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Commentary

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

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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% (Des Jarlais, Kerr, Carrieri, Feelemyer, & Arasteh, 2016). 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 (Senn, Seidenberg, & Rosemann, 2009; Strang et al., 2007; Michels, Stover, & Gerlach, 2007), 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 (Roux et al., 2008).

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 (Mattick, Breen, Kimber, & Davoli, 2014). 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 (Carrieri et al., 2014). 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 (Wade et al., 2018), 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 (Havens, Walsh, Korthuis, & Fiellin, 2018; Sordo et al., 2017) - 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 (Nolan et al., 2014). Engagement of primary care physicians in the treatment of PWID will be an essential component of the strategy for HCV eradication.

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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.

Declaration of Competing Interest

I have no conflict of interest to declare.

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