

# Evidence and availability of harm reduction in Europe 2003–2013

Alexander Grabenhofer–Eggerth, Martin Busch, Charlotte Klein & Marion Weigl

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## The 2003 EU–Council Recommendation on harm reduction

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- » Member States should, in order to provide for a high level of health protection, set as a public health objective the **prevention of drug dependence and the reduction of related risks**, and develop and implement **comprehensive strategies** accordingly.
- » Member States should, in order to reduce substantially the incidence of drug–related health damage (such as HIV, hepatitis B and C and tuberculosis) and the number of drug–related deaths, make available, as an integral part of their overall drug prevention and treatment policies, **a range of different services and facilities, particularly aiming at risk reduction**; to this end, bearing in mind the general objective, in the first place, to prevent drug abuse.
- » Member States should consider measures, in order to develop appropriate **evaluation** to increase the **effectiveness and efficiency** of drug prevention and the reduction of drug–related health risks.

## Purposes of the project

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- » Recent developments in **epidemiology** in the field of drug-related harm: epidemiological key indicators like drug-related infectious diseases, drug-induced deaths as well as drug consumption patterns and new challenges (e. g. rise of consumption of new substances, local outbreak of HIV epidemics)
- » **Supply of harm reduction measures in Member States** and candidate/acceding countries and recent developments: the expert opinion of relevant stakeholders and policy makers working in the field of harm reduction
- » **Statistical analysis of changes** in the epidemiological situation and the supply of harm reduction, using modelling methods to get insight in the complex interaction of both, where possible
- » **Effectiveness of harm reduction interventions** to prevent drug-related infectious diseases and drug-induced deaths based on a systematic literature review with special focus on questions which are relevant for further recommendations by the Commission
- » **Conclusions and Recommendations** based on the evidence

## Data used

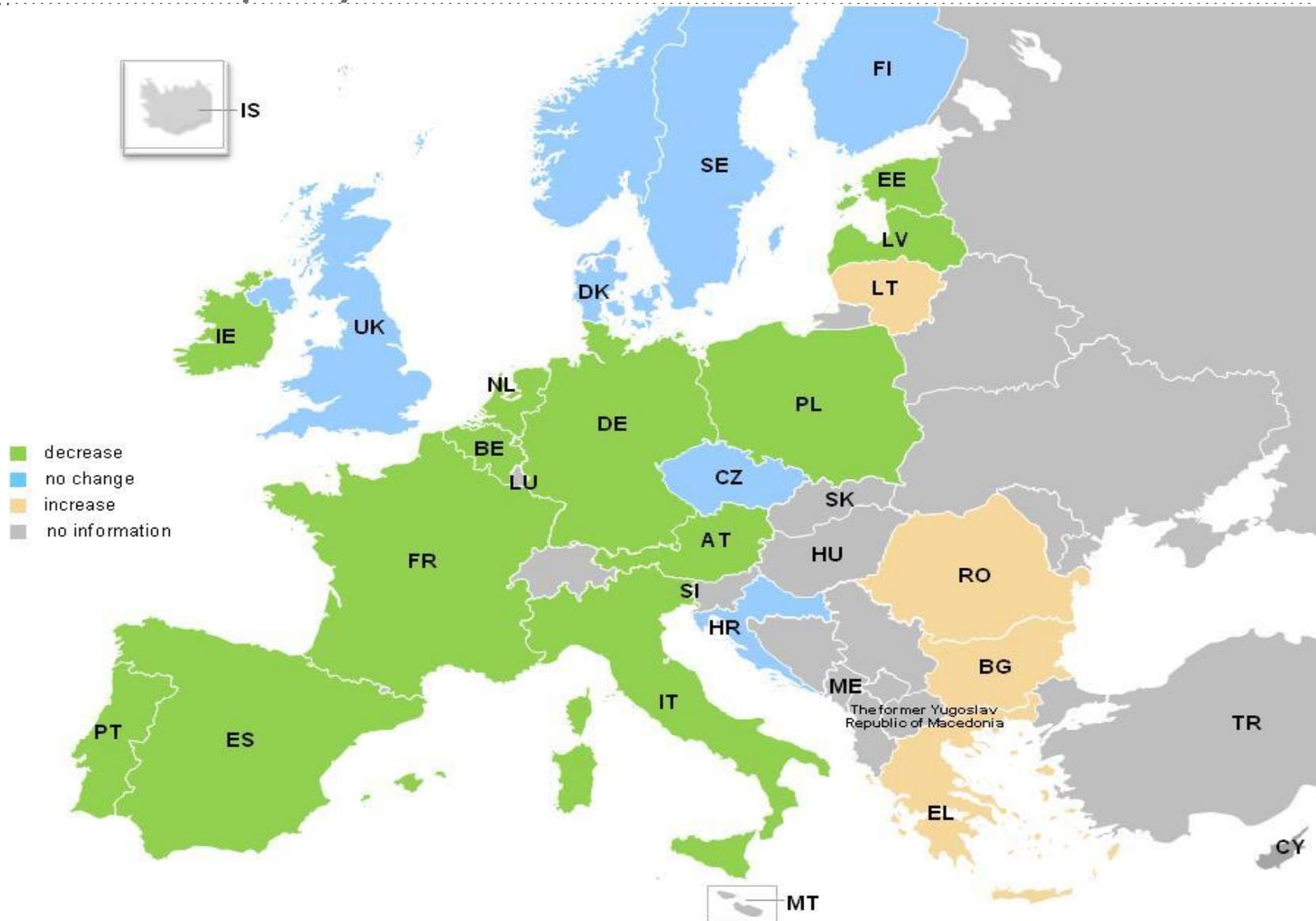
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- » **Data available at the EMCDDA** (statistical tables, structured questionnaires, national and EU reports on the drug situation, country overviews, best practice portal, EDDRA... ) 2003 to 2011/2012
- » Gap survey among **REITOX-Focal points** (26 countries)
- » Online-questionnaire targeting **high level policy makers** (31 countries)
- » Online-questionnaire targeting **harm reduction field organisations** (43 organisations in 24 countries)
- » **General literature review** based on meta-analysis and systematic literature reviews for harm reduction measures
- » **4 systematic literature reviews** on specific topics (peer naloxone programs, needle exchange in prison, prison release management and measures to influence route of administration)

