



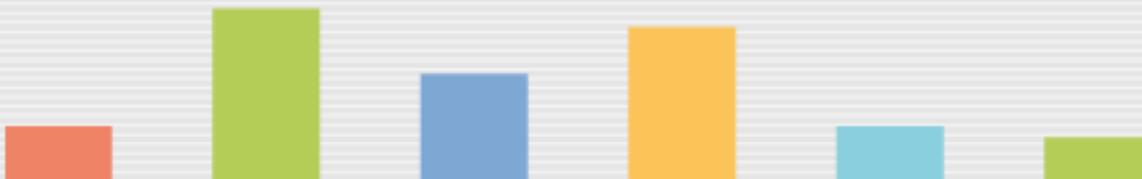
European Monitoring Centre  
for Drugs and Drug Addiction

# Challenge A and challenge B

**Jane Mounteney, Head of Public Health, EMCDDA**

**19<sup>th</sup> October 2020**

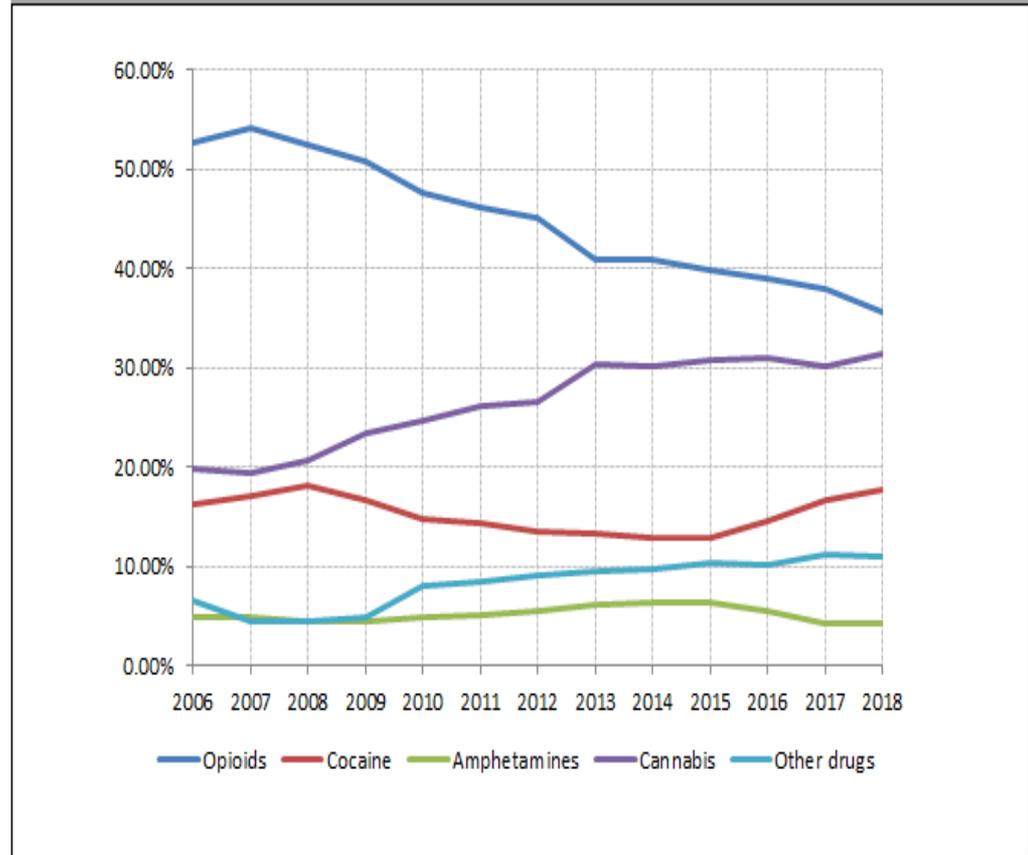
**CND Thematic Discussions**



# 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

Figure 3.3 Trends in percentage of clients entering specialised drug treatment, by primary drug



