



European Monitoring Centre
for Drugs and Drug Addiction

Harm reduction in Europe: policies, interventions and coverage

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Harm reduction and social inclusion
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This presentation

- History and diffusion of harm reduction in Europe
- EU strategies and national policies
- Drug use and drug-related harm: update 2012
- How is Europe doing? Responses at national level
- Current challenges



EMCDDA

EMCDDA Reitox network:
27 EU Member States,
Croatia, Turkey and Norway



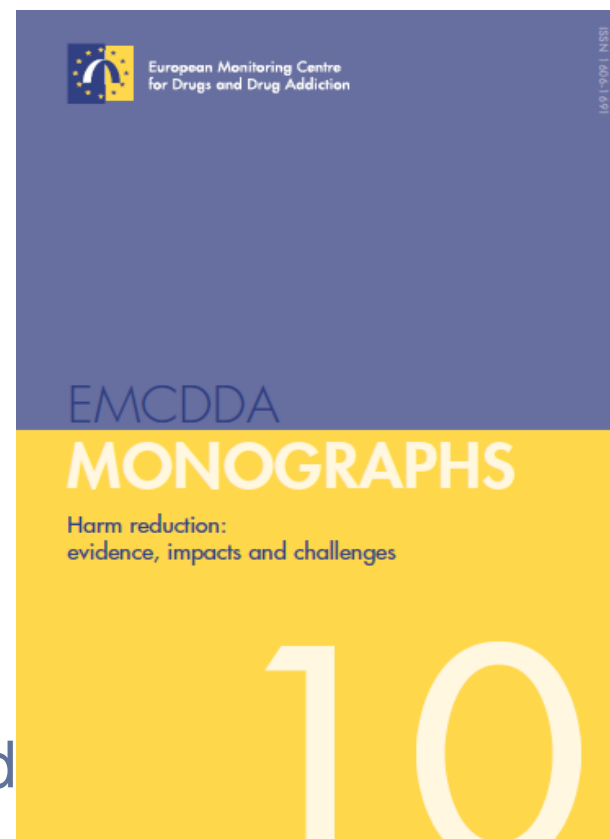
What is harm reduction?

- Harm reduction encompasses interventions, programs and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies.
- Evolved at local level in some western European countries late 1960s/1970s;
- Gained increasingly widespread acceptance with emergence of HIV/AIDS in the mid-1980s



Comprehensive European approach includes harm reduction

- Generated considerable amount argument
- Debate & differences still exist
- But – now seen as part of the EU policy model: a comprehensive, balanced and evidence-based approach that includes HR alongside prevention, treatment and supply reduction measures



Wide range of interventions:

including 'mainstream' interventions

- Opioid substitution treatment
- Needle and syringe programmes

and highly targeted interventions:

- Supervised drug consumption rooms
- Heroin-assisted treatment
- Peer naloxone-distribution
- Interventions in nightlife settings



Treatment interventions for opioid users – current evidence

Source: EMCDDA BPP

Beneficial	<ul style="list-style-type: none"> • Buprenorphine maintenance therapy • Methadone maintenance therapy • Psychosocial assistance in addition to pharmacological assistance for opioid withdrawal • Psychosocial interventions in maintenance treatment • Case management for reducing drug use • Opioid assisted withdrawal with buprenorphine
Likely to be beneficial	<ul style="list-style-type: none"> • Maintenance agonist treatments for opiate dependent pregnant women • Psychosocial interventions to retain patients in treatment
Trade off between benefits and harms	<ul style="list-style-type: none"> • Heroin maintenance treatment for chronic heroin users
Unknown effectiveness	<ul style="list-style-type: none"> • Assisted opioid withdrawal with methadone or buprenorphine • Naltrexone in place of methadone • Naltrexone treatment for opioid dependence • Naltrexone with psychotherapy versus psychotherapy alone • Therapeutic communities for the treatment of drug misuse and dependency
Evidence of ineffectiveness	<ul style="list-style-type: none"> • Opioid withdrawal with antagonists under heavy sedation



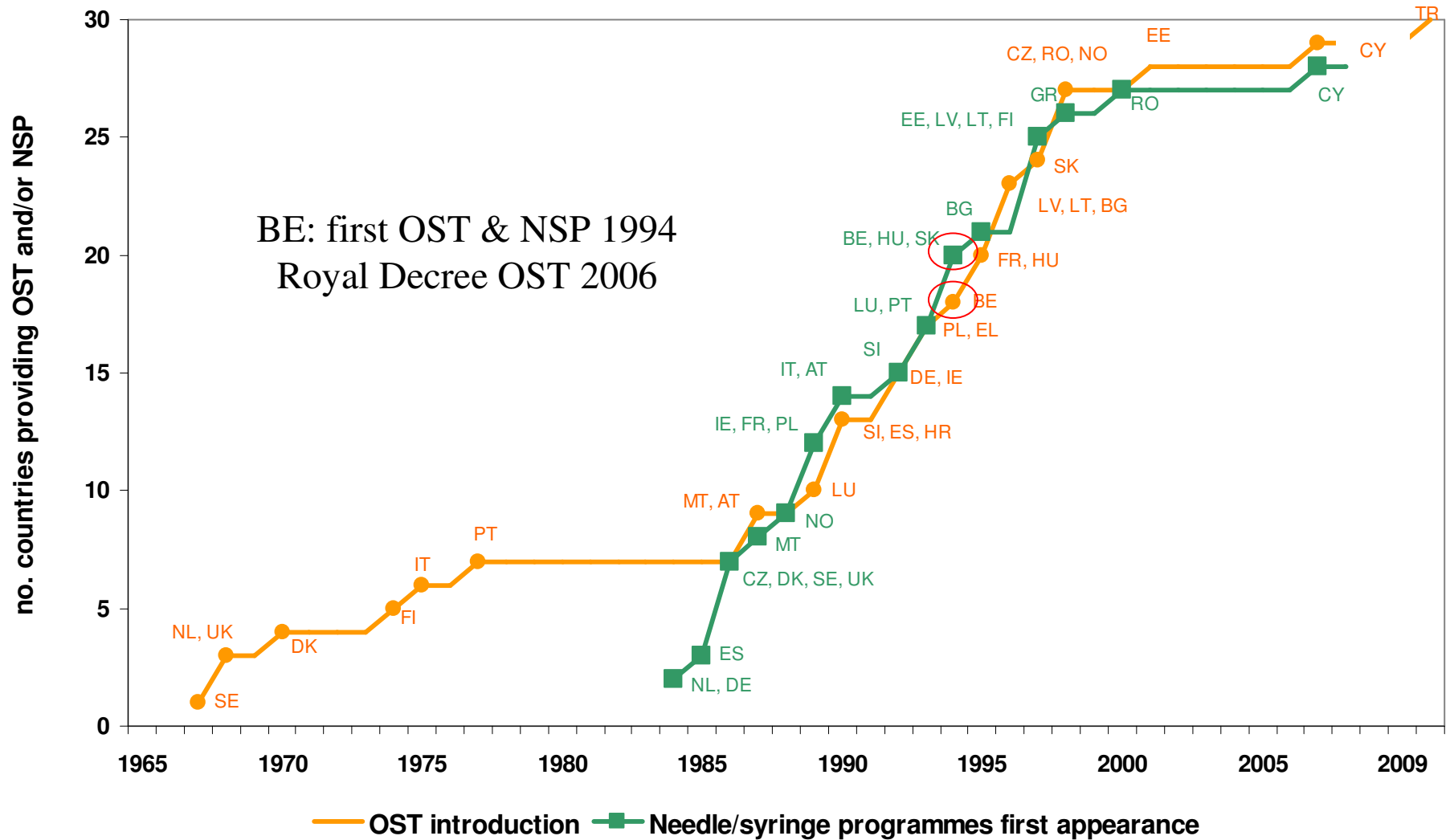
Treatment interventions for opioid injecting drug users – current evidence