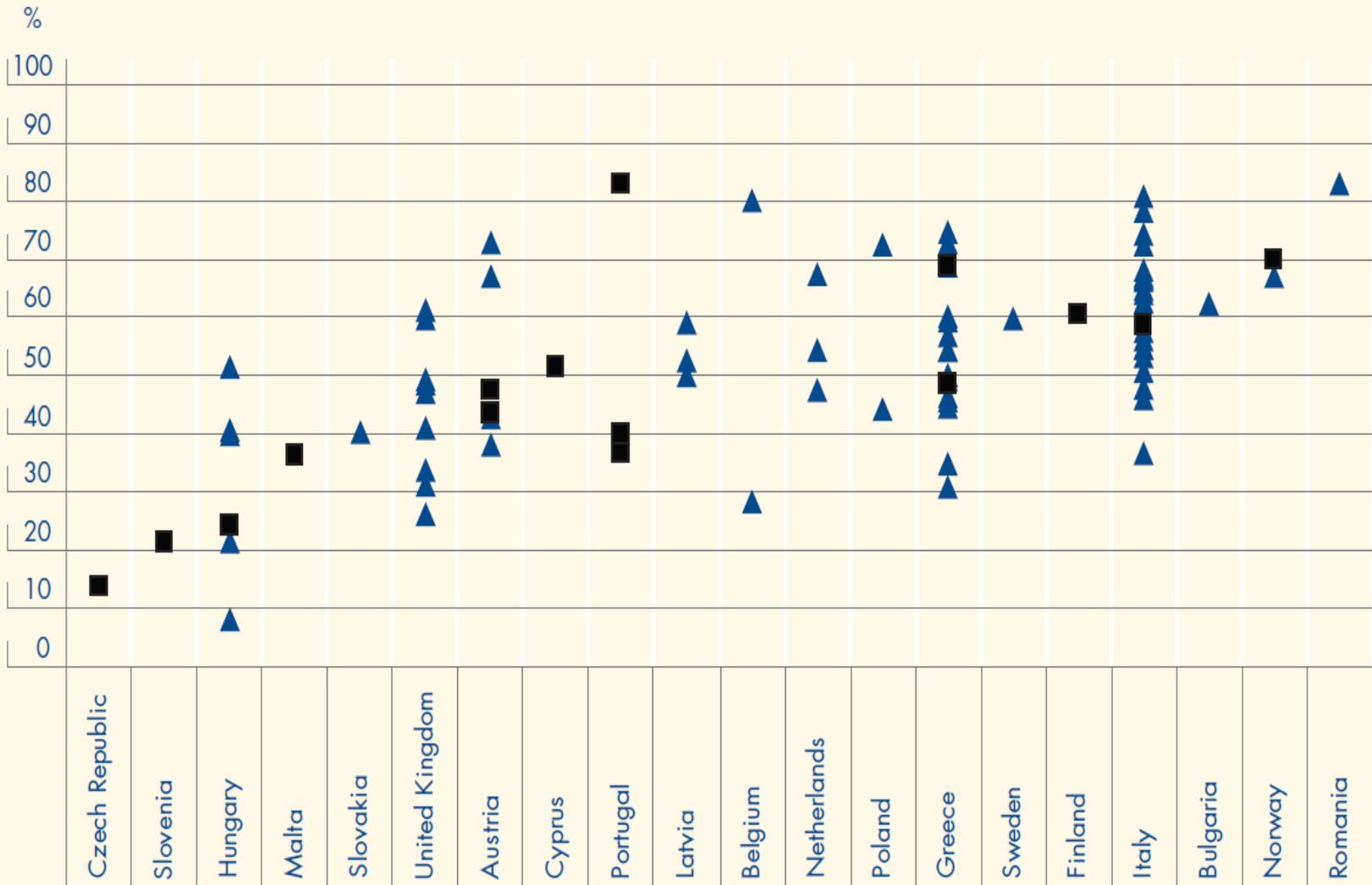
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## Selected results

