

Unmet need for opioid use disorder treatment: a European perspective

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Outline

- ◆ What's the data?
- ◆ How to make sense?
- ◆ What to do?

A narrative and descriptive presentation based on evidence from the literature and EMCDDA data and also some speculation

Mortality in Opioid users: a challenge for public health

- ◆ Opioid users x5-10 increased death
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- ◆ Overdose: 30-50% of all mortality
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- ◆ Infectious disease: 2nd cause for mortality
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EMCDD, 2015, 2016, 2017

Treatment for OUD is protective: on an individual basis

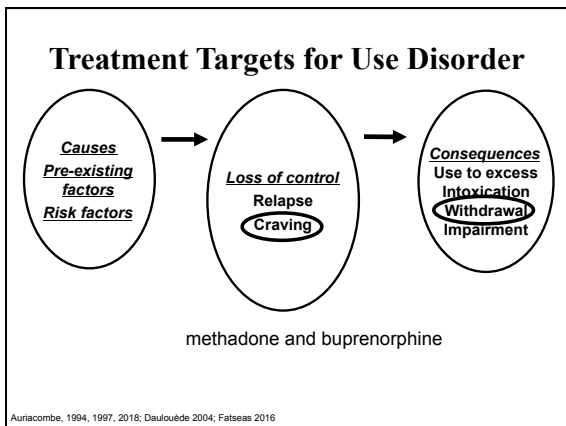
- ◆ Going from no treatment to treatment decreases mortality
 - 30-80% overall
 - A minimum time (12 months?) in treatment is needed for this effect
 - Continuity is more important than just cumulative duration

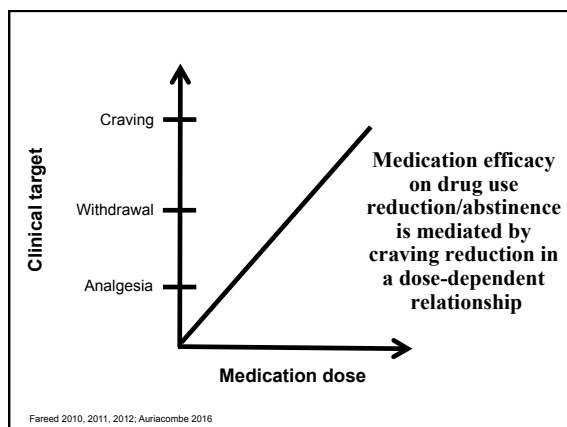
Dark 2005, Clausen 2008, Degenhardt 2009, Auriacombe 2004, Dupuy 2017

Medications for opioid use disorder: what's available in Europe?

- **Methadone: 61% of patients**
 - Introduced early 1970s
 - Mu full agonist, NMDA antagonist
 - Very effective but risk of fatal overdose, especially during initiation
 - Significant side effects and drug-drug interactions (L-metha)
 - Available as pill, sublingual tablet, oral solution
- **Buprenorphine (bup and bup/nx): 37% of patients**
 - A relative new comer, mid-late 1990s (37% of patients in Europe)
 - Mu partial agonist and kappa antagonist
 - Very effective but risk of dropout, especially during initiation
 - Fewer side effects and drug-drug interactions, reduced fatal overdose risk
 - Available as sublingual tablet, rapid-dispersal wafers
- **What about the remaining 2%?**
 - SR morphine: country-specific
 - Heroin: 2nd choice for treatment-refractory patients

WHO 2009, EMCDDA 2016, Fatséas, Daulouède 2016





Medications are effective

BUT, efficiency is dependent on:

