



European Monitoring Centre
for Drugs and Drug Addiction

Responses to reduce health-related harm in the European Union: development, scale and challenges

Dagmar Hedrich – EMCDDA - Interventions, best practice and scientific partners unit
SBF:S Seminarium – 27 April 2011 – Stockholm Sweden

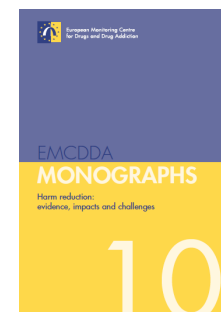
EMCDDA: EU information agency on drugs

- **Responsible for:**
 - Harmonisation, collection, analysis and dissemination of information on drugs at European level;
- **Based in Lisbon, Portugal;**
 - Set up 1993
 - Covers 27 EU Member States, Croatia, Turkey and Norway
 - **Partners: 30 National focal points**
- **Main Outputs**
 - Annual Report, statistical bulletin, monographs, thematic reports, legal database, best practice portal



27 Members States +
Norway, Croatia and Turkey

Comprehensive European approach includes harm reduction



- Harm reduction developed in EU during 1980s and 1990s initially due to public health concerns related to HIV
- Generated considerable amount argument
- Debate & differences still exist
- But – now seen as part of the EU drug policy model
A comprehensive, balanced and evidence-based approach that includes harm reduction alongside prevention, treatment and supply reduction measures

Council Recommendation on 18 June 2003

EU Action Plan



Heroin use and drug-injecting: public health crisis

- Increases of drug use observed since 1960s;
- Serious health consequences visible in 1980s and 1990s:
- Overdose deaths increased by 150% (1985-95);
- 40% of cumulative AIDS cases in EU-15 related to drug injecting (Dec.95);
- EU Member States adopted over late 1980 and 1990s several harm-reduction measures



Comprehensive package of interventions

Drug dependence treatment, including opioid substitution therapy (OST)

Needle and syringe programmes (NSPs)

HIV testing and counselling (T&C)

Antiretroviral therapy

Prevention and treatment of sexually transmitted infections

Condom programmes for IDUs and their sexual partners

Targeted information, education and communication for IDUs and their sexual partners

