



European Monitoring Centre  
for Drugs and Drug Addiction

# **A Continuum of Care within Drugs Services: European perspectives**

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# European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

Established: 1993

Location: Lisbon

Staff: 110

# How we work

- Partners
  - 30 National focal points
- Methods
  - Collection of available data
  - Indicators and common monitoring tools
  - Regular, standardised reporting
  - Data-comparison methods
- Main Outputs
  - Annual Report
  - Statistical bulletin
  - Monographs, thematic reports
  - Legal database
  - Best practice portal



**27 Members States +  
Norway, Croatia and Turkey**

# Overview

## Drug situation: main characteristics

- Prevalence, patterns of use

## Responding to drug problems

- EU Drugs Strategy
- Development of service responses in Europe

## Challenges for service planning and delivery

- Health and social consequences
- Equivalence and continuity of care
- Outlook

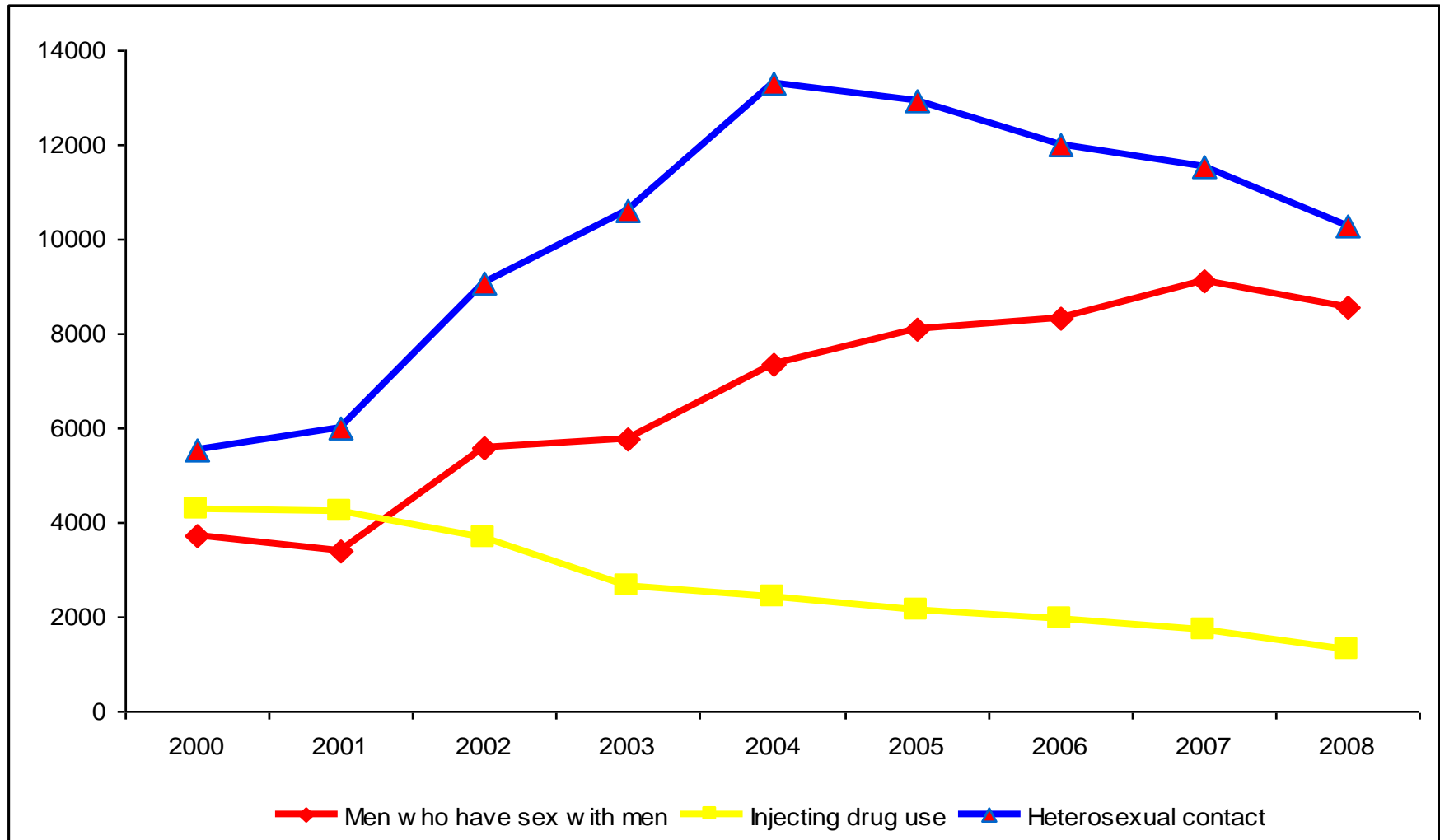


# Problem drug use

- Heroin remains Europe's biggest drug problem, overall stable
- Problem drug use: 1 in 250 adults
- ~0.4 % of adult population [range 0,1%-0.8%]
- Most of those [750.000 – 1 mio] are injecting users of opiates, cocaine or amphetamines, [range 0.1%-0.5%]