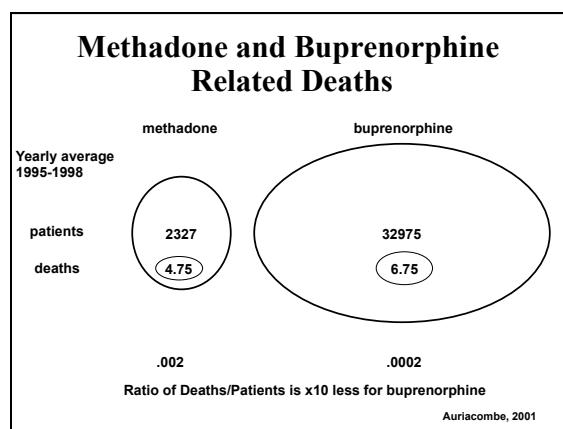
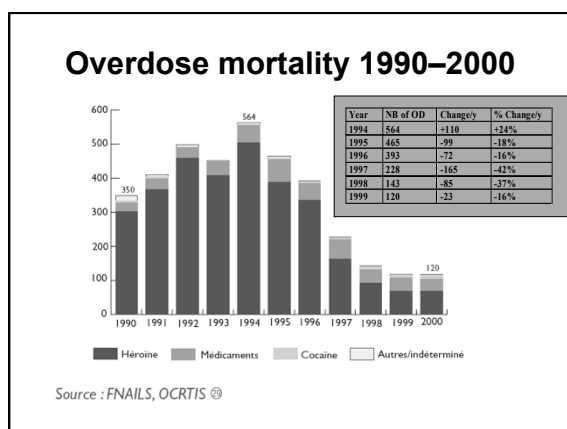
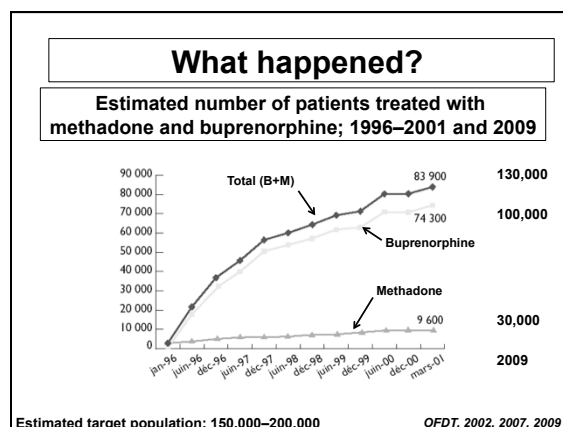
- Prescriber education
- Patient collaboration
 - Not specific to addiction but to all long-term therapies
- Availability
 - Licence
 - Regulations and access

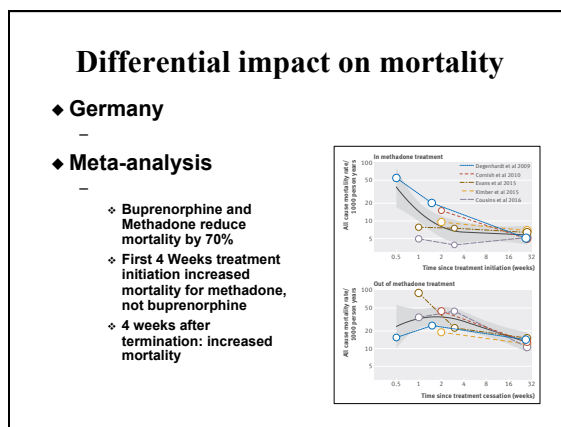
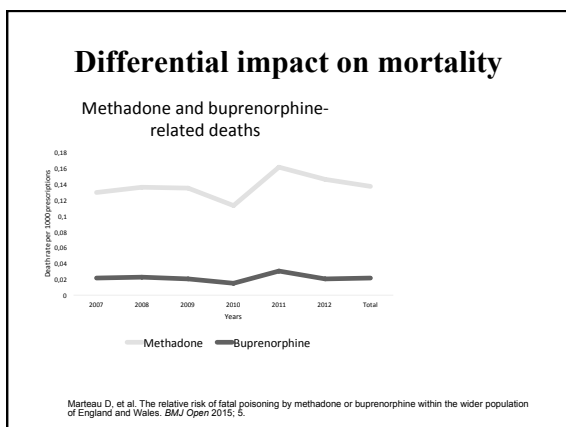
WHO 2009, 2003, Falseas 2016; McLellan 2014