Vaccination, diagnosis and treatment of viral hepatitis

Prevention, diagnosis and treatment of tuberculosis

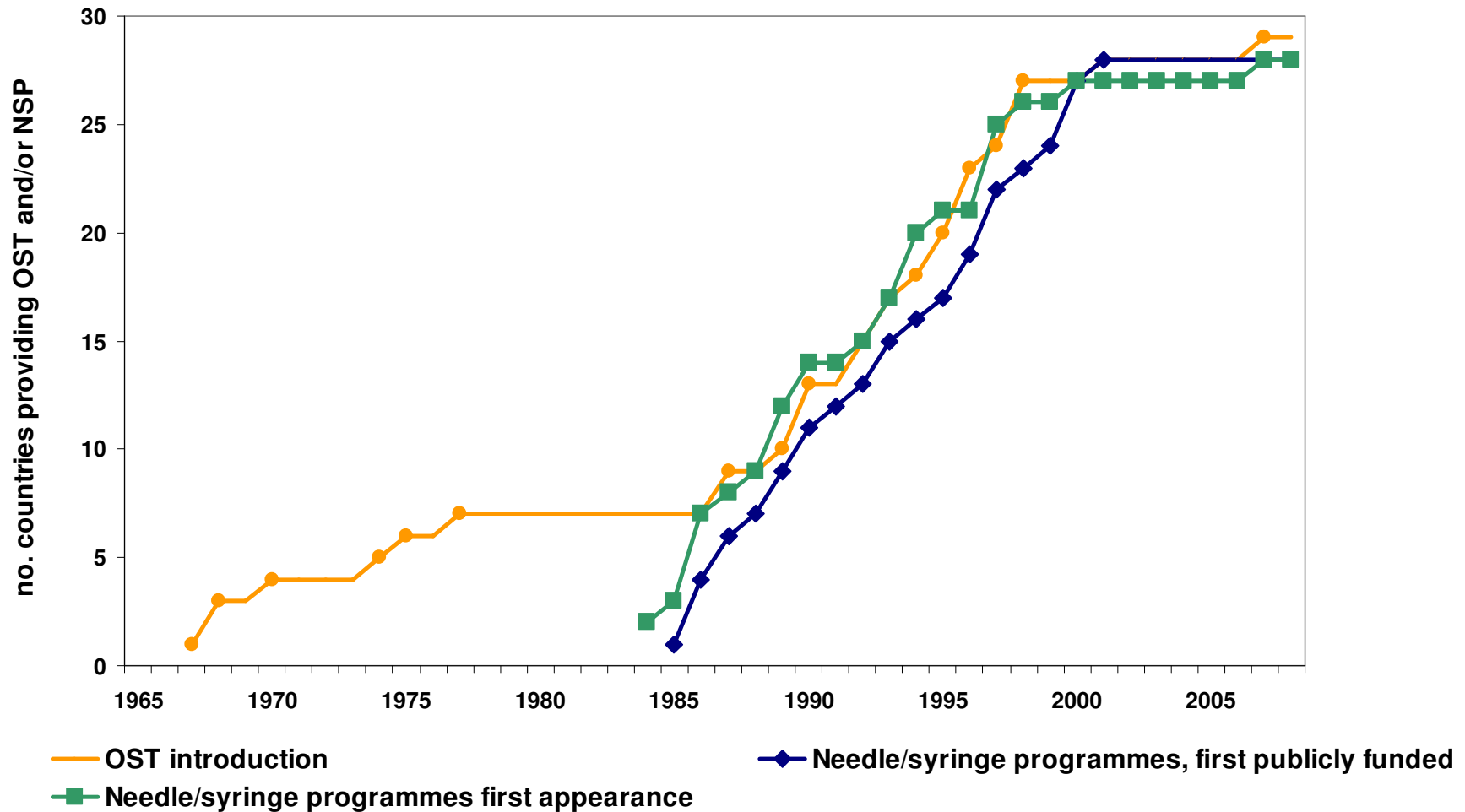


Treatment options for opioid users

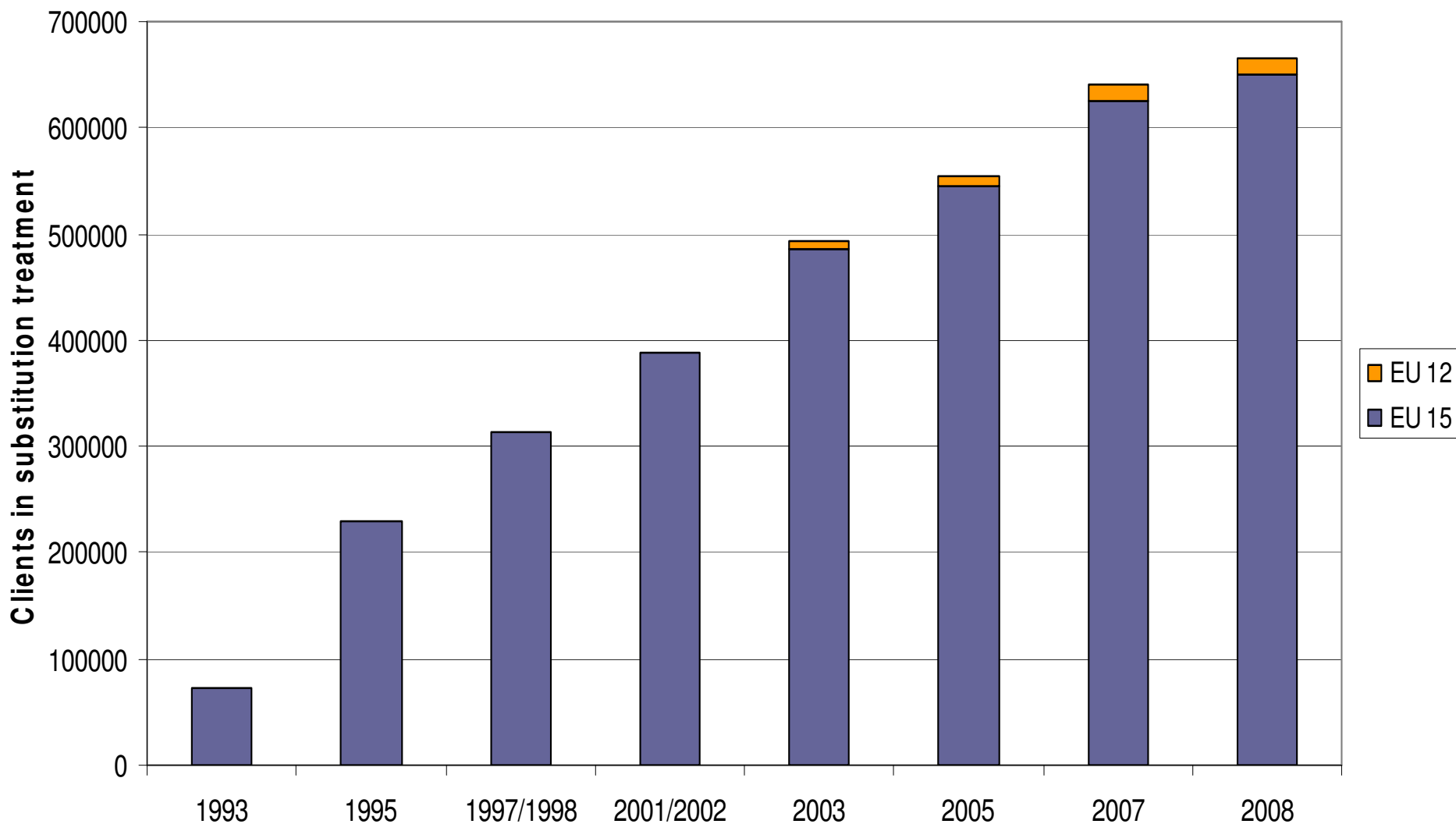
- Broad and increasingly diversified in Europe;
- Drug-free and substitution treatment available in all EU Member States;
- Est. 660.000 opioid substitution treatments in 2008;
- Overall coverage estimated in 2009 >50%;
- Treatment of heroin users mostly provided in outpatient settings;
- Inpatient settings important for drug users with high levels comorbidity;
- Geographical variations in accessibility and coverage of treatment for opioid users;



