



A-Clinic Foundation

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QUALIFICATION
SHQS QUALITY
ACKNOWLEDGEMENT

Drug situation and HCV strategy in Finland
Päihdetiedostusseminaari 15.6.17

Disclosure of Interests, 2015-2017

Current position:

- Medical director, A-Clinic Ltd and medical expert A-Clinic Foundation

Other positions

- Member of a working group appointed by the prime minister of Finland to find solutions for halting the growing inequality
- Medical expert in addiction at National Supervisory Agency for Welfare and Health
- Member of the division for mental health and substance abuse services at Council for Choices in Health Care in Finland (Ministry of Social Affairs and Health)
- Member of the national Hep-C strategy 2017-2019 group and HIV&HCV expert group 2017-2020
- Member at Current Care guidelines expert group:
 - Treatment of alcohol abuse, Treatment of drug abuse
- Member of the board and the education committee of the Finnish Society of Addiction Medicine

Other commitments

- Medical expert services or Advisory Board: Invidior Finland, Azanta, Nordic drugs, MSD, Gilead
- Paid expert lectures: Lundbeck AS, Abbvie, Gilead, MSD, Boehring-Ingelheim, GlaxoSmithKline, Ruma GmbH, Orion, Reckitt Benckiser, Professio, Unimedic

No stock ownership

Change in Pattern of Drug Use (Finland)

- In 2015 out of abusers seeking drug treatment
 - 67% had opioide abuse or dependence and for 49% it was the primary drug of misuse
 - 82% used IV and 60% abused opioids daily IV (2014)
- Polydrug abuse was very common and in 2015 at least 3 different drugs during the prior month abused 68%
- For minors seeking treatment, cannabis was for 45% the primary drug

Onset of Drug- and IV-use

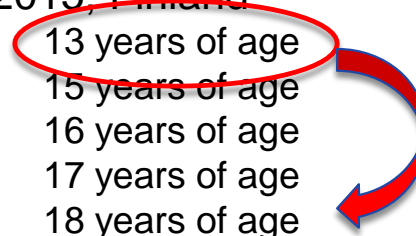
Low threshold treatment units, Metropolitan area¹

- Onset of drug abuse
 - < 10y 3,2%
 - 11- 15y 55,2%
 - 16-20y 35,4%
 - > 20y 6,2%

- Onset of injection
 - < 16y 23,4%
 - 16-17y 21,7%
 - 18-20y 30,3%
 - > 20y 24,6%

Patients that have entered treatment 2015, Finland²

- | | |
|---------------------------------|-----------------|
| • Alcohol | 13 years of age |
| • Experimentation with Cannabis | 15 years of age |
| • Tranquilizers | 16 years of age |
| • Stimulants | 17 years of age |
| • Starting injecting | 18 years of age |
| • Opioids | 19 years of age |