Treatment may also be protective on a public health perspective

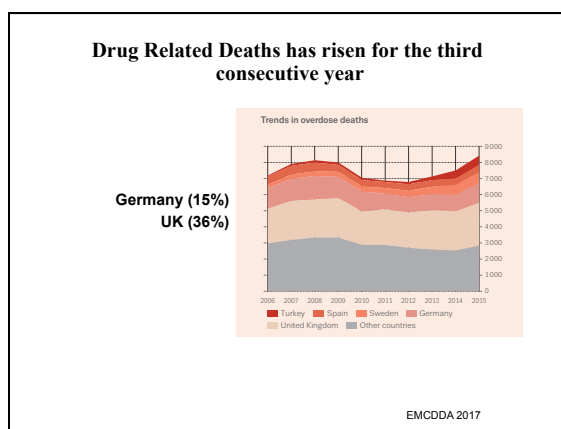
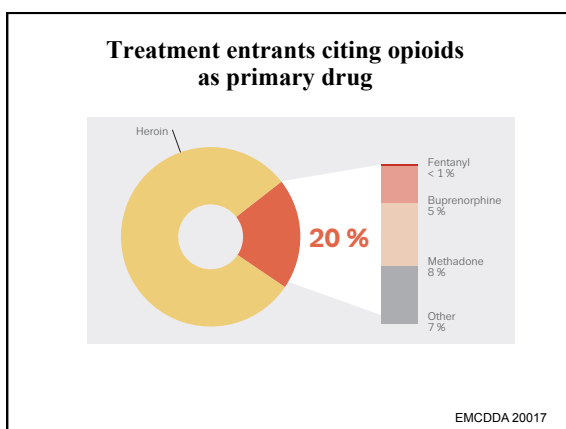
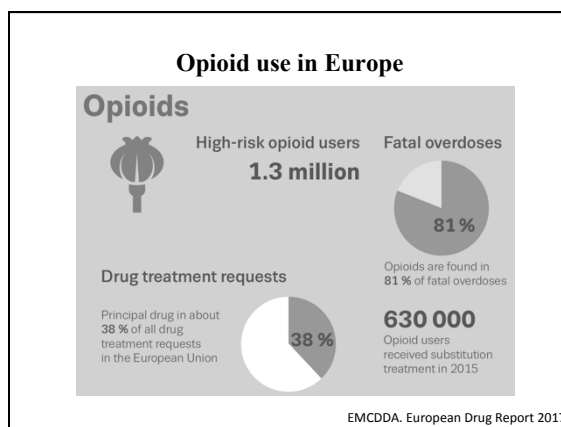
The French Experience

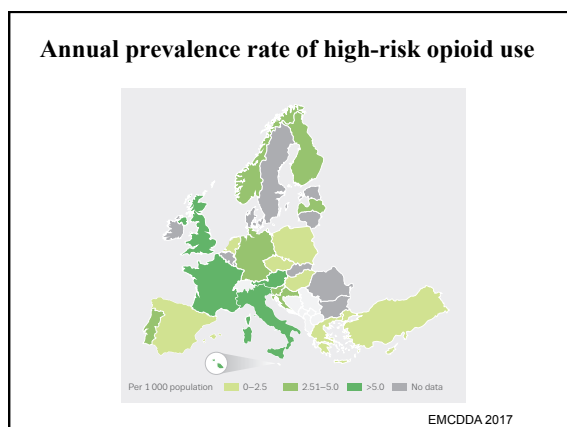
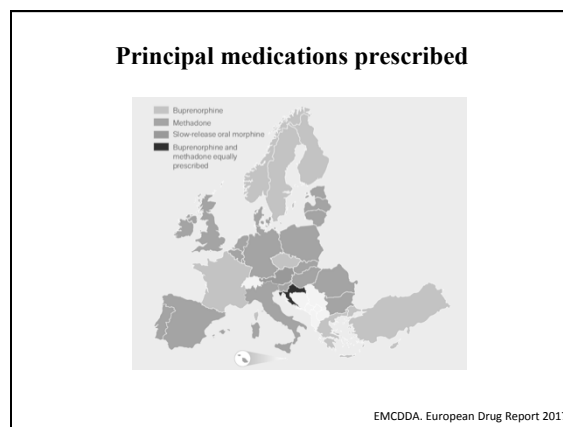
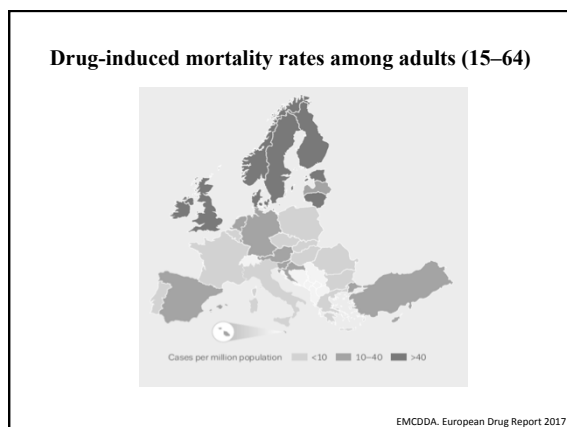
Auriacombe CPDD 1998, CPDD 2012





What's the global European situation?