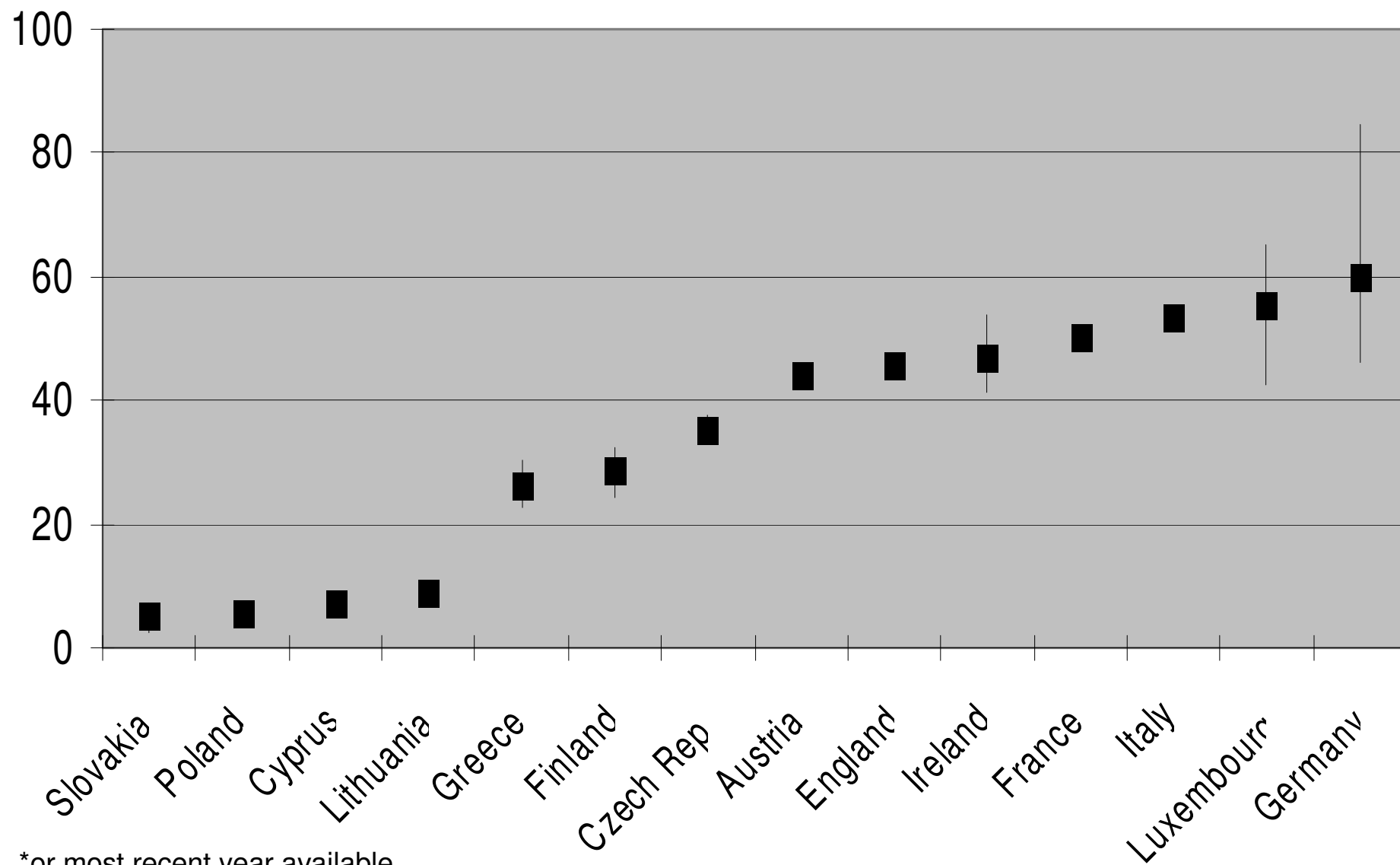
Introduction of OST and NSP in the EU



Number receiving opioid substitution treatment from 1993 to 2008 in the EU-27

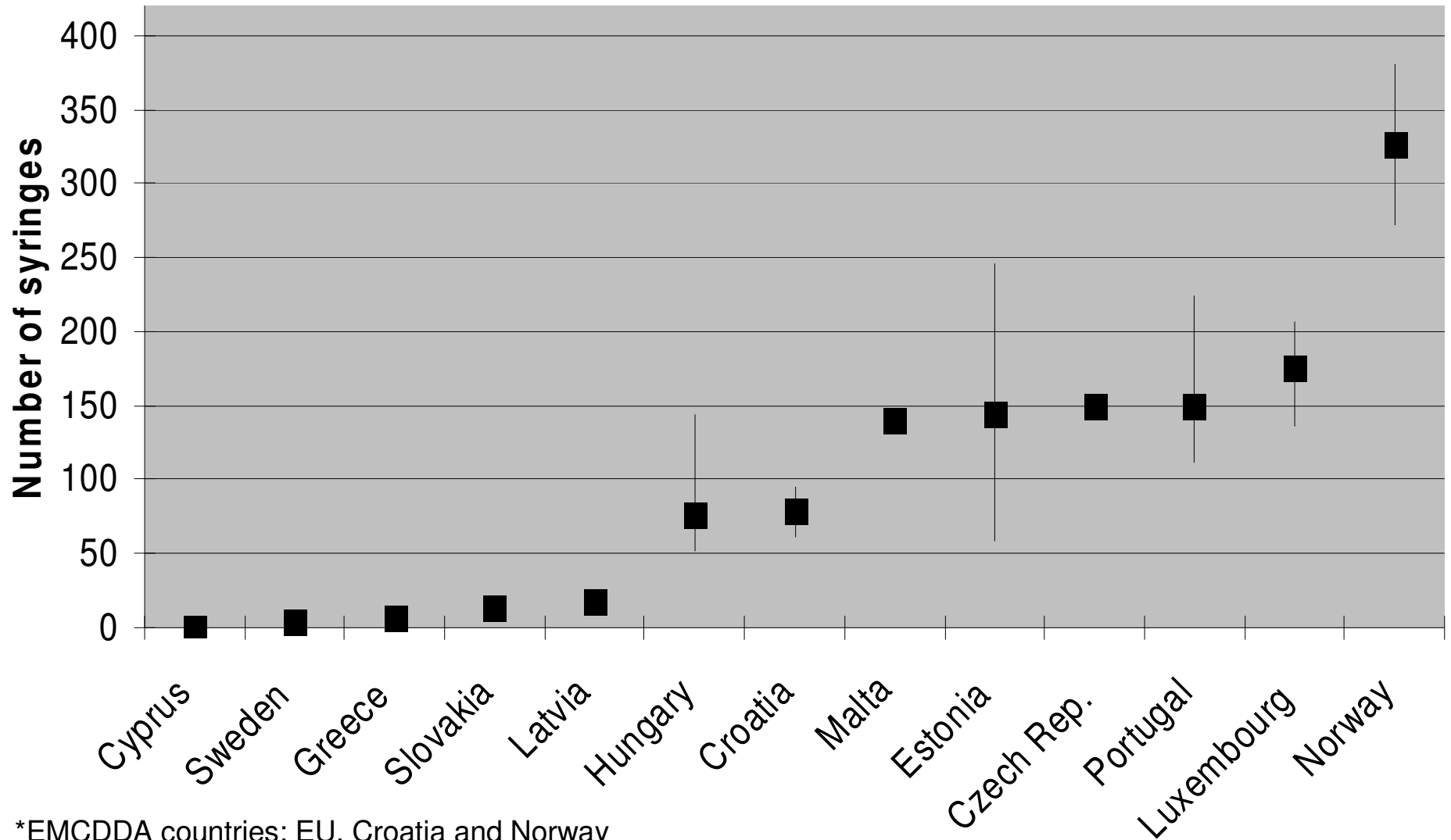


Percent of dependent opioid users in substitution treatment, 14 EU countries, 2008*,



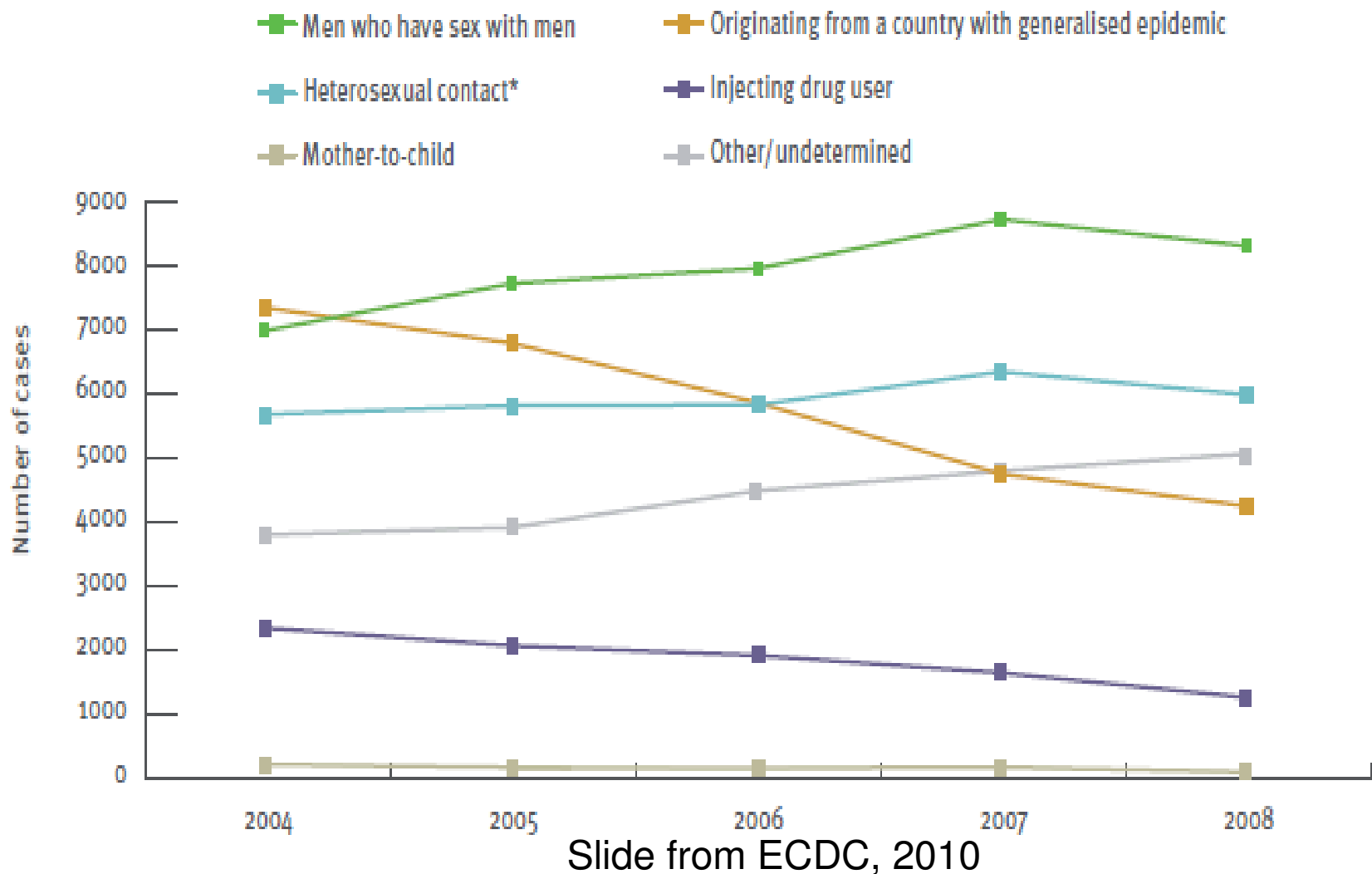
*or most recent year available

Syringes from specialised NSPs per IDU per year (12 EU countries & Norway -



*EMCDDA countries: EU, Croatia and Norway

Figure 2.2.6. Trend in reported HIV infections by transmission mode and origin (only countries reporting this data for the whole period included)