Source: EMCDDA BPP

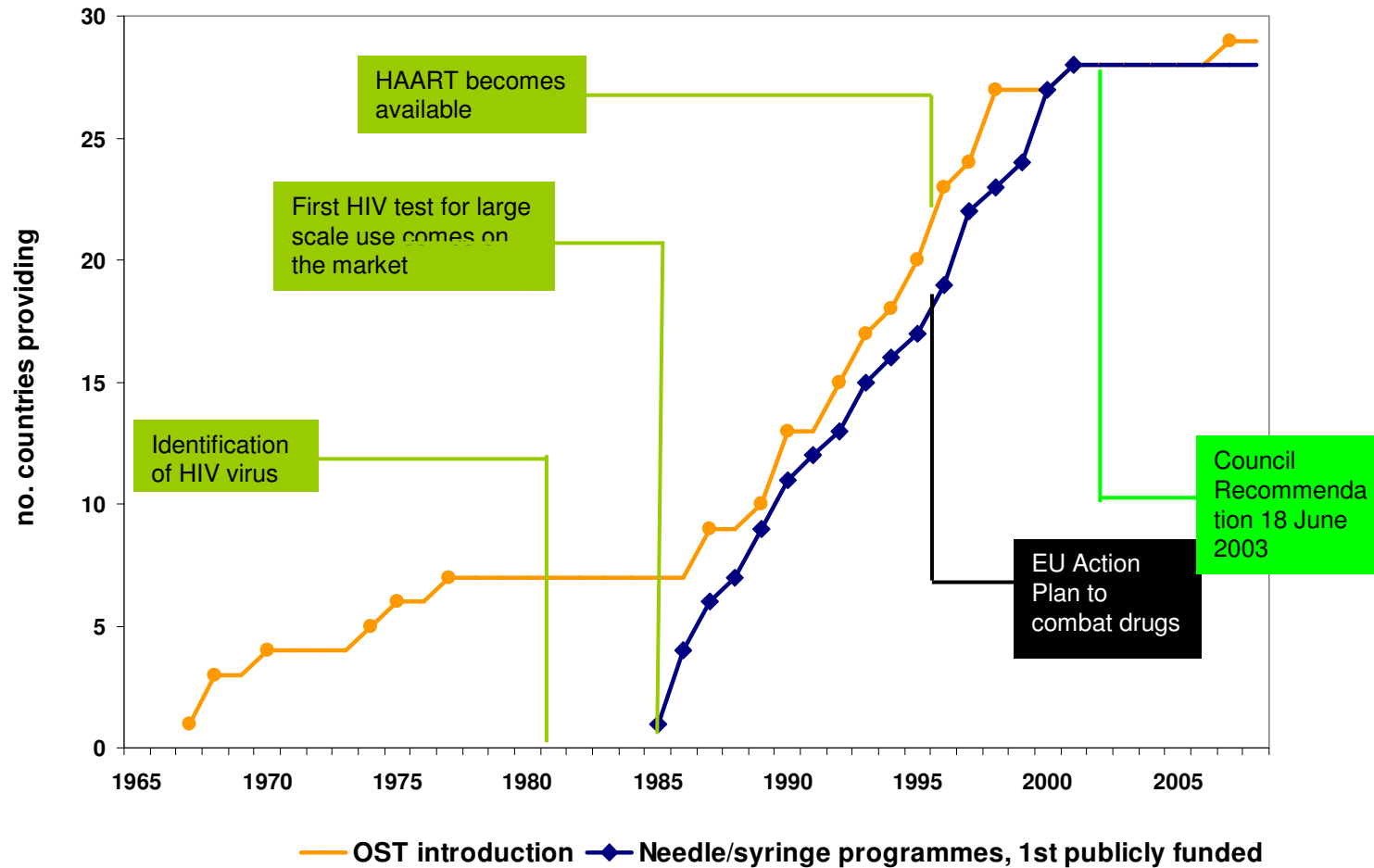
Beneficial	<ul style="list-style-type: none"> • Opioid substitution treatment (OST) to reduce HIV and risk behaviour • Opioid substitution treatment (OST) with methadone maintenance to reduce mortality
Likely to be beneficial	<ul style="list-style-type: none"> • Combination of opioid substitution treatment (OST) and needle and syringe programmes (NSP) to reduce HIV or HCV incidence • Drug consumption rooms (DCRs) to reduce injecting risk behaviour • Pharmacy access in addition to dedicated needle and syringe programmes (NSPs) to reduce injecting risk behaviour • Needle and syringe programmes (NSP) to reduce HIV and injecting risk behaviour • Opioid substitution treatment (OST) to improve anti-retro-viral treatment in HIV positive opioid users • Opioid substitution treatment (OST) to reduce HCV
Trade off between benefits and harms	<i>No interventions met these criteria</i>
Unknown effectiveness	<ul style="list-style-type: none"> • Drug consumption rooms to reduce HIV, HCV and mortality • Pharmacy access to NSPs and vending machines to reduce HIV, HCV and injecting risk behaviour • Naloxone training and prescription to prevent opioid overdose mortality • Opioid substitution treatment (OST) to increase compliance to HCV treatment • Outreach and education to reduce injecting risk behaviour • Primary needle exchange programmes to reduce HCV
Evidence of ineffectiveness	<i>No interventions met these criteria</i>



... Introduction of OST and NSP



Introduction of OST and NSP in Europe & early EU policy milestones



Reflected in EU Drugs Strategy 2005-2012

- Ultimate aim to significantly reduce the prevalence of drug use among the population and reduce the social and health damage caused by the use and trade in illicit drugs.



EU Drugs Action Plan 2009-2012

- Aims to reduce the demand for drugs and the health and social consequences of drug use by improving the coverage, quality and effectiveness of services of prevention, treatment and harm reduction;
- calls on countries to prevent high risk behaviour of drug users, including injecting, through targeted prevention (Obj. 6);
- and to ensure access to harm reduction services in order to reduce the spread of HIV, hepatitis C and other BBVs (Obj. 10).

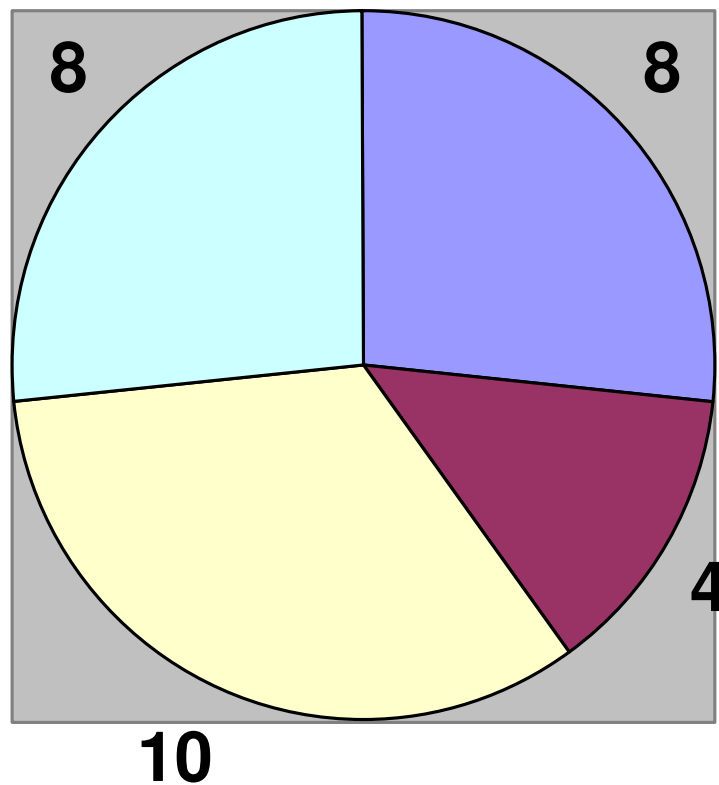


Further EU level documents

- Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia (2004)
- Communication of the Commission on Combating HIV/AIDS in the European Union and Neighbouring Countries (2009-2013)
 - Contribute to decrease of new HIV infections
 - Improve access to prevention, treatment care and support
 - Improve quality of life for people living with or affected by HIV
- Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence



Harm reduction in national drug strategies



- overall objective and/or priority
- Specific pillar
- Both an objective and/or priority and pillar
- Not explicitly identified as either an objective and/or priority or pillar

EMCDDA Annual Report 2012

- Problem drug use: “injecting drug use or long-duration/regular use of opioids, cocaine and/or amphetamines”
- Drug-related harms: Drug-related deaths, HIV infections



Problem opioid use

About 1.4 million regular opioid users (POU)
4 per 1000 adults in the EU

Overall stable, heroin declining

Long term trends:

- Ageing cohort,
- Decline in new treatment entrants,
- Less injecting,
- Increasing treatment coverage

2010-2011 heroin shortages led to replacements: synthetic opioids, but also stimulants (cathinones)