# Significant changes of HIV infections acquired via IDU 2003–2010 partly 2011



# HCV-antibodies prevalence among IDUs

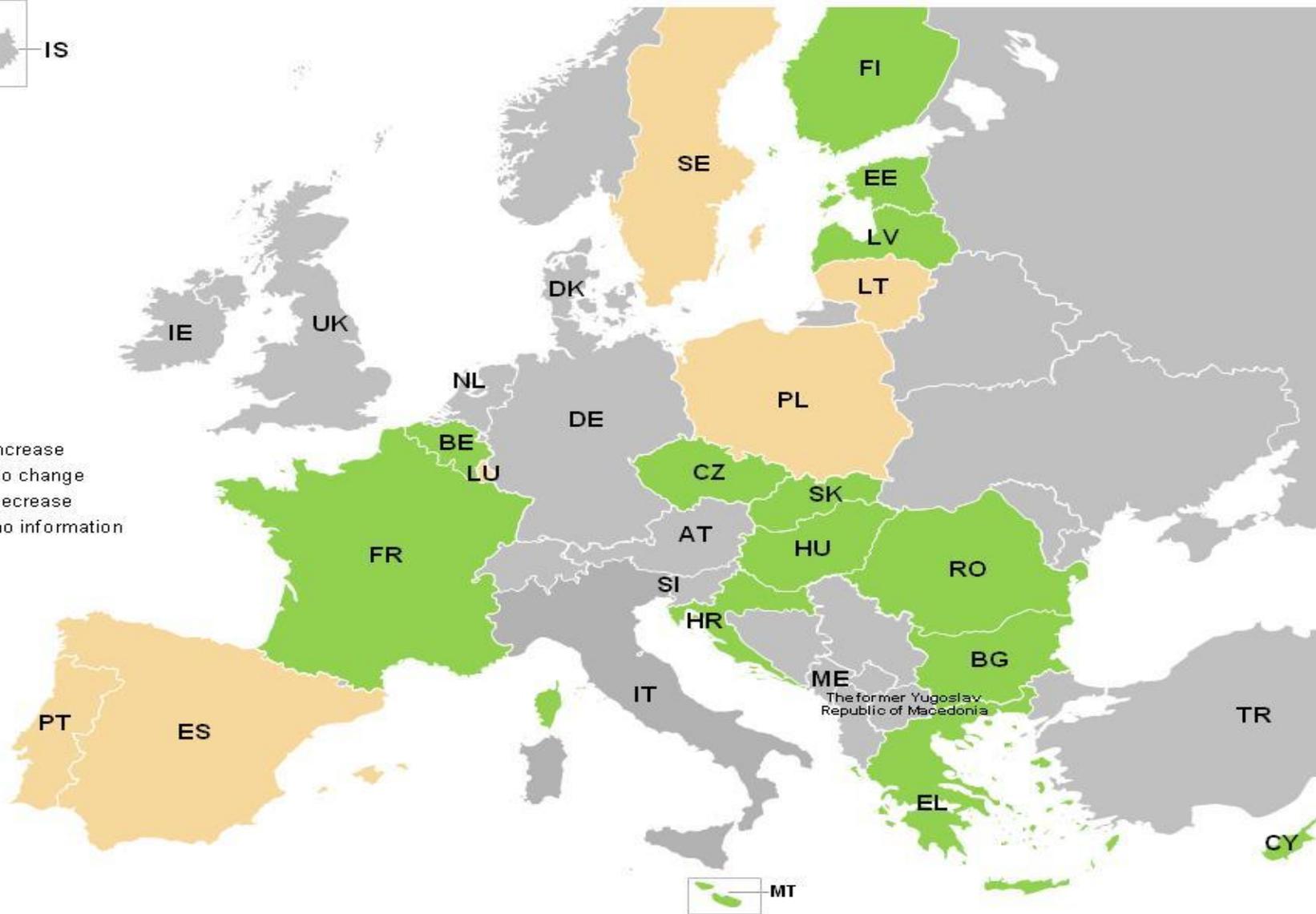


# Significant changes of needles distributed by