French Monitoring Centre for Drugs and Drug Addiction

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Latest data on opioid substitution treatments in France

(CNAMTS / OFDT DATA 2007)

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Two opioid substitution treatments (OST) are permitted in France: methadone and High Dosage Buprenorphine[1] (HDB), prescribed to a total of slightly over 100,000 opiate dependent people. Specific to France, HDB has, since it was introduced, played a predominant role, representing 80% of all prescriptions, even though recent recommendations have aimed at facilitating the more widespread use of methadone[2].
Almost fifteen years after they were introduced on the market, these medicines have had a clearly positive impact, although misuse developed, particularly for HDB, requiring monitoring of its prescription. Since 2002, OFDT has collaborated regularly with CNAMTS[3] to study reimbursement data for these OST nationally.

This new analysis is based on a national patient sample for the year 2007. Its purpose is to describe their modes of use of these drugs (levels of use, drug combinations) and to describe any misuse seen for HDB. These results are particularly useful in the context of the Health insurance organisation's (Assurance maladie) plan to control the suspected misuse of OST started in 2004 and reinforced in 2006.

Methods

This study retraces the reimbursement trajectory for a national representative sample of 4,607 patients benefiting from the French general social security scheme, who received at least one reimbursement for HDB or methadone between 1st January and 31st December 2007. Several OST indicators were created per patient for this study such as the total dose dispensed during the year, duration of treatment and the mean daily dose received.

Results

Predominance of HDB

The majority of patients in this sample (80%, n=3,711) received HDB, only approximately one in five people receiving methadone (n=896). The majority were male (78%), and the average age was 35. A quarter of the patients were covered by the Universal health care coverage (CMU - Couverture maladie universelle), with an overrepresentation of women in this category: 35% of women receiving OSM were covered by the CMU compared to 23% of the men.

Higher mean daily doses in vulnerable patients

The mean daily doses (MDD) of OST were 8.9 mg/D for HDB and 49.5 mg/D for methadone[4]. These doses were slightly higher in recipients of CMU (11.1 and 52.9 mg/D respectively), the more vulnerable population.
Whereas the great majority of people (87%) who were receiving HDB had an average dose of 16 mg/D or less, 11.2% were receiving doses of between 16 and 32 mg/D and 1.6% were receiving more than 32 mg/D. For methadone, two-thirds of the subjects were receiving doses of between 20 and 70 mg/D and only 6% of the sample were receiving doses of more than 100 mg/D.

Indicators of HDB misuse on the decline

Some indicators are used to understand the type of patient use, particularly for HDB[5]. **Dosage strictly over 32 mg/D** of HDB, **lack of a fixed medical reference point** (5 or more prescribers) and/or **lack of a fixed pharmacy point** (5 or more pharmacists) are thresholds beyond which substance misuse is strongly suspected, particularly if these co-exist.
The previous study* found that 6% of people receiving HDB had received an MDD of 32mg/D[6] or above and that as many people had been given prescriptions from at least five doctors over the period, mostly in three sites (Paris, its northern suburbs and Marseilles). The 2007 results show a significant fall in these doses in excess of 32 mg/D which only involve 1.6% of the sample (n=61), again with a geographical localisation of this misuse in three regions: Ile-de-France (47% of cases), Provence Alpes Côte d'Azur (15%) and Alsace (9.8%). These indicators are higher in recipients of CMU (table) than for the whole sample (3.5% have a MDD of more than 32 mg/D and 9.3% have seen 5 or more doctors). This difference may be explained by greater vulnerability in this population, which often has higher use levels.

Indicators of misuse of HDB in all subjects and recipients of CMU

	Mean daily doses (mg/D)			Number of prescribers			Number of pharmacists		
	≤ 16	]16 ; 32]	> 32	< 3	[3 ; 4]	≥ 5	< 3	[3 ; 4]	≥ 5
HDB (n=3,711)	87.2%	11.2%	1.6%	75.5%	18.2%	6.3%	77.4%	15.7%	6.9%
HDB CMU+ (n=793)	82%	14.5%	3.5%	71.9%	18.8%	9.3%	73.5%	16.3%	10.2%

Source: CNAMTS Data, OFDT estimates

Associated psychotropic drugs

These patients may also be given, either concomitantly or otherwise, other substances, particularly psychotropic medicinal products usually used for therapeutic purposes and/or misuse. Prescription rates for some of the most commonly used benzodiazepines, anxiolytics or hypnotics in patients receiving substitution treatment[7] have been studied and show that 40% of people receiving HDB and 44% of those receiving methadone received at least one prescription of these benzodiazepines over the year. These levels of use are again higher in people covered by the CMU (53 and 54% respectively) and are twice that in people receiving more than 32 mg/D of HDB (85% of this group).

Conclusion

Five years after the previous study, this new co-operation with CNAMTS has made it possible to carry out a national review of levels of OST use and HDB misuse. This analysis shows a large fall in HDB misuse and seems to demonstrate the effectiveness of the measures taken as part of the Health insurance organisation's control plan, started in 2004 and then reinforced at the end of 2006.

1. Subutex® and two generic forms marketed in 2006 (HDB Arrow®) and 2007 (HDB Mylan®)
2. Consensus conference: Stratégies thérapeutiques pour les personnes dépendantes aux opiacés : place des traitements de substitution, Lyon, 23-24 June 2004
3. National Health insurance organisation for Salaried Employees (Caisse nationale de l'Assurance maladie des travailleurs salariés)
4. National recommendations for maintenance treatment set at 8 mg/D for HDB and between 60 and 100 mg/D for methadone
5. Unlike HDB, methadone is very little if at all involved in misuse or "street" purchasing
6. In patients who have been dispensed with HDB during the last six months of 2002
7. Dipotassium Clorazepate (Tranxène®), Bromazepam (Lexomil®), Diazepam (Valium® 10 mg), Oxazepam (Séresta®), Clonazepam (Rivotril®), Flunitrazepam (Rohypnol®), Zolpidem (Stilnox®), Zopiclone (Imovane®)

** CADET-TAIROU (A.), CHOLLEY (D.), Approche régionale de la substitution aux opiacés 1999-2002 : pratiques et disparités à travers 13 sites français. 2004, OFDT, Saint-Denis, 120 p.*

Tiphaine Canarelli, Anaëlle Coquelin