Harms



About 7000 reported drug-induced deaths in 2010 — mainly opioids (3/4), male, polydrug use

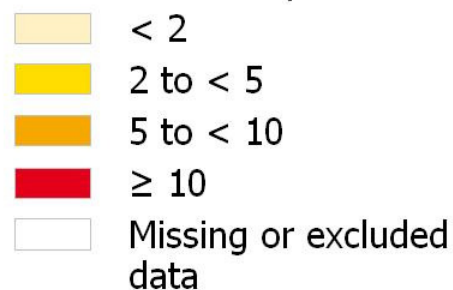
Continued decrease in new HIV infections: among 28038 new cases diagnosed in the EU/EEA in 2011 - around 1 500 among PWIDs

Russia: 104.3 per million; Ukraine: 151.5 per million (2010-data)

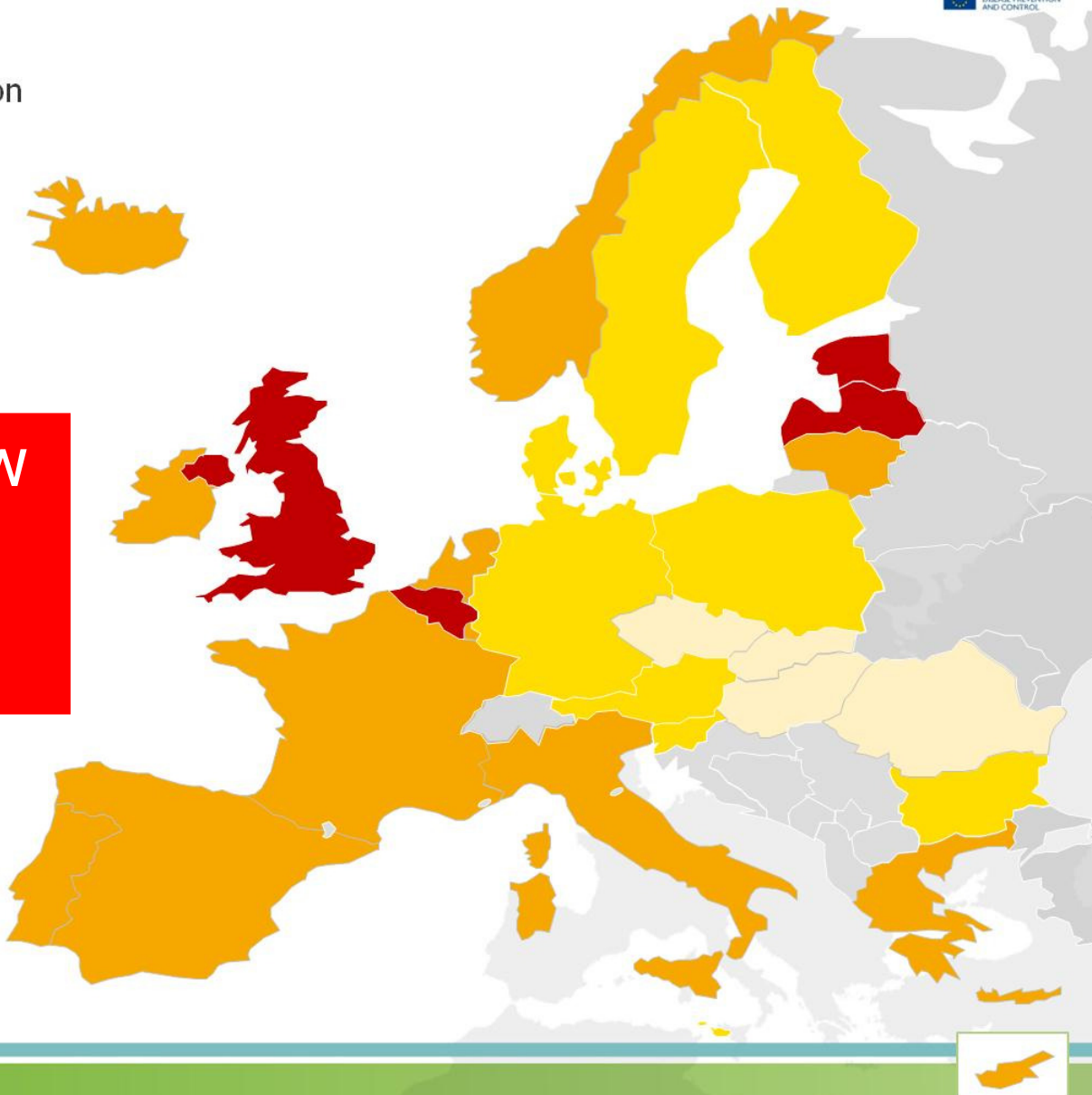
HIV infections diagnosed, 2011

All cases, EU/EEA

Rate as number per 100 000 population



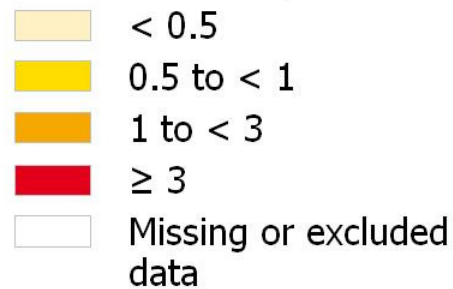
Total of 28038 new HIV infections diagnosed in the EU/EEA in 2011



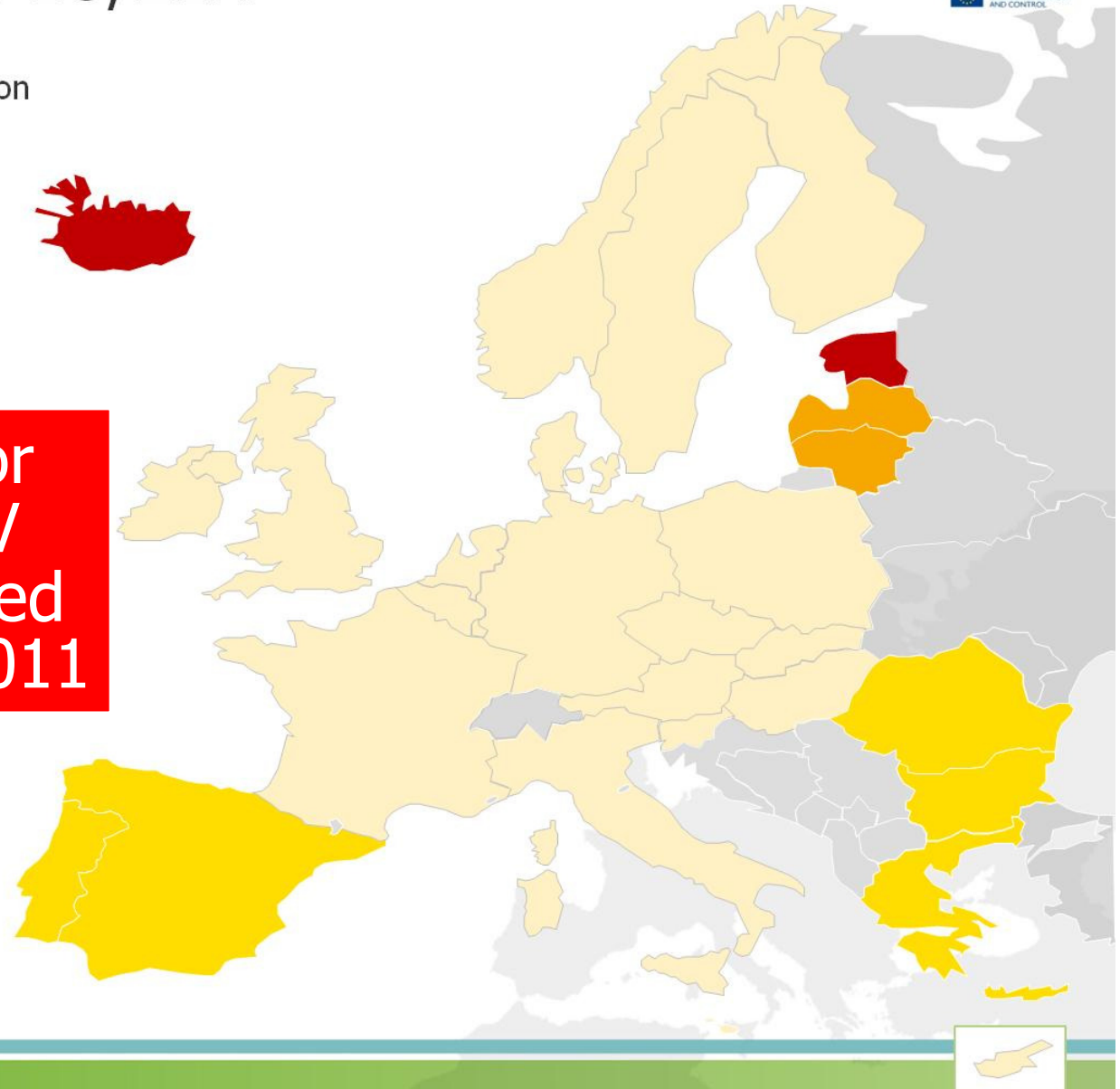
HIV infections diagnosed, 2011

Injecting drug use, EU/EEA

Rate as number per 100 000 population



**IDU accounted for
5.4% of new HIV
infections diagnosed
in the EU/EEA in 2011**



European guidance on prevention of infections among people who inject drugs

Comprehensive Guidance document

Based on evidence and fully referenced
(50 pages)