specialised facilities 2003–2010



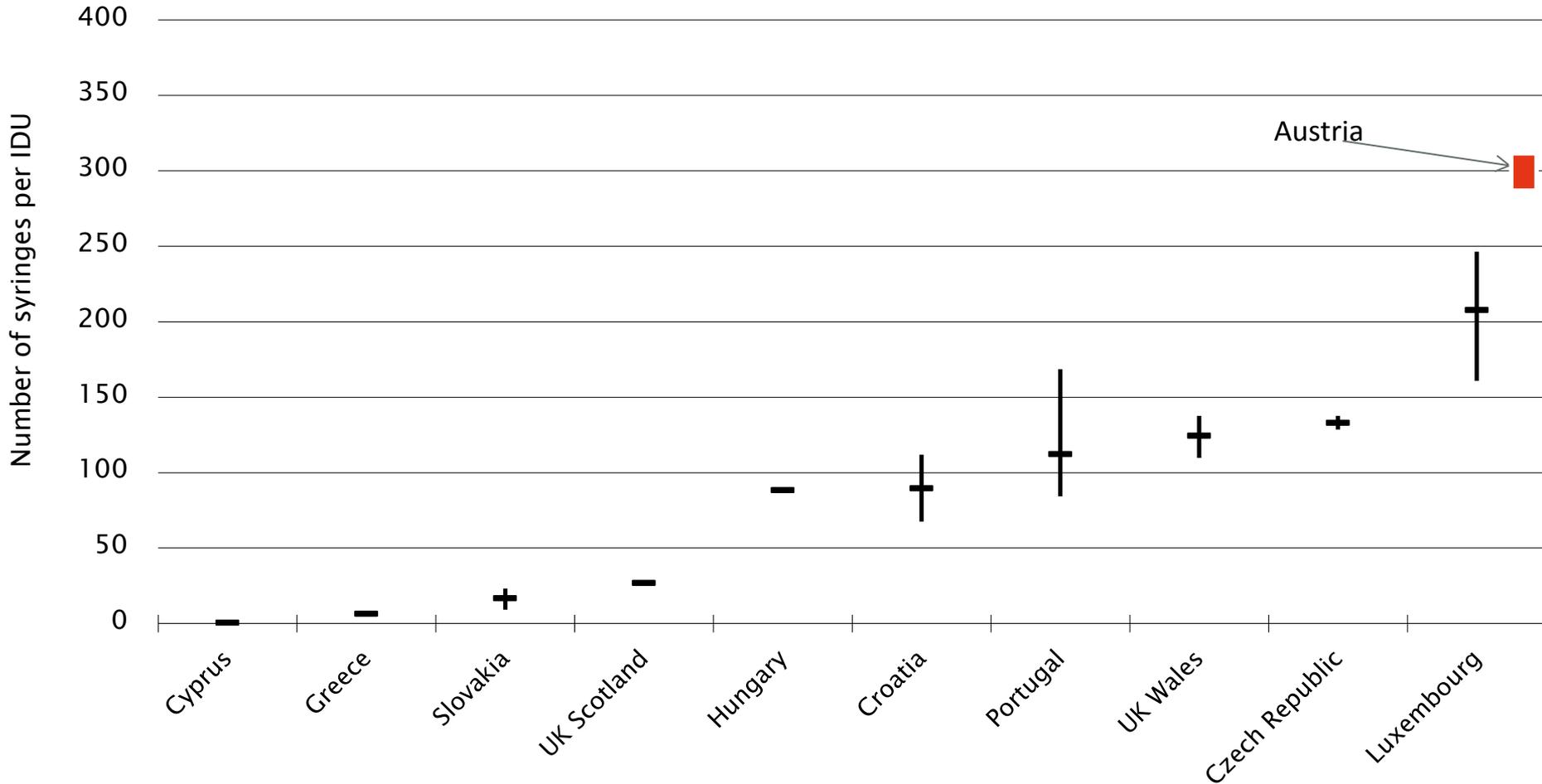
IS

- increase
- no change
- decrease
- no information



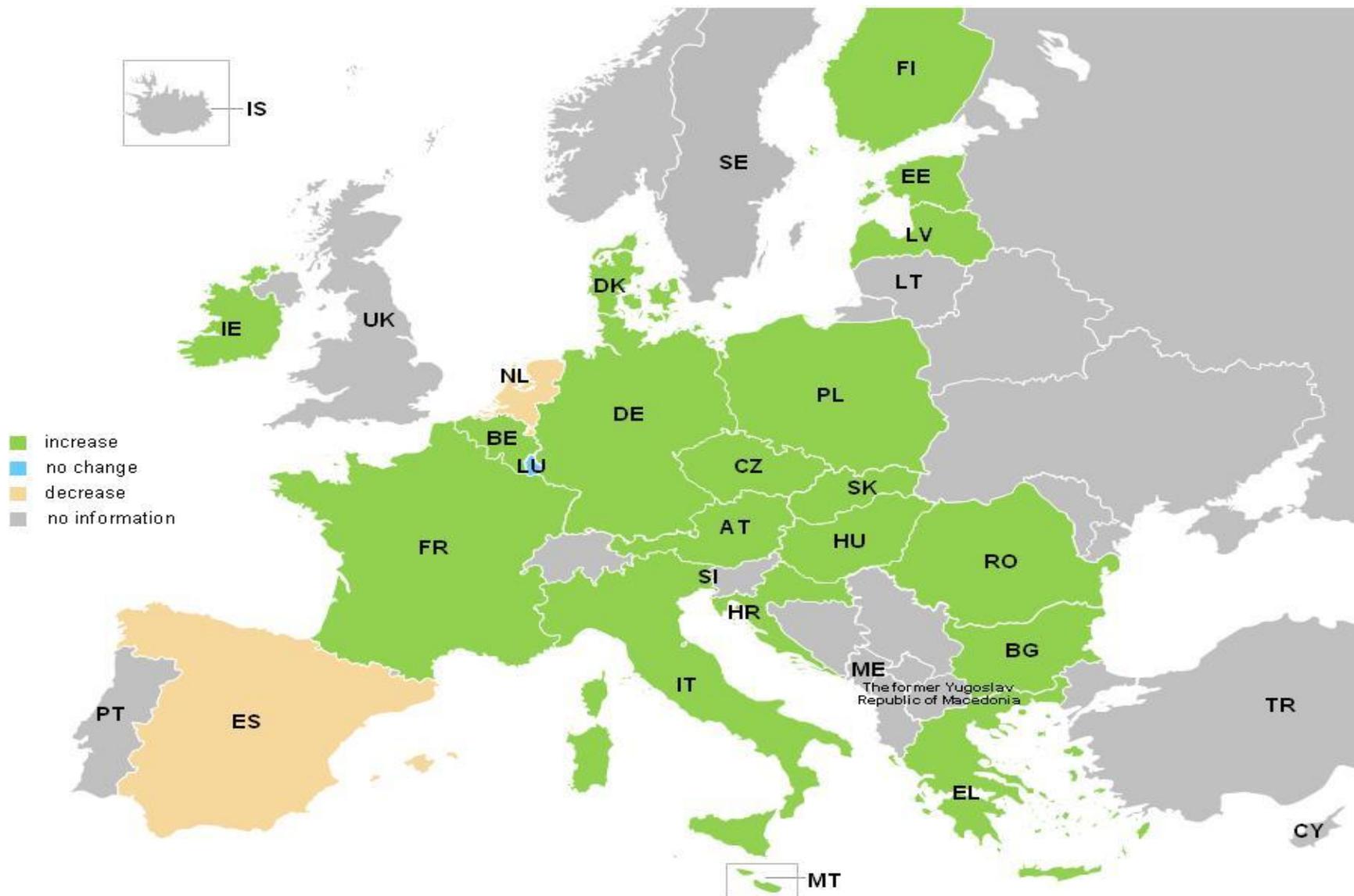
The former Yugoslav Republic of Macedonia