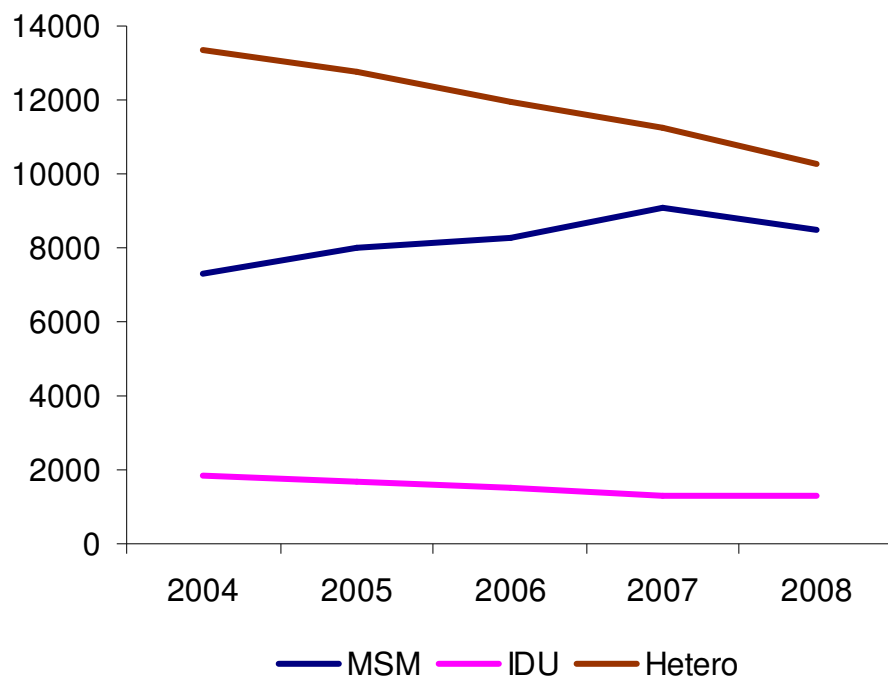


Source: Country reports: Belgium, Bulgaria, Cyprus, Czech Republic, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom, Iceland and Norway.

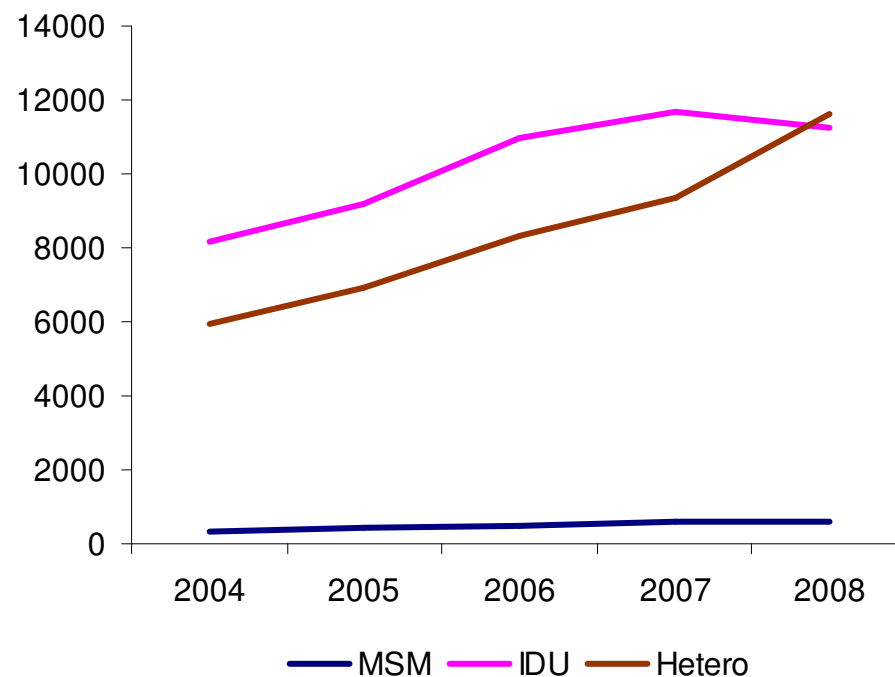


HIV infections newly diagnosed in the WHO European region: main 3 risk categories by year of notification (2004-2008)

EU / EEA countries



non-EU / non-EEA countries



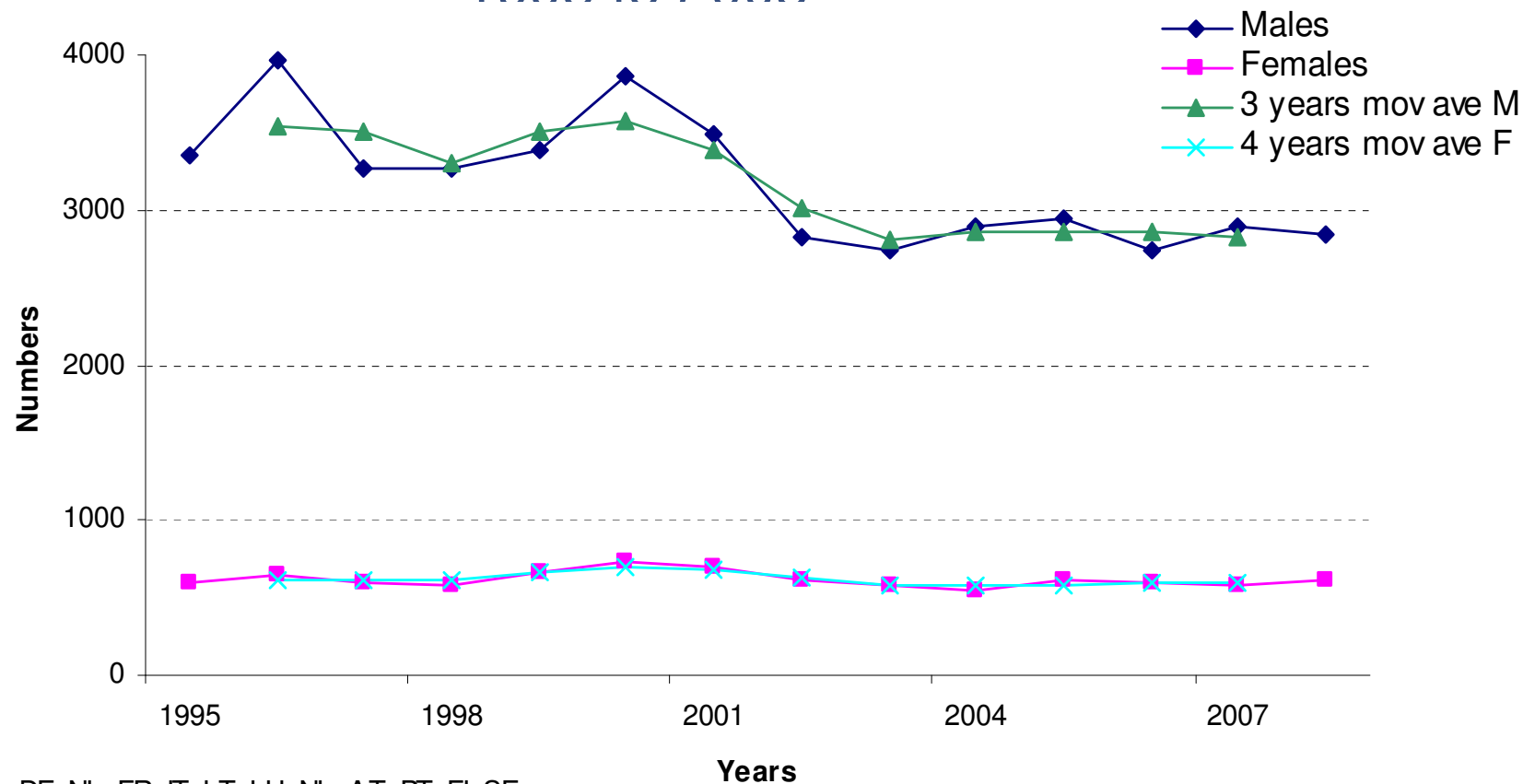
Source: ECDC/WHO 2009



Drug-related deaths



Trends for males and females in reported drug-induced deaths in 11 Member States, 1995 to 2008