Guidance “in brief”

Condensed recommendations
(8 pages)

Two part evidence assessment

1. Needle and syringe programmes and other interventions for preventing hepatitis C, HIV and injecting risk behaviour (144 pages)
2. Drug treatment for preventing hepatitis C, HIV and injecting risk behaviour (62 pages)

Available at: www.emcdda.europa.eu



What works to prevent infections among people who inject drugs?

- **VACCINATION**
- **TESTING**
- **INFECTIOUS DISEASE TREATMENT**
- **HEALTH PROMOTION**
- **TARGETED DELIVERY OF SERVICES**
- **INJECTION EQUIPMENT**
 - Needle and syringe programmes (NSP)
- **DRUG DEPENDENCE TREATMENT**
 - Opioid substitution treatment (OST)
 - Other forms of drug treatment



Seven key interventions: combine these key interventions to enhance prevention synergy and effectiveness

- **INJECTION EQUIPMENT:** Provision of and legal access to clean drug injection equipment, including sterile needles and syringes, free-of-charge, as part of combination multi-component prevention, harm-reduction, counselling and treatment programmes
- **VACCINATION:** hepatitis A and B, tetanus, influenza vaccines, and, in particular for HIV-positive individuals, pneumococcal vaccine
- **DRUG DEPENDENCE TREATMENT:** Opioid substitution treatment and other effective forms of drug treatment
- **TESTING:** Voluntary diagnostic testing with informed consent for HIV, HCV, (HBV for unvaccinated) and TB should be routinely offered and linked to referral to treatment

INFECTIOUS DISEASE TREATMENT: Antiviral treatment based on clinical indications for those who are HIV, HBV or HCV-infected. Anti-tuberculosis treatment for active TB cases. TB prophylactic therapy should be considered for latent TB cases.

HEALTH PROMOTION: health promotion focused on safer injecting behaviour; sexual health including condom use; and disease prevention, testing and treatment

TARGETED DELIVERY OF SERVICES: Services should be combined and organised and delivered according to user needs and local conditions; this includes the provision of services through fixed sites offering drug treatment, harm reduction, counselling and testing, and referrals to general primary health and specialist medical services.



How is Europe doing?

The response to HIV in European countries



Increasing treatment provision

At least 1.1 million Europeans undergo drug treatment every year

710 000 received opioid substitution treatment in 2010

Estimated 50 % coverage rate for opioid substitution treatment in the EU



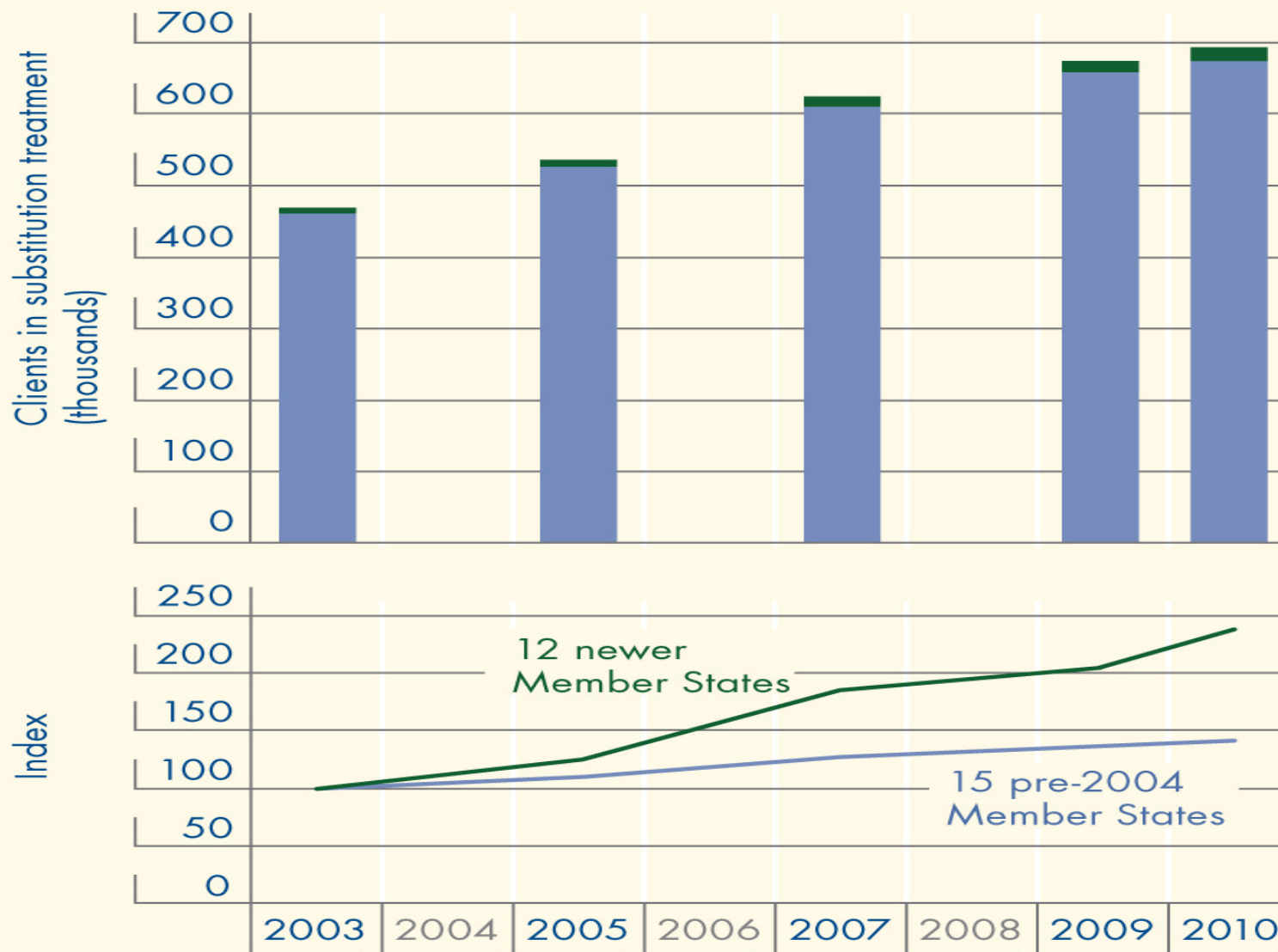
International comparison of estimates of problem opioid users and numbers of clients in opioid substitution treatment

	Problem opioid users	Clients in opioid substitution treatment
European Union (+3)	1 400 000	710 000
Australia	90 000	43 000
Canada	80 000	22 000
China	2 500 000	242 000
Russia	1 600 000	0
USA	1 200 000	660 000