# Syringes distributed through specialised programmes in 2010 per estimated injecting drug user

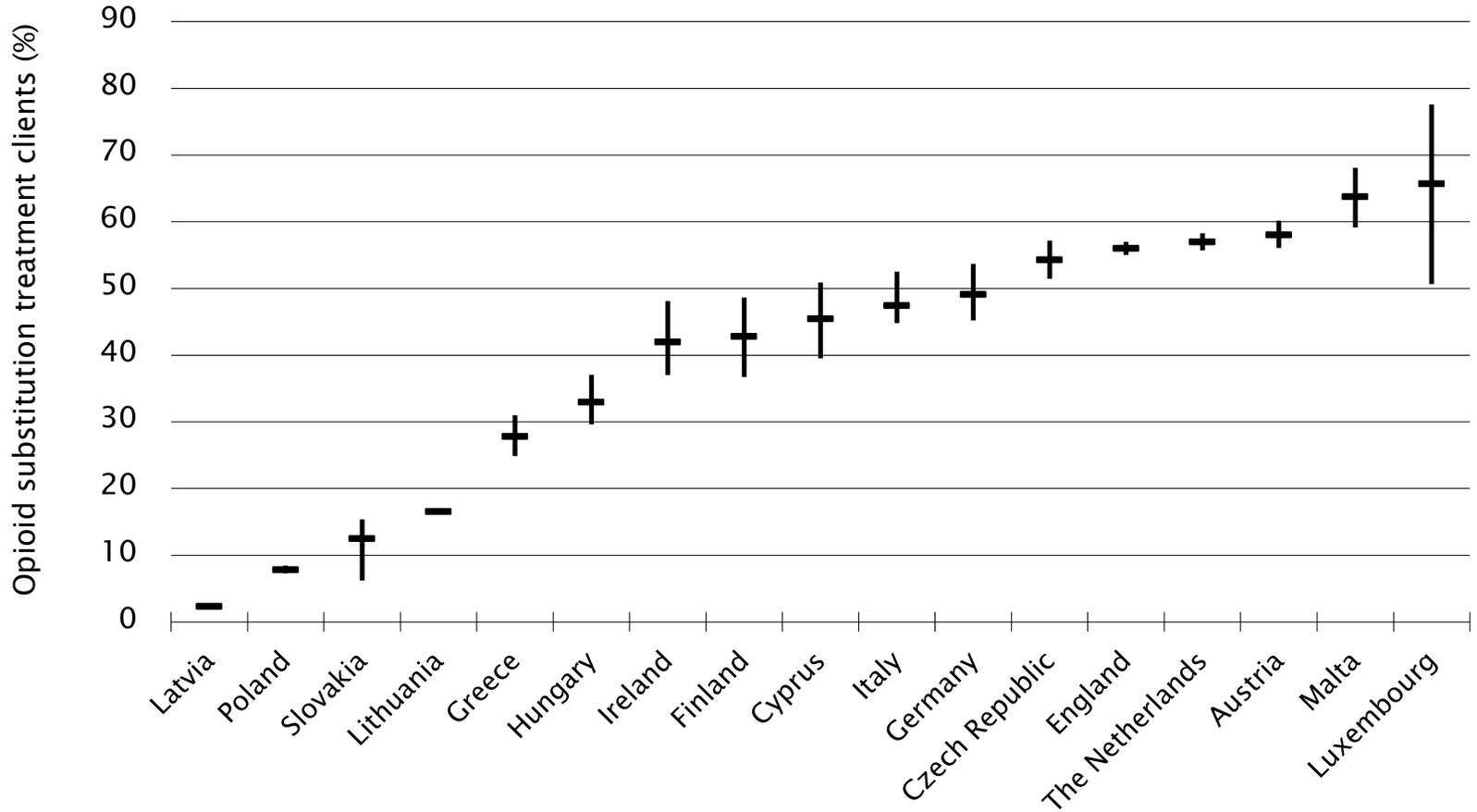


Source: EMCDDA Statistical Bulletin 2012, Figure HSR-3