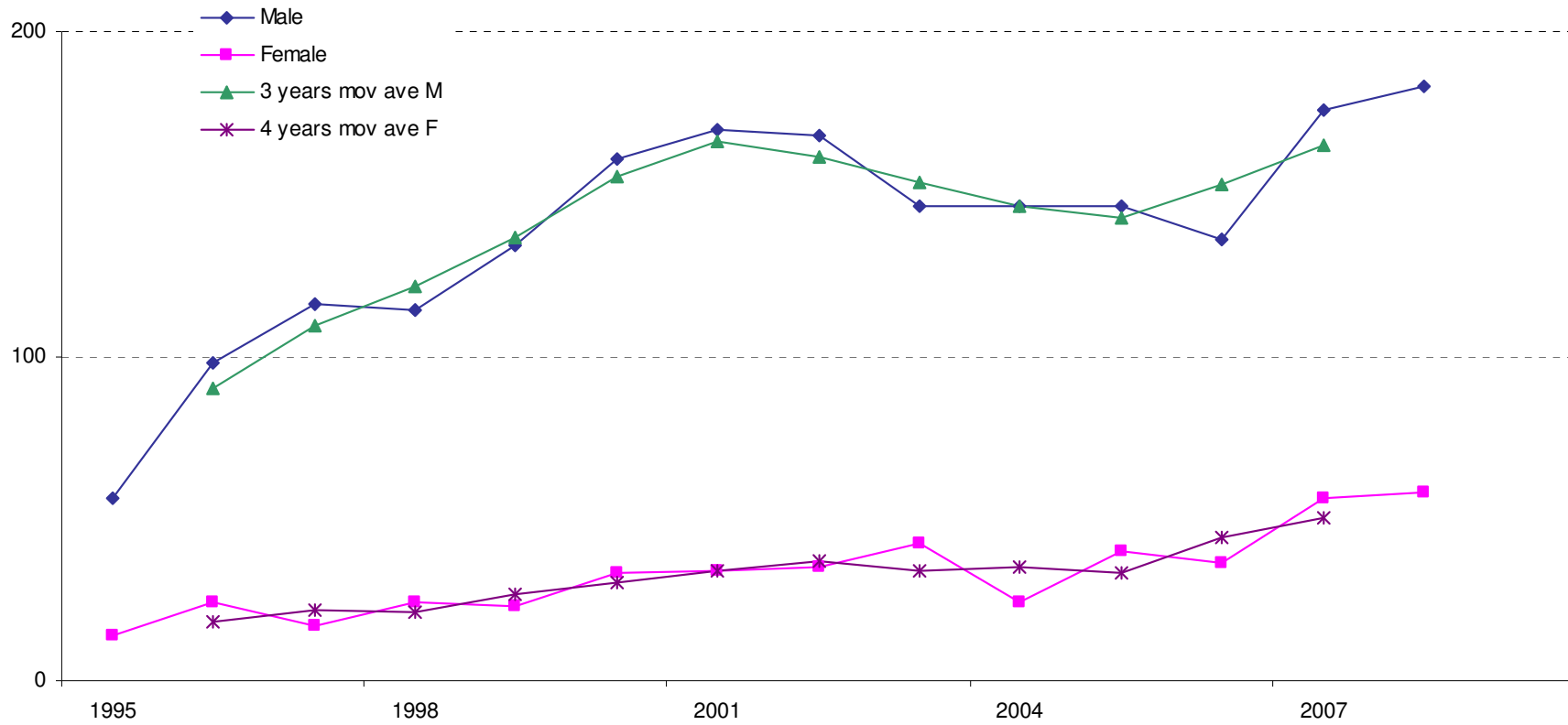


DE, NL, FR, IT, LT, LU, NL, AT, PT, FI, SE

Countries with all data available over the 1995-2008 period

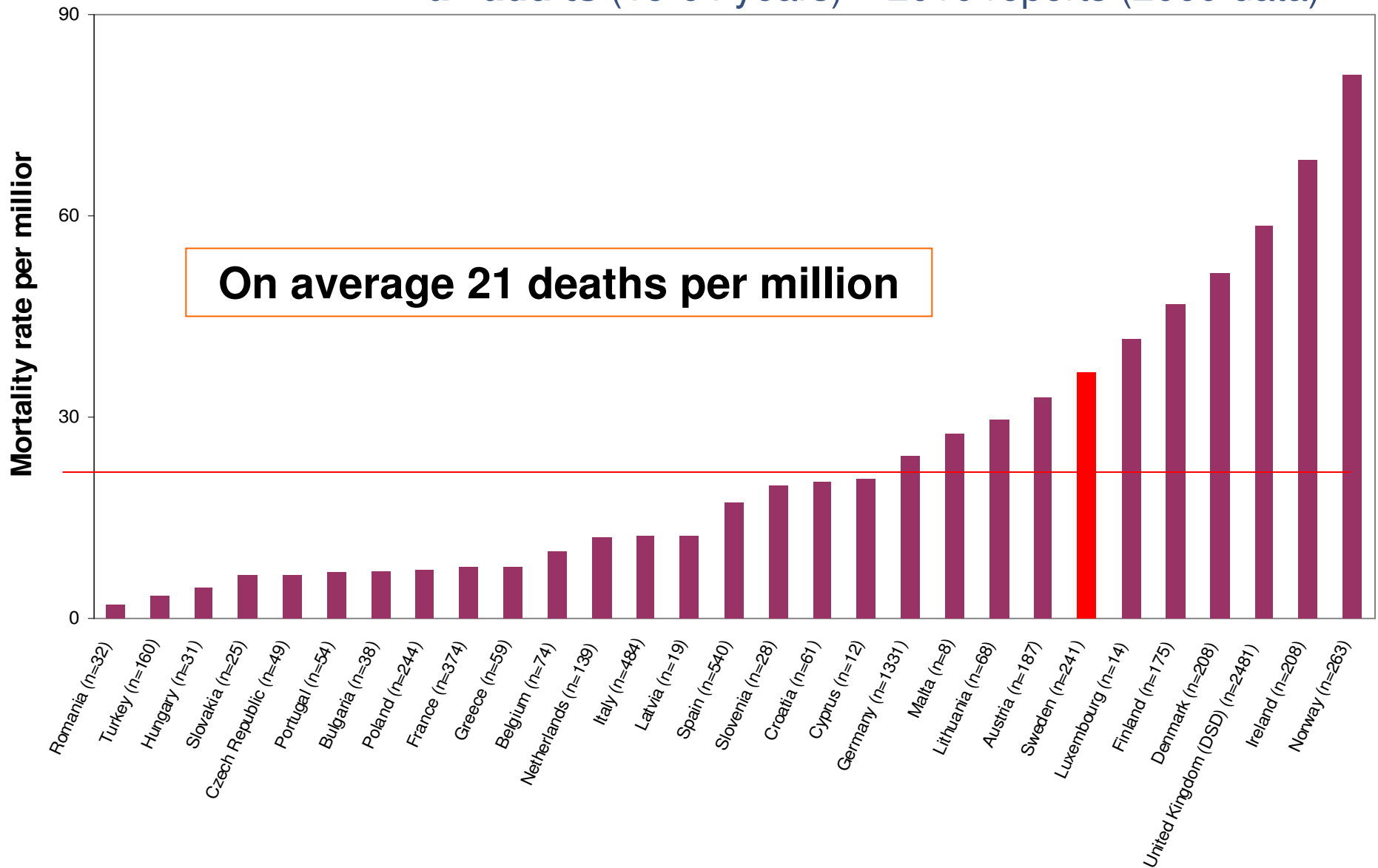


Numbers of drug-induced deaths in males and females in Sweden, 1995 to 2009

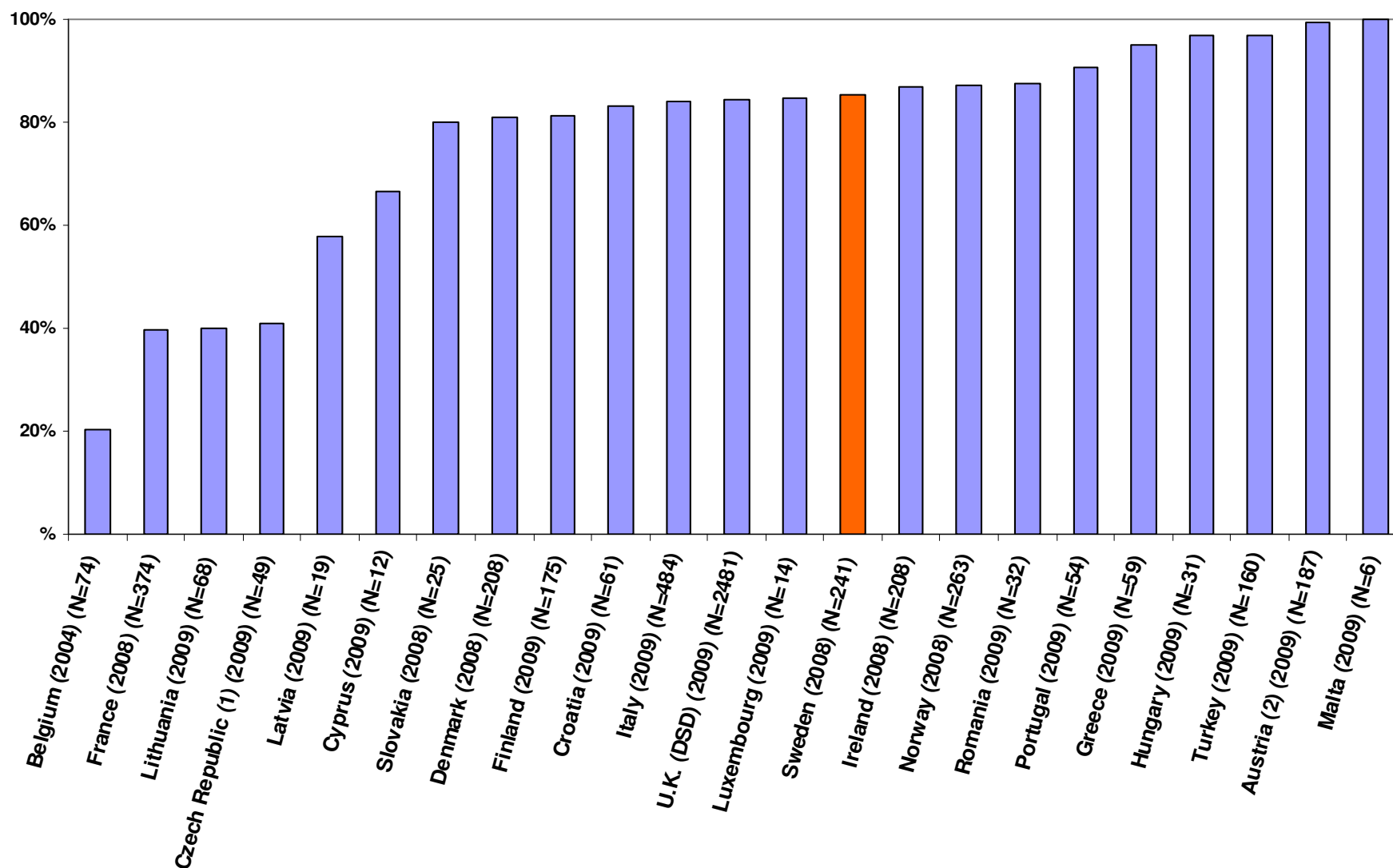


Source: Report to the EMCDDA through Fonte until 2006 data, and GROS report for subsequent years

Mortality rates/million due to drug-induced deaths among
all adults (15-64 years) – 2010 reports (2009 data)



Proportion of drug-induced deaths that show presence of



Specific interventions:

- Drug consumption rooms
- Heroin-assisted treatment
- Opioid maintenance in prison



About 90 drug consumption rooms in Europe

Switzerland 12	... first one in: 1986
Netherlands approx. 40	1994
Germany 27	1994
Spain 7	2000
Norway 1	2005
Luxembourg 1	2005
Poland 1	??

Outside Europe:

Sydney <i>MSIC</i>	2001
Vancouver <i>SIS</i>	2003

(update: 03/2011)



1. Background, definition, target groups

Local context: public drug use persisting, despite available treatment and harm reduction services;

Risk environments, affecting individual and public health;

Open drug scenes / public drug use raise safety concerns in local community: insecurity, 'public nuisance.'



1. Background, definition, target groups

Consumption rooms are professionally supervised health care facilities where drug users can use drugs in safe, hygienic conditions;

They are professionally run facilities;

And publicly acknowledged & funded.



1. Background, definition, **target groups**

