

Misuse of Medicines in the European Union: A Systematic Review of the Literature

Alicia Casati¹, Roumen Sedelov¹, Tim Pfeiffer-Gerschel^{1,2}

¹Center for Therapeutic Monitoring, Munich, Germany; ²European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon, Portugal; ³Rocky Mountain Poison and Drug Center – Denver Health and Hospital Authority, Denver, CO, USA and ⁴Medical Toxicology Office – Guy's and St Thomas Hospital, London, UK

BJCP British Journal of Clinical Pharmacology

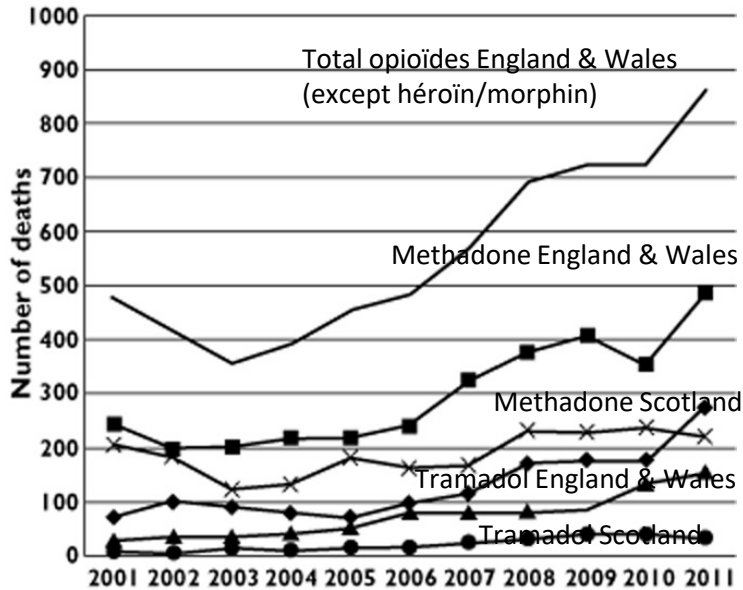
Letter to the Editors

Prescription opioid abuse in the UK

Isabelle Giraudon,¹ Karen Lowitz,² Paul I. Dargan,³ David M. Wood³ & Richard C. Dart²

¹Health Consequences, Prevalence, Consequences and Data Management Unit, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon, Portugal; ²Rocky Mountain Poison and Drug Center – Denver Health and Hospital Authority, Denver, CO, USA and ³Medical Toxicology Office – Guy's and St Thomas Hospital, London, UK

England, Wales & Scotland: Drug-Related Deaths 2001-2011



Drug-related deaths by selected drugs reported in England, Wales and Scotland, 2001–2011. Note that heroin and morphine are reported as one category in the data from England, Wales and Scotland; given that the focus of this analysis is on prescription opioids, that category was not included in this analysis. —■—, methadone in England and Wales; —▲—, tramadol in England and Wales; —×—, other opiate in England and Wales; ———, England and Wales total opioid-related deaths (excluding heroin/morphine); —◆—, methadone in Scotland; and —●—, tramadol in Scotland.



EJP

European Journal of Pain

ORIGINAL ARTICLE

Changes in opioid and other analgesic use 1995–2010: Repeated cross-sectional analysis of dispensed prescribing for a large geographical population in Scotland

A. Ruscitto¹, B.H. Smith², B. Guthrie²

¹ Ninewells Hospital and Medical School, University of Dundee, Dundee, Scotland
² Division of Population Health Sciences, Medical Research Institute, University of Dundee, E