# Significant changes of OST-Clients 2003–2010

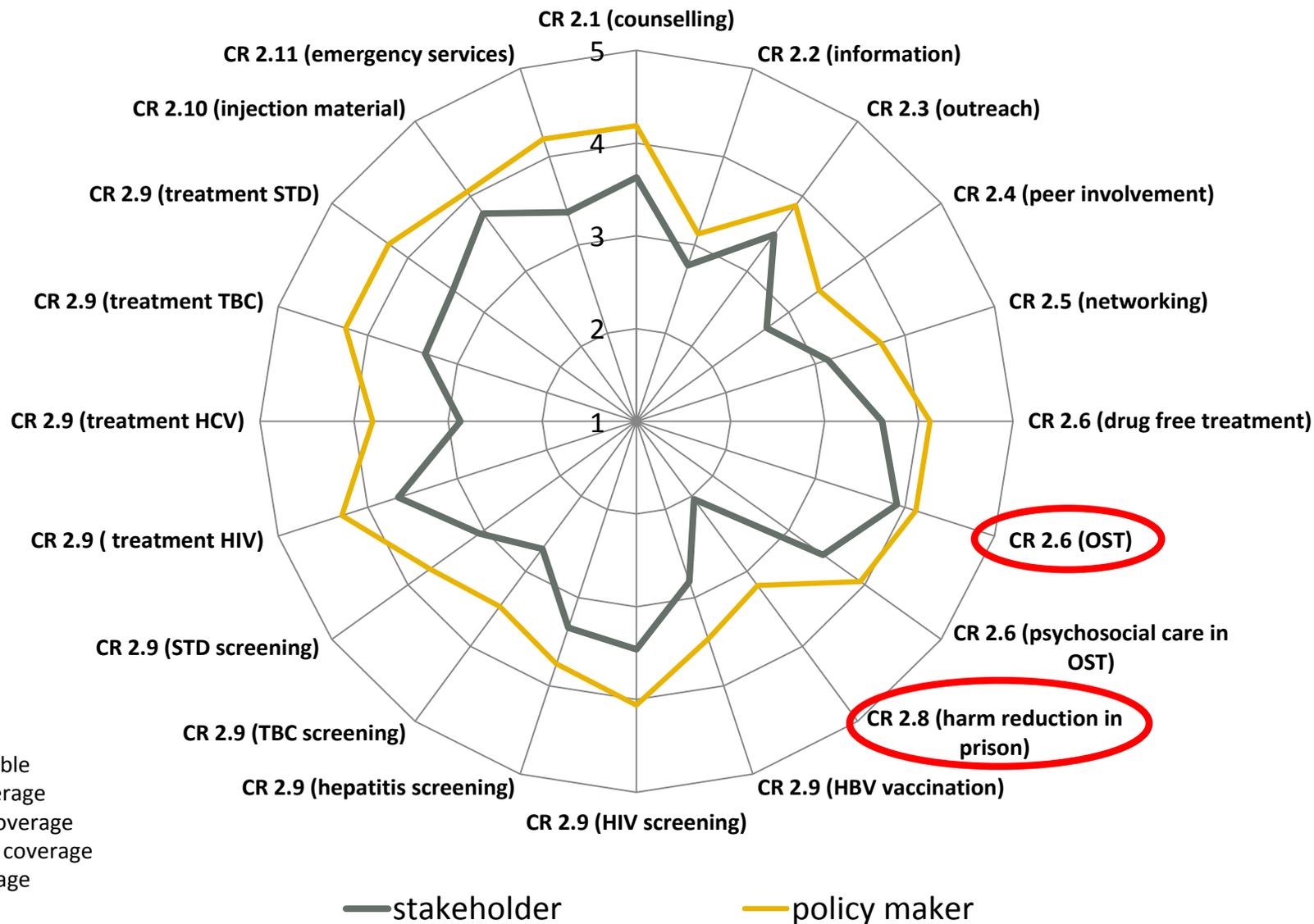


## Percentage of problem opioid users in OST 2010

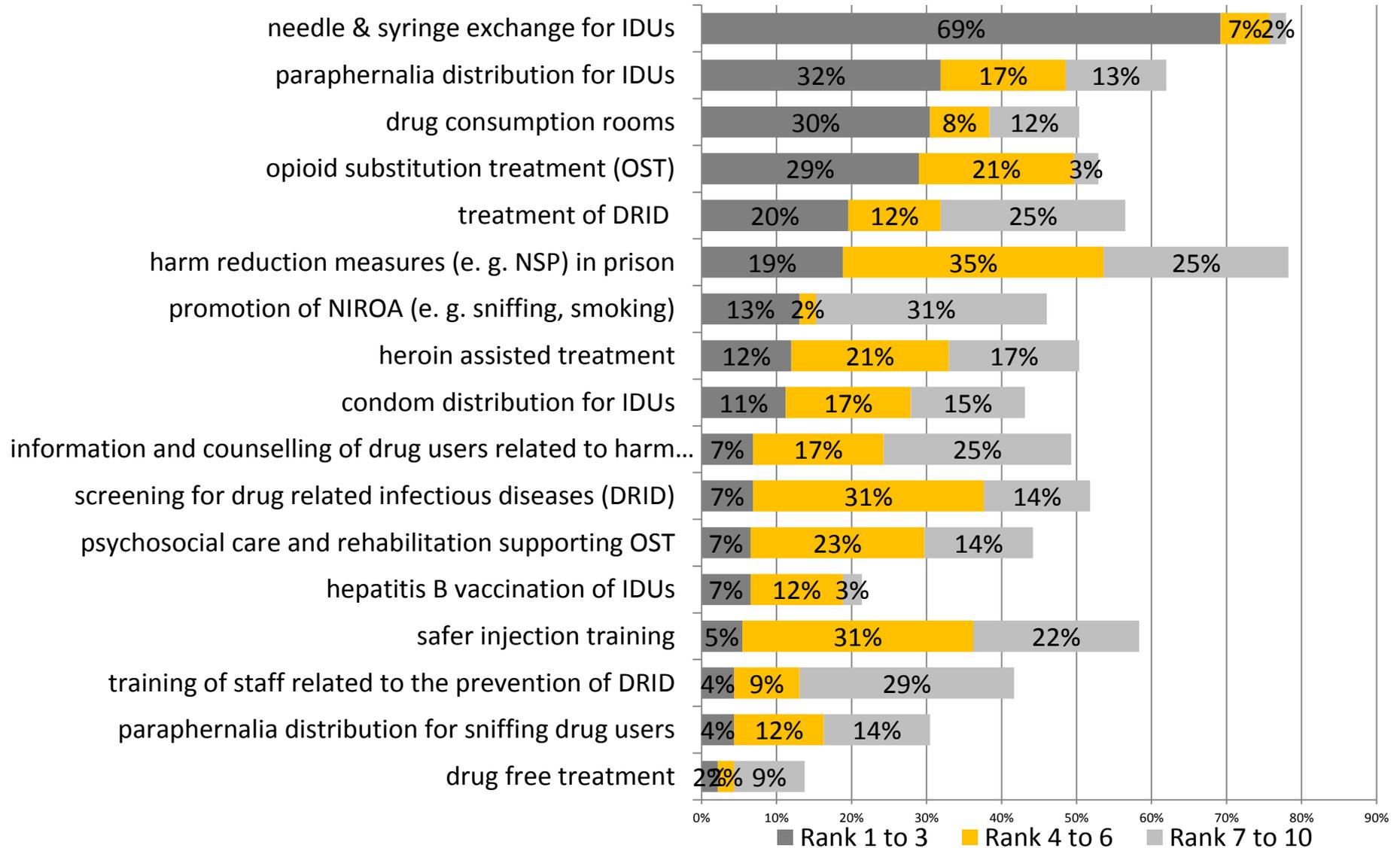