# Some treatment successes...

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

## HEROIN

### Heroin users entering treatment

#### Characteristics



#### Frequency of use in the last month



#### Trends in first-time entrants



**20 400**  
First-time entrants **19 %**



**86 400**  
Previously treated entrants **81 %**

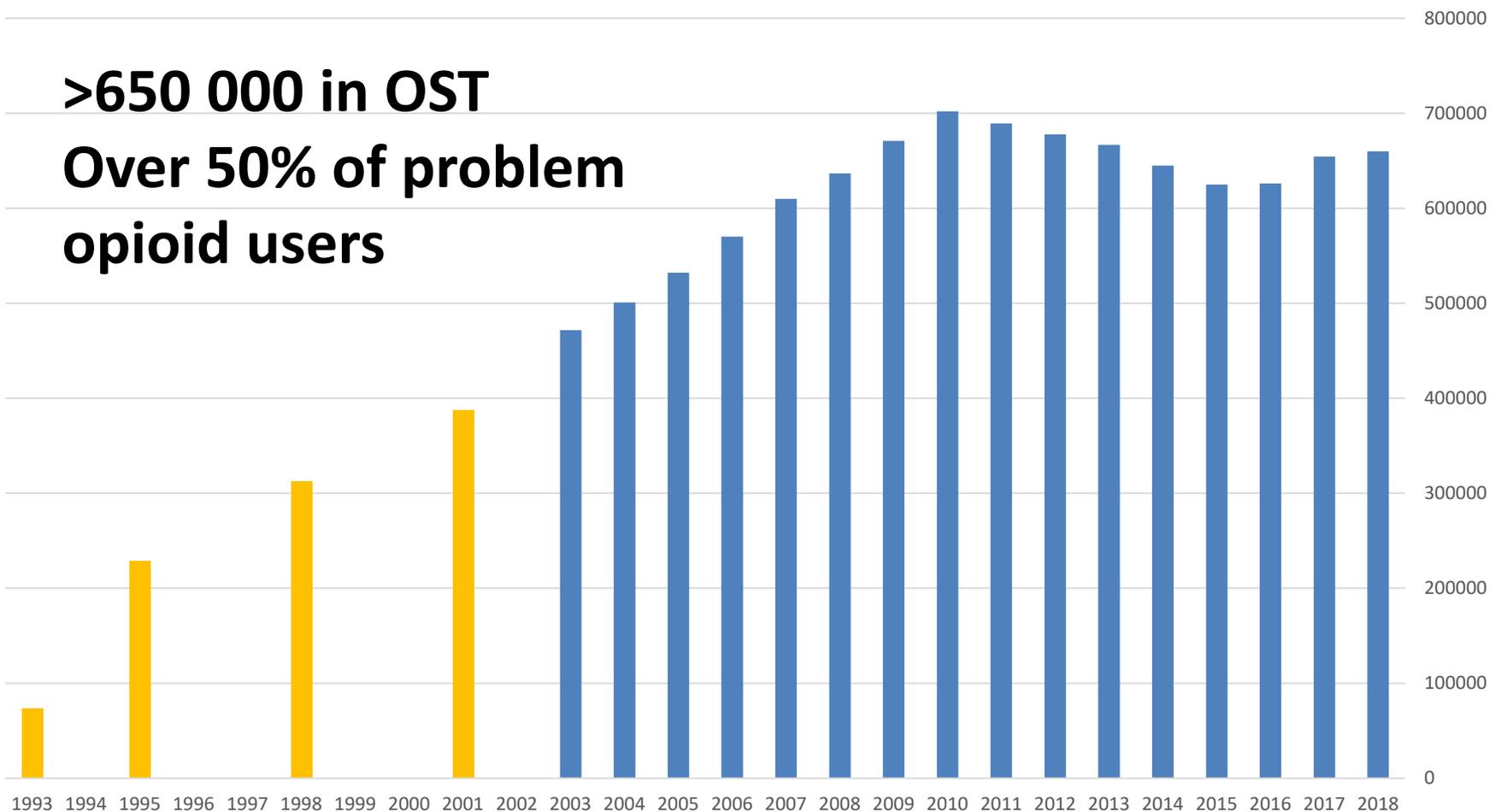
#### Route of administration



Italy Spain Germany  
 United Kingdom Other countries

# Number of clients in opioid substitution treatment, 1993-2018

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



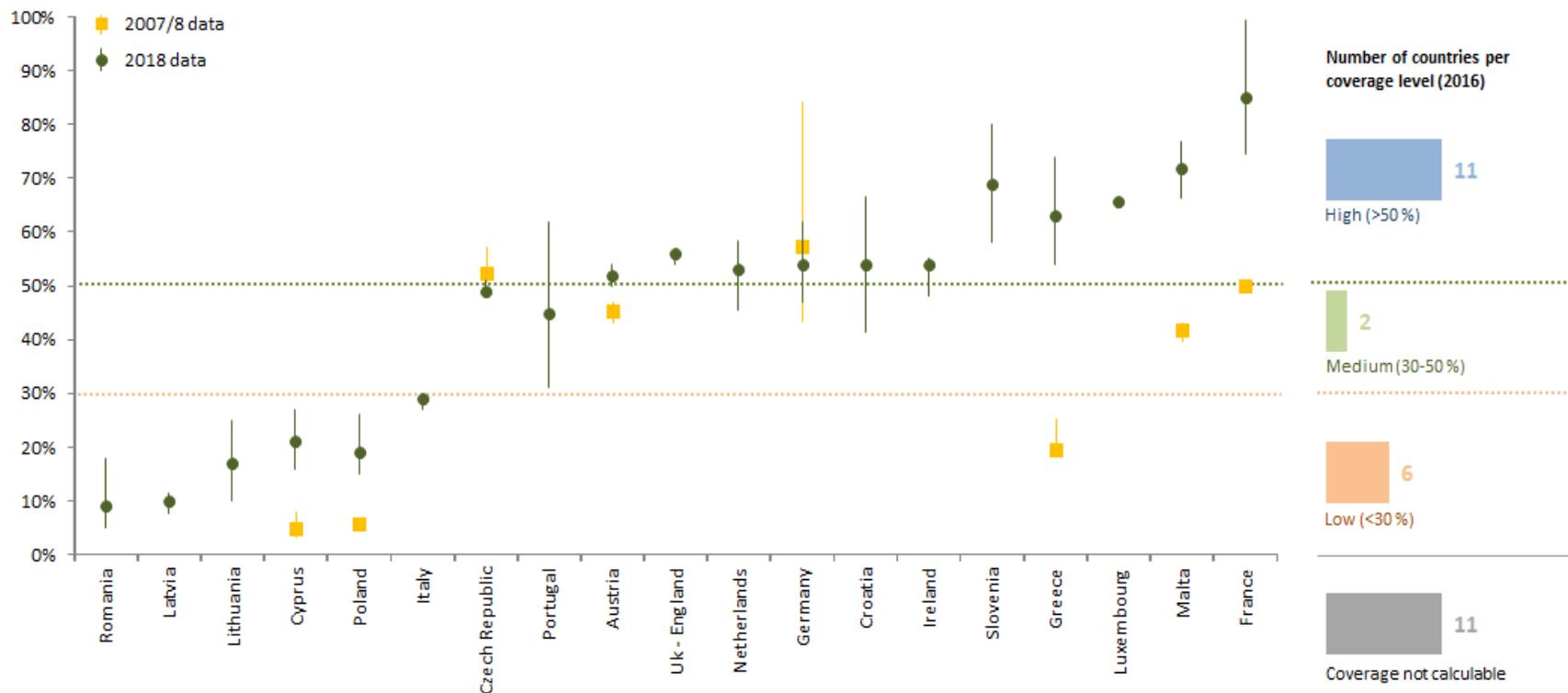
Note: Until 2001/2002, data includes only EU-15 countries (orange bars). Data from the UK is available only from 2005 onwards. Source: EMCDDA Statistical Bulletin 2020 — Health and social responses.



