b>Buprenorphine</b>	5% (31)	8% (31)	8% (12)	14% (1)
<b>Levomethadone</b>	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.

## ACKNOWLEDGEMENT/SPONSORING

- SAMMSU has been financed by Infodrog (on behalf of Swiss Federal Office of Public Health), Pharma industries (Abbvie, BMS, Gilead, Lipomed, Merck, Roche, ViiV), SSAM (Swiss Society for Addiction Medicine), SEVHep (Swiss Experts in Viral Hepatitis), Inselspital Bern, Kantonsspital St. Gallen, Kantonsspital Aarau, Arud Zentrum für Suchtmedizin, Zfs Zentrum für Suchtmedizin Basel, Universitätsspital Zürich.

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