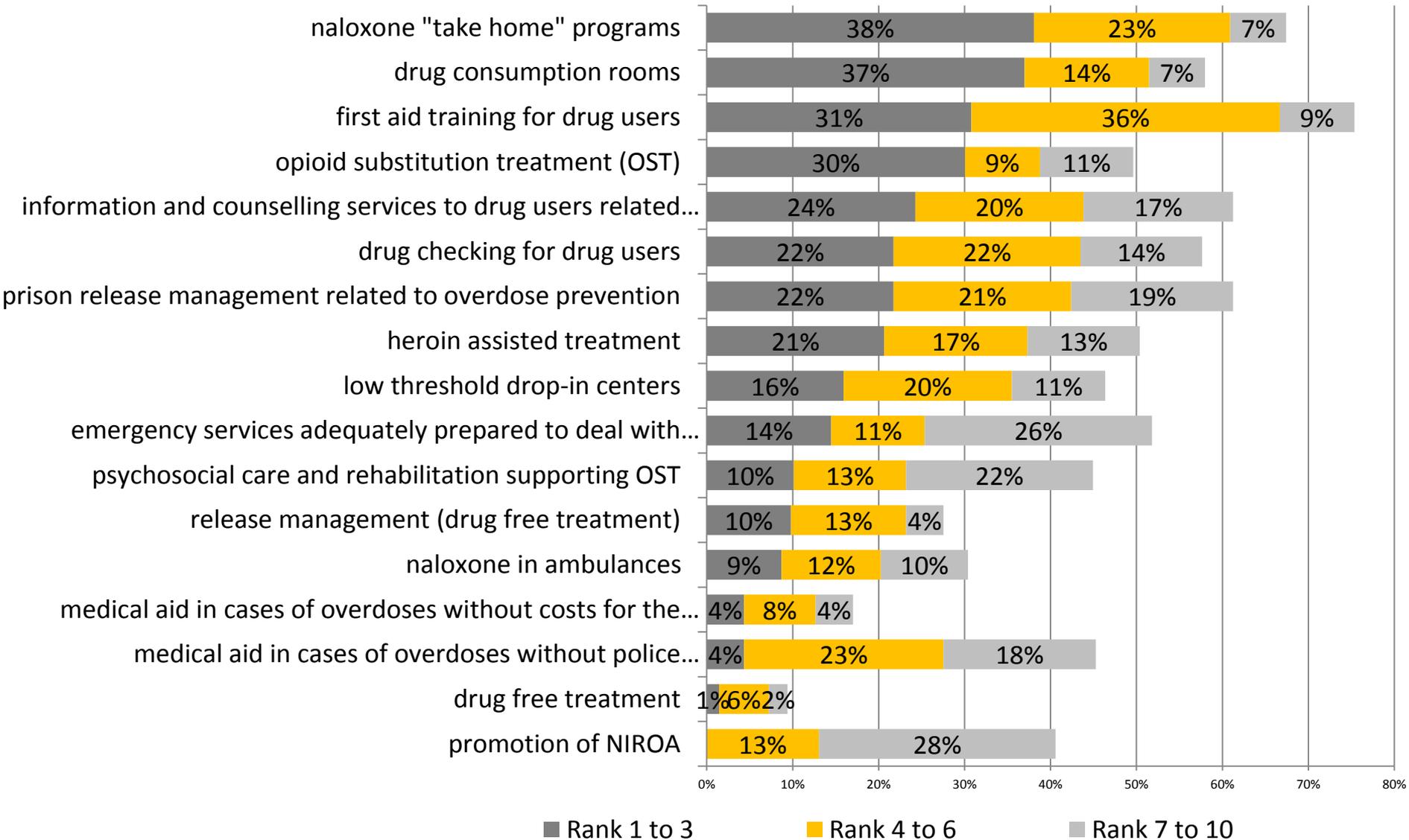
# Estimation of coverage of different harm reduction measures by policy makers and stakeholders (=field organisations)