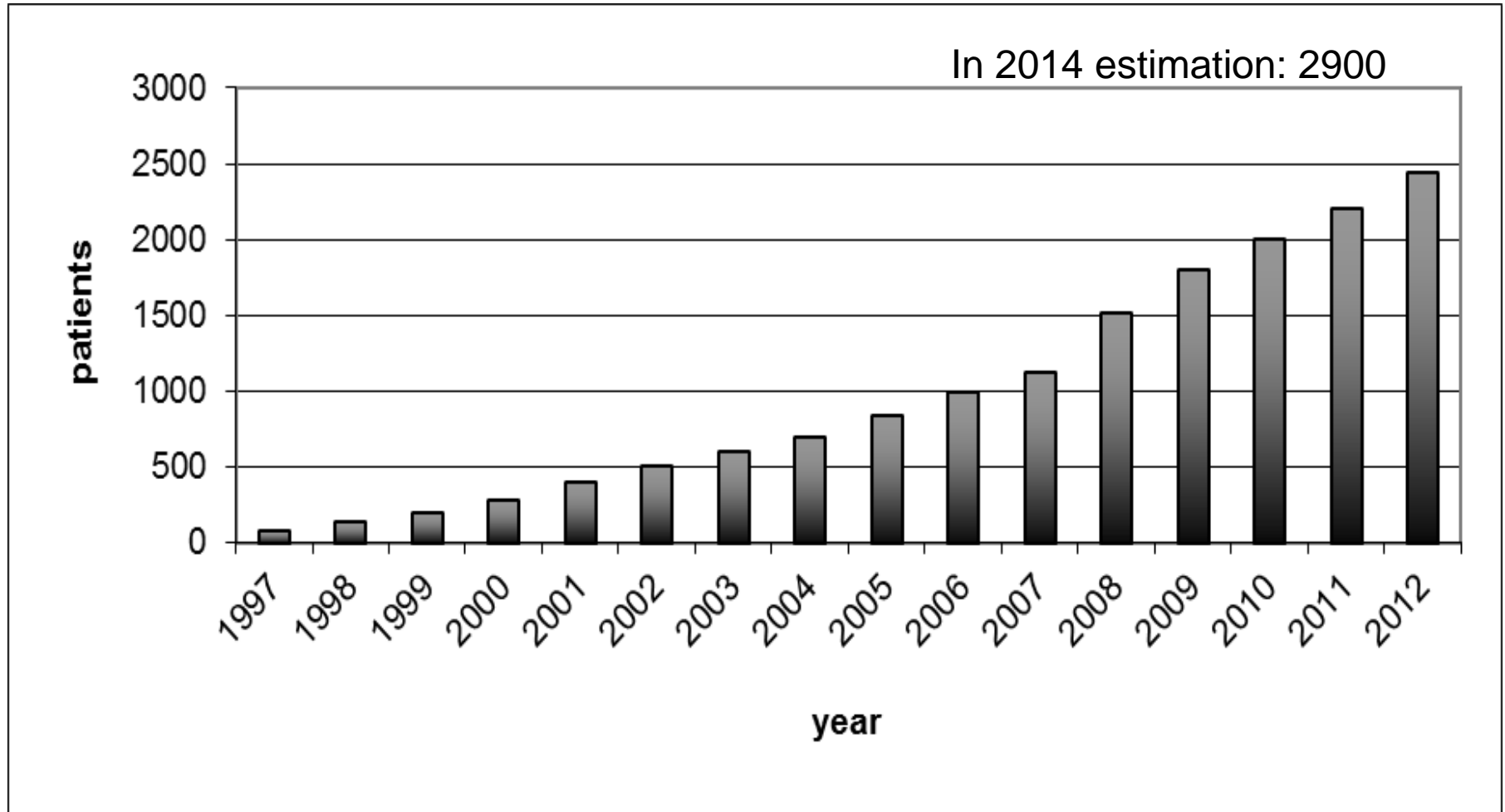
1. Simojoki et al, A five-year follow-up of buprenorphine abuse potential. Journal of Alcoholism and Drug Dependence, 2013; 1:111
 2. THL, Päihdehuollon huumeasiakkaat 2015, tilastoraportti 21/2014

Incidence of hepatitis C in Different age groups



(lähde: THL. tartuntatautirekisteri)

Number of DST patients in Finland



Estimation of Amphetamine and Opioid misusers

(Ollgren et al, yhteiskuntapolitiikka 79 (2014):5)

	1997	1998	1999	2001	2002	2005	2012
Finland total	9 400 – 14 700	11 500 – 16 400	11 100 – 14 000	13 700 – 17 500	13 700 – 17 500	14 500 – 19000	18 000 – 30 000
Opioid users	1 500 – 3 300	1 800 – 2 700	2 500 – 3 300	3 900 – 4 900	4 200 – 5 900	3 700 – 4 900	13 000 – 15 000
Amphetamine users	6 800 – 11 600	7 600 – 13 000	8 300 – 12 400	10 100 – 15 400	10 900 – 18 500	12 000 – 22 000	11 000 – 18 000
Metropolitan area (Helsinki)			4 100 – 5 400	4 900 – 5 400	5 300 – 7 800	5 100 – 8 200	5600 – 10 300
Opioid users				1 800 – 2 700	2 000 – 3 200	1 300 – 2 400	3500 – 4200
Amphetamine users				3 200 – 6 900	3 300 – 6000	4 000 – 6 000	3700 – 5 900

Lack of treatment shifts amf => opi?!