# Differences in treatment coverage

Figure 3.4

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  $\alpha_2$ -adrenergic agonists (e.g. clonidine) is also effective but methadone has fewer adverse effects.



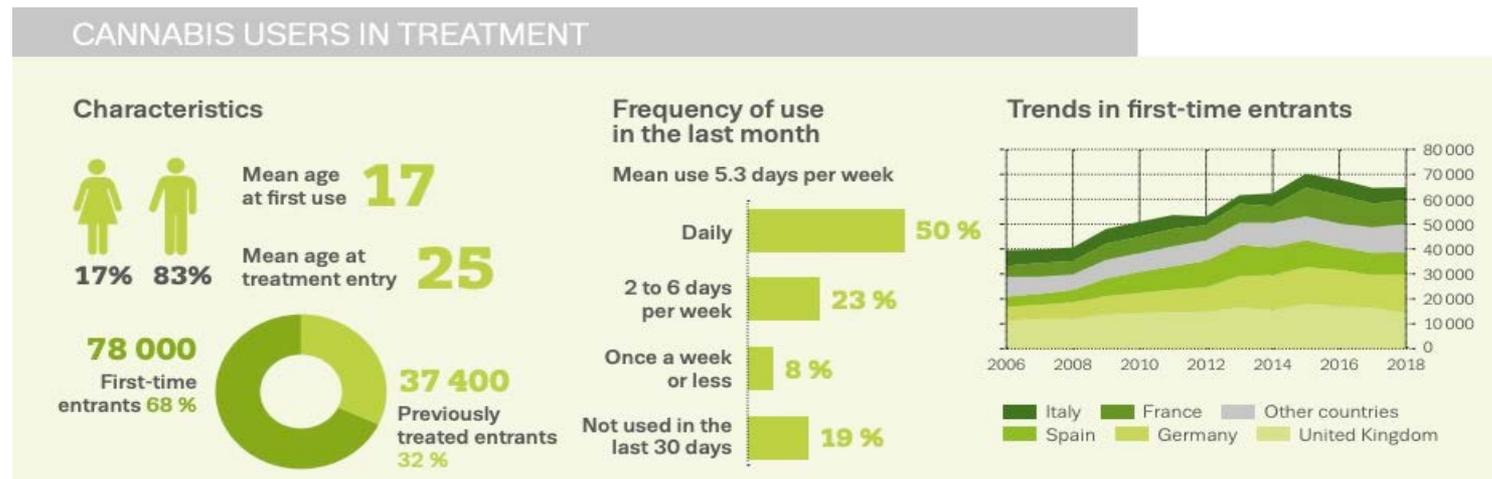
Use of naltrexone for relapse prevention is generally not recommended, except in cases in which relapse would have serious and immediate consequences.



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

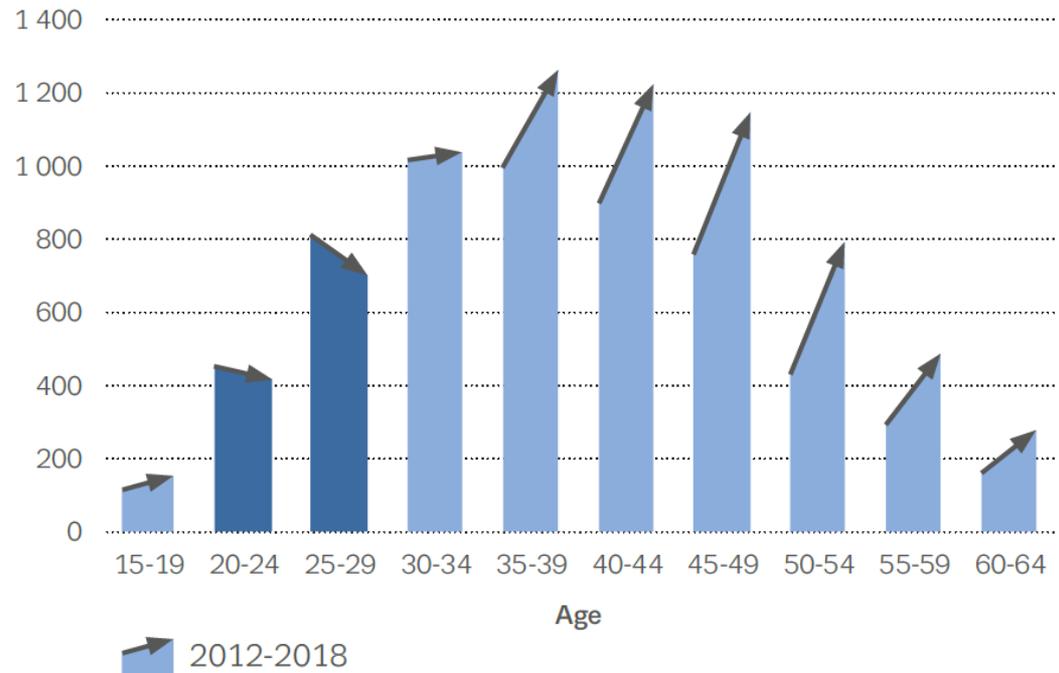
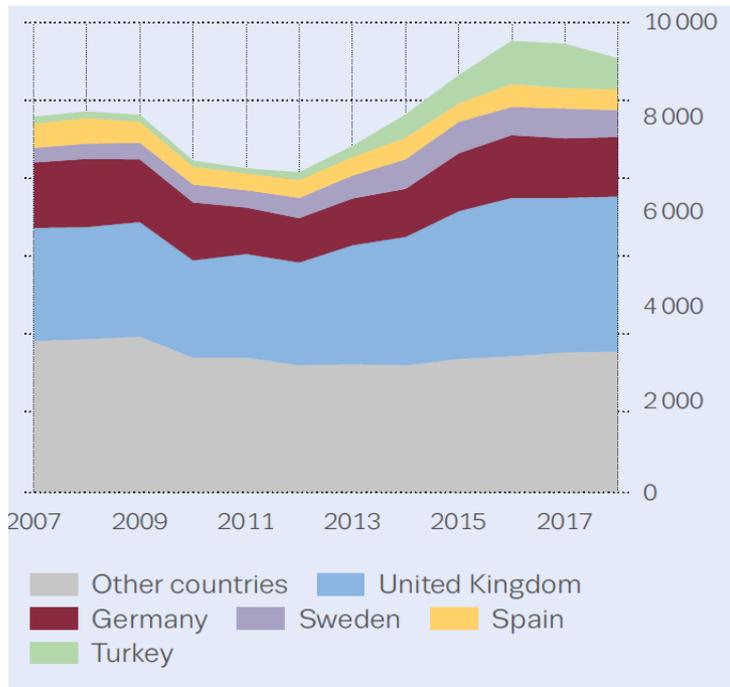
# Emerging treatment challenges