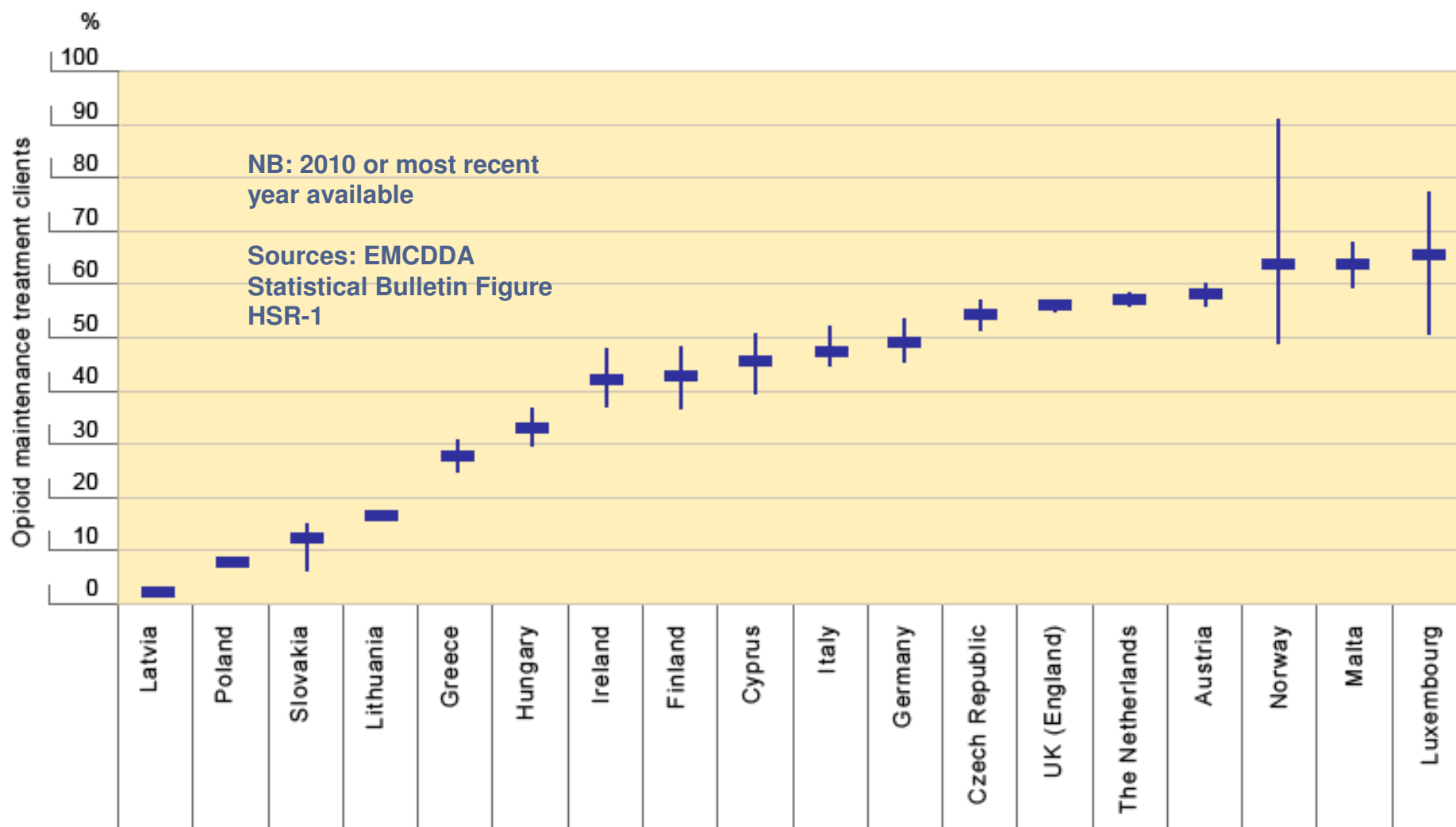
NB: Year: 2009-2010, except for Canada (reference year is 2003).
 Sources: EMCDDA (2011), Arfken et al. (2010), Chalmers et al. (2009), UNODC (2010), Yin et al. (2010), Popova et al. (2006).



OST clients in the 15 pre-2004 and the 12 newer EU Member States: estimated numbers and indexed trends



OST coverage among the estimated opioid use populations



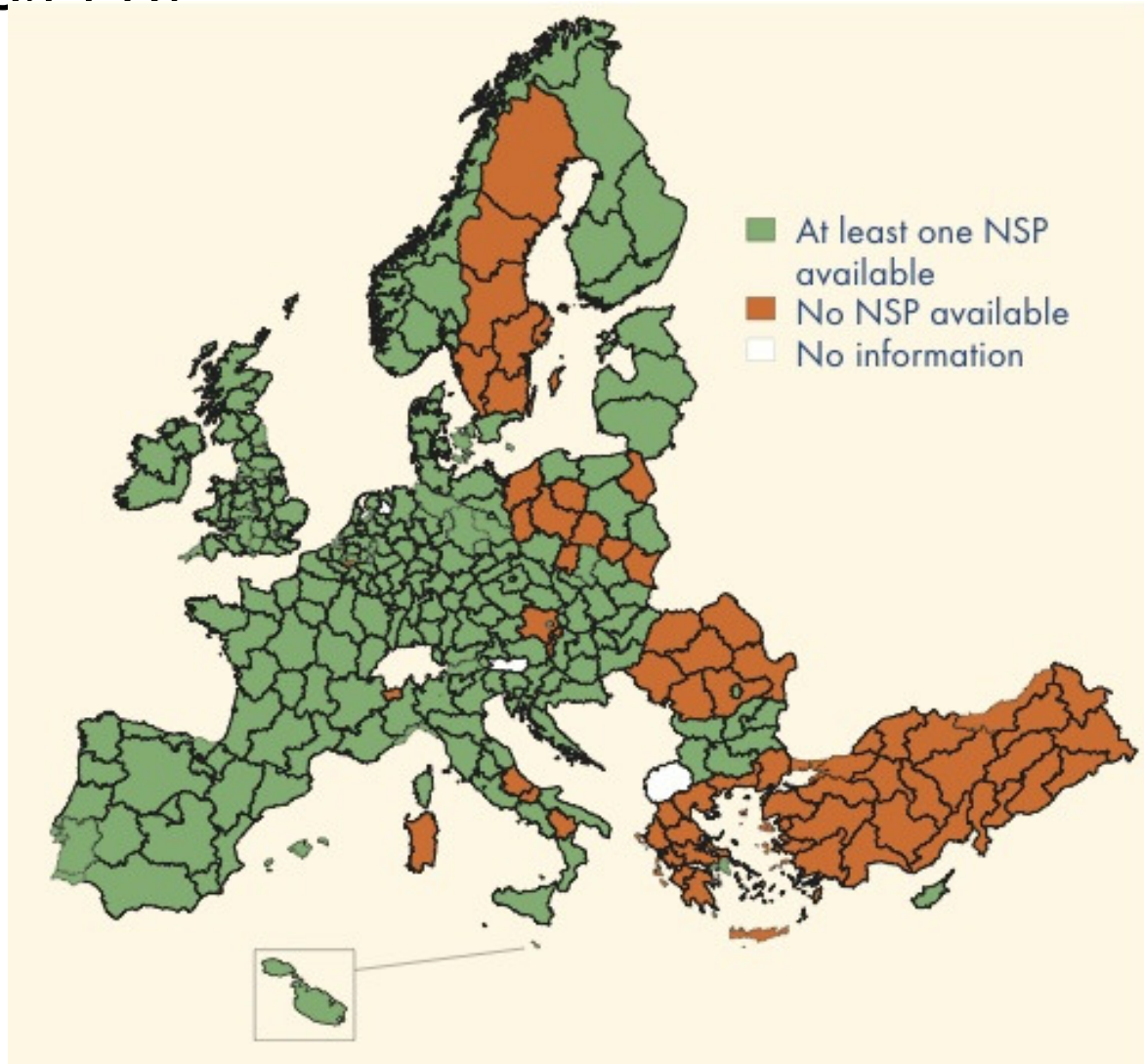
*or most recent year available

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Source: EMCDDA Statistical Bulletin 2012



Availability of at least 1 needle and syringe provision site per district (EU/FFA)

