

The Belgian Opiate Substitution Treatment Registry: Methodology and first results.

Yves Ledoux
 Project Manager
 Belgian Institute for Pharmaco-Epidemiology

Belgium's liberal Opiate Substitution Treatment

Prescription by mainly general practitioners and provision of methadone through community pharmacies applies to the majority of substitution patients in Belgium. A full monitoring of the situation needs some specific strategy, information provided by doctors being generally deficient. Hence this Belgian liberal system of Opiate Substitution Treatments (including buprenorphine) has created a fear of doctor shopping that should at least be documented.

The Belgian Institute for Pharmaco-Epidemiology has been charged by royal decree (2004) and under assignment of the Federal Minister of Social Affairs and Public Health to organize a national registry of all OST and to inform doctors of all cases of doctor shopping among their patients. This registry is already fully operational for all prescriptions reimbursed by social security. For OST prescribed to detainees and non-residents provided with methadone in Belgium, some technical and legal obstacles to fully collect data still remain.

Belgium has strong privacy laws. The national registry should be fully compliant with these regulations but still enable fruitful analysis, and deal with doctor shopping in the same restrictive legal framework.

Organization of the OST registry

All reimbursed prescriptions of methadone (an extemporaneous preparation by the pharmacist in Belgium) and buprenorphine (Subutex®, Suboxone®, Temgesic® or even Transtec® patches) are channelled monthly by the 5120 Belgian community pharmacies through 40 Tariff Offices (TO) to the Belgian Institute for Pharmaco-Epidemiology (IPHEB). Unique coding of patients is performed at the TO level. IPHEB has no personal identification of the patient and measures are taken to restrict possession of sensitive data. A data base (SQL) is first generated and access is limited to the data engineer and the security specialist. Further unique coding of doctors and pharmacists is performed and other sensitive personal characteristics are discarded (e.a., only year of birth and not day and month is used) before the epidemiological file is sent monthly to the data analyst. A consolidated file adding month to month is generated and results are processed with SPSS. This process with a unique coding of each patient started in August 2006 and is ongoing.

Information on doctor shopping

A separate file is created with all cases of patients receiving an opiate substitute from at least two different doctors each month. Codes of doctors and pharmacists are lifted. This file is filtered for doctors who work together (registered in the same treatment unit or providing information of their collaboration with the same patient). IPHEB disposes of a register of all active Belgian doctors with their professional affiliation to verify who works with whom. A series of patient's reports is sent to each concerned doctor with the phone number of the pharmacist who has delivered the pharmaceutical and the code number of the prescription. By phoning to the pharmacist with the code, the doctor will be informed of the patient's name, and is free to use this information about shopping in his relation to his patient. This process (that doesn't limit access to treatment by introducing proactive requirements) has been tested in some regions and works smoothly. We are waiting for a ministerial decree to extend the system nationwide on a regular basis.

First results of the national monitoring

Our 2007 annual report (a copy in French, Dutch or English is available on request) provides a 12 month perspective (August 2006-July 2007) on all patients with a reimbursed OST in Belgium.

A total of 252.000 prescriptions of methadone where delivered to 14.480 different patients. Monthly number of patients ranges between 8.700 and 9.400, including both patients receiving methadone in a specialist centre or in a community pharmacy. Due to a liberal provision's frequency and an orientation towards substitution and not maintenance, considering a three month period gives a better estimate of the total number of simultaneous patients: between 11.000 and 12.000 patients.

Subutex® is prescribed in Belgium to approximately 1.300 patients. Excluding overlap with methadone, 778 patients received only Subutex® during the twelve-month period. The number of patients with Subutex® is increasing. The annual number of OST patients (including some cases with a prescription of Mephénol®, the ancient form of methadone) totalises 15.292 patients.

The average OST prevalence (per 10.000 pop.) reaches 14.43 (13.66 for methadone) with important geographical differences due in part to attitudes toward substitution but also to differences in prevalence of heroin addiction (See Table 1 for methadone prevalence by district).

Annual dynamics of treatment from one opiate substitute to another can be fully documented on all 15.292 patients.

Even more important from a public health perspective are age differences between regions.

Table 2 shows a comparison of Belgian regions according to age. The Flemish region stands out with a specific younger patient population.

Some districts have a majority of very young OST patients, others have less than 10%. The OST monitoring provides thus information on local emergence of heroin addiction. According to our data some parts of eastern Flanders and the southern Walloon region have experienced recent upsurge of heroin addiction.

Analysis of the proportion of young patients can also be completed by a presentation of new cases.

A few districts have a high proportion of new cases but not necessarily of young patients revealing some differences in the nature of the heroin epidemics.

Doctors in OST: number of patients and the dilution of methadone in private practice

Some characteristics of all 2000 doctors prescribing OST are also present in the national registry. Number of patients and type of practice are of specific interest. From the doctor's perspective, a majority (56.8%) of doctors have less than 3 patients in methadone substitution, from the patients viewpoint however, only 9.5% of patients have a doctor who has less than three patients. This situation documented by us some years ago led to the modification in 2006 of the Royal Decree on OST to allow doctors with one or two OST patients not to go through specific training procedures. However their role (indeed to be considered as a "dilution" of OST in private practice) in the global OST development and the number of patients concerned is relatively limited. The reverse situation is also true: a very limited number of doctors (n = 13; 0.7% of doctors) have an impressive number of patients (n = 1789; 11.9% of all OST patients).

Another unique feature offered by the exhaustiveness of the national monitoring is the possibility to follow the dynamics of treatment of all OST patients: not only their retention in treatment with the same doctor or type of treatment setting but more generally their presence/absence in OST even in the long run. An overview of this dynamics on a 12 month period of follow-up will be made public soon.

Table 1: Annual prevalence (/10.000 pop.) of methadone dispensation per district in Belgium - August 2006-July 2007

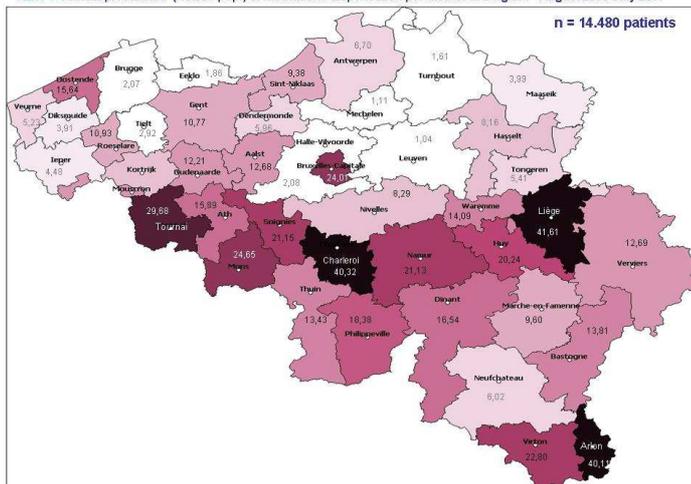


Table 2: Age pyramid of all OST patients per region (in absolute numbers)