- 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



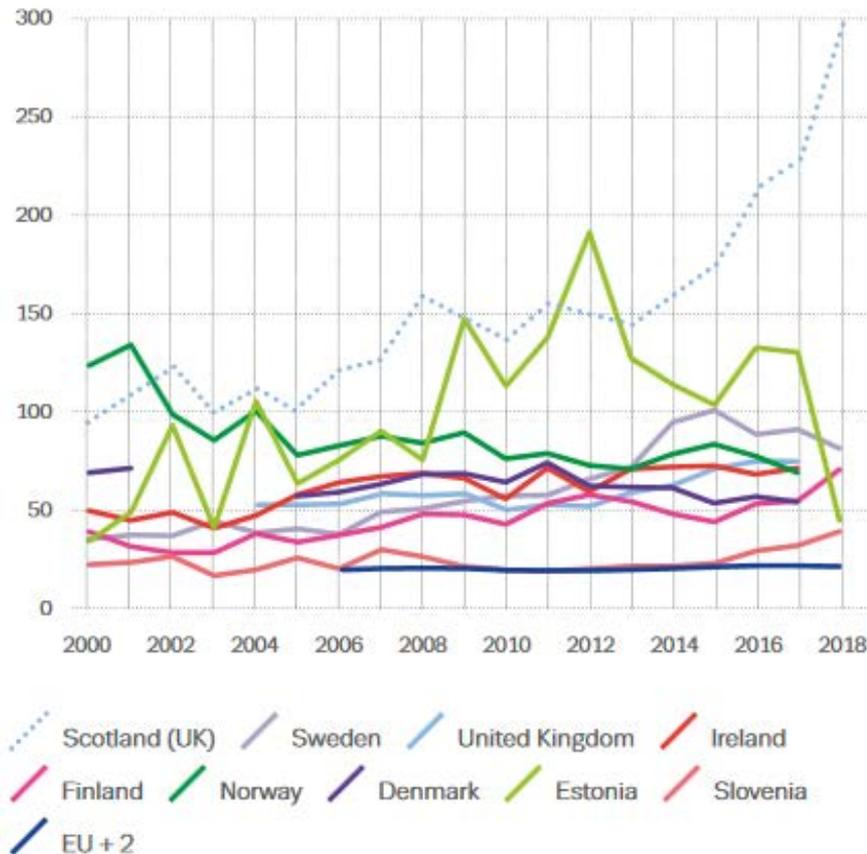
**8300 deaths in 2018**

**Increases among older cohorts**

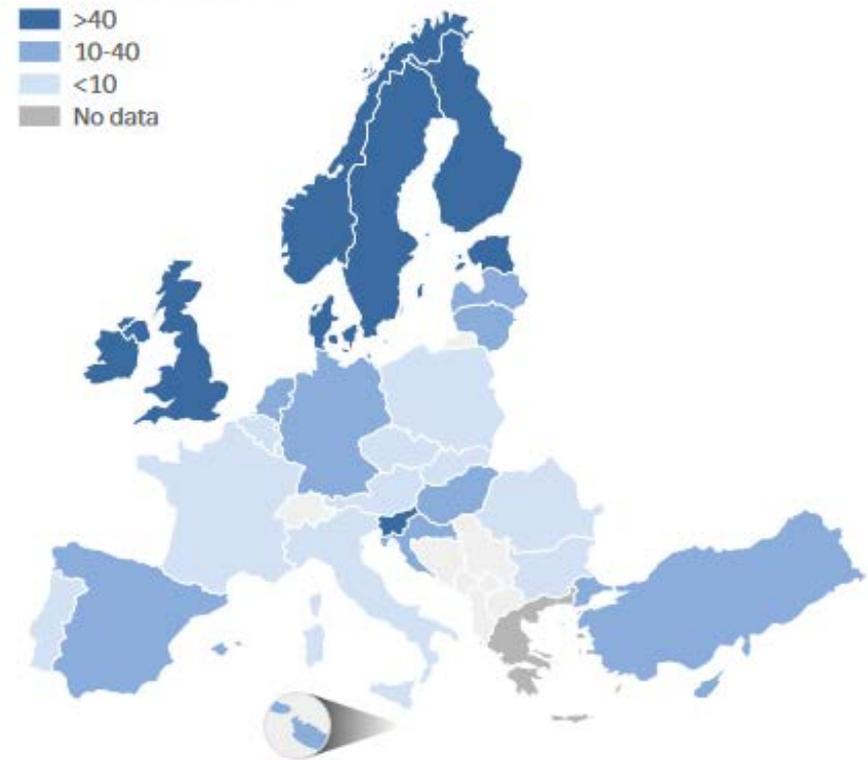


# Drug overdose rates: regional variation

Cases per million population



Cases per million population



**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



Take-home naloxone programmes

Heroin-assisted treatment



Drug consumption rooms



Opioid substitution treatment



## 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.

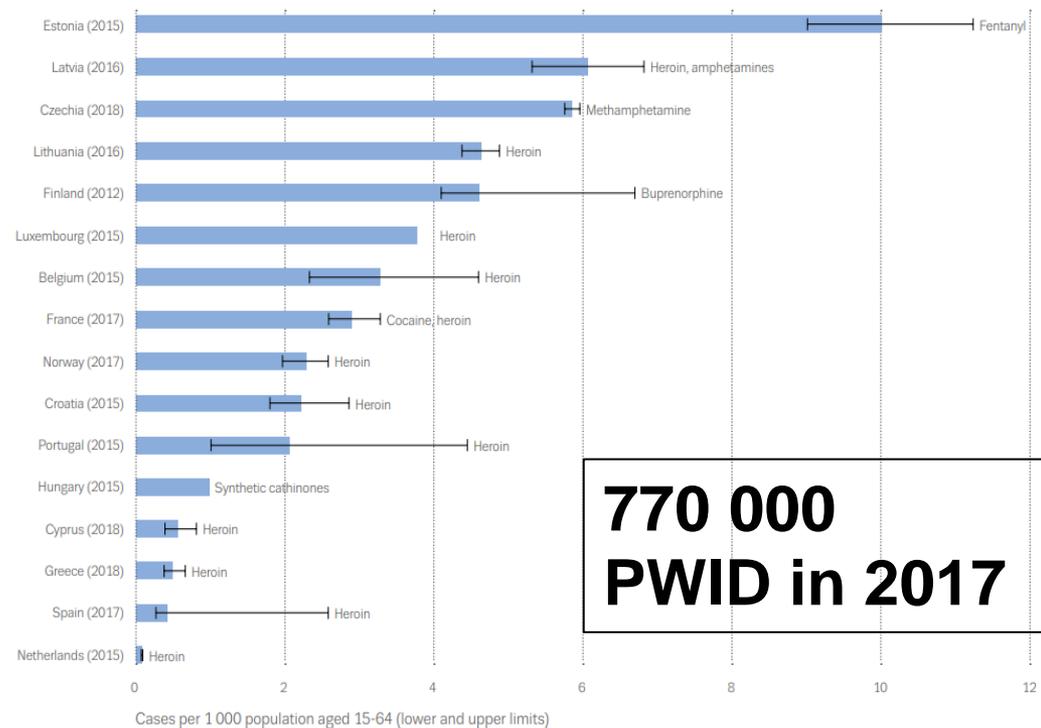


Drug consumption rooms increase safer injecting, reduce blood-borne infections and overdoses and encourage people who inject drugs to engage with care services. These services are furthermore associated with positive effects on public order.

