Harm reduction for people who use drugs

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Conference on Health inequities and vulnerability: Capacity Building & interventions among EU Member States
What am I going to talk about

The target: People who use drugs
Harm reduction today

EMCDDA role
Developments

Outlook
The target: Two main groups

1.3 million problem opioid users

14.5 million young adults used Cannabis last year
The target: Two main groups

1.3 million problem opioid users

14.5 million young adults used Cannabis last year
First treatment demands opioids

Heroin

Other opioids

EMCDDA EDR 2014
Injecting drug use: long-term decline

Prevalence of injecting in last month among treatment entrants: trends among new entrants

Treatment entrants reporting injecting in the last month
2010: Greece and Romania contributed just over 2% of the total number of newly reported diagnoses.

2012: this figure had increased to 37%.
Overdose deaths
The target: Two main groups

1.3 million problem opioid users

14.5 million young adults used Cannabis last year
First treatment demands cannabis

Frequency of use in the last month:
- Daily: 49%
- Two to six times a week: 15%
- Once a week or less: 23%
- Not used in the last month: 14%
Interventions for cannabis users

First treatment demands

![Graph showing the percentage of first treatment demands for different drug types from 2006 to 2011. The graph compares Heroin, Cocaine, Cannabis, Other stimulants, and Other drugs. The percentages are indicated as follows:]

- **Heroin**: Steady around 35% from 2006 to 2011.
- **Cocaine**: Increases from 25% in 2006 to 30% in 2011.
- **Cannabis**: Peaks at 40% in 2008, then decreases to 30% in 2011.
- **Other stimulants**: Remains consistently around 10%.
- **Other drugs**: Stays relatively stable at around 5%.

The graph indicates a significant increase in the demand for treatment for cannabis users compared to other drug types.
The role of the EMCDDA

- Follow developments of indicators of harm
- Follow provision of intervention
- Inform about evidence based interventions
- Close collaboration with REITOX, EU agencies, international bodies, national experts
Follow developments

Indicators of harm:
- Deaths
- Infections: HIV, HepC
- Others

Provision of interventions
- NSP
- OST
- Naloxone, consumption rooms, etc.
- Emergencies
- Other low threshold activities
Treatment as harm reduction: OST

[Bar chart showing data for EU 15 and EU 13]
Percentage of problem opioid users receiving drug treatment (estimate)
Number of syringes distributed through specialised programmes 2012 vs 2007

- Greece: 526%
- Latvia
- Hungary
- Croatia
- UK (Northern Ireland)
- Malta
Number of countries with guidelines or standards for health and social interventions in the drugs field
Health and Social Responses to drug use in Europe

Poland

- Adult population: 27 394 455
- Problem opioid users (POU): 15,119
- Injecting drug users (IDU): n.a.
- Drug-induced deaths: 285

Timeline and interactive map of core harm reduction interventions
Inform about interventions

- Review and present up to date information
- Best practice Portal
- Support of training initiatives
EMCDDA Best Practice Portal

BPP pillars

Best practice portal

About the portal
The 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. It is continuously updated as information and research on interventions emerges.

More information »

Evidence
Peruse the latest evidence to find out what works (and what doesn't) in the areas of drug prevention, treatment, harm reduction and social reintegration.

Guidelines
Many countries have guidelines and standards for drug-related interventions, aimed at improving their quality and effectiveness. View them here.

Examples
A searchable database of real-life implementations of drug-related interventions in Europe, designed to help professionals and policy-makers.

Tools
An online archive of freely available instruments (e.g. questionnaires) for evaluating prevention, treatment and harm reduction interventions.

