Harm reduction in Europe: policies, interventions and coverage

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1st Forum Science and Society dialogue in the field of drugs
Harm reduction and social inclusion
Brussels, 4 December 2012
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficial</strong></td>
<td>• Buprenorphine maintenance therapy</td>
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<td></td>
<td>• Methadone maintenance therapy</td>
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<tr>
<td></td>
<td>• Psychosocial assistance in addition to pharmacological assistance for opioid withdrawal</td>
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<tr>
<td></td>
<td>• Psychosocial interventions in maintenance treatment</td>
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<td></td>
<td>• Case management for reducing drug use</td>
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<td></td>
<td>• Opioid assisted withdrawal with buprenorphine</td>
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<tr>
<td><strong>Likely to be beneficial</strong></td>
<td>• Maintenance agonist treatments for opiate dependent pregnant women</td>
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<td>• Psychosocial interventions to retain patients in treatment</td>
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<tr>
<td><strong>Trade off between benefits and harms</strong></td>
<td>• Heroin maintenance treatment for chronic heroin users</td>
</tr>
<tr>
<td><strong>Unknown effectiveness</strong></td>
<td>• Assisted opioid withdrawal with methadone or buprenorphine</td>
</tr>
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<td></td>
<td>• Naltrexone in place of methadone</td>
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<td>• Naltrexone treatment for opioid dependence</td>
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<td>• Naltrexone with psychotherapy versus psychotherapy alone</td>
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<td>• Therapeutic communities for the treatment of drug misuse and dependency</td>
</tr>
<tr>
<td><strong>Evidence of ineffectiveness</strong></td>
<td>• Opioid withdrawal with antagonists under heavy sedation</td>
</tr>
</tbody>
</table>
## Treatment interventions for opioid injecting drug users – current evidence

Source: EMCDDA BPP

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</table>
| **Beneficial**                                | • Opioid substitution treatment (OST) to reduce HIV and risk behaviour  
• Opioid substitution treatment (OST) with methadone maintenance to reduce mortality                                                                 |
| **Likely to be beneficial**                   | • 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**     | *No interventions met these criteria*                                                                                                                                                                          |
| **Unknown effectiveness**                    | • 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**              | *No interventions met these criteria*                                                                                                                                                                          |
… Introduction of OST and NSP

BE: first OST & NSP 1994
Royal Decree OST 2006
Introduction of OST and NSP in Europe & early EU policy milestones

- Identification of HIV virus
- First HIV test for large scale use comes on the market
- HAART becomes available
- EU Action Plan to combat drugs
- Council Recommendation 18 June 2003

Graph showing the number of countries providing OST introduction and Needle/syringe programmes, 1st publicly funded, from 1965 to 2005.
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

  - 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

- 8: Overall objective and/or a priority
- 8: Specific pillar
- 4: Both an objective and/or priority and pillar
- 10: Not explicitly identified as either an objective and/or priority or pillar

[Diagram showing the distribution of harm reduction strategies]
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)
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
- < 0.5
- 0.5 to < 1
- 1 to < 3
- ≥ 3
- Missing or excluded data

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

<table>
<thead>
<tr>
<th></th>
<th>Problem opioid users</th>
<th>Clients in opioid substitution treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Union (+3)</td>
<td>1 400 000</td>
<td>710 000</td>
</tr>
<tr>
<td>Australia</td>
<td>90 000</td>
<td>43 000</td>
</tr>
<tr>
<td>Canada</td>
<td>80 000</td>
<td>22 000</td>
</tr>
<tr>
<td>China</td>
<td>2 500 000</td>
<td>242 000</td>
</tr>
<tr>
<td>Russia</td>
<td>1 600 000</td>
<td>0</td>
</tr>
<tr>
<td>USA</td>
<td>1 200 000</td>
<td>660 000</td>
</tr>
</tbody>
</table>

**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

Source: EMCDDA Statistical Bulletin 2012

NB: 2010 or most recent year available

Sources: EMCDDA Statistical Bulletin Figure HSR-1
Availability of at least 1 needle and syringe provision site per district (EU/EEA)

Source: EMCDDA 2011
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

Non-EU countries

Switzerland: n=12
Canada: n=2
Australia: n=1
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

Source: EMCDDA Statistical Bulletin
Proportion of prison population in opioid substitution treatment on a given day

2010 or latest available year

- < 3 %
- 3 - <10 %
- > 10 %
- not available
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

Statistical bulletin

Drugnet Europe

Country overviews

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

www.emcdda.europa.eu