# HIV and viral hepatitis in Europe: steady decline in drug injection



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

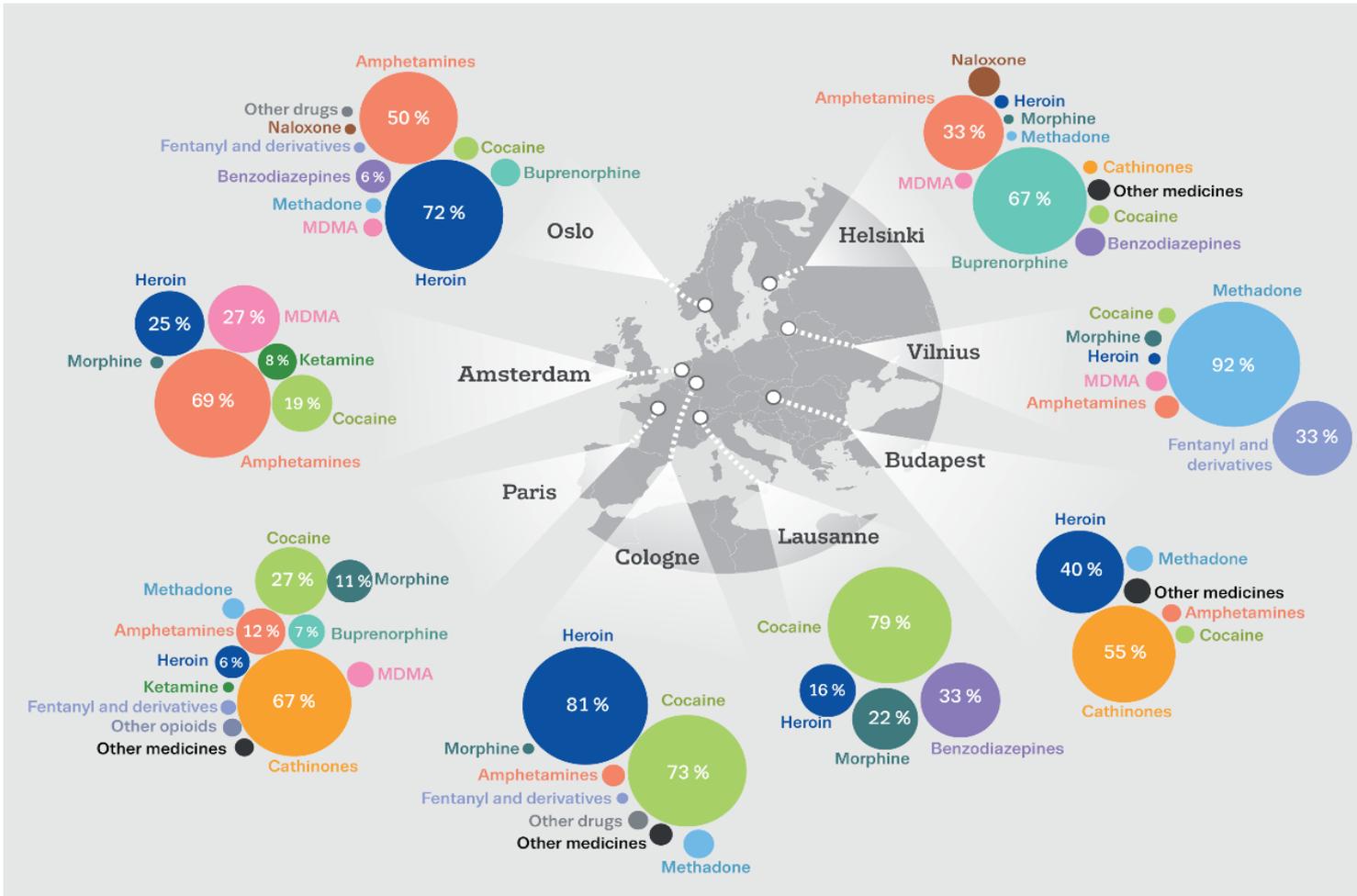


**770 000  
PWID in 2017**

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