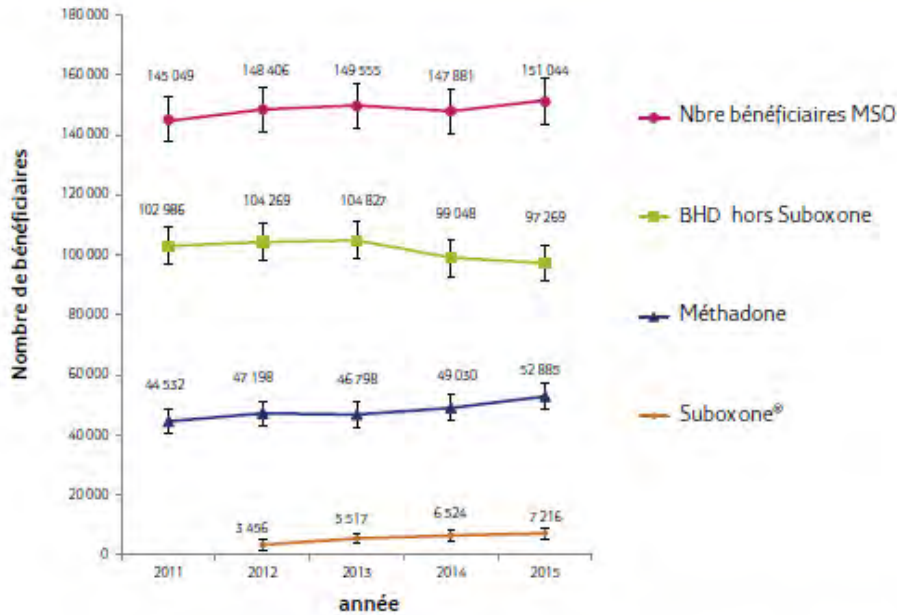
What this study adds?

- This patient-level study of a complete geographical population shows that between 1995 and 2010, there was a modest rise in the proportion of the population prescribed any analgesic, with increases in some analgesics (strong opioids, paracetamol) and pain modifying anti-epileptic drugs (gabapentin/pregabalin) and decreases in others (non-steroidal anti-inflammatory drugs, analgesic-dose aspirin) but increases in multiple analgesic use.
- Use of strong opioids rose markedly, largely driven by tramadol, but with a tripling of morphine, fentanyl and oxycodone use. Polypharmacy and socio-economic deprivation were the main patient characteristics associated with receipt of a strong opioid.

La situation française : the French Paradox

- “Restriction” de l’accès aux opioïdes forts (stupéfiants)
 - Règles de prescription et de délivrance:
 - Prescription limitée à 28 jours
 - Prescription non renouvelable
 - “Ordonnance Sécurisée”
 - Dispensation limitée à la quantité prescrite (fraction)
 - Enregistrement par les pharmaciens de toute délivrance de stupéfiant
- Large accès à la prise en charge de substitution
 - AMM de la buprénorphine et méthadone 1995-96
 - Aucune restriction d’accès à la buprénorphine (MG)
 - Méthadone accessible après prescription initiale spécialisée

Figure 1. Evolution du nombre estimé d'assurés sociaux ayant eu au moins un remboursement de MSO en ville dans l'année (2011 à 2015)



More than 150 000 patients treated in 2015 in the ambulatory sector

2/3 treated by buprenorphine prescribed by GP

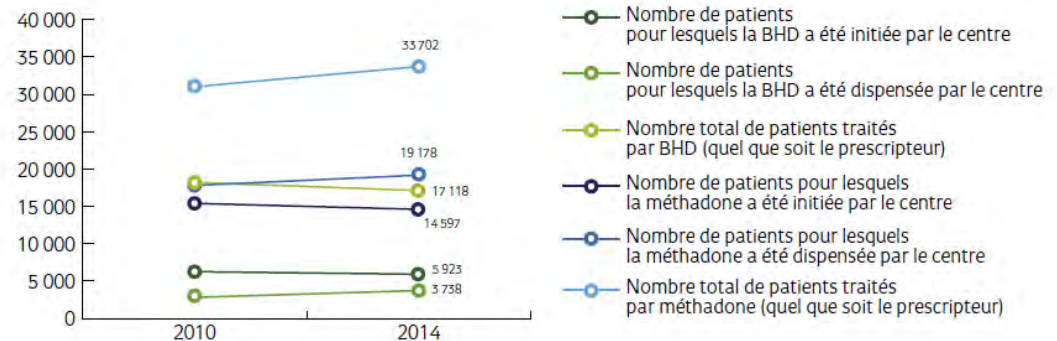
1/3 treated by methadone initially prescribed by specialists