Historically: limited to long-term, marginalised drug injectors, “hard to reach”, socially excluded; those who use on the street, show disorderly behaviour, are in a poor physical state; are not in contact with other services;

Today: also address those who do not inject (NIROA);

Not exclude clients who are in contact with other services (incl. treatment).



2. Objectives (+ research questions and indicators)

- Reach and stay in contact with those who are not able or willing to quit (Obj. 1)
- Reduce health risks related to drug use and provide access to other services, in particular medical care and drug treatment. (Obj. 2)
- Create an acceptable situation for the public with regard to public order and safety concerns arising from drug use in public (Obj. 3).



Summary of current evidence DCRs

Reach and stay in contact	Studies in all countries show that facilities attract target group
Reduce health risks, promote access to services	Clear evidence Improved hygiene and safety, self-reported reduction in risk behaviour (sharing, public use); improved access to services incl. detox and treatment
Reduce morbidity	Reduced injecting-rel. injuries Insufficient evidence re effectiveness reducing HCV/HIV incidence;



Summary of current evidence

DCRs

Reduce mortality	may contribute to reduce DRD, where coverage adequate.
Create acceptable situation for public w regard to public order and safety concerns	Decrease in public use or risky consumption, improvements in public space (less drug-use related litter)
Effect on crime	No increase in drug-related crime and in local drug use («neutral» effect); cooperation police-health sector needed.



Conclusions

Extent to which the rooms can achieve their objectives is tempered by the broader social and policy context.