# Stimulant injection remains widespread



Drug residues in used syringes in selected European cities, 2019



# Decline in new HIV diagnoses among PWID

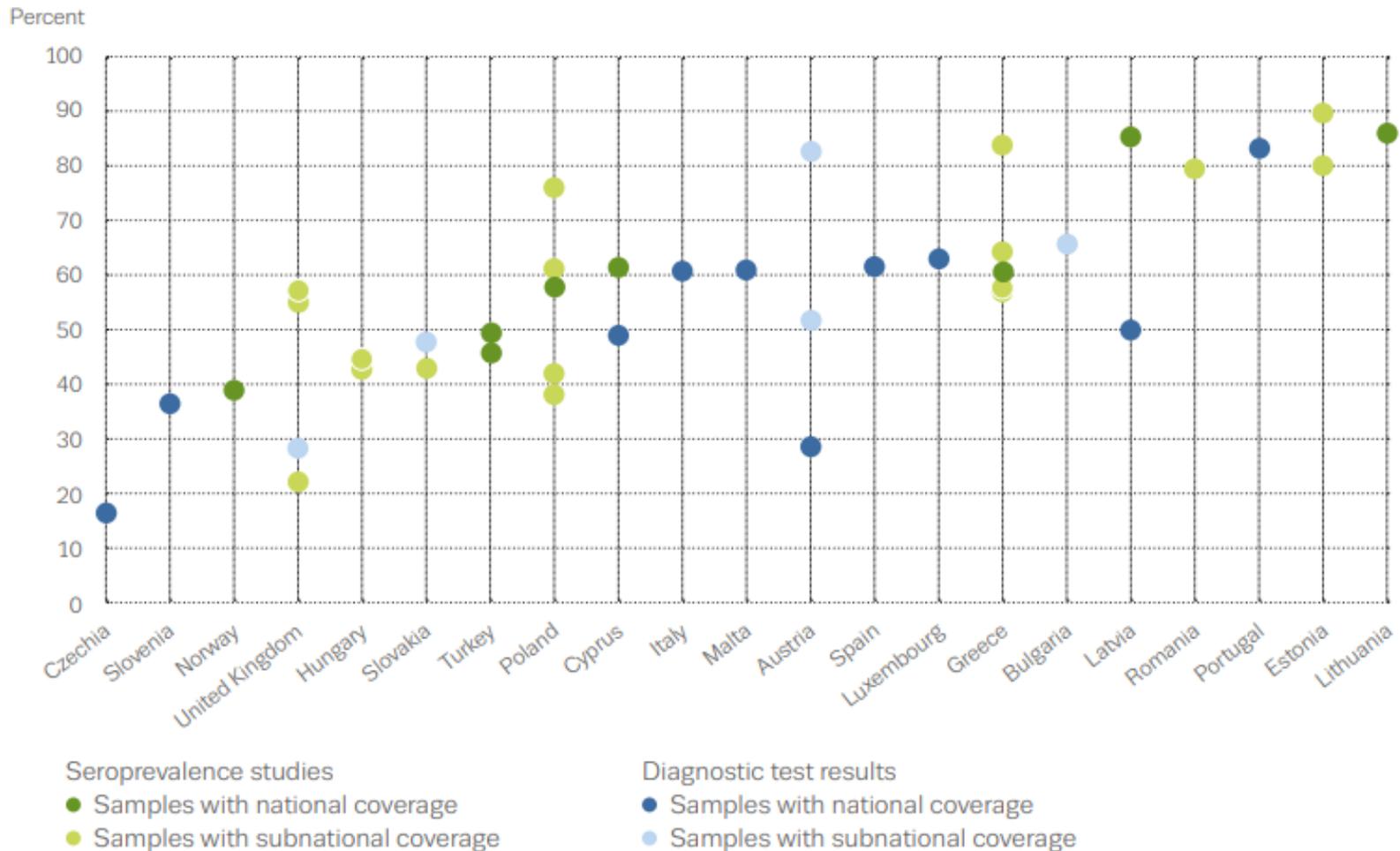
Cases per million population (European Union)