- ↓ rate of injectors among heroin users entering treatment  
↓ new HIV among injecting drug users
- ↑ age of drug-induced deaths → population gets older



# HIV infections by transmission mode and year of diagnosis. EU, Croatia, Turkey and Norway (2000–2008)



# Drug-related deaths

- Between 6 400 and 8 500 drug-induced deaths reported each year in Europe
- Most fatal overdoses are associated with opioids (typically over 85 %)
- Following an overall falling trend in drug-induced deaths between 2000 and 2003, subsequent data show an increase
- Number of deaths with involvement of cocaine rising



# Cocaine

- Some 13 million European adults (15–64 years) have tried cocaine in their lifetime; some 4 million adults have used it in the last year
- Still concentrated in western EU countries, but elsewhere in Europe consumption is low
- Most reporting countries show a stable or rising trend in last-year use among young adults
- In Denmark, Spain, Ireland, Italy and the UK, last-year prevalence (15–34 years) ranges from 3.1 % to 5.5 %
- Seizures and studies raise concerns about potential for further diffusion





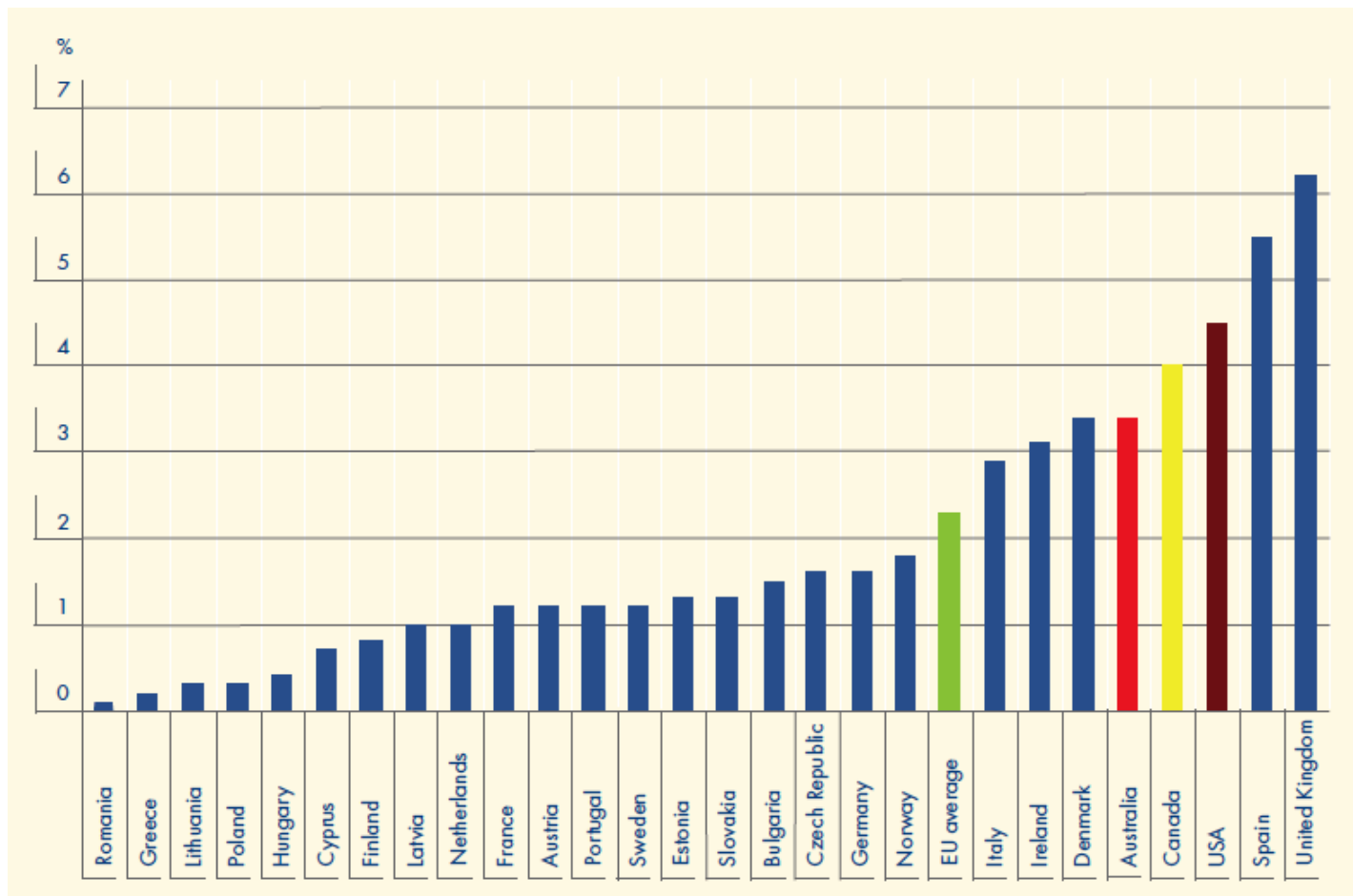
# Cocaine use: last year prevalence among young adults in Europe, Australia, Canada and the USA