By contrast, 35 000 methadone patients seen at least once in addiction care centers, and 17 000 buprenorphine patients

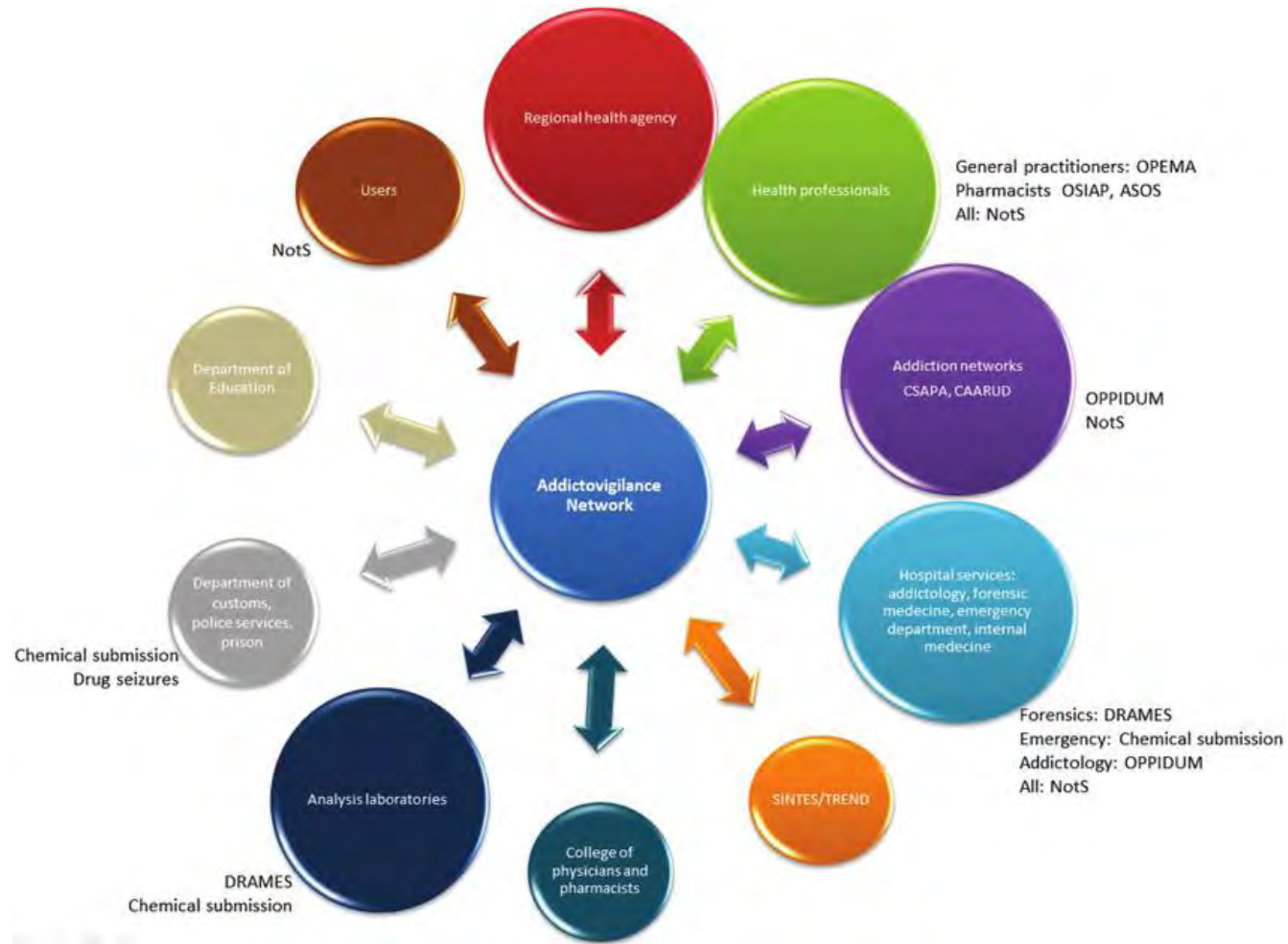
Fully covered by the French insurance system

