



European Monitoring Centre
for Drugs and Drug Addiction

Balancing access, quality and prevention of diversion of OST in Europe: a comparative analysis



Access to OST

Types of OST in France :

- **High dose buprenorphine (HDB) (65%)**
- **Suboxone : HDB + naloxone (3%)**
- **Methadone (syrup) (14%)**
- **Methadone (capsule) (18%)**

- **Also prescriptions of morphine sulfate to a limited number of patients, but has no indication as an OST**



Access to OST

Who is allowed to prescribe and dispense;

OST Prescription

- Buprenorphine : every GP
- Methadone : first prescription only by medical doctors working in drug specialised centers (CSAPA) or in hospitals ; GP can prescribe methadone only for stabilised patients

OST dispensed in CSAPA or hospitals mostly for treatment initiation.

Otherwise OST is provided by pharmacies and taken home



Access to OST

Who is actually involved (share of OST) :

GP : 72%

CSAPA or Hospitals only : 10%

GP and CSAPA or Hospitals : 18%

(applies to reimbursed OST)

Different distribution for HDB and methadone

Share of GP's : 78% for HDB and 54% for methadone



Access to OST

OST coverage;

80%

waiting times;

No information but access to OST is so widespread that it is not considered as an issue, except for specific geographical areas

other relevant regulations/indicators of access?



Quality or Impact of OST

Outcome data (or availability of regular monitoring of outcome indicators including quality of life);

No regular monitoring of outcome indicators

One cohort study (one year follow up) made at the end of the nineties to support the HDB prescription policy (SPESUB study)

Trainings and accreditations;

No specific trainings

Accreditations not relevant for France until now

Availability of guidelines?

Yes, but not recent (2004)

Supervision?

No



Quality or Impact of OST

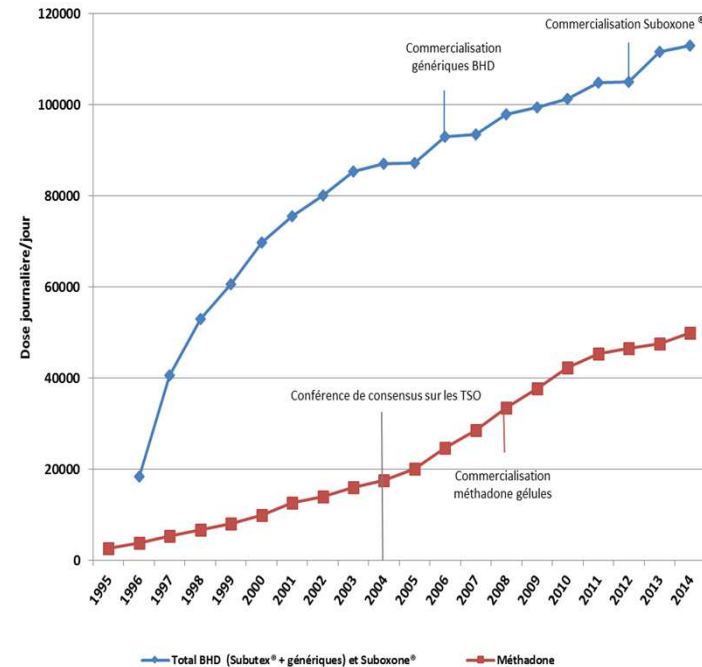
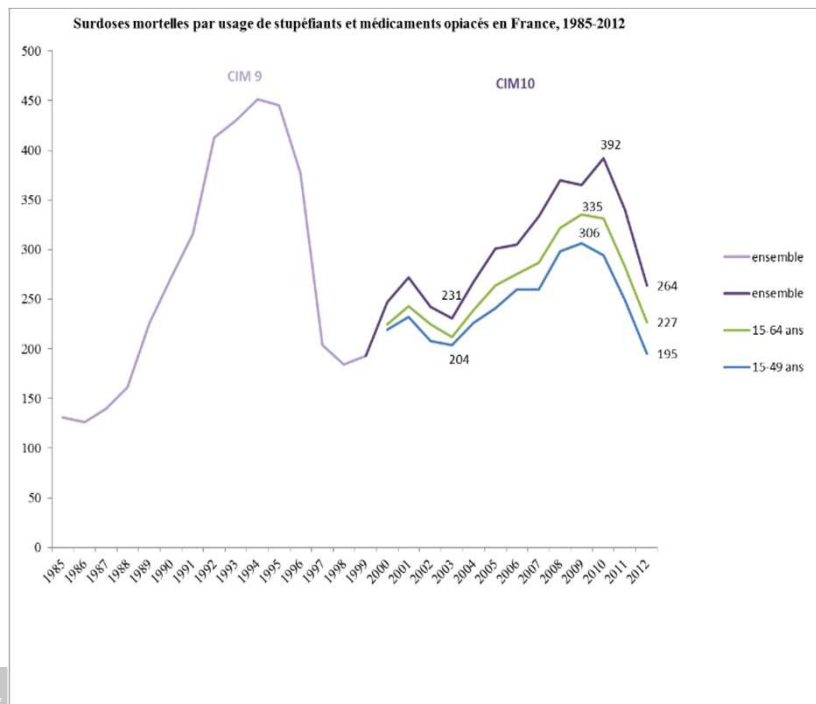
Or shall we remove this aspect and change it to **IMPACT** of OST?
Such as long term trends or rate per 100.000 of DRID, DRD;
demand for treatment (e.g. previously treated), outcome data?