Lack of treatment shifts amf => opi?!

Coverage of OST in the Nordics

(Selin et al. Opioidikorvaushoito Suomessa ja muissa Pohjoismaissa, SUOMEN LÄÄKÄRILEHTI 19/2015 VSK 70)

TAULUKKO 1.

Opioidikorvaushoitopotilaiden määrä ja hoidon kattavuus Pohjoismaissa.

Opioidien ongelmakäyttäjää koskevat arviot perustuvat eri maissa eri menetelmin tehtyihin arvioihin.

	Suomi ¹	Ruotsi ²	Norja ³	Tanska ⁴	Islanti ⁵
Potilasmäärä	2 439	5 252	7 038	7 600	90–100
Hoitoyksiköitä	161	114	n.a. ⁶	58	1
Opioidien ongelmakäyttäjät, n	13 000–15 000	7 237	9 450	13 000	200
Ongelmakäyttäjien osuus väestöstä, %	0,24–0,28	0,07	0,18	0,23	0,06
Hoidon kattavuus, %	16–19	73	74	n.a. ⁶	n. 50

¹ Suomen tiedot vuodelta 2011 (17), lukuun ottamatta arviota opioidien ongelmakäyttäjistä, joka on vuodelta 2012 (11). Kattavuusarvio perustuu opioidien ongelmakäyttäjien arvioitun määrän ja korvaushoitopotilaiden määrän suhteeseen.

² Ruotsin tiedot vuodelta 2012 (12). Arvio potilaiden määrästä perustuu viranomaisrekistereihin merkittyihin diagnoosoitujen opiaattiriippuvuustapausten määrään.

³ Norjan tiedot vuodelta 2012 (16), lukuun ottamatta arviota opioidien ongelmakäyttäjistä, joka on vuodelta 2008 (37). Kattavuusarvio perustuu opioidien ongelmakäyttäjien arvioitun määrän ja korvaushoitopotilaiden määrän suhteeseen.

⁴ Tanskan tiedot vuosilta 2011 (potilaiden määrä) ja 2006 (arvio piikkihuumeiden käyttäjistä) (10). Tarkkaa tietoa opioidien väärinkäyttäjistä ei ole, mutta pääosan piikkihuumeiden käyttäjistä arvioidaan olevan opioidien käyttäjiä (10).

⁵ Tiedot vuodelta 2013 (LTT Valgerður Rúnarsdóttir, Vogur Hospitalet, SÁÁ, 2014, sähköposti). Opioidien ongelmakäyttäjien määrään sisältyvät sekä suomenalaisesti käyttävät että lääkeopioideja muutoin väärinkäyttävät. Kattavuusarvio perustuu opioidien ongelmakäyttäjien arvioitun määrän ja korvaushoitopotilaiden määrän suhteeseen.

⁶ Tietoa ei ole saatavilla.

HCV testing and treatment, current

- HCV testing anonymously possible at health care centers, harm reduction units etc.
 - PCR seldom due to costs
- No structured follow up of chronic HCV patients, especially if PWID
- Since 2006 stable OMT patients could have been treated
 - before that 2 year abstinence required
 - number of treated patients very low (<40)
- The burden of HCV is rising
 - prevention alone is insufficient to change the situation
- Financial aspects/ limitations have to be considered

