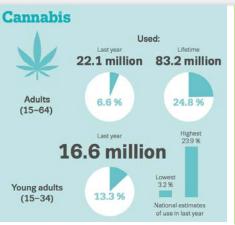


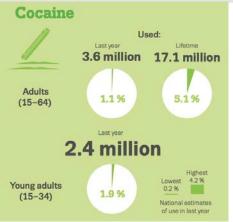
Drug use and consequences in Europe: trends and challenges

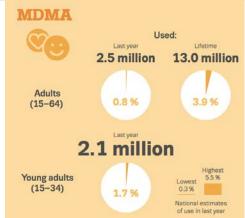
Lucas Wiessing, EMCDDA

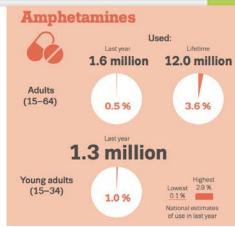
2017 SDF Seminar and Annual General Meeting, 8 February 2017, Glasgow

Illicit drug use in Europe – EMCDDA 2016



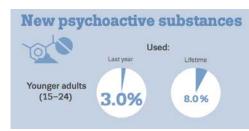






Opioids High-risk opioid users **Fatal overdoses** 82% Opioids are found in **Drug treatment requests** 82 % of fatal overdoses Principal drug in about 644 000 40 % of all drug 40% Opioid users treatment requests received substitution in the European Union treatment in 2014

- Cannabis: most commonly used
- Cocaine: most common stimulant
- MDMA: most common synthetic stimulant
- Heroin and other opioids: use relatively rare but associated with most harms
- NPS: little prevalence data





Challenges (EMCDDA, EDR 2016)

- Higher potency of classical drugs
- Continued emergence of new substances
- Changing patterns of use
- Rises in overdose deaths (6800 in 2014)
- Internet drug markets, expansion potential
- Return of MDMA (ecstasy), stronger
- Over 560 NPS monitored, 98 emerging 2015
- Synthetic cannabinoids (toxicity), synthetic opioids (potency)
- Rising treatment demand amphetamines
- Stimulant injecting ('slamming' and sexual risk taking)
- HIV outbreaks continue to occur despite declining trend
- Hepatitis C low diagnosis and treatment uptake
- Cannabis: high potency and increased treatment demand, policy developments



Some answers: "what works"

- HIV and harm reduction success story
- Hepatitis C and highly effective antiviral treatment
- Overdose death prevention Naloxone highly effective
- Cannabis policy changes decriminalisation
- NPS and recreational drugs harm reduction, pill testing, provide information

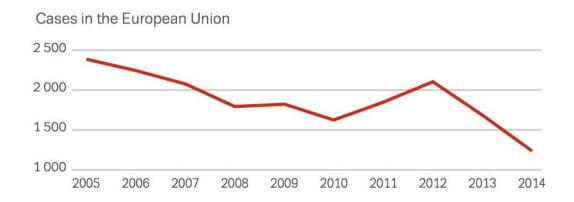




HIV, hepatitis C and harm reduction

HIV diagnoses fall, but localised outbreaks

Newly diagnosed HIV cases related to injecting drug use

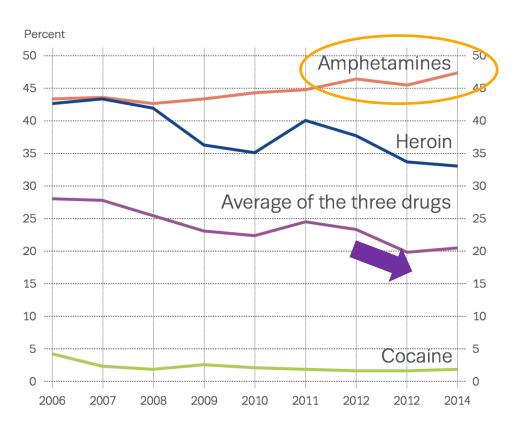


- 1 236 new diagnoses lowest number for a decade
- Localised outbreaks among injectors (Ireland, Scotland, Luxembourg), earlier large outbreaks in Greece and Romania



Overall injecting drug use in decline

First-time treatment entrants reporting injecting as the main route of administration of their primary drug