## Drug situation in Europe

Responding to drug problems

Challenges

Outlook



# Summary drug situation

- Drug use levels still high in Europe
- But no major increases for most forms of use
- Amphetamine and ecstasy use: overall steady
- Cannabis: 1 in 4 Europeans has experience, evidence of a decline in use, particularly in young people
- Heroin and cocaine maintain firm hold on Europe's drug scene, with little sign of any recent improvement
- Polydrug use: now widespread and a growing issue for services

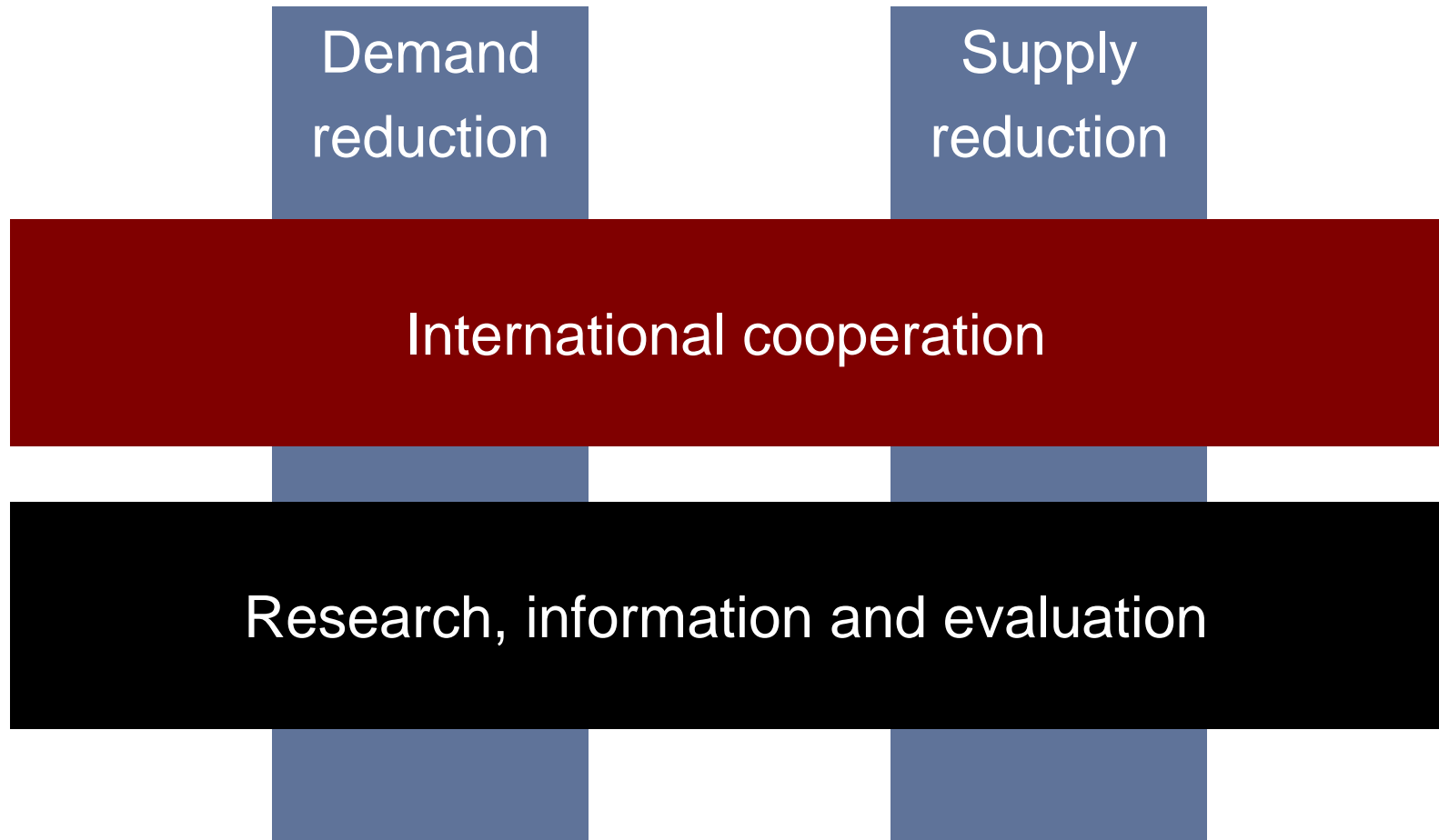


# European Union Drug Policy

- **70's and 80's exclusively national efforts**
- **90's: first steps towards a common response**
  - 1990 1st European Plan against drugs
  - 1993 Maastricht Treaty, creation of EMCDDA, creation of Europol (1994)
  - 1995 2nd EU plan against drugs 1995 - 1999
  - 1997 Amsterdam Treaty
- **2000's Consolidation EU basis**
  - EU Drugs Strategy (2000 - 2004) and Action Plan
  - EU Drugs Strategy 2005 – 2012 and two 4-yr Action Plans (2005-08; 09-12)



# EU Drug Strategy (2005-2012) – structure



# Demand reduction commitment of the EU countries:

- 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.

(EU Action Plan 2009-2012)