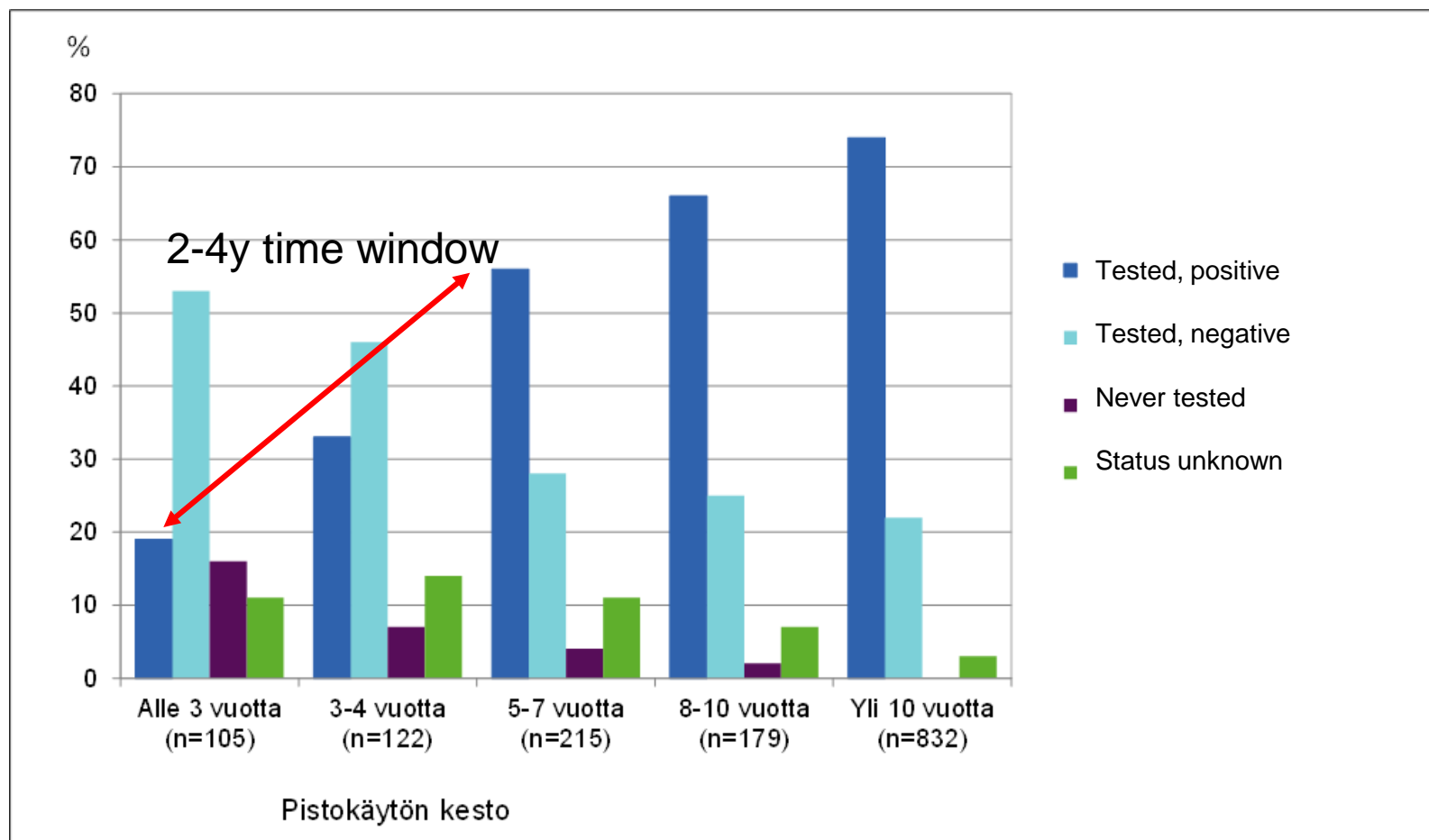
HCV strategy 2017 -2019

1. Prevention
 - a. awareness-raising
 - b. Better Low threshold unit coverage (needle exchange)
2. Easy testing
 - a. Immunological
 - b. PCR for everyone if immunologic test is positive
3. Treatment Assessment regardless of life situation
4. Follow-up and treatment plan for every chronic HCV carrier
 - a. Means regular follow-up (testing etc.)