Tableau de bord TSO OFDT 2017

Figure 3. Évolution du nombre de patients traités par TSO pris en charge dans les CSAPA entre 2010 et 2014



Systeme français d'addictovigilance



D'après Jouanjus et al, Thérapie 2015

<http://www.addictovigilance.fr/>

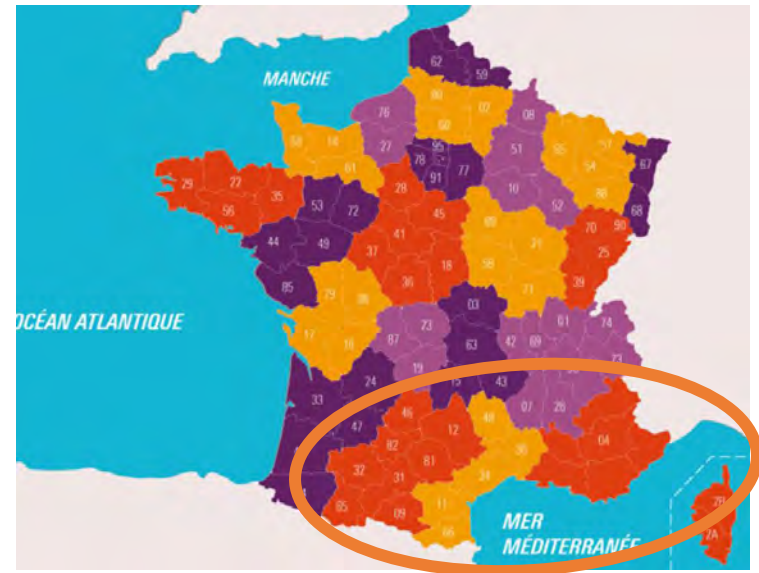
22èmes rencontres toulousaines
d'addictovigilance 9 janvier 2018



