



Title:	European Patients Entering Opioid Addiction Treatment Whose Primary Drug is Heroin Differ from Those Whose Primary Drug is Another Opioid
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Abstract:

Introduction: Opioid abuse and misuse is a growing problem worldwide. Studies suggest that in the US prescription opioid abuse is most prevalent among young adults, and those of White race. Prescription opioids are only part of the picture with heroin typically being cheaper and easier to find and buy. In the US there is less of a stigma associated with misusing prescription opioids compared to heroin, however this may not hold true in other countries as in some instances heroin is used to treat opioid addiction. This study aimed to describe patients entering treatment programs for opioid addiction in Europe who use heroin as their primary drug and those who report use of some other opioid as their primary drug.

Methods: Patients entering a treatment program for opioid addiction were surveyed to gather demographic information, primary drug “to get high”, endorsement of past 30-day use of other drugs “to get high”, and whether or not drugs used in the past 30-days were injected. In this analysis we compared patients who indicated heroin as their primary drug of choice “to get high” to patients who indicated some other opioid as primary drug with respect to gender, age, whether or not the patient was a health care professional, whether or not the patient had previously attended an opioid addiction treatment program, number of drugs endorsed “to get high”, and endorsements of past 30-day use of opioids “to get high”. Sites from 4 European countries participated, including Spain, Italy, Germany, and France. Statistical significance was assessed at the 0.05 level, using Fisher’s exact test for categorical variables and t-tests for continuous variables.

Results: Heroin was reported as the primary drug by 116 (97%) of 120 patients in Spain, 157 (59%) of 268 in Italy, 99 (63%) of 156 in Germany, and 83 (58%) of 142 in France. In Spain, heroin primary drug patients were no different than others in terms of gender, age, being a health care professional, having previously attended an opioid treatment program, or the number of drugs endorsed “to get high”. As a point of internal validation, heroin use in past 30-days was higher in the heroin primary drug patient group. In Italy, heroin primary drug patients were younger with a lower proportion endorsing past 30 day use of buprenorphine and codeine and a higher proportion endorsing use of heroin. Also in Italy, a higher proportion of those who indicated some other opioid as their primary drug were health care professionals than those who indicated heroin. In Germany, a lower proportion of heroin primary drug patients had previously been in opioid addiction treatment. The heroin primary drug patients also had a lower proportion of endorsements of past 30-day use of methadone and

buprenorphine, and a higher proportion endorsing heroin. In France, there were no differences between the heroin primary drug patients and those who reported some other opioid as their primary drug “to get high”.

Conclusions: This study found within country differences between heroin primary drug patients and patients reporting another opioid as their primary drug “to get high”, but these results were not always consistent across countries. These data suggest strong localized influences and the absence of a universal pattern. However this study is limited by the sampling design (not all sites represented in each country, small sample size) and should be supplemented with additional research to better understand the intricacies of this patient population in hopes of designing targeted, localized prevention and treatment interventions.