



Title:	European Opiate Addiction Treatment Programs: Poly-opioid Users are Different than Other Patients Seeking Treatment
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Meeting:	Europad
Date:	May 2014
Location	Scotland

Abstract:

Introduction: Opioid abuse is on the rise not only in the United States but worldwide. Patients entering treatment for opiate addiction are a valuable source to understand characteristics and behaviors in an otherwise difficult population to study. With different opioid products available with varying active ingredients, poly-opioid use “to get high” is common among subjects entering treatment for opiate addiction. This study aims to describe differences between patients who endorse poly-opioid use versus others in hopes of identifying intervention opportunities.

Methods: Patients entering treatment for opiate addiction were surveyed on their past 30-day use of substances “to get high”, primary drug “to get high”, opioid addiction treatment history, health care professional status, and demographic information. These data were used to compare Poly-Opioid Patients (defined as patients who endorsed past 30-day use of more than one opioid substance, either an active ingredient found in prescription drugs or heroin, “to get high”) to Other Patients (defined as patients who endorsed past 30-day use “to get high” of none or only one opioid substance, either one active ingredient found in prescription drugs or only heroin). Significance was defined at the 0.05 alpha level using Fisher’s exact test, as well as t-tests. Comparisons were made within each of four European countries: France, Italy, Spain, and Germany.

Results: There were 144 respondents in France (9% Poly-Opioid), 309 in Italy (19% Poly-Opioid), 123 in Spain (23% Poly-Opioid), and 158 in Germany (49% Poly-Opioid). In France, Poly-Opioid Patients had a lower proportion who reported previous treatment for opioid addiction and a higher proportion who endorsed past 30-day use of morphine, buprenorphine, tramadol, and heroin “to get high”. In Italy, Poly-Opioid Patients were significantly younger than Other Patients and reported a higher proportion of methadone, buprenorphine, and heroin use “to get high”. In Spain, Poly-Opioid Patients reported a higher proportion of methadone, tramadol, codeine, and heroin use “to get high”. In Germany, Poly-Opioid Patients were significantly younger and more often female than the Other Patients and were more likely to have previously been in treatment for opioid addiction. They also

reported a higher proportion of fentanyl, methadone, and heroin use “to get high” in the past 30-days.

Conclusions: Poly-Opioid Patients entering treatment for opioid addiction appear to have different characteristics than Other Patients. These differences vary between the four countries studied and offer insight on potentially vulnerable or “at-risk” populations. Of particular concern is the higher proportion of endorsements for methadone, and sometimes buprenorphine “to get high”, as these drugs are an essential part of medically assisted opioid addiction therapy. Additional studies are warranted to further understand this dynamic and ensure safe use of these important medications for all patients.