

Limitations to Participation in Opioid Maintenance Treatment in Europe

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Objective: Our aim was to identify areas of improvement for current Opioid Maintenance Treatment (OMT) approaches, by analysing European Quality Audit of Opioid Treatment (EQUATOR) data from 8 European countries (Austria, Denmark, France, Germany, Norway, Portugal, Sweden, UK).

Method: A standardised face-to-face survey was administered to OMT patients (OMT-P) and active opioid user (AOU). Reasons for entering and staying out of OMT, rules pertaining to OMT, and factors facilitating OMT retention were compared between countries, and between OMT-P and AOU groups. Both groups were divided into those who never had OMT before [un-experienced OMT-P (n=573) and AOU (n=360)] and those who had been maintained at least once [experienced OMT-P (n=746) and AOU (n=377)].

Results: *Motives for starting OMT* vary distinctly between countries ($p \leq 0.001$). Transnationally, experienced AOU reported concerns about their ability to follow treatment rules and negative treatment experiences as decisive *reasons for staying out of OMT*. Greater flexibility, less pressure to reduce their treatment dose and greater treatment structure were ranked significantly higher by experienced compared to un-experienced OMT-P as *factors that might facilitate treatment retention* ($p \leq 0.05$).

Conclusion: The major strength of this investigation was the homogenous methodology applied in all countries, which enabled new insights in variations between treatment systems and their impact on patient outcome. Treatment systems need to aim an optimal balance between flexibility and structure. Standardised approaches that still permit tailoring treatment to individual patient needs are crucial to yield maximum benefit for patients, and reduce the considerable societal economic burden of addiction.