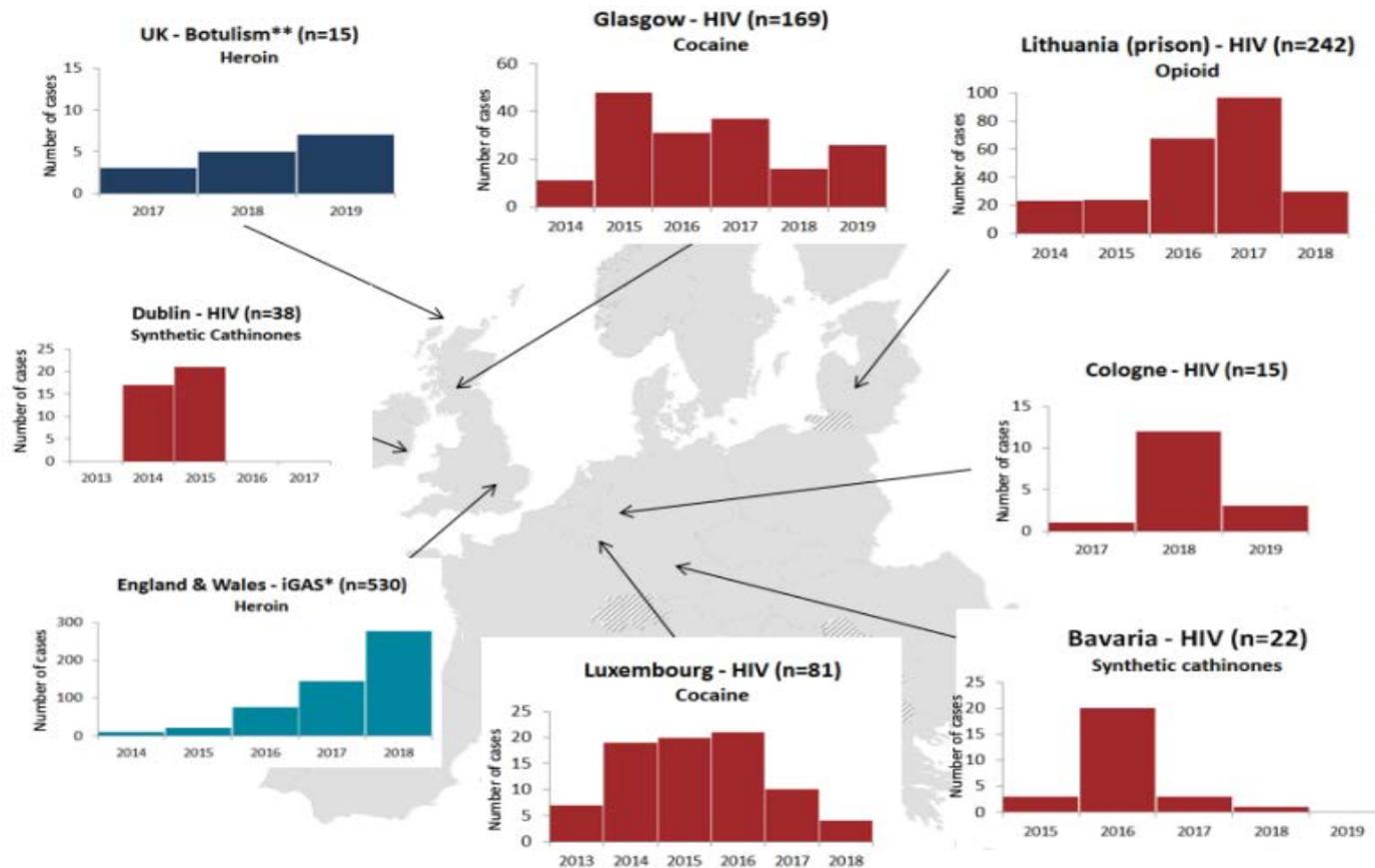
**966 new HIV diagnoses in 2018**



# 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)

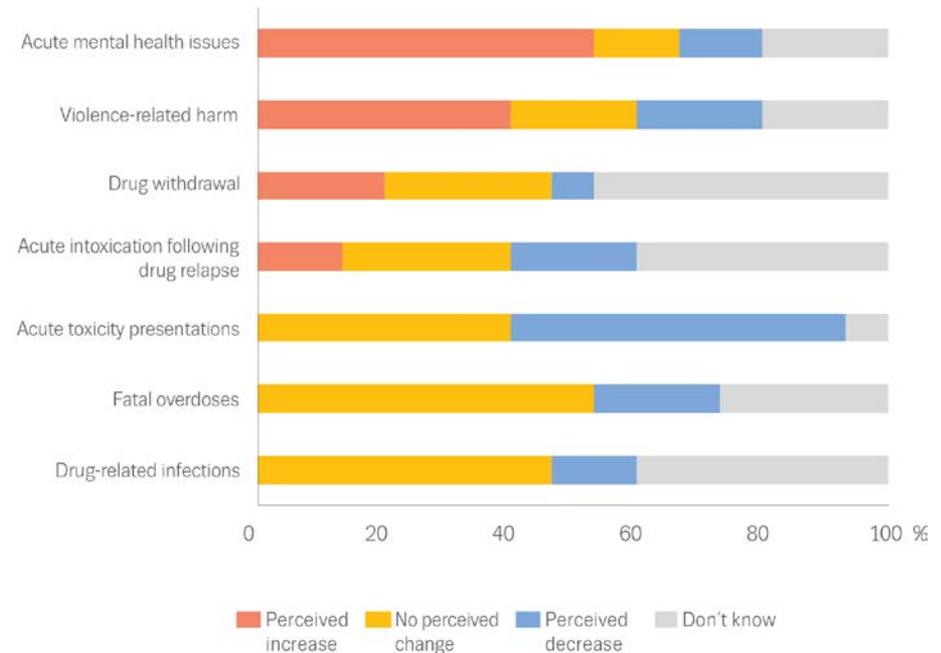


**COVID-19:  
implications for  
drug-related  
harms and  
responses?**

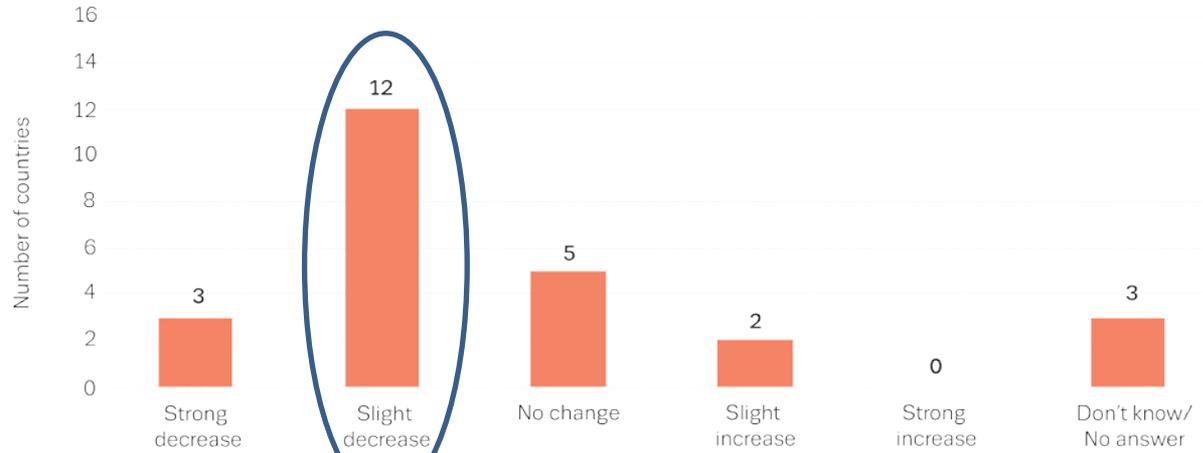


# Impact on drug use and harms

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

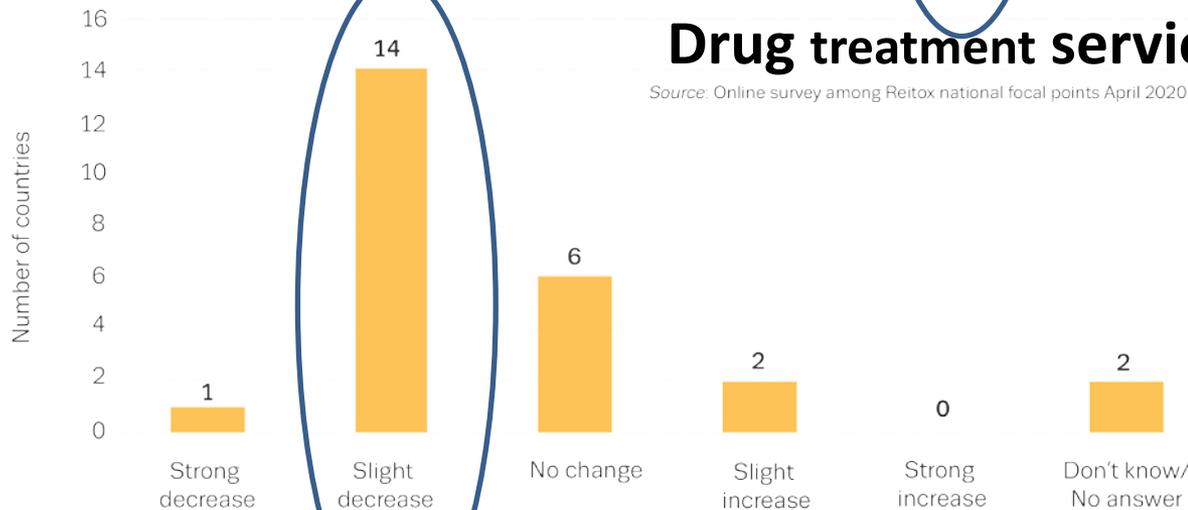