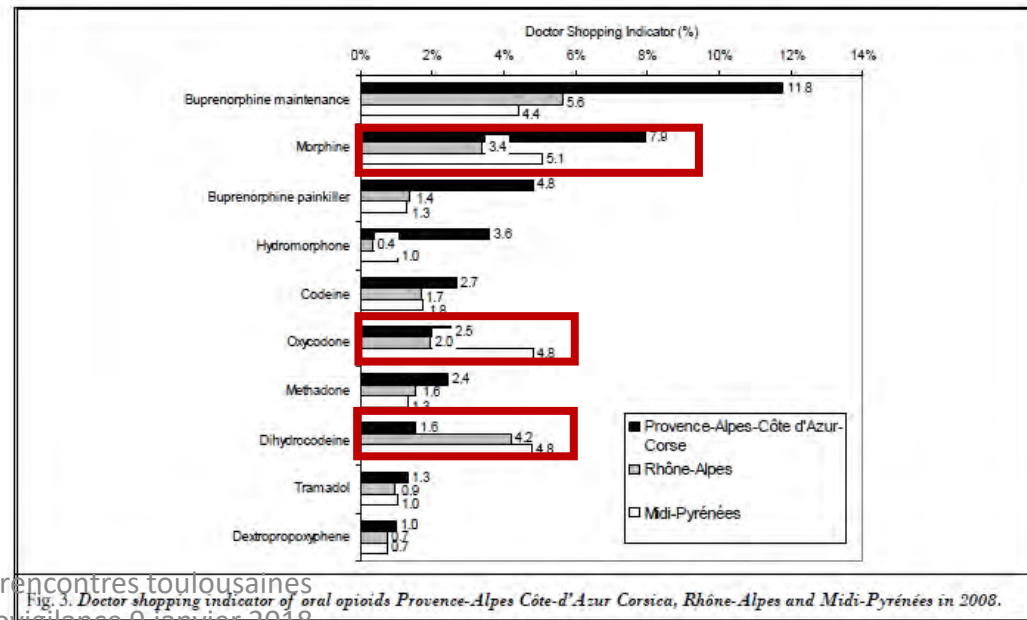
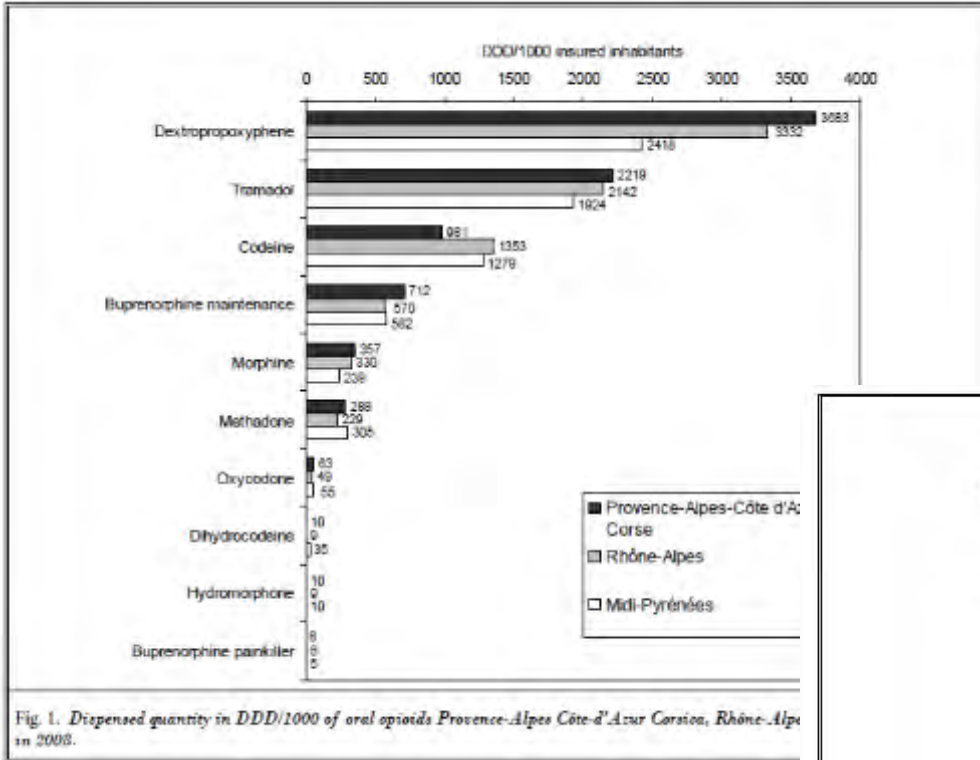
Epidemiologic Assessment

Doctor Shopping Reveals Geographical Variations in Opioid Abuse

Sandra Nordmann, MSc¹, Vincent Pradel, MD, PhD², Maryse Lapeyre-Mestre, MD, PhD³, Elisabeth Frauger, PharmD, PhD¹, Vanessa Pauly, PhD², Xavier Thirion, MD, PhD², Michel Mallaret, PhD⁴, Emilie Jouanjus, PharmaD⁵, and Joëlle Micallef, MD, PhD¹



11 millions inhabitants



Premiers signaux

Bilan des données d'addictovigilance concernant les analgésiques opioïdes

- Mai 2017 : synthèse d'addictovigilance (2006-2016)
- “opioïdes faibles” :
 - Codéine + paracétamol (disponible en automédication pour codéine \leq 20 mg)
 - Tramadol +/- paracétamol
 - Poudre d'opium (codéine; morphine) + paracétamol
- “opioïdes forts” : “*ordonnance sécurisée*”
 - Morphine
 - Fentanyl
 - Oxycodone