USE OF TREATMENT HISTORY TO IDENTIFY DRUG USE DIFFERENCES IN PATIENTS ENTERING MEDICATION-ASSISTED MAINTENANCE SUBSTANCE ABUSE TREATMENT PROGRAMS IN FRANCE AND THE UNITED KINGDOM

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Objective

Individuals seeking treatment for opioid dependence are a valuable source of information, particularly about their recent abuse of drugs before they commence treatment.

As part of a European surveillance study, we describe drug use differences between patients entering substance abuse treatment for the first time and those who previously received treatment in France and the United Kingdom.

Methodology

European Opioid Treatment Patient Survey (EUROPAD) Program data from January 1, 2015 through December 31, 2016 from France and the United Kingdom were analyzed (Table 1). Treatment history was dichotomized into first time in treatment and previously in treatment. Individuals who did not respond to the treatment history item on the survey questionnaire were excluded from analyses.

Fisher's exact and chi-square tests were used to assess differences in categorical variables in patients who reported previously attending a treatment program and those who reported entering treatment for the first time. Categorical variables assessed include gender, self-reported status as a health care professional, primary drug used "to get high," and endorsements of past 90-day use of prescription opioid drug substances as well as heroin. If an individual selected more than one primary drug, they were not included in that analysis. A t-test was used to assess differences in age of those who previously attended treatment and those entering treatment for the first time. Statistical significance was assessed at the 0.05 level.

Results

In France, there were 511 survey respondents. Of those, 50.9% reported being in treatment for the first time, and 47.6% reported previously being in treatment. On average, individuals entering treatment for the first time were significantly younger than those who had previously been in treatment (32.1 years and 38.1 years, respectively; p<0.001).

Results (continued)

Individuals who had previously been in treatment were significantly more likely to report abuse of heroin, buprenorphine, or morphine as their primary drug (p<0.001, p<0.001, and p=0.04; respectively). Individuals who were previously in treatment were also significantly more likely to use heroin, buprenorphine, morphine, and methadone in the past 90 days (p<0.001, 0<0.001, p=0.036, and p=0.014; respectively). Treatment history did not differ by gender or health care professional status.

In the United Kingdom, there were 319 survey respondents. Of those, 35.0% reported being in treatment for the first time and 59.6% reported previously being in treatment. On average, individuals entering treatment for the first time were significantly younger than those who had previously been in treatment (34.0 years and 38.0 years, respectively; p<0.001). Individuals entering treatment for the first time were significantly more likely to have reported abuse of codeine, tramadol, and oxycodone as their primary drug (p<0.001, p=0.02, and p=0.05; respectively). Individuals who were previously in treatment were significantly more likely to report abuse of heroin as the primary drug (p<0.001) and to have used it in the past 90 days (p=0.003). Individuals entering treatment for the first time were significantly more likely to use codeine and tramadol in the past 90 days (p=0.01 and p=0.02; respectively). Treatment history did not differ by gender or health care professional status.

Conclusions

In both France and the United Kingdom, individuals entering treatment for the first time were younger than those who had previously been in treatment.

Heroin was more likely to be the primary drug of abuse and more likely to be used in the past 90 days by individuals who had previously been in treatment; this was seen in both countries.

Table 1. Treatment History by Country

Variable	France		United Kingdom	
	First time in treatment N (%)	Previously in treatment N (%)	First time in treatment N (%)	Previously in treatment N (%)
Age				
Mean (SD)	32.06 (9.89)*	38.07 (9.62)*	34.02 (9.13)*	38.00 (8.01)*
Gender				
Male	204 (77.27)	190 (76.92)	74 (62.71)	139 (69.15)
Female	60 (22.73)	57 (23.08)	42 (35.59)	59 (29.35)
Healthcare Professional				
Yes	9 (3.41)	9 (3.64)	2 (1.69)	2 (1.00)
Primary Drug (used the most in the past 90 days to get high)[1]				
Buprenorphine	2 (0.76)*	26 (10.53)*	3 (2.54)	4 (1.99)
Codeine	8 (3.03)	8 (3.24)	18 (15.25)*	2 (1.00)*
Methadone	0 (0.00)	3 (1.21)	0 (0.00)	3 (1.49)
Morphine	4 (1.52)*	12 (4.86)*	0 (0.00)	2 (1.00)
Oxycodone	0 (0.00)	2 (0.81)	3 (2.54)*	0 (0.00)*
Tramadol	4 (1.52)	1 (0.40)	4 (3.39)*	0 (0.00)*
Heroin	11 (4.17)*	60 (24.29)*	62 (52.54)	172 (85.57)*
Other drug not on survey	30 (11.36)	18 (7.29)	3 (2.54)	2 (1.00)
Opioid Drugs endorsed in past 90 days to get high[2]				
Buprenorphine	7 (2.22)*	46 (11.39)*	21 (6.82)	29 (5.65)
Codeine	12 (3.80)	11 (2.72)	38 (12.34)*	35 (6.82)*
Fentanyl	1 (0.32)	4 (0.99)	1 (0.32)	0 (0.00)
Hydrocodone	0 (0.00)	0 (0.00)	1 (0.32)	0 (0.00)
Hydromorphone	0 (0.00)	2 (0.50)	0 (0.00)	0 (0.00)
Methadone	5 (1.58)*	20 (4.95)*	17 (5.52)	31 (6.04)
Morphine	13 (4.11)*	32 (7.92)*	5 (1.62)	10 (1.22)
Oxycodone	1 (0.32)	7 (1.73)	6 (1.95)	8 (1.56)
Oxymorphone	0 (0.00)	0 (0.00)	1 (0.32)	0 (0.00)
Tramadol	6 (1.90)	6 (1.49)	18 (5.84)*	13 (2.53)*
Heroin	11 (3.48)*	43 (10.64)*	65 (21.10)*	158 (30.80)*

*Statistically significant (p-value=<0.05)
[1] There were no primary drug abuse endorsements in France or the UK for fentanyl, hydrocodone, hydromorphone, oxymorphone, sufentanil, or tapentadol during the surveillance period. Hydrocodone and oxymorphone are not available in France and the UK, and tapentadol is not available in France
[2] There were no past 90-day abuse endorsements in France or the UK for tapentadol during the surveillance period