

Opioid Addiction in Austria – Continuity and Change of a Chronic Psychiatric Disease

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Background and objectives

Opioids are the main illicit problem drugs in Austria, mainly in the context of polytoxicomanic consumption patterns. About 84 percent of all people in drug-related treatment are treated because of opioid addiction. In this presentation, we take a closer look at developments regarding opioid addiction in Austria in the recent 15 -17 years.

Methods

Cross-indicator analysis offers the possibility to validate trends in different sources of data (e.g. drug related treatment database, opioid substitution treatment database). By using cross-indicator analysis we aim to monitor and analyze trends regarding opioid use and opioid addiction drug use patterns as well as the living conditions of people with opioid addiction in Austria.

In addition, we use Capture-Recapture (CRC) prevalence estimations using notifications by the police and substitution treatment data base.

Results

From 1999 to 2005 the number of people with opioid addiction nearly doubled from 15.000 to over 30.000. Since then the numbers were stable, followed by a decrease after 2010. These trends found in CRC-estimates can be verified using drug related treatment data, drug related death data and data from hospital discharges outside the drug monitoring system. Since opioid addiction is a chronic psychiatric disease and due to harm reduction measures to ensure survival and opioid substitution treatment, there is an aging cohort of people with opioid addiction in Austria.

Estimations from the years 2013 and 2015 plausibly indicate a population of 29.000 to 33.000 people with high risk drug use involving opioids, with about 50 percent living in Vienna. Drug addiction remains to occur mainly in urban areas.

Most of the available data of drug monitoring lead to the conclusion, that less people are beginning to consume opioids among those under the age of 25.

About two thirds of the estimated 29.000 – 33.000 high-risk opioid users are in treatment, varying by region. Over the years, a significant increase of in-treatment-rate was achieved (fig. 1). Vienna plays a major role in the treatment of clients from Eastern Austria.

More than 70 percent of all Opioid substitution treatments in Austria are provided by general practitioners.

Prevalence estimation indicates, that ten percent of people with high risk opioid use are under the age of 25 in 2015. In 2004, their share was 40 percent. A strong decrease in prevalence in this age cohort is shown in fig. 2. Therefore, Age structure of opioid dependent people has changed. The „ageing“ of a population with high risk opioid use is visible, presenting new challenges to the health care system, for example to the settings of long term care.

Depending on the data source, between 15 and 31 percent of clients are women.

An analysis of the opioid substitution treatment database in 2013 showed, that of those in opioid substitution treatment for the first time in 1999, 33% were (still/again) in treatment as of 30 April 2013. For the cohort of 2003, the share was 60%. These numbers indicate high maintenance of opioid substitution treatment, which is a measure of harm reduction and underline the chronic character of opioid addiction.

High-risk drug use: “recurrent drug use that is causing actual harms (negative consequences) to the person (including dependence, but also other health, psychological or social problems) or is placing the person at a high probability/risk of suffering such harms.” (EMCDDA 2013)

Conclusions

- The incidence of opioid use among people under the age of 25 in Austria has decreased in recent years.
- Meanwhile, the share of opioid dependent persons in opioid substitution treatment has increased (increasing in-treatment rate).
- It remains to be seen, whether or not these developments are sustainable and refer to drug addiction in general. So far, no evidence of shifts towards other drugs has occurred.
- The ageing cohort of people with opioid addiction (in many cases with psychiatric multimorbidity) reflects the chronic character of this psychiatric disorder and sets new challenges to the treatment system.

References

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Fig. 1: Opioid dependent persons in opioid substitution treatment (time series) (Anzenberger et al. 2017)

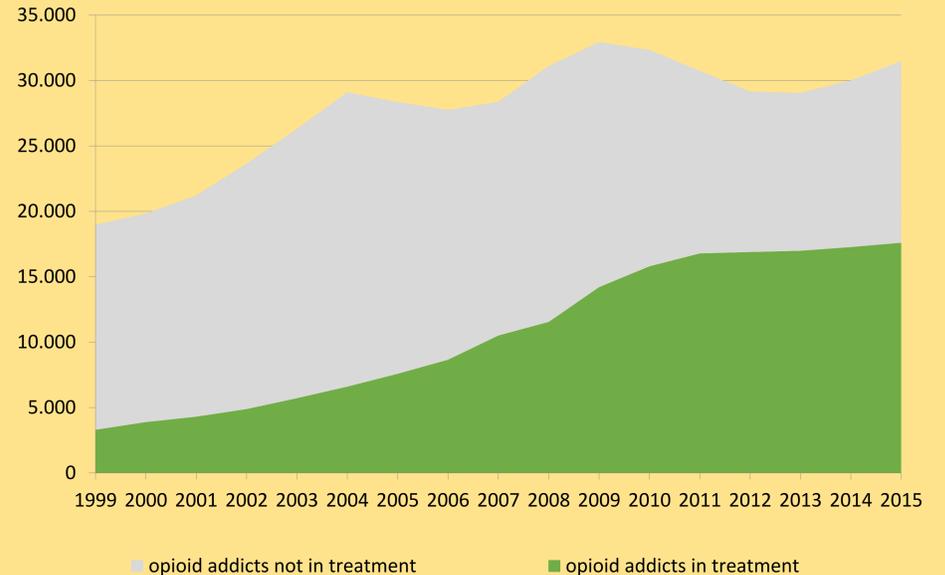


Fig. 2: Prevalence of opioid addiction by age (time series) (Anzenberger et al. 2017, CRC-estimation based on police reports and opioid substitution treatment data)