They can only be effective if they are:

integrated into wider public policy framework as part of a network of services aiming to reduce individual and social harms arising from problem drug use;



Conclusions

They can only be effective if they are:

Based on consensus, support and active cooperation among local key actors (health, police, local authorities, and consumers themselves);

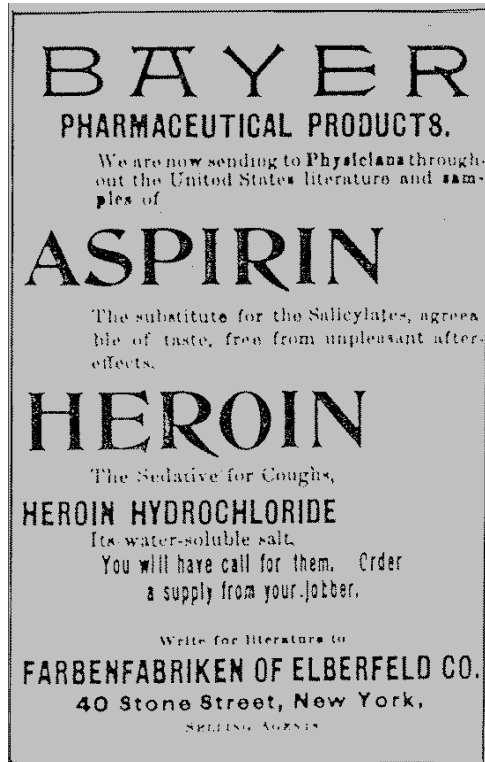
Seen for what they are: specific services aiming to reduce problems of health and social harm involving specific high-risk PDU populations and addressing needs that other responses have failed to meet.



Heroin assisted treatment



Heroin-assisted treatment



A century of heroin prescribing without direct supervision

Renewed interest in the 1990s

New clinical approach

DE, DK, NL, UK, BE, ES, and Switzerland

To date: about 2600 patients receive HAT

All injectable doses under direct supervision

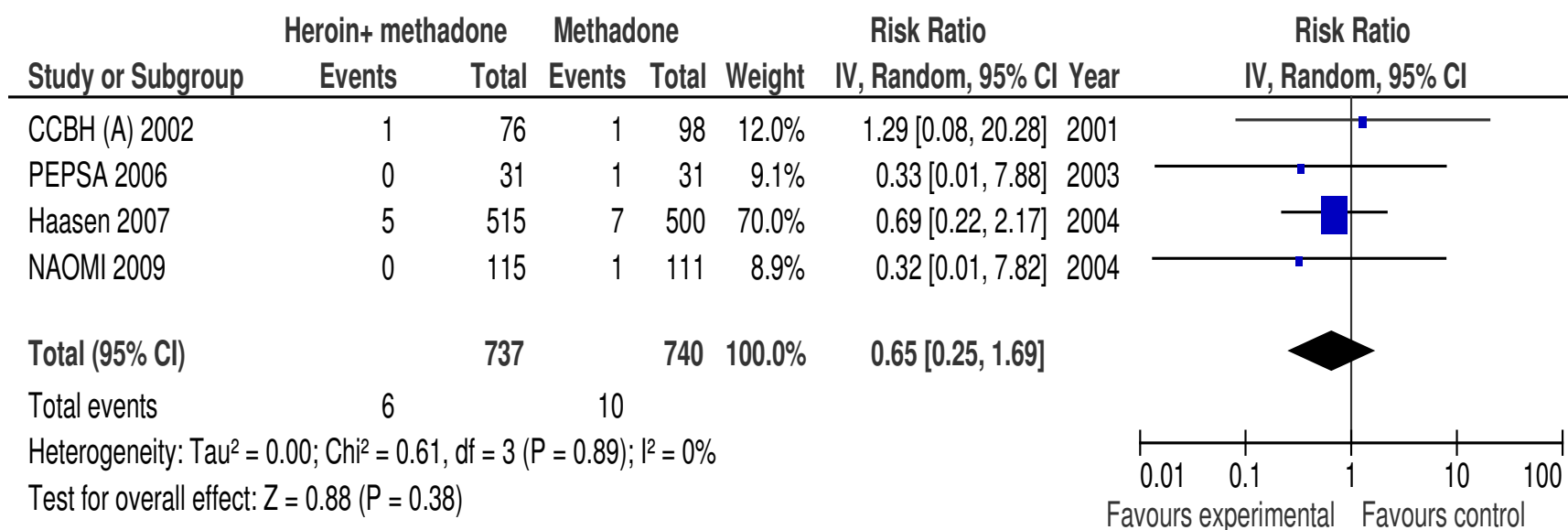
Not a first line treatment

Patients who are 'non-responders' or are out of treatment

Outcomes: Patients use less street drugs and appear to achieve gains in social, physical and mental health functioning, as well as evidence of cost-effectiveness



Further developments in treatment: Heroin assisted treatment



Impact on clinical practice and policy

full approval of diamorphine as a medicinal product (UK)

approval of diamorphine as a medicinal product for the specific indication of treatment-refractory heroin dependence (Switzerland, DE, NL, DK).

Countries which have approved diamorphine for research trials (ES)

Countries where it's not available as a medicinal product nor as a research medication



Opioid maintenance treatment in prison



Prison-related risk

Background situation

On a given day 600.000 prisoners in EU (prison population rate: 120 per 100.000)

most studies show between 25%-50% with drug dependence problems;

high rates of problem drug use (opiates, cocaine/ amphet., and injecting drug use);

Sentences for drug-related offences in new MS rising;

Assistance to drug users increasing, but still 'treatment gap.

Specific high risk of OD mortality after prison release



DRD prevention responses in prison

Specific information materials, addressing risk of drug-related death upon prison release: few countries (DE, IE, LT, PL, SI, ES, UK),

Pre-release counselling: national level guidelines exist in ES, IT, UK - unclear how OD risks are addressed

Adoption of policy of OST in prison with ~7-8 years gap after community;

Access to maintenance treatment in prison has improved but detoxification is 'default' option in most countries;

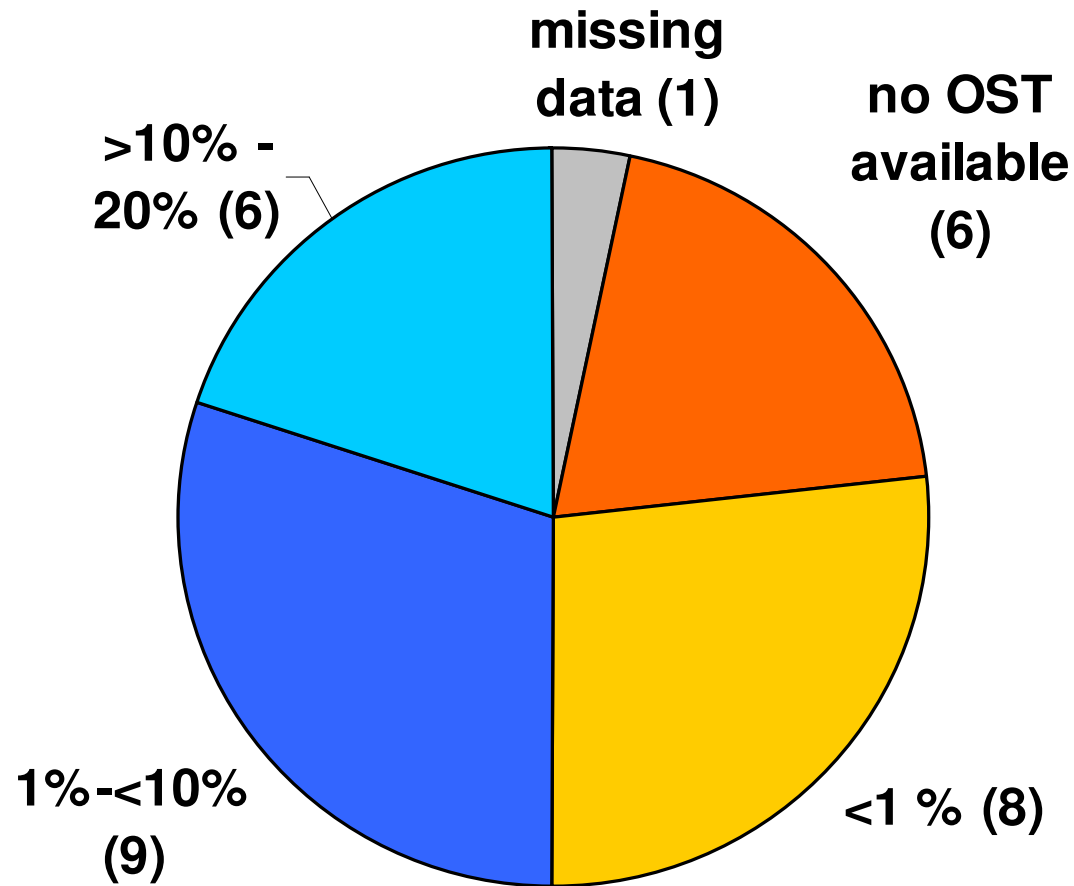
Following a period of expansion now focus more attention on quality?