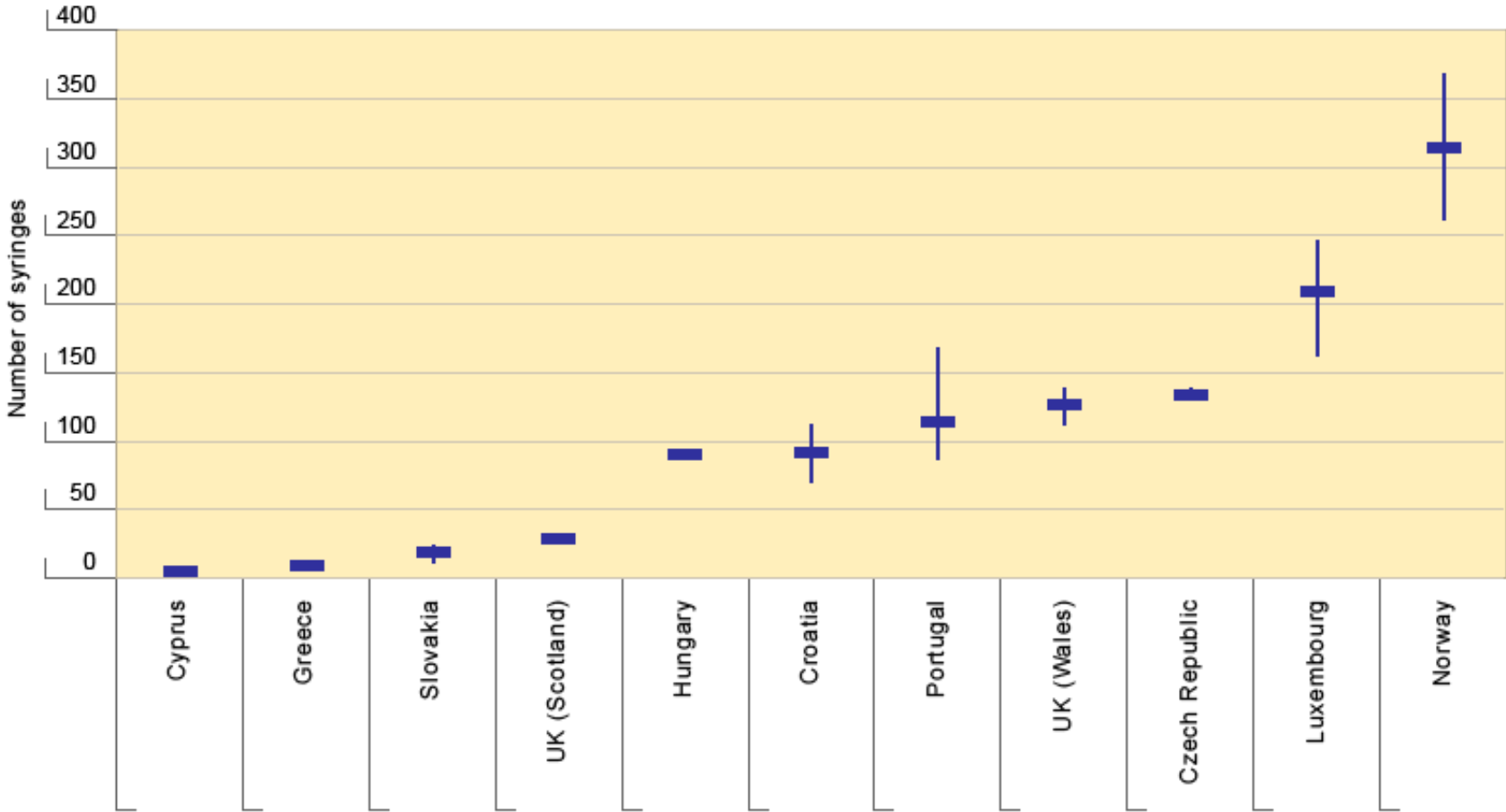


Syringe provision in Belgium

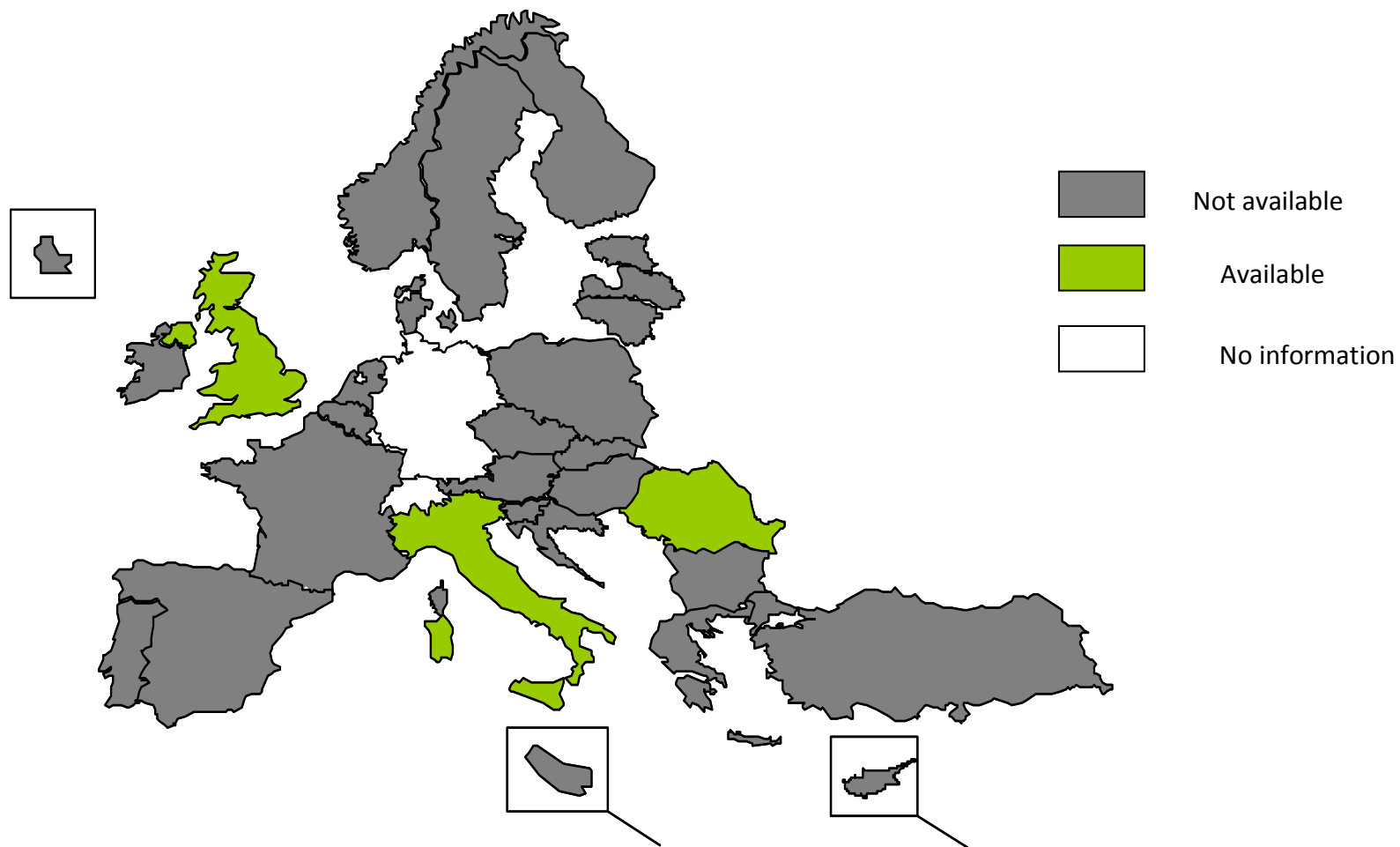
- NSPs at specialised agencies - fixed sites and outreach;
- 91% of NUTS-2 covered, but only 55% of NUTS-3;
- ~ 940.000 syringes distributed in 2011;
- No IDU estimate available to calculate coverage.