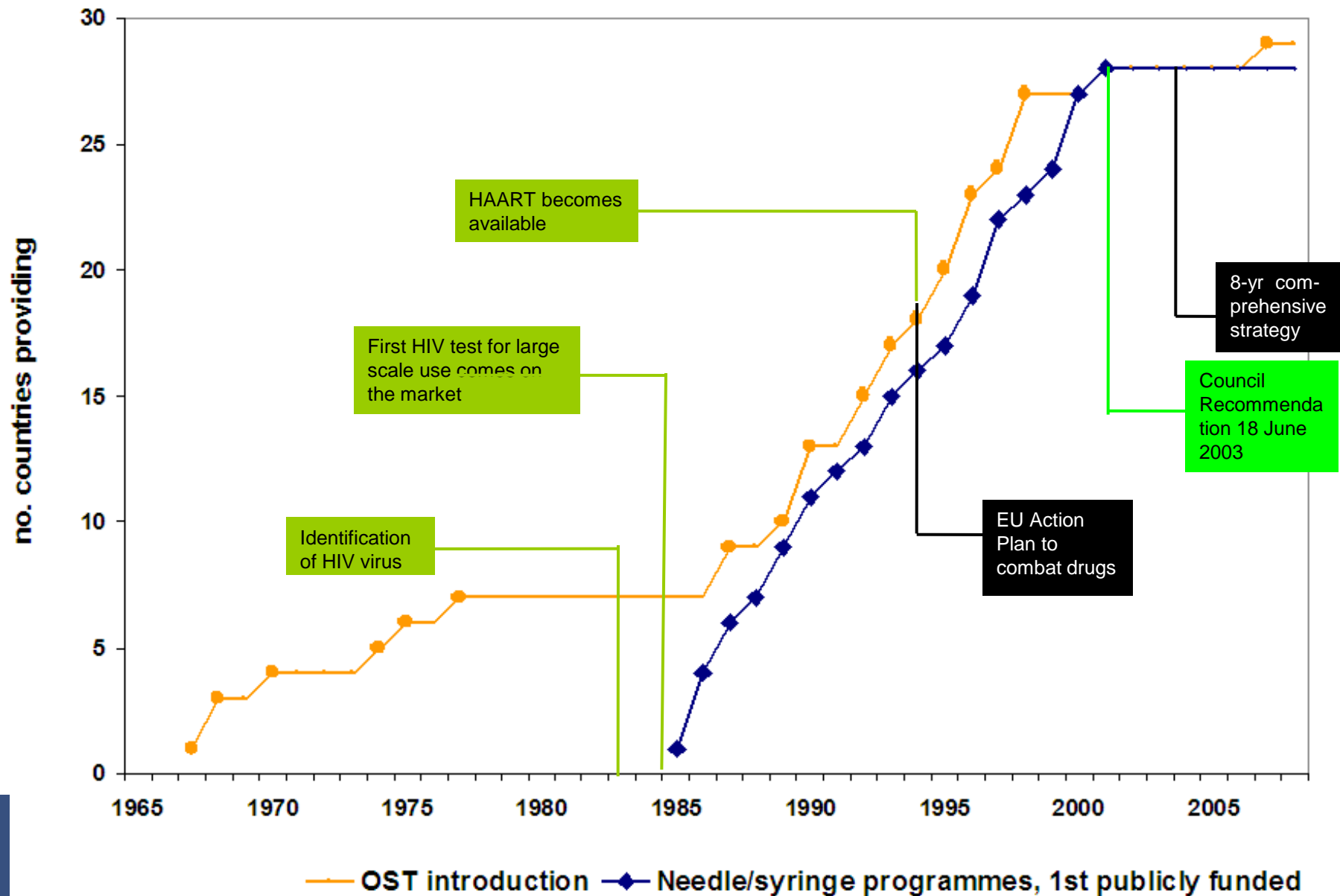


# Development of responses to drug use 1/2

- 1980s: predominantly inpatient treatment in most countries and provision overall limited;
- Mid/End 1980s: development of outreach as mainstream approach in drugs field: pioneering syringe exchange, streetworkers, 'backpackers';