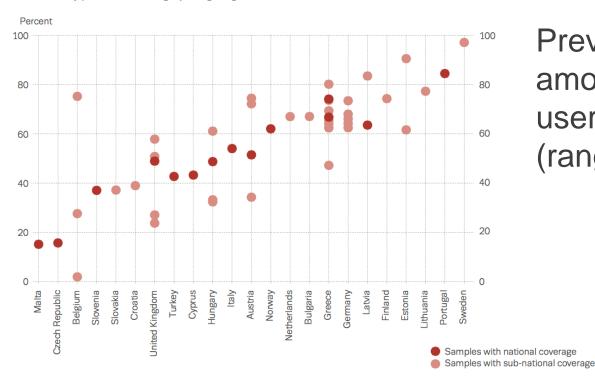


..but small rise in injecting among new amphetamines clients



Hepatitis C: new treatments

HCV antibody prevalence among injecting drug users, 2013/14



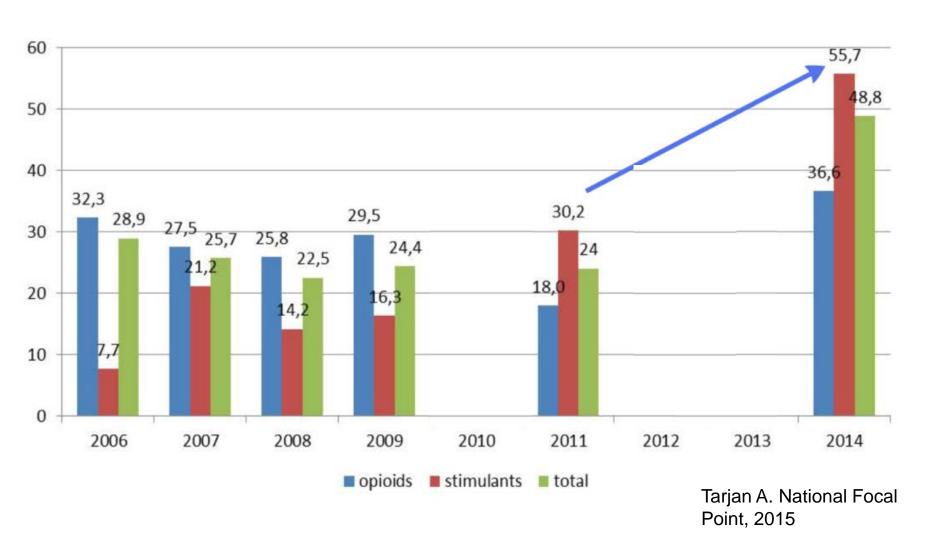
Prevalence of HCV among injecting drug users (range 15 % to 84 %)

- HCV treatment an important response
- New medicines available highly effective



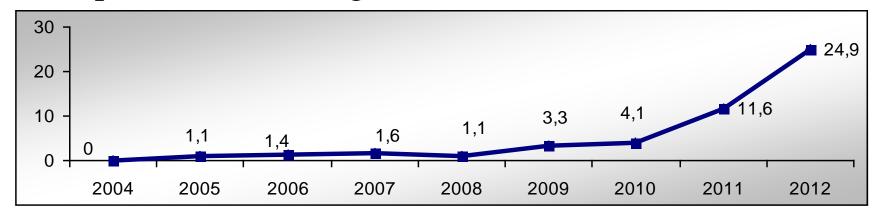
... but still very expensive

HCV increased 2011-2014 among PWID in Hungary, linked to the injection of stimulants

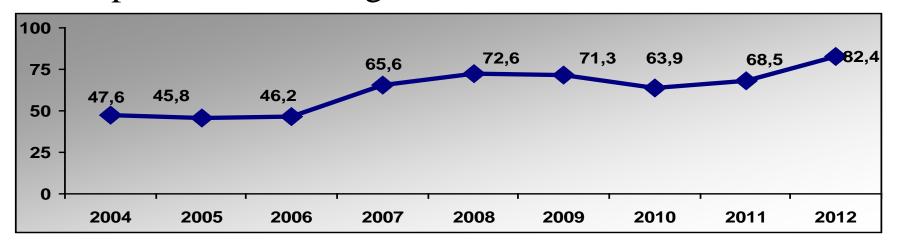


Increase in HCV prevalence preceded HIV outbreak in PWID in Romania by 2- 4 years Botescu et al. NFP, 2013

HIV prevalence among IDU's in treatment, Romania



HVC prevalence among IDU's in treatment, Romania



EN

ISSN 2314-9264

Hepatitis C among drug users in Europe

Epidemiology, treatment and prevention

Martin et al. Hepatitis C prevention among people who inject drugs: role and impact of hepatitis C treatment, opioid substitution treatment and needle and syringe programmes

- Opioid substitution treatment and needle and syringe programmes may be effective at preventing hepatitis C virus
- Modelling has shown that to get substantive reductions HCV treatment is required
- Treat active injectors (prevention, vs. treat only advanced disease) depends on background prevalence: effective and cost-effective when chronic infection prevalence is less than 60%
- Combined strategy needed



Bruggman et al. Strategies to improve hepatitis C care and to enhance treatment uptake and adherence among people who inject drugs in Europe

Reviews three examples of good practice in Europe at the national level: Scotland, France and Slovenia

