



HAL
open science

Methadone in primary care in France: Using evidence for action against hepatitis C

P. Roux, A. Morel, D. Wolfe, Patrizia M. Carrieri

► **To cite this version:**

P. Roux, A. Morel, D. Wolfe, Patrizia M. Carrieri. Methadone in primary care in France: Using evidence for action against hepatitis C. *International Journal of Drug Policy*, 2019, 71, pp.91-92. 10.1016/j.drugpo.2019.06.013 . hal-02613452

HAL Id: hal-02613452

<https://amu.hal.science/hal-02613452v1>

Submitted on 25 Oct 2021

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial 4.0 International License

Methadone in primary care in France: Using evidence for action against Hepatitis C

Roux P^{1,2}, Morel A³, Wolfe D⁴, Carrieri P^{1,2}

¹Aix Marseille Univ, INSERM, IRD, SESSTIM, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Marseille, France

²ORS PACA, Observatoire régional de la santé Provence-Alpes-Côte d'Azur, Marseille, France

³Oppelia, Paris, France

⁴Open Society Institute, New York, USA

N=501 words

In France, two opioid substitution treatments have been available since the mid-1990s: buprenorphine through primary care and specialized clinics, and methadone only through specialized clinics. Prescription of these medicines helped stop the HIV epidemics among people who inject drugs but not infection with hepatitis C virus (HCV). HCV prevalence among PWID in France stands at 64% (1). While in other countries such as Germany, Switzerland or UK methadone prescription in primary care account for a considerable proportion of the national methadone prescriptions (2-4), access to methadone in France only through specialized clinics is a key barrier, particularly given reports of HCV risk behaviours among those receiving buprenorphine treatment (5).

France already has evidence for a potentially successful strategy to expand methadone access. In 2010, the Ministry of Health supported a randomized trial which evaluated the possibility of methadone initiation in primary care through comparison with initiation in specialized clinics. **Offer of methadone in addition to buprenorphine would allow different treatment options in decentralised areas, and to increase access to a treatment that may improve retention and long term outcomes (7).** Making methadone induction possible in primary care would also allow increased options for PWID who do not want or do not respond to buprenorphine, who are often those with HCV-risk behaviors.

Findings, published in 2014, confirmed that with training for primary care physicians, primary care and specialized clinics collaboration, and overdose prevention education, methadone induction in primary care would be feasible and acceptable to both physicians and patients. Treatment effects were also positive, with methadone initiated in primary care being as effective in reducing extra-medical opioid use as initiation in specialized clinics (8). Patients allocated to the primary care arm were also less likely to refuse methadone induction than those in specialized clinics (5% versus 27%, $p < 0.001$). No overdoses were recorded in either arm.

The approval of highly effective, direct acting antiretrovirals (DAAs) for HCV, and the demonstrated effectiveness of these treatments even when administered by non-specialists (9), adds greater urgency to the case for methadone provision in primary care settings in France. Increasing methadone provision by adequately training primary care providers may be critical to helping control overdose risk - an increasing problem elsewhere in Europe and in North America (11, 12) - and to reducing patient stigma associated with attending specialized clinics. **Increasing knowledge and ability of primary care physicians to prescribe both methadone and HCV treatment would offer an unprecedented opportunity to eradicate HCV and reduce the risk of reinfection (10). Engagement of primary care physicians in the treatment of PWID will be an essential component of the strategy for HCV eradication.**

Despite the positive results of the 2010 study, nothing has moved forward regarding access to methadone in primary care in France, and we wonder why decision makers have yet to act on the evidence. Providing methadone in primary care settings would underscore France's **adoption of pragmatic policies** in public health, curb the as yet unchecked HCV epidemic, offer a model which other countries - such as the USA - could adopt to expand access to opioid substitution treatment, and most importantly save lives.

Key words: methadone, hepatitis C, primary care, advocacy, scientific evidence

1. DES JARLAIS D. C., KERR T., CARRIERI P., FEELEMYER J., ARASTEH K. HIV infection among persons who inject drugs: ending old epidemics and addressing new outbreaks, *AIDS* 2016: 30: 815-826.
2. STRANG J., MANNING V., MAYET S., RIDGE G., BEST D., SHERIDAN J. Does prescribing for opiate addiction change after national guidelines? Methadone and buprenorphine prescribing to opiate addicts by general practitioners and hospital doctors in England, 1995-2005, *Addiction* 2007: 102: 761-770.
3. SENN O., SEIDENBERG A., ROSEMANN T. Determinants of successful chronic hepatitis C case finding among patients receiving opioid maintenance treatment in a primary care setting, *Addiction* 2009: 104: 2033-2038.
4. MICHELS, II, STOVER H., GERLACH R. Substitution treatment for opioid addicts in Germany, *Harm Reduct J* 2007: 4: 5.
5. ROUX P., VILLES V., BLANCHE J., BRY D., SPIRE B., FERONI I. et al. Buprenorphine in primary care: Risk factors for treatment injection and implications for clinical management, *Drug Alcohol Depend* 2008: 97: 105-113.
6. WEILL-BARILLET L., PILLONEL J., SEMAILLE C., LEON L., LE STRAT Y., PASCAL X. et al. Hepatitis C virus and HIV seroprevalences, sociodemographic characteristics, behaviors and access to syringes among drug users, a comparison of geographical areas in France, ANRS-Coquelicot 2011 survey, *Rev Epidemiol Sante Publique* 2016.
7. MATTICK R. P., BREEN C., KIMBER J., DAVOLI M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence, *Cochrane Database Syst Rev* 2014: CD002207.
8. CARRIERI P. M., MICHEL L., LIONS C., COHEN J., VRAY M., MORA M. et al. Methadone induction in primary care for opioid dependence: a pragmatic randomized trial (ANRS Methaville), *PLoS One* 2014: 9: e112328.
9. WADE A. J., MCCORMACK A., RODER C., McDONALD K., DAVIES M., SCOTT N. et al. Aiming for elimination: Outcomes of a consultation pathway supporting regional general practitioners to prescribe direct-acting antiviral therapy for hepatitis C, *J Viral Hepat* 2018: 25: 1089-1098.
10. NOLAN S., DIAS LIMA V., FAIRBAIRN N., KERR T., MONTANER J., GREBELY J. et al. The impact of methadone maintenance therapy on hepatitis C incidence among illicit drug users, *Addiction* 2014: 109: 2053-2059.
11. SORDO L., BARRIO G., BRAVO M. J., INDAVE B. I., DEGENHARDT L., WIESSING L. et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies, *BMJ* 2017: 357: j1550.
12. HAVENS J. R., WALSH S. L., KORTHUIS P. T., FIELLIN D. A. Implementing Treatment of Opioid-Use Disorder in Rural Settings: a Focus on HIV and Hepatitis C Prevention and Treatment, *Curr HIV/AIDS Rep* 2018: 15: 315-323.