# Initial decline in service availability and provision



## Drug treatment services

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



## Harm reduction services

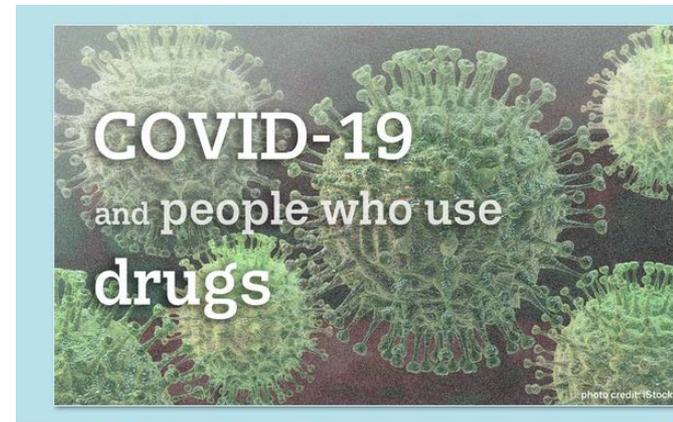
Source: Online survey among Reitox national focal points April 2020.

**↑**  
Adaptability  
Flexibility  
Telemedicine



# 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)





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# Thank you



**YEARS OF  
MONITORING**  
1995–2020

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