- Early 1990s: Increasing range of street based services: daycenters, street-kitchens, street-doctors/ health care / nursing;



# Introduction of opioid substitution treatment (OST) and Needle and Syringe exchange Programme (NSP)



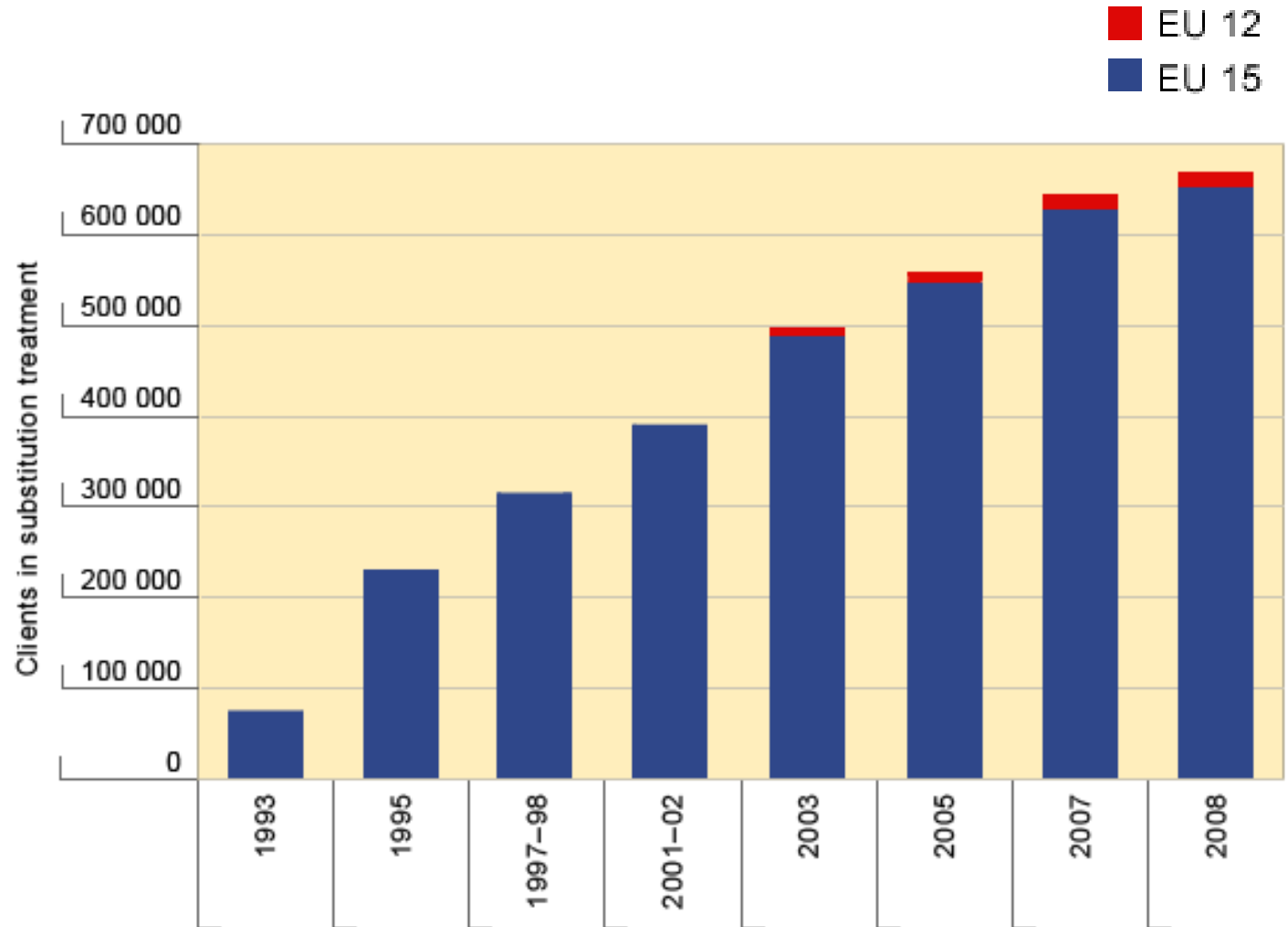
# 15 year-trend opioid substitution treatment