- Convincing inverse relations in the nineties between the rising number of people treated by OST and the declining number of DRD
- Unconvincing since



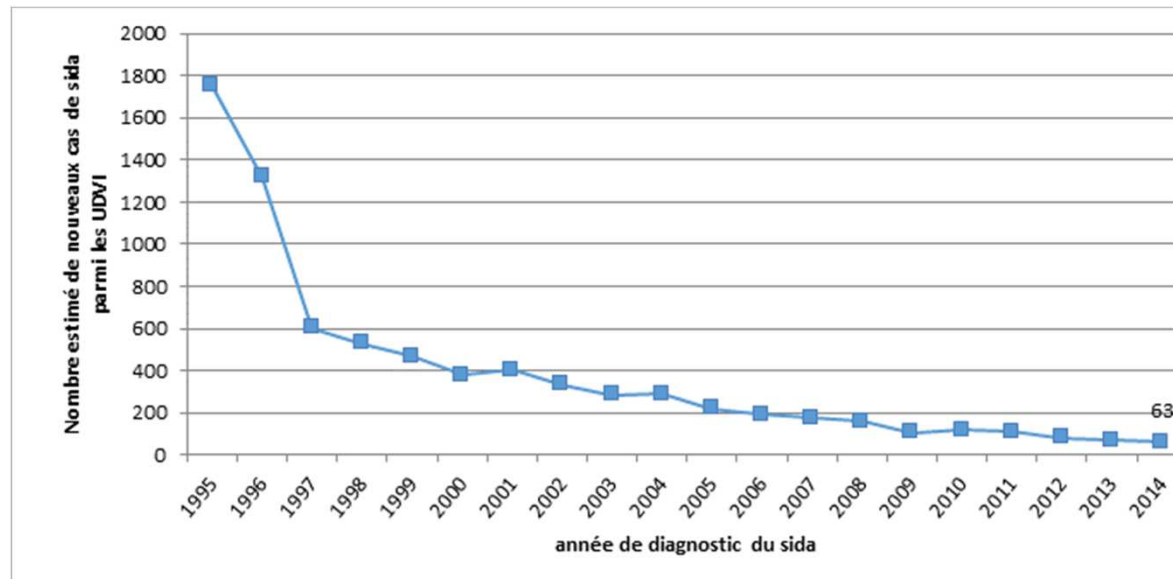
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Quality or Impact of OST

Convincing relation between new AID cases among drug injectors and OST (but this dramatic fall is known to be mainly linked to new AID therapy).



Quality or Impact of OST

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**Are we trying to demonstrate that OST works ?
Tons of articles have already done that.**



Diversion (control of)

Studies on levels of diversion

Indicators of the level of diversion

	deliveries \geq 32 mg of HDB/day	\geq 5 prescribers
2002	6,0%	
2006	2,0%	10%
2007	1,6%	6%
2012	2,0%	2%

Source : social security data



Diversion (control of)

Misuse of OST

CSAPA, 2014 : 6500-7000 clients (prevalent cases) with HDB or methadone as main problem drug ; 27% injectors among HDB users

**Low threshold 2012 : HDB is the main problem drug for 16% and methadone for 4% ;
proportion of injectors : more than 50% of HDB users**



Diversion (control of)

Control and monitoring mechanisms of prescriptions;

2004: French National Health Insurance organisation's plan for controlling and monitoring opioid substitution :

If a patient has :

deliveries \geq 32 mg of buprenorphine per day

or \geq 5 prescribers

or \geq 5 dispensing pharmacies

→ action from Social security services



Diversion (control of)

Control and monitoring mechanisms of prescriptions;
2008: monitoring by the French national drug agency of methadone prescription since the capsule form was made available

five risks:

- paediatric poisoning (several cases but low level of gravity)
- death (increase of methadone related deaths in France)
- attempting to snort or inject (few injection and snorting cases)
- occasional intake
- intake by naive subjects



Your thoughts (what is missing, etc)

Hmmm....



Example of comparative table for the publication

	Year of introduction	Medications (share)	Providers (legal)	Providers (geographical coverage?)	Total number of OST clients	POU est.	OST coverage	Waiting times	DRD (rate or trends)	DRID (rate or trends)	avg. retention in treatment	TDI for OST medications	(OST in prisons)	etc.
country A														
country B														