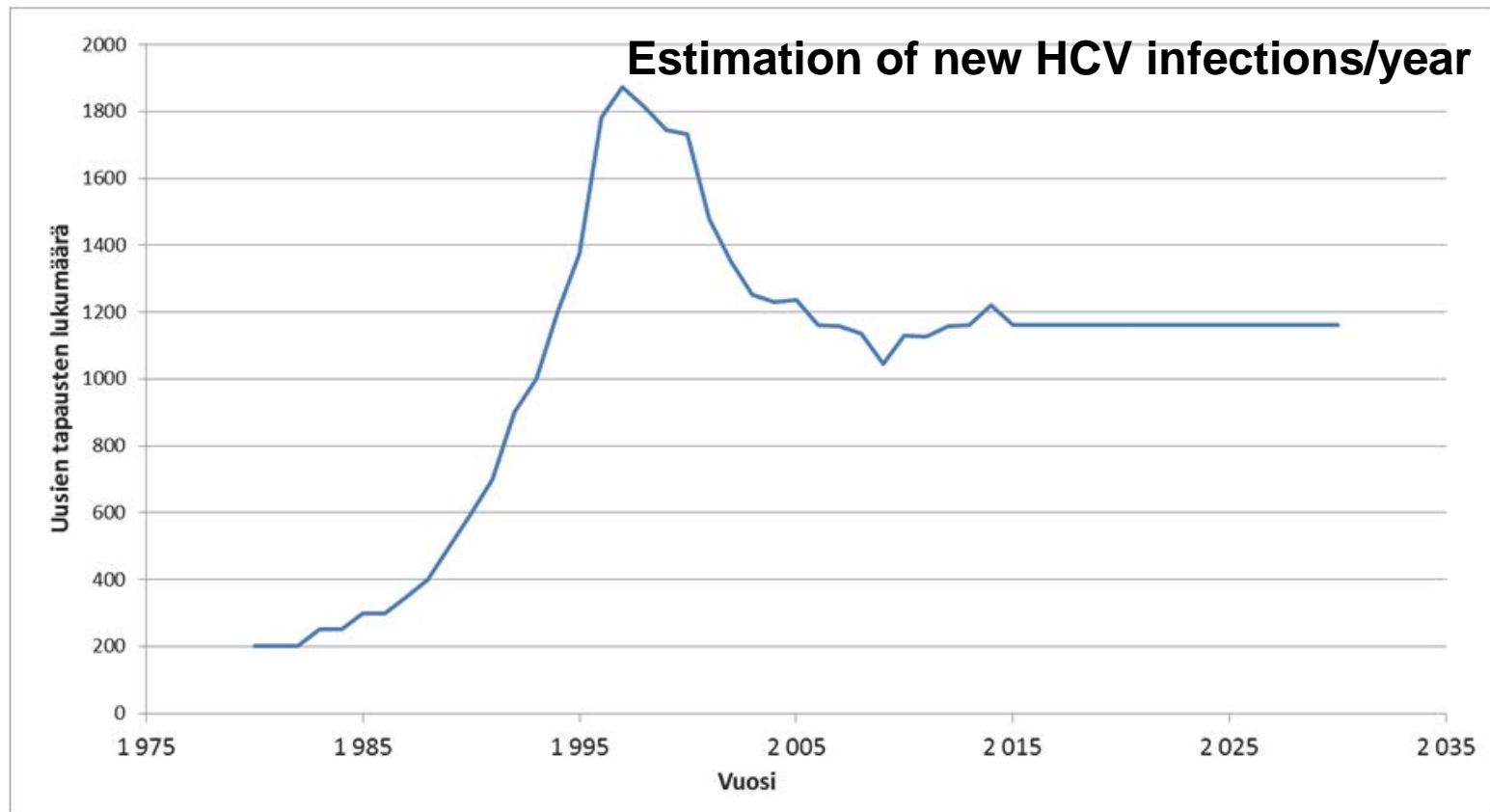
The future of HCV treatment...

1. **Prevention** is an important factor in reducing new HCV infections
 - should be conducted at all addiction services
 - also with non IV users
 - more co-operation with other service providers from schools to hospitals
2. **PCR testing** should be routine for all infected and also in addiction services, especially in harm reduction units (2017)
 - more reliably information about the real number of chronic HCV patients in Finland
 - future need for treatment can be better estimated
 - Follow up can be arranged for chronic HCV patients

HCV status, testing rate and drug iv use in years 2015 (%)



If would continue treating as today....