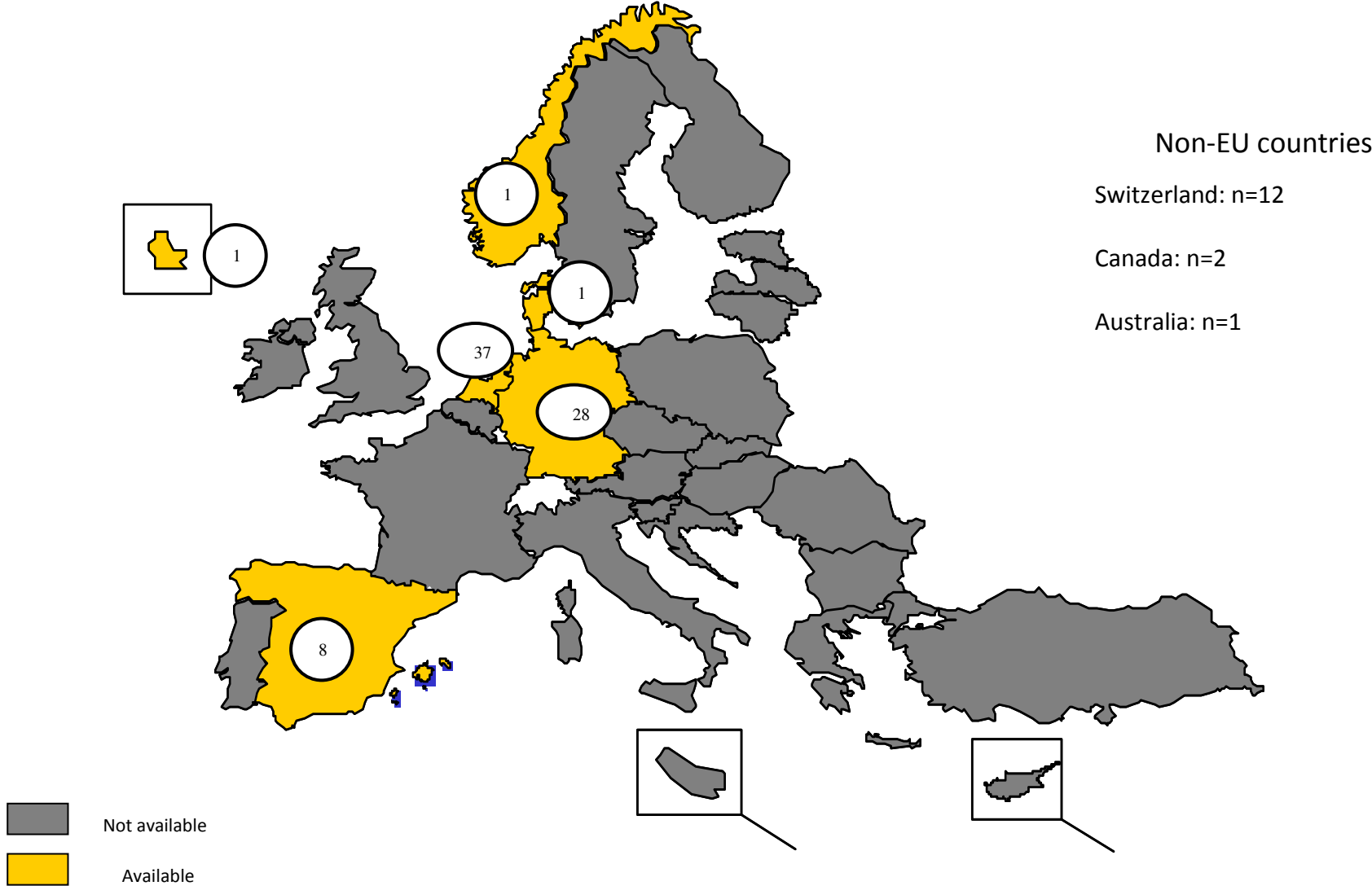
Estimated number of syringes/IDU/year delivered through specialised programmes



Availability of Naloxone programmes: take-home/peer use



Availability of drug consumption rooms and number of facilities



Prevention in recreational settings



Strategies in recreational settings —
only 11 countries report

Individual approaches e.g. peer education,
target high-risk youth

Environmental approaches e.g. regulation,
training, safe transport

Healthy Nightlife Toolbox



Conclusions AR 2012



Evidence from supply and demand indicators that heroin may be a diminishing commodity — is Europe now a less attractive marketplace for heroin?

Links with massive investment in treatment and harm reduction. Rate of progress across countries is uneven — more input needed in prisons

Overall stable and declining trends for other traditional drugs

Increasing number of new psychoactive substances — how to control them is now a major challenge for policymakers