Collaborations and partnerships in best-practice

Harm reduction module – opioid injecting

Beneficial
• Infections caused by HIV and Hepatitis C can be prevented with OST and the provision of clean needles and syringes
• People have less risky behaviours when they are in OST
• Death among drug users is reduced by keeping them in OST
• Hepatitis C treatment is effective in active drug users

Not clear
• OST can help patients adhere better to Hepatitis C treatment or achieve better results
• OST and NSP in prison help prevent infections and reduce risky behaviours
• Outreach and education can reduce injecting risk behaviours
• Drug consumption rooms can reduce HIV and Hepatitis C infections as well as mortality
• Peer-Naloxone programmes can actually reduce mortality
Key tools in Evidence based interventions - guidelines

Drug demand reduction: global evidence for local actions

The development of evidence-based demand reduction interventions is a primary drug policy objective at national, European Union (EU) and global level. A particular discourse, with its own set of concepts, is used to discuss implementation of this objective, including terms such as best practice, quality standards, guidelines, protocols, accreditation systems and benchmarking. This paper provides readers with straightforward definitions of the terms used, whilst highlighting achievements and current challenges in transferring scientific knowledge into practice in the drug demand reduction arena. A special focus is given to ‘best practice’ because of this concept’s increasing popularity and importance in Europe.

Central and North West London
NHS Foundation Trust

Project NEPTUNE

- **Novel Psychoactive Treatment: UK Network**
- Funded project
  - comprehensive review of the research literature for ‘treatment’ of NPS
  - Developed **evidence-based** clinical guidance
- Where gaps, expert group developed consensus
- Runs to over 500 pages!
The Implementation equation

What Works – The Implementation Equation

Effective Interventions The “WHAT”

Effective Implementation The “HOW”

Positive Outcomes for Consumers

Source: Michelle Duda NIRM University of North Carolina
Inventory of European practices

EDDRA

496 projects

- prevention projects (267)
- treatment (92)
- harm reduction (58)
- social reintegration (48)
- criminal justice system interventions (33)

New focus:

- evidence base of projects
- implementation aspects
Best Practice Portal

Inventory of European and international guidelines

- 245 guidelines
  - European (201)
  - International (44)
  - Treatment (170)
  - Prevention (37)
  - Harm reduction (38)
Developments

• Make active use of the ‘knowledge translation’ to exchange best practices between countries and develop effective responses to new emerging problems

• Monitoring to support service planning and scaling up of evidence-based interventions

• Forecast through assessment levels of risks before outbreaks occur
Potential elevated risk for HIV infections among injecting drug users

| HIV prevalence and trends | Belgium | Bulgaria | Czech Republic | Denmark | Germany | Estonia | Ireland | Greece | Spain | France | Croatia | Italy | Cyprus | Latvia | Lithuania | Luxembourg | Hungary | Malta | Netherlands | Austria | Poland | Portugal | Romania | Slovenia | Slovakia | Finland | Sweden | United Kingdom | Turkey | Norway |
|---------------------------|---------|----------|----------------|---------|---------|---------|---------|--------|-------|--------|---------|-------|--------|--------|           |           |        |       |           |         |        |          |         |         |          |        |        |          |        |        |
| Injecting drug use prevalence and trends (transmission risk) |         |          |                |         |         |         |         |         |       |       |         |       |        |        |           |           |        |       |           |         |        |          |         |         |          |        |        |          |        |        |
| Substitution treatment coverage (<30 %) |         |          |                |         |         |         |         |         |       |       |         |       |        |        |           |           |        |       |           |         |        |          |         |         |          |        |        |          |        |        |
| Needle and syringe coverage (<100 syringes per injecting drug user) |         |          |                |         |         |         |         |         |       |       |         |       |        |        |           |           |        |       |           |         |        |          |         |         |          |        |        |          |        |        |
Outlook

Dropping iv drug use and prevalence of opiate use:
- should we rethink “drug harms”?
- even smaller individual harms can create big impact given higher prevalence of use

Cannabis
- Psychiatric diseases?
- School failure, family problems?

Settings for interventions:
- harm reduction services and street-work
- Nightlife
- leisure time places
- Social media, Apps, Internet ...
Thank you very much

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