Preventing and reducing drug-related harm in Europe

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30 European Countries
Monitoring tools

• Yearly national reports according to guidelines
• Routine monitoring: regular surveys, registry data
• EU key-indicators, data-tables and questionnaires

• Research evidence: empirical evidence from RCTs, cohort and outcome studies, qualitative research; meta-analyses.
• Assessments by national expert group panels
Outline

• Historical development: NSP + OST

• European policy framework

• Availability, trends, coverage

• Current issues
Historical development

• From late 1960s: increases in heroin use and injecting in Europe

• Serious health consequences: HIV/AIDS, overdose

• Late 1980s – during 1990s: variety of harm reduction approaches develop, incl. OST and NSP
1990s ➔ European dimension of response

- Intensified exchange at EU level
- Focus on public and individual health
- Evidence-based responses
- Definition of measurable targets
- Monitoring as basis for policies
Policy framework

- EU drugs strategy 2005-2012
  - based on consensus and reflecting national policies
  - not legally binding but strong incentive to reach agreed targets
- EU Action Plan 2005-2008
  - Objectives: to increase availability and access to treatment and harm reduction; and to improve coverage and quality
  - To share best science based practice
- 2003 Council Recommendation (18 June)
  - Recommends measures to prevent and reduce health-related harm
Needle and syringe programmes (NSPs)

- Year of introduction NSPs;
- Types of programmes and number of NSP-points;
- Number of syringes given out and collected;
- Role in nat. response to infectious diseases;
- Combination with which other measures.
Rated as a priority response

- Needle and syringe programmes: 78%
- Information, education, communication (IEC): 43%
- One to one IEC counselling: 39%
- Voluntary inf.dis. counselling and testing: 35%
- Outreach health education: 26%
- Easy access programmes to inf.dis. treatment: 22%
- Hepatitis vaccination: 17%
- Safer injecting training: 9%
- Routine screening high risk groups: 9%
- Condom promotion: 9%
- IEC - peer education: 0%

% of responding countries (see notes)
Year of official introduction of methadone and buprenorphine maintenance treatment
Countries introducing MMT in 1967 - 1986, between 1987 and 1996, and more recently
Countries introducing HDBT
1996 – 1997
1998 - 2000
2001 - 2006
Estimated number of opioid substitution treatments in EU-15, 1993-2006

Minimum estimate:
Ratio of opioid maintenance treatment clients to estimated numbers of problem opioid users in 2005/6

(in 7 EU countries, Norway and Croatia)
Current practice OST

Medications in use

- 70% methadone
- Buprenorphine: share increasing
- Buprenorphine/naloxone
- Heroin prescription

Legal frameworks

- Methadone or buprenorphine legally authorised in all countries;
- Limited range of other substances also authorised
- Laws control prescription, handling, dispensing
Current issues: OST

• Proven efficacy - but need to maintain quality with increasing numbers in treatment

• Exchange of best practice – guidelines, training

• Stabilisation of health – but need for further measures to achieve social reintegration
Current issues: NSP

• Improved documentation and monitoring of:
• Range of services provided at low-threshold harm reduction agencies;
• Characteristics service users incl. risk behaviours;
• Level of service quality, e.g. risk education.
To sum up:

- Late 80s and over the 1990s:
  - Adoption of measures to prevent and reduce harm indicate important shifts in response to drug use in the EU;

- 2000: increased European intergovernmental cooperation;

- EU drugs strategies as common platform;

- Diversity and differences in emphasis remain;

- European consensus mediated by EU guidance.
The EU response:

- Comprehensive and balanced approach
- Public health oriented
  “Reaching drug users and staying in contact”
- Acceptance of need for repeated treatment and for preventing and minimising health-related consequences
- Treatment shift from residential → outpatient, due to new models of care
- Diversified and responsive to the needs and interests of different stakeholders
- Integration into general health care.
Further information OST & NSP

• Annual Report
  www.emcdda.europa.eu

• Legal frameworks
  http://eldd.emcdda.europa.eu/

• Statistical Bulletin Tables:
  http://www.emcdda.europa.eu/stats07/HSR