Drug situation in Europe

Responding to drug problems

Challenges

Outlook





# Development of responses to drug use 2/2

- Diversification of outreaching techniques, e.g. accompanied referrals; home visits, prison in-reach, supervised drug consumption facilities;
- 1993 - 2008: ten-fold scaling up of drug treatment;
- Continuum of care develops: provider networks, multidisciplinary teams, integrated care facilities established;
- integration drug treatment in primary care settings;
- currently: focus on consolidation of guidance and standards



## Continuum of care 2010, examples

Low threshold facilities provide range of assistance services incl. health care/nursing care at street level;

Syringe programmes most important entry point for injectors into relationship of care;

~ 50% of problem opioid users reached by treatment

Integrated specialist teams (social workers, mental health nurses) take care of mentally ill users.

Drug situation in  
Europe

Responding to  
drug problems

Challenges

Outlook



## Continuum of care 2010, examples

Peers/drug users are involved in service provision;

DCRs exist as responses to local drug problems in 61 European cities (CH, NL, DE, ES, LU, NO) + CA, AU – controversial debate ongoing - ,

Improving access to healthcare and drug treatment and reduction of public order problems are among objectives of DCRs,

Research in Europe, CA and AU documents they complement rather than conflict with treatment goals and can act as link to care.

Drug situation in  
Europe

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Outlook



# Challenges

## Prevention

- Drug use by young people, out-of school groups
- Multiple drug use, combining alcohol-illicit drugs

## Health consequences

- Infections, drug-induced deaths, psychiatric comorbidity
- Ageing-related problems, incl. alcohol- and tobacco-related disease

## Social consequences

- Imprisonment and post-release deaths
- Reintegration of long-term users

# Challenges

## Education and employment

- 26%- 69% outpatient clients unemployed (average of 47%)’ ;
- 40 % of clients entering treatment have not completed secondary education;
- paid employment important part in reintegration into society (Klee et al., 2002; Room, 1998).
- Participation in education, training and labour market improve treatment outcomes: health and social functioning, reduce offending (e.g. Platt, 1995; McIntosh et al., 2008; Kemp and Neale, 2005).

