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ADDICTOVIGILANCE

Pharmacists' different profiles characterization about opioid substitution treatments

Caractérisation des différents profils de pharmaciens vis-à-vis des traitements de substitution aux opiacés

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Summary

Introduction. – Delivering practices of opioid substitution treatment (OST) in community pharmacies are heterogeneous. This study aims at drawing up an inventory and at characterizing different populations of pharmacists, regarding their practices and perceptions.

Methods. – We distributed a questionnaire to pharmacists, which was divided into two parts: socio-demographic questions, and 49 binary questions collecting pharmacists' perceptions. Statistical analyses were performed using SAS 9.3 and SPAD7 software. The categorical variables were expressed as numbers and percentages. We characterized the different profiles of pharmacists using a multivariate analysis method.

Results. – We analyzed 303 questionnaires; 60.8% of our cross-section of pharmacists consider that OSTs are a treatment for chronic disease, a treatment in which they consider that they play a key role. Regarding OSTs, 89.3% felt "comfortable" with current regulations, while 77.3% have mastered possible interactions with other drugs. 16.8% of pharmacists equate the act of delivering OSTs as a "legal narcotic deal". Regarding the patients, 49.2% of pharmacists

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consider them as “different”, and 39.1% fear that they cause relationship problems. Most pharmacists perceive the role they are meant to play, although a lack of training and the need for recommendations have been highlighted. PCA allowed us to characterize 4 different profiles of pharmacists.

Conclusion. – Continuous training adapted to the different profiles we drew up will be offered in order to allow pharmacists to deepen their knowledge about drug dependence and related care support.

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MOTS CLÉS

Traitements de substitution aux opiacés ;
Attitudes du personnel soignant ;
Pharmacien

Résumé

Introduction. – Quinze ans après la mise sur le marché des traitements de substitution aux opiacés (TSO) en France, les pratiques de délivrance à l’officine sont hétérogènes. L’objectif de ce travail est de réaliser un état des lieux et caractériser différents profils de pharmaciens selon leurs représentations.

Méthodes. – Un questionnaire anonyme a été distribué aux pharmaciens de la région Pays-de-la-Loire, les interrogeant sur leurs pratiques. Une analyse descriptive ainsi qu’une analyse en composante principale ont été réalisées pour comprendre les facteurs influençant sur la délivrance.

Résultats. – Nous avons analysé 303 questionnaires. Pour 60,8 % des pharmaciens d’officine de notre échantillon, les TSO sont des traitements d’une pathologie chronique, au sein de laquelle ils considèrent avoir un rôle clé dans la prise en charge. Concernant le médicament de substitution, 89,3 % des pharmaciens estiment maîtriser la réglementation en vigueur et 77,3 % d’entre eux en maîtrisent les interactions. La délivrance de TSO est considérée par 16,8 % des pharmaciens comme un « deal légal ». Concernant les patients bénéficiant de ces traitements, 49,2 % des pharmaciens les considèrent comme « différents » de leur patientèle et 39,1 % craignent la survenue de problèmes relationnels au comptoir. La majorité des pharmaciens perçoivent leur rôle dans la prise en charge, mais un défaut de formation et un besoin de recommandations de bonnes pratiques ont été mis en évidence. L’analyse multivariée nous a permis de caractériser quatre différents profils de pharmaciens.

Conclusion. – Des formations ciblées répondant aux différents problèmes identifiés vont être réalisées, permettant une amélioration des pratiques officinales de délivrance de ces traitements.

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Abbreviations

CEIP	Center for Evaluation and Information on Pharmacodependence
HDB	high dosage buprenorphine
OST	opioid substitution treatment
PCA	principle component analysis

Introduction

Opioid substitution treatments (OSTs) have been marketed in France since 1996 [1]. At that time, clinicians saw these treatments as an aid to stop taking opiates with the objective of reducing and eventually stopping drug use. Since 2004, the goal of these treatments has been refocused on improving the psychosocial functioning of patients as well as their quality of life [2,3]. The limitation period as considered

at that time is long, as those treatments can be regarded as chronic disease treatments.

In France, two molecules are mainly used for replacement therapy in patients with opioid dependence: high dosage buprenorphine (HDB) and methadone [4]. Buprenorphine is used in the form of sublingual tablets. It is a partial agonist opioid receptor that suppresses the withdrawal syndrome and the obsessive desire for the drug (i.e. craving). It does not cause euphoric sensations or flashes, and is considered safer in overdose due to its pharmacological properties [5]. In France, from a regulatory point of view, this molecule belongs to the “1st list” (i.e. non-narcotic drugs), and is subject to the same rules of prescription and dispensation as narcotic drugs [6,7]. Methadone is a full agonist opioid receptor. It is available in syrup form and also more recently as capsules [8,9]. It is classed as a narcotic drug.

The rules for the prescription and dispensation of these molecules are clearly stated in the molecule’s imprints: they

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