Through-care standards, resettlement policy (housing, employment) determine risks

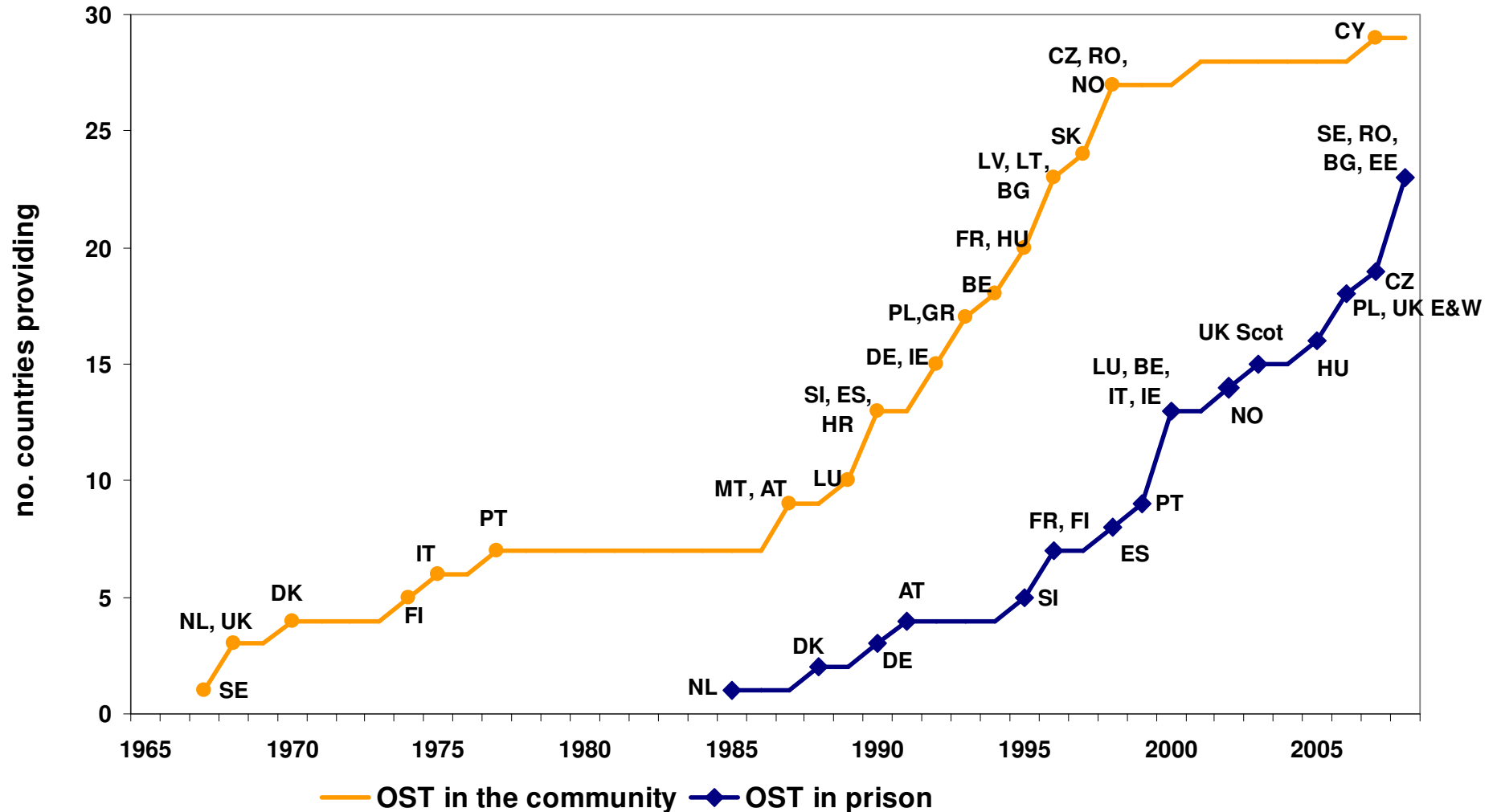


% prisoner population in OST in EU + HR, TK, NO, 2008

EMCDDA Statistical Bulletin 2010



Introduction of opioid substitution treatment (OST) in the community



OST not available in prison: GR, CY, LT, LV, SK, TK and UK NI. See www.emcdda.europa.eu EMDDA Statistical Bulletin 2010.



Challenges

Further increase coverage of prevention and harm reduction measures;

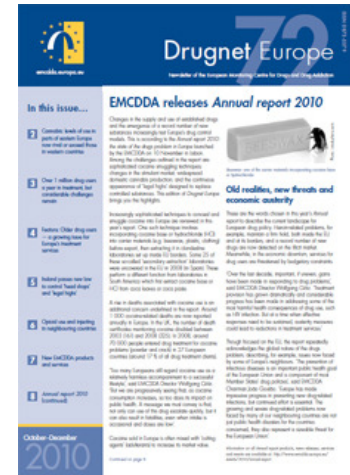
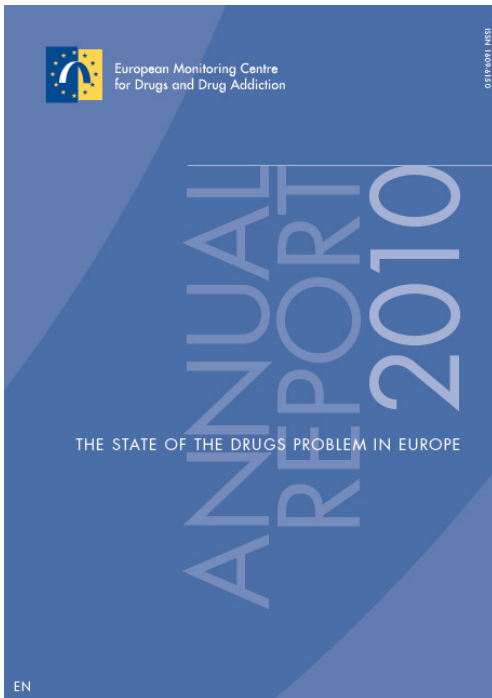
Close treatment gap in prisons;

Adopt and roll out treatment systems approach with multiple entry points, continuum of care;

Overcome structural barriers to effective prevention;

Address general health and social exclusion of people who use drugs.





Country overviews from the EU drugs agency
www.emcdda.europa.eu/publications/country-overviews

Over 30 national drug situations at a glance
 Synopses
 Trends
 Key statistics
 Country rankings

Statistical bulletin from the EU drugs agency
www.emcdda.europa.eu/stats/home

Over 500 tables and graphs on the European drug situation
 Analyses
 Statistics
 Key indicators
 Trends

Please visit us at:
emcdda.europa.eu

www.emcdda.europa.eu



Acknowledgements

Alessandra Bo

Adriana Cunhado

Alessandro Pirona

Isabelle Giraudon

Julian Vicente