Drug situation in Europe

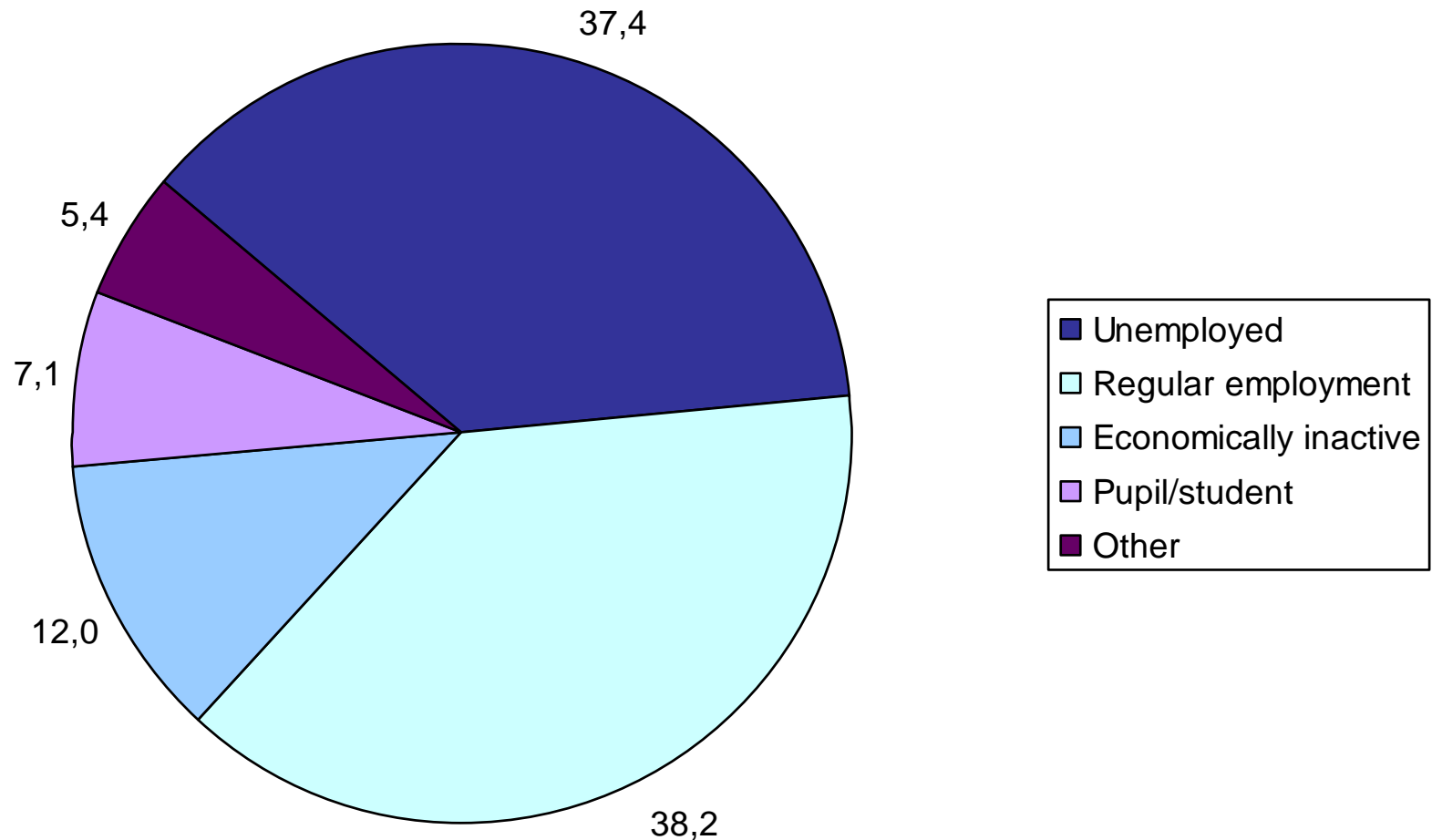
Responding to drug problems

**Challenges**

Outlook



# Labour status of all clients entering treatment (%), 2008 or most recent year



# Challenges: Prisons

- drug users substantial proportion of prison population in most European countries;
- High level of health services needs;
- Increased overdose risk after prison release.

Steps towards equivalence of health care:

- Prison health strategies
- Transfer of prison health to Ministry of Health
- in-reach, or 'import'-model of services,
- continuum of care from prison → community

Development of standards for prison health delivery and monitoring

Drug situation in  
Europe

Responding to drug  
problems

**Challenges**

Outlook



## Outlook

Health planners and policymakers:

- look for mechanisms to ensure high quality in drugs services while limited budgets;
- aim to support initiatives that have proven cost-effective and to prioritise evidence based interventions that produce long term gains;

EMCDDA-Best Practice Portal makes research findings available to policy makers and service providers



# Outlook

Drug situation in  
Europe

Responding to  
drug problems

Challenges

## Outlook

EMCDDA Best Practice Portal can assist service providers:

- to evaluate the evidence base of different treatment and harm reduction approaches;
- to learn about available standards and guidelines that ensure high quality responses;
- To find case examples that illustrate practice;
- To obtain relevant evaluation and monitoring tools.



**Responses to drug use****Best practice portal**

## Prevention

- Universal prevention
- Selective prevention
- Methodology

## Treatment

- Amphetamines users
- Cannabis users
- Cocaine users
- Opiate users
- Methodology

## Harm reduction

- Opioid injectors
- Stimulant injectors
- Non-injecting drug users
- Methodology

## Standards and guidelines

## Examples: EDDRA

## Evaluation instruments bank (EIB)

## Tools

**Responses areas**

## Prevention

## Treatment

## Harm reduction

## Prevention of drug-related crime

## Drug supply reduction

## Data collection tools

## Best practice portal

The EMCDDA's Best practice portal is a resource for professionals, policymakers and researchers in the areas of drug-related prevention, treatment, harm reduction and social reintegration. The portal concentrates on illicit drugs and polydrug use and has a clear European focus. [More information >>](#)

**Available modules**

The content in the portal is structured by thematic modules. Each module below provides the current scientific evidence base for the corresponding type of intervention.

