

Access to controlled drugs for the treatment of dependence in Germany



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For decades, medicine had no idea, how to treat addiction diseases with medications. There was no system and doctors were often pressurized to prescribe any calmative agent. The experts warned: Let it be. But the patients presented hardly bearable conditions. They appreciated the prescription of benzodiazepines and other drugs. The more and the more uncontrolled the merrier.

This went often wrong, of course. The medical fraternity got into the evil reputation to harm the addicts more than to benefit them. Treatment became a domain of psychologists. They warned of the doctors. Within the medicine, only psychiatrist had the reputation as addiction experts. They made detoxifications and directed the patients to the psychologic therapies. Just these addiction experts, who should be especially near to their patients, ignored for decades the potential help of methadone for opioid users. They resisted many years its introduction, even under the increasing urgency because of the arrival of HIV infection and AIDS, more and more pauperization and death cases in the early 90ths.

With enforced high barriers and strict rules, they made a broad introduction of a good medical treatment in the general medicine impossible. These regulations are valid since 1998. During the decade before, opioid agonist therapy (OAT) existed in two different kinds in Germany. Politics and authorities of the most regions followed the warnings of the experts at that time. They rejected OAT. Noticeably subversive formations grow up especially there.

Some doctors recognized the great need and a good possibility to earn money with those patients. They prescribed again widely uncontrolled, partly because of helpfulness and of economic interests. Death cases occurred again. The old prejudice against doctors was renewed. Doctors in other regions had the obvious vision to develop an addiction medicine as normal qualified part of the general medicine like for asthma and diabetes. They formed

interdisciplinary networks, also with authorities. Regular quality circle meetings ensured a good common standard. Many doctors were committedly involved. Many patients had a very good life with a well-controlled medication. Their integration in the normal society was much better than today.

The introduction of licenses and the mentioned strict regulations 1998 defeated such developments. Doctors became repeatedly arrested and lost their approbation because of the treatment of people who used drugs (PUDs). Bulk of doctors became alienated. Treatment of PUDs seemed to be difficult, a duty of experts. It is nowadays only offered by a few medical practices and increasingly by treatment centers. Long distances to these centers make a normal life impossible. Patients are forced to mass there. They built scenes, and this creates mistrust and discrimination.

Thus the treatment of opioid addicts in Germany is lagging far behind its real possibilities. The consequence of this is a general discrimination towards them. This unfounded view, makes it would be very difficult or even impossible to treat these patients, is strengthened.

This leads also to blockades against an adequate further development of the addiction treatment. The finding that patients dependent on alcohol are much better treated with agonistic substances is ensured in specialized practices. But its further development and spreading is still outside of all visions. The new German guidelines from 2015/16 don't mention even Baclofen, let alone other agonists.

But agonist medication, such as methadone, is indispensable in our treatment. The future is built by a human medical treatment of dependencies with a good access to well controlled drugs, without any doubt.

The current no. of OAT patients in Germany is about 80.000, which equates to about 50% of the people who need it. A large part of the patients remains isolated from the "normal society, because of the increasing centralization of treatment. It is not counted how many must daily come for the supervised intake but my personal estimate is more than 50%.

We are awaiting an amending law this year, which differentiates first time between physicians and dealers. Prescriptions for one month instead of only one week shall become possible, and some further details will become liberalized. It remains to be seen, if this will change the situation - that again more doctors will be willing to treat PUDs.

It's a moot point whether in view of scorched earth, for decades, and still half-hearted changes. The vision of an addiction medicine as normal part of the general medicine like for

asthma and diabetes is so far away that it seems impossible to imagine its realization. But only then patients are comprehensively right and well treated.