## Harm reduction measures whose implementation / expansion would have the biggest effect in reduction of prevalence of DRID among IDUs



## Harm reduction measures whose implementation / expansion would have the biggest effect in reduction of prevalence of DRD among IDUs



## Harm reduction measures implemented in some countries only, (despite existing evidence)

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Harm reduction measure	Availability
Drug consumption room	Germany, Luxembourg, Netherlands, Spain, Denmark
Peer naloxone programme	Italy, Germany, Spain, Lithuania, United Kingdom (England, Wales, Scotland), Bulgaria, Denmark, Portugal
Heroin assisted treatment	Belgium, Denmark, Germany, Netherlands, Spain, UK
NSP in prison	Germany, Spain, Luxembourg, Portugal, Romania
Pill testing	Austria, Belgium, France, Netherlands, Portugal, Spain

## main outputs

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More than 800 pages (6 volumes) report (including 32 country profiles).

1. Political strengthening of harm reduction
2. Syringe provision through specialised programmes
3. OST improvement of coverage and organisation
4. Harm reduction in prison
5. Naloxone “take-home” programmes
6. Use of emergency services
7. Drug consumption rooms
8. Counselling, outreach and peer involvement
9. Access to HCV treatment
10. HBV vaccination
11. Housing
12. Integration of services
13. Research

## Three priorities for future work

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### Priority A: The reduction of drug-induced deaths

#### Reasoning:

It has not been possible to reduce the number of drug-induced deaths since 2003.

#### Proposed measures:

Improvement of coverage (for specific subgroups of opioid addicts, low threshold access to OST, comprehensive health insurance covering OST) and organisation of opioid substitution treatment (avoid interruptions, avoid waiting lists), facilitating the use of emergency services, peer naloxone programmes, integration of services (especially prison and treatment release management), drug consumption rooms, outreach, peer involvement and family support.

## Three priorities for future work

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### Priority B: The improvement of harm reduction in prison

#### Reasoning:

The coverage of harm reduction measures in prison lies far behind coverage outside prison. Therefore prison is a high-risk environment for injecting drug users (IDUs) to get infected with drug-related infectious diseases. Prison release without adequate throughcare is one of the main risk factors for drug-induced deaths.

#### Proposed measures:

Opioid substitution treatment (OST), syringe provision through specialised programmes (introduction in all prisons), release management, through-care into and out from prison (regarding OST continuity), housing for released prisoners, health assessments including infection prevention.

## Three priorities for future work

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### Priority C: The reduction of harm caused by drug-related infections

#### **Reasoning:**

Existing harm reduction measures have been sufficient to decrease HIV prevalence in injecting drug users (IDUs) significantly in most countries covered with this research. Recent HIV outbreaks show that this situation can change very fast when harm reduction is not appropriate. Hepatitis C (HCV) rates are still on a high level and will lead – if reaction is not adequate – to enormous individual (e. g. death due to consequences of HCV) and public costs.

#### **Proposed measures:**

See priority B, improvement of coverage of syringe provision through specialised programmes (NSP), HIV and HCV treatment programmes, improvement of HCV surveillance, hepatitis B vaccination programmes, outreach, peer involvement and family support.

# Thank you for your attention!

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## Acknowledgements

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- » Maurice Gallà and Justyna Glodowska-Wernert (EC, DG JLS)
- » Giulio Gallo, Marjatta Montonen and Natacha Torres da Silva (EC, DG SANCO)

## Free download of the whole report (english language):

<http://www.goeg.at/de/BerichtDetail/Bericht-zu-Massnahmen-gesundheitlicher-Schadensminimierung-bei-Drogenabhaengigkeit-2013.html>

Google: harm reduction report goeg

Contact:

[alexander.grabenhofer-eggerth@goeg.at](mailto:alexander.grabenhofer-eggerth@goeg.at)