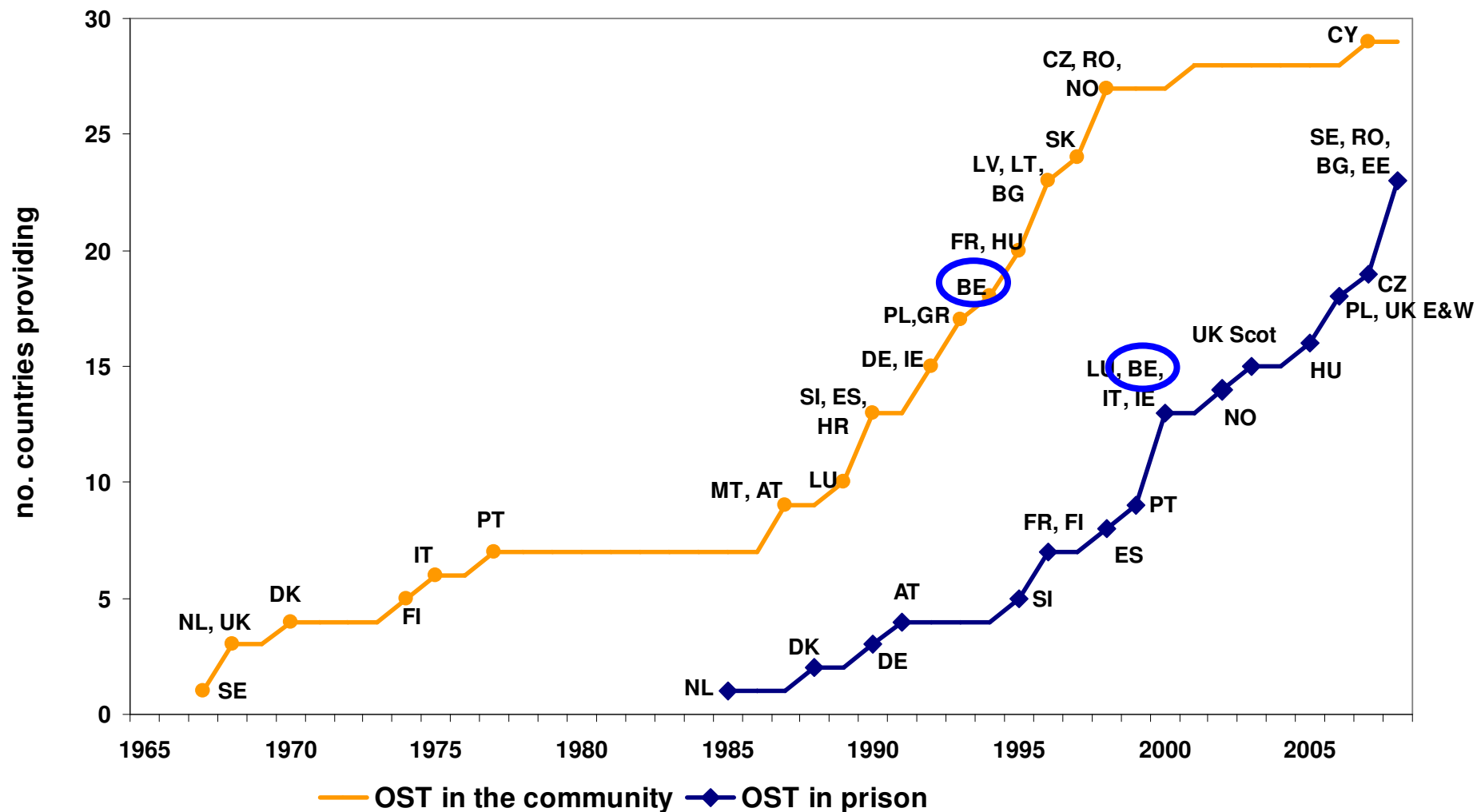


Challenges

- Equivalence of services for drug users in prisons
- HIV outbreaks

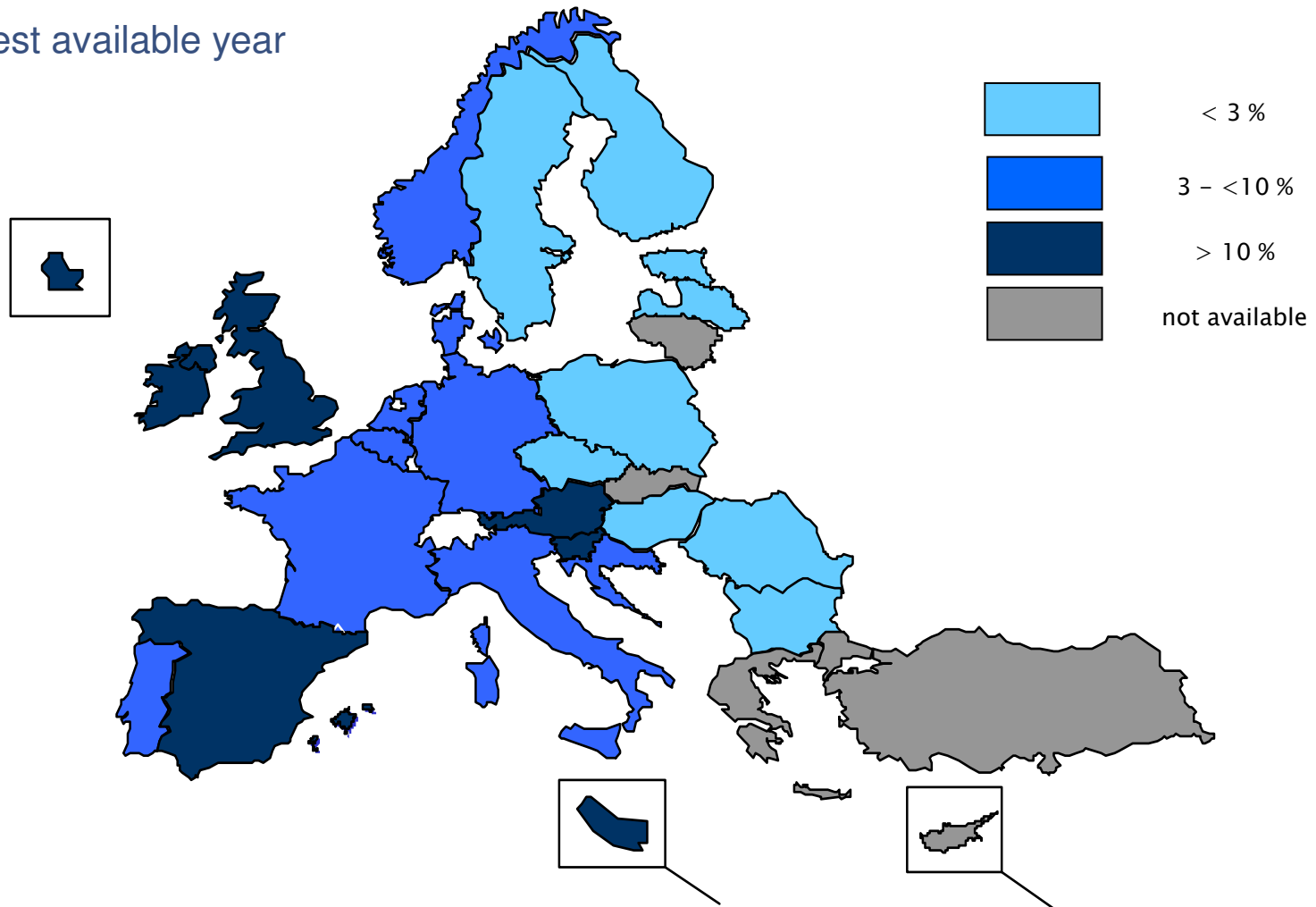


Year of introduction of OST in the community vs. prisons



Proportion of prison population in opioid substitution treatment on a given day

2010 or latest available year



HIV outbreaks

HIV outbreaks in Greece and Romania in 2011



Continued evidence of new HIV cases among injecting drug users in 2012

- Greece: over 300 new cases in first eight months
- Romania: over 100 new cases in first six months

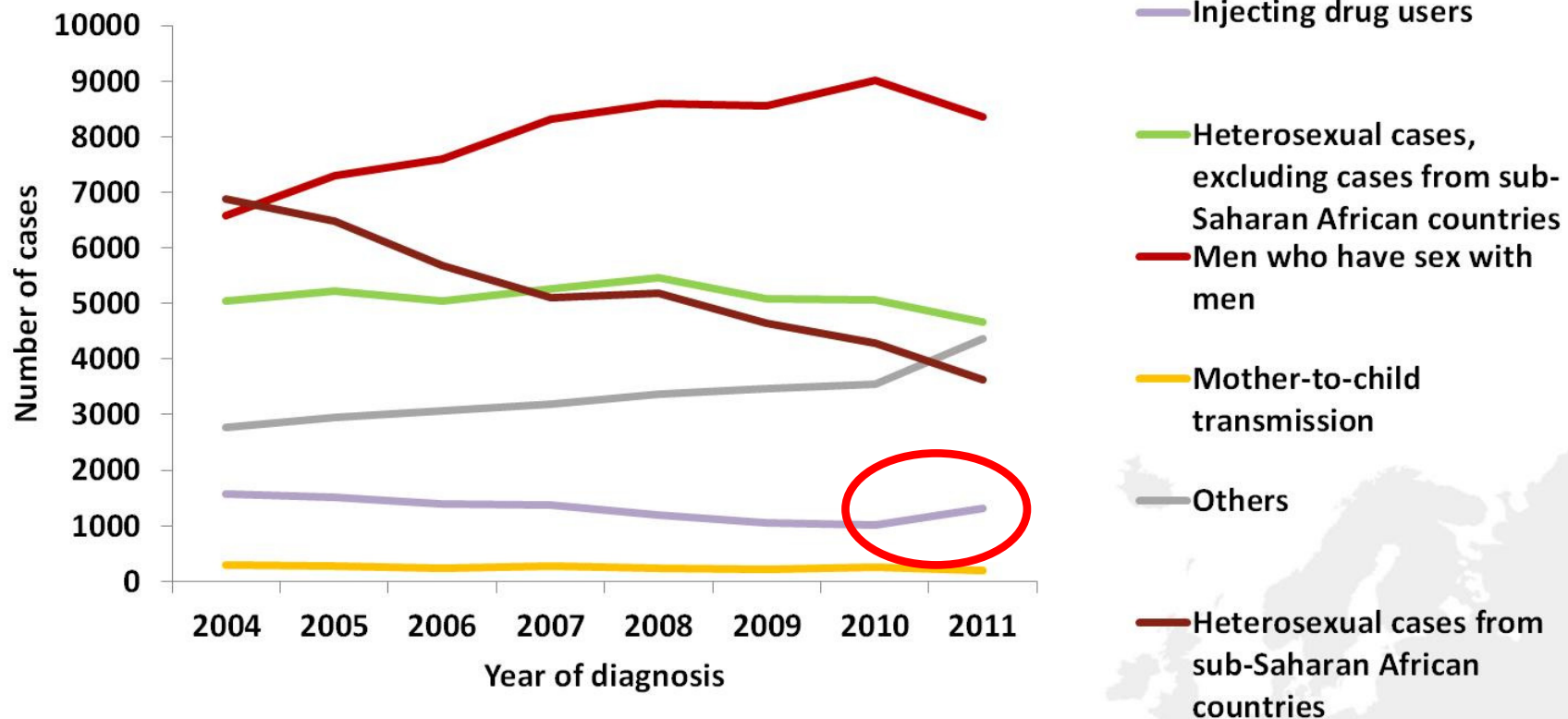
Conclusions:

- Interventions should be based on evidence and tailored to local epidemiological situation;
- HIV testing and counselling should be promoted to ensure early diagnosis and access to treatment



HIV infections diagnosed, 2004-2011

Transmission mode and origin, adjusted for reporting delay



Predominant transmission mode: men who have sex with men

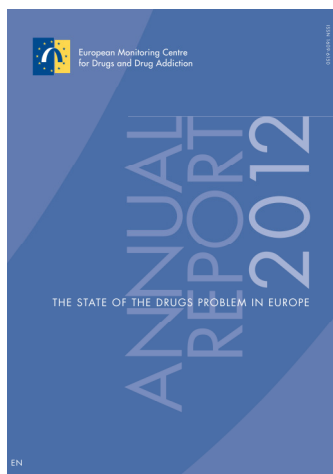
Data were not included or not available from Estonia, Poland, Spain, Italy.

Acknowledgements

- National Focal Points
- EMCDDA colleagues



Annual report package 2012



Annual report



Selected issues

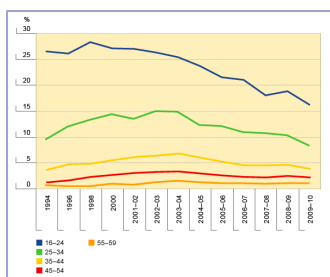
- Prisons and drugs in Europe
- Pregnancy, childcare and the family



Drugnet Europe



Country overviews



Statistical bulletin

Other publications

- Summary of the 2011 ESPAD report
- Trendspotter summary: fentanyl report
- Prevalence of daily cannabis use
- EMCDDA-Europol Joint report: 4-methylamphetamine
- Update on HIV outbreaks in Greece and Romania