How to make sense?

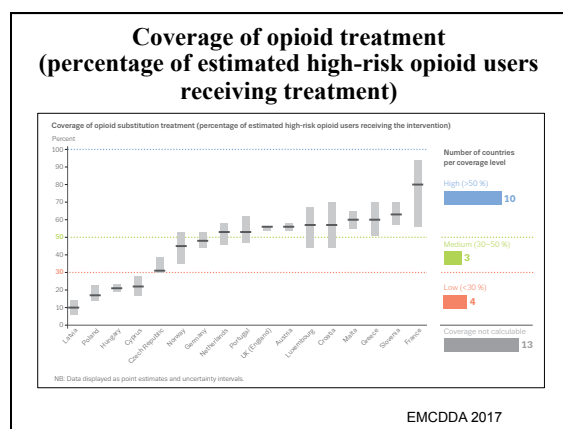
Some speculations

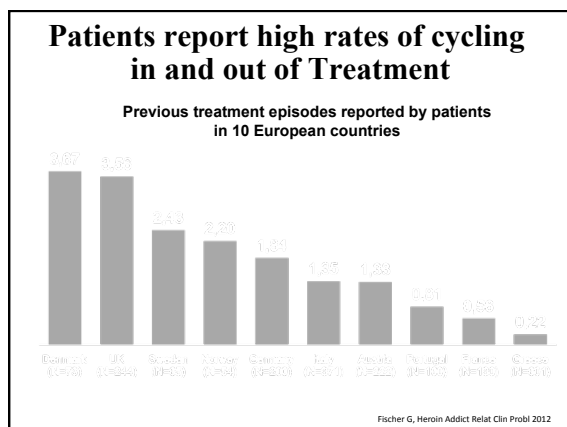
Could Country Specific Regulations contribute to mortality?

Drug induced deaths 15-64 y
17.3 / million in EU

- ◆ Treatment access by High Quality Comprehensive Specialist care
– Estonia, Italy, Finland, Norway, Ireland, Sweden } **64.6**
- ◆ Treatment access by Primary care with majority of methadone over buprenorphine
– Belgium, Croatia, Denmark, Germany, Netherlands, UK } **26.6**
- ◆ Treatment access by Primary care with majority of buprenorphine over methadone
– Cyprus, Czech, France, Portugal } **4.95**

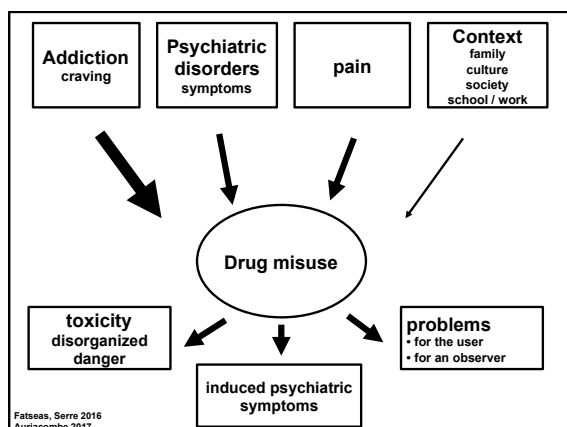
EMCDDA 2017





Addiction is not the only reason for using opioids

Keep an eye on the overall picture



How to combine evidence-based medicine, safety driven concerns and a public health perspective

A challenge

- ### To sum up: Unmet need
- #### What can we do?
- ◆ **Best prevention of overdose and mortality is best treatment for Opioid Addiction**
 - access treatment (bup, met) long term (if no treatment)
 - avoid leaving treatment (if in treatment)
 - optimized treatment (dosing, support)
 - assess comorbidities
 - ◆ **Contingent to**
 - Accessibility
 - Prescriber education
 - Patient collaboration
 - ◆ **Second best is quick access to overdose treatment: naloxone**
 - Limited to OD

Thank you

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