

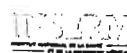
# Substances used by IDUs attending low threshold programmes in France

LERT. F.<sup>(1)</sup>, EMMANUELLI. J.<sup>(2)</sup>, VALENCIANO. M.<sup>(2)(3)</sup>

<sup>(1)</sup>INSERM U88 - 14, rue du Val d'Osne, 94415 Saint-Maurice, France - Tel: 331-45183862 - E-mail: f.lert@st-maurice INSERM.fr

<sup>(2)</sup>Institut de Veille Sanitaire - 12, rue du Val d'Osne, 94415 Saint-Maurice, France - Tel: 331-41796720 - E-mail: m.valenciano@rnsp-sante.fr

<sup>(3)</sup>European Programme for Intervention Epidemiology Training - 12, rue du Val d'Osne, 94415 Saint-Maurice, France



## Background

The number of drug users entering substitution therapy have increased rapidly after methadone and buprenorphine high dosage have been available (methadone, 1995; buprenorphine H.D., 1996). Thus the pattern of drug use is changing. GPs are allowed to prescribe buprenorphine tablets without any registration for a maximum 4 week period. Patients are delivered buprenorphine at community pharmacies, for free in most cases. Methadone maintenance has to be initiated in a drug treatment programme with on-site administration during the stabilisation period, take-home methadone is allowed for a 7-day period. After stabilisation, methadone maintenance can be prescribed by GP. Heroin market has declined as witnessed by the decrease in heroin offences between 1995 and 1997 (-30%).

## Objectives

To describe the pattern of drugs used by individuals attending syringe exchange programmes (SEP).

## Methods

- Study design: Cross-sectional survey carried out during one week in 60 SEPs/74 in France
- Participants: IDUs who requested syringes in the 60 SEPs during one week (30/03/98-05/04/98).
- Outcomes: Use of heroin, cocaine, crack-cocaine, buprenorphine H.D., morphine sulfate, methadone, benzodiazepines, other drugs during the previous month
- Purchase of legal drugs: pharmacy, black market, both
- Injection of each drug, never, once a day, less frequently
- Data collection: standardised questionnaire: either self-administered, assisted by a SEP worker or administered by a SEP worker.

## Results

- 1004 questionnaires collected (response rate: 50 %).

### Population

- Mean age 31 years (median 30)
- 74 % males
- 62% had a stable accommodation
- 53% started drug use after 1987
- 63% had already been in custody
- 72% lived alone
- 19% are employed
- 21% reported being HIV positive
- 58% reported being HCV positive

## During the previous month

- 29 % have not used any illegal drug (heroin, cocaine, crack-cocaine)
- 6 % have used only illegal drugs
- 61.5 % have used both illegal drugs and legal opiates (buprenorphine H.D., methadone, morphine sulfate)
- Daily injection of tablets (buprenorphine H.D., morphine sulfate) is common

Table 1: Use of illegal and legal drugs during the previous month

	% using each substance (N= 1004)	% among users of each substance	
		drug injected during the previous month	drug injected daily during the previous month
Buprenorphine H.D.	73.2	78.7	44.6
Heroin	49.9	95.0	50.5
Cocaine	47.4	89.0	33.8
Benzodiazepines	47.2	11.0	3.0
Morphine sulfate	24.2	85.1	42.4
Other legal drugs	20.1	40.6	15.8
Crack-cocaine	16.0	70.8	26.0
Methadone	13.8	12.2	4.3

- Buprenorphine H.D. and benzodiazepines are mainly obtained in pharmacies on medical prescription
- A large part of methadone and morphine sulfate is bought on the black market

Table 2: Purchase of legal drugs: pharmacies and black market

	Buprenorphine H-D N=735	Methadone N=139	Morphine sulfate N=243	Benzodiazepines N=474
Only pharmacies	48.8	42.4	27.6	41.6
Only black market	20.8	38.1	42.8	22.8
Both pharmacies and black market	12.5	2.2	11.9	9.9
No information	17.8	17.3	17.7	25.7

## Patterns of drug use

- Five patterns of drug use. Have been defined by a cluster analysis (SPAD software).
- The clustering is not associated with gender, age, living single/in a couple, being parent, HCV/HBV serological status.
- The buprenorphine H.D cluster has a less destitute social status and better injecting conditions.
- Poor living conditions and risky injecting behaviour are more common among crack-cocaine users.
- The other groups are not associated with social status.
- HIV infection is more frequent among methadone users.
- Needle sharing is more common among benzodiazepine users.
- Region differences are observed.

Table 3: Patterns of drug use defined by cluster analysis (SPAD)

	Cluster % of participants	Buprenorphine H-D 43%	Morphine sulfate 17%	Benzodiazepines and other legal drugs - 13%	Methadone 14%	Crack-cocaine 13%
Active variables*	Drugs used during the last month	Buprenorphine no other legal opiate less heroin less cocaine	Morphine no other legal opiate no crack-cocaine	Benzodiazepines use of legal drugs	Methadone use of legal drugs	Crack, more cocaine, more heroin, more morphine sulfate
Illustrative variables**	Duration of drug use	start using drugs before 1987				
	Injecting behaviour	1 injection/day injection at home less needle sharing	more needle sharing			53 injections/day injection in the street injection equipment sharing unstable accommodation
	Social status	employed stable (own or family) accommodation legal income	prostitution no use of drug services > 1 sexual partner			
	Serological status	HIV +				
	Region	Provence-Alpes- Côte-d'Azur, Alsace	Languedoc Roussillon	Rhône-Alpes Aquitaine	Ile-de-France	

\* Active variables: use of heroin, cocaine, crack-cocaine, buprenorphine H.D., morphine sulfate, methadone, benzodiazepines (BZD) other drugs.  
\*\* Illustrative variables used a posteriori to interpret the clusters: age, gender, single/couple, children, duration of drug use, number of injections/day, place of the last injection, needle/equipment sharing, accommodation, income, employment, number of sexual partners, prostitution, HIV status, HCV status, HBV status, region.

## Discussion

- The population under study is a selected group:
  - The geographical implementation of SEP is not homogenous
  - A large part of drug users are not given any access to low threshold programmes. During the week, about 2000 users have attended a SEP while the estimated number of the drug using population is 160 000 and the estimates of population using substitution drugs exceeds 50 000.
  - Syringes distributed by SEP account for 10 % of the total amount of syringes used in France.
- Buprenorphine is the most common substance used by SEP clients.
  - However buprenorphine use might have been overestimated because of a better participation in the study among users under substitution therapy than among those using mainly illegal opiates.
  - 42 % of SEP clients inject daily tablets of prescribed or diverted opiates which put them at increased risk of local infection.
  - The better social status of users under buprenorphine therapy may be interpreted rather as an effect of the easy accessibility than as an effect of substitution treatment.

## Conclusion

A further study of accessibility and quality of drug treatment is needed:

- to understand the diversity of drug use patterns between regions
- to document the high proportion of users injecting buprenorphine