**Prevention:** [universal prevention](#) | [selective prevention](#)

**Treatment:** [amphetamines users](#) | [cannabis users](#) | [cocaine users](#) | [opiate users](#)

**Harm reduction:** [opioid injectors](#) | [stimulant injectors](#) | [non-injecting drug users](#)

**Best practice resources****Standards and guidelines**

This section compiles quality standards and guidelines for the implementation of practices.

**EDDRA**

The Exchange on Drug Demand Reduction Action (EDDRA) provides real-life examples of evaluated practices in the European Union.

**EIB**

The Evaluation Instruments Bank (EIB) is an online archive of freely available instruments for evaluating interventions.

**OTHER RESOURCES**

- [Tools for evaluating practices](#)

**News and recent updates**

- 11.10.2010: Evidence for harm reduction interventions published >>
- 15.07.2010: Evidence profiles developed with GRADE will be published in October 2010 >>
- 01.06.2010: Best practice treatment module published >>
- 04.05.2010: National drug treatment guidelines in Europe by country now online >>

**Related links**

[Prevention and Evaluation Resource Kit: PERK](#)

[References](#)

[Drug-related research information](#)

[Glossary of the best practice portal](#)

[EMCDDA publications](#)  
[Guidelines for the evaluation of treatment in the field of problem drug use](#)

[Guidelines for the evaluation of outreach work: a manual for practitioner](#)

[Evaluation: a key tool for improving drug prevention](#)

[Guidelines for the evaluation of drug prevention: a manual for programme-planners and evaluators](#)



**Responses to drug use**

**Best practice portal**

- Prevention
  - Universal prevention
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## Standards and guidelines for practices

[Introduction](#) | [Prevention](#) | [Treatment](#)

This page contains a listing of national drug treatment guidelines in Europe. The title, the methodological basis and the types of treatment covered by each guideline are provided, along with a download link where available. The guidelines were collected in three phases in 2008, 2009, and 2010. See [background information](#) below for more details.

[Belgium](#) [Bulgaria](#) [Czech Republic](#) [Denmark](#) [Estonia](#) [Germany](#) [Ireland](#) [Greece](#) [Spain](#) [France](#) [Italy](#)  
[Cyprus](#) [Latvia](#) [Lithuania](#) [Luxembourg](#) [Hungary](#) [Malta](#) [The Netherlands](#) [Austria](#) [Poland](#) [Portugal](#) [Romania](#)  
[Slovenia](#) [Slovakia](#) [Finland](#) [Sweden](#) [United Kingdom](#) [Croatia](#) [Turkey](#) [Norway](#)

[View information for all countries](#)

### Treatment guidelines in Europe

Name of the guideline in English — if available — and year of publishing	Language and download link (if available)	Interventions covered	Basis of the guideline (where known)
Select a country name from the list above to see treatment guideline information			

### Legend for interventions covered

- 1 : Psychosocial interventions
- 2 : Opioid substitution/maintenance treatment
- 3 : Detoxification
- 4 : Social reintegration
- 5 : Responses to alcohol and drug (in general)
- 6 : Harm reduction

### Background information

The guidelines were collected in three phases in 2008, 2009, and 2010.

**2008:** A structured questionnaire filled in by the [Reitox national focal points](#), was used to identify 72 treatment guidelines which had been developed in the 27 reporting countries.

**2009:** A consultant study involving 29 European countries (27 European Member States, Norway and Turkey) obtained a further 17 guidelines which were then checked for double counting.

**2010:** A further 10 guidelines were obtained during a 'Reitox academy meeting' organised to draft a selected issue on national treatment guidelines, during which 28 Countries participated (including, for the first time, Bosnia Herzegovina, Albania, Montenegro).

[↑ top of page](#)

### Related links

[Drug treatment overviews](#)  
[Harm reduction: evidence, impacts and challenges \(Monograph, 2010\)](#)



# A multilingual information package

From 10 November 2010, our new Annual report 2010 is online at:

<http://www.emcdda.europa.eu/>

## Additional online material

- Statistical bulletin
- Country overviews
- Selected issues
- Reitox national reports