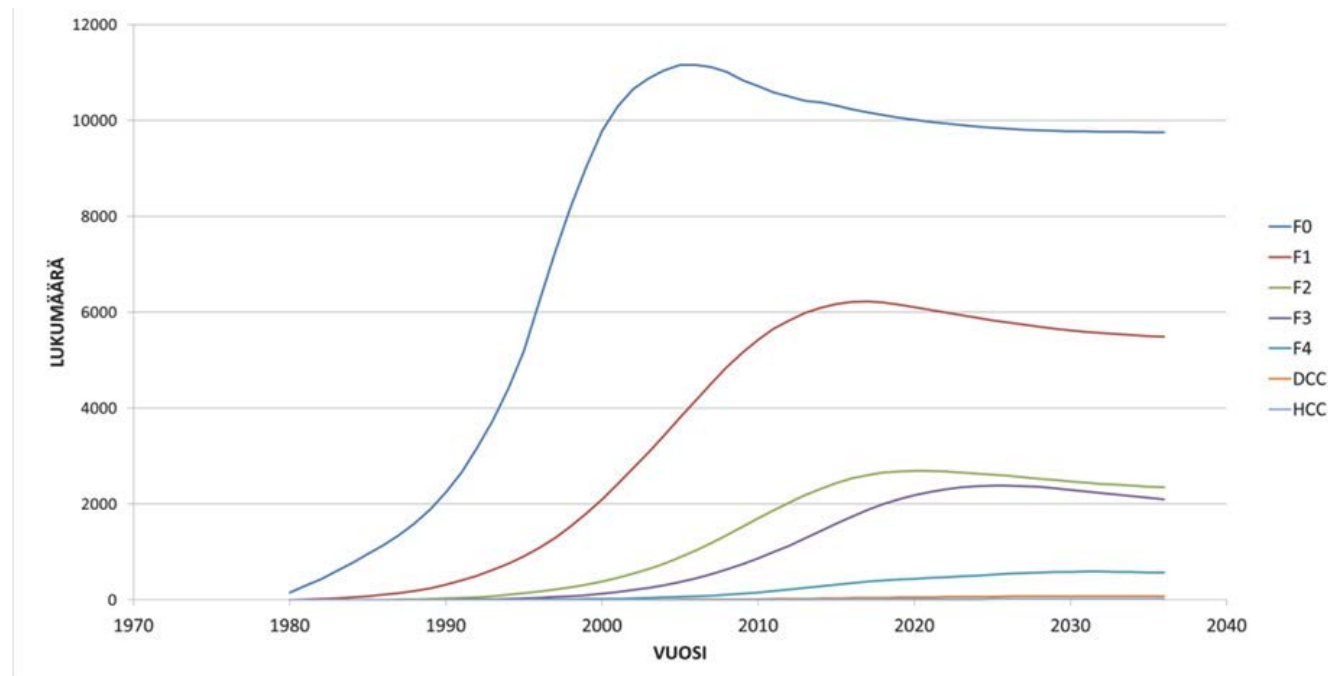


Oravilahti T, Kiviniemi V, Laine J, Härkönen U. New medicinal treatments of hepatitis C and the impacts of treatment policies in Finland. Finnish Medicines Agency Fimea. Serial Publication Fimea Develops, Assesses and Informs 7/2016. 35 p. ISBN 978-952-5624-64-9.

If we would treating as today (2)....

Number of HCV carriers

Liver Status	Treated% (estimate)
F0	0,5
F1	2
F2	4
F3	6
F4	15
DCC	50
HCC	50




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The future of HCV treatment... (3)

3. HCV treatment for OST patients in all addiction services (2018/19)
 - medical know-how has grown rapidly over the last years, especially pharmacotherapy
 - working evaluation and follow- up models
 - DAA have simplified and shortened treatment and would be suitable to be used in addiction services
 - building up risk-share model with pharma industry

4. Treatment of all chronic HCV patients (20??)
 - possible after having build up a adequate evaluation, treatment and follow-up system with OST patients
 - no limitations due to liver status, PWID etc
 - long-term goal: elimination of chronic HCV



The problem is not lack of
knowledge or skills, but
why we still let
presumptions affect decisions on
treatment options