Challenge A and challenge B

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CND Thematic Discussions
Established history of drug treatment in Europe

- 1.3 million in drug treatment
- Diversified (a variety of services and providers)
- Opioid users the largest group
- Methadone and buprenorphine
Some treatment successes...

- Number of new heroin users entering treatment at historical low levels

**HEROIN**

**Heroin users entering treatment**

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<tr>
<th>Characteristics</th>
<th>Mean age at first use</th>
<th>Mean age at treatment entry</th>
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<td>20%</td>
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- **20 400** First-time entrants 19%
- **86 400** Previously treated entrants 81%

**Frequency of use in the last month**

- Mean use 6 days per week
  - Daily: 65%
  - 2 to 6 days per week: 14%
  - Once a week or less: 6%
  - Not used in the last 30 days: 16%

**Trends in first-time entrants**

**Route of administration**

- Injecting: 34%
- Smoking/inhaling: 47%
- Eating/drinking: 3%
- Sniffing: 15%
- Other: 1%
Number of clients in opioid substitution treatment, 1993-2018

>650 000 in OST
Over 50% of problem opioid users

Note: Until 2001/2002, data includes only EU-15 countries (orange bars). Data from the UK is available only from 2005 onwards. Source: EMCDDA Statistical Bulletin 2020 — Health and social responses.
Differences in treatment coverage

Coverage of opioid substitution treatment (percentage of estimated high-risk opioid users receiving the intervention) in 2018 and in 2007/8 for selected countries.

Note:
Central estimate for Germany not available. Data shown represents the mid-point between the lower and higher bound of the estimate.
Past coverage levels: 2008 data (FR), other coverage levels are 2007 data.
Treatment for opioid dependence: OST the gold standard

Overview of the evidence on treating opioid dependence

- Opioid substitution treatment keeps patients in treatment, reduces illicit opioid use, related risk behaviour and mortality, and improves mental health. Its impact may be enhanced by psychosocial support together.

- Methadone and buprenorphine are both recommended as medications for long-term pharmacological maintenance treatments.

- Methadone retains more people in the early weeks of treatment than buprenorphine.

- Heroin-assisted treatment has been found to be effective for chronic opioid users who have not responded to methadone treatment.

- Methadone or buprenorphine are effective treatment options for people who are dependent on pharmaceutical opioids.

- Opioid substitution treatment is strongly recommended over detoxification for opioid-dependent pregnant women. Psychosocial interventions alone do not improve opioid-related or obstetrical outcomes.

- When detoxification is indicated, tapered doses of methadone or buprenorphine should be used in combination with psychosocial interventions.

- Detoxification with alpha₂-adrenergic agonists (e.g. clonidine) is also effective but methadone has fewer adverse effects.

- Use of naltrexone for relapse prevention is generally not recommended, except in cases in which relapse would have serious and immediate consequences.

- Providing drug users with an incentive-based treatment approach (contingency management) and employment helps improve their social conditions.
Emerging treatment challenges

• Cannabis problems on the increase

• Identifying effective interventions for this group

• A rise in the use of stimulant and synthetic drugs – implications for treatment
Drug overdoses: relatively low and stable

Trends in overdose deaths

8300 deaths in 2018

Increases among older cohorts
Drug overdose rates: regional variation

Mortality rate 22.3 deaths per million population aged 15-64.
Interventions to reduce the risk of opioid-related deaths

Reducing fatal outcome of overdose

- Supervised drug consumption
  - Immediate first-aid in drug emergencies
- Take-home naloxone programmes
  - Improved bystander response

Reducing risk of overdose

- Retention in opioid substitution treatment
  - Reduce drug use and injecting
- Overdose risk assessments
  - In treatment facilities and prisons
- Overdose awareness
  - Knowledge of risk and safer use

Reducing vulnerability

- Outreach and low-threshold services
  - Accessible services
- Enabling environment
  - Removing barriers to service provision
- Empowerment of drug users
  - Enabling drug users to protect themselves
- Public health approach
  - Recognition of wider impact
## Availability of harm reduction interventions

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<thead>
<tr>
<th>Country</th>
<th>Take-home naloxone programmes</th>
<th>Drug consumption rooms</th>
<th>Heroin-assisted treatment</th>
<th>Opioid substitution treatment</th>
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Overview of the evidence on ... reducing opioid-related deaths

Overdose deaths are reduced among opioid users while they are in opioid substitution treatment.

There is growing evidence that education and training interventions with take-home naloxone prevents deaths from opioid overdose.

Intranasal administration of naloxone is effective in treatment of opioid overdose.

Drug consumption rooms increase safer injecting, reduce blood-borne infections and overdoses and encourage people who inject drugs to engage with care services. These services are furthermore associated with positive effects on public order.
HIV and viral hepatitis in Europe: steady decline in drug injection

Injecting among first-time drug treatment entrants, EU+Turkey, 2006-18

Recent national estimates of prevalence of injecting drug use, EU+Norway, 2012-18

770,000 PWID in 2017
Stimulant injection remains widespread

Drug residues in used syringes in selected European cities, 2019
Decline in new HIV diagnoses among PWID

966 new HIV diagnoses in 2018
HCV among PWID continues to be a concern, but treatment being scaled up
Infectious disease outbreaks among PWID

By location, infection and injected drugs, EU, 2014-2019
Effective responses are known

Joint ECDC/EMCDDA public health guidance:
Prevention and control of infectious diseases among people who inject drugs

Recommended measures

• Distribution of injection equipment and materials
• Drug dependence treatment
• Vaccination
• Testing and treatment of infectious diseases
• Health promotion
• Targeted delivery of services

New update underway (2021)
COVID-19: implications for drug-related harms and responses?
Impact on drug use and harms

- Switch to more available substances alcohol and benzodiazepines
- Boredom and anxiety main reasons for use
- Increase in hospital emergencies due to mental health problems
Initial decline in service availability and provision

Drug treatment services

- **Strong decrease**: 3 countries
- **Slight decrease**: 12 countries
- **No change**: 5 countries
- **Slight increase**: 2 countries
- **Strong increase**: 0 countries
- **Don’t know/No answer**: 3 countries

Harm reduction services

- **Strong decrease**: 1 country
- **Slight decrease**: 14 countries
- **No change**: 6 countries
- **Slight increase**: 2 countries
- **Strong increase**: 0 countries
- **Don’t know/No answer**: 2 countries

Source: Online survey among Reitox national focal points April 2020.
Moving forward..

• Evaluate changes in service provision: e.g. new flexibility of OST and use of telemedicine
• Manage risks related to confinement and de-confinement
• Ensure drug services are seen as essential health services (PPE and funding)
Thank you

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YEARS OF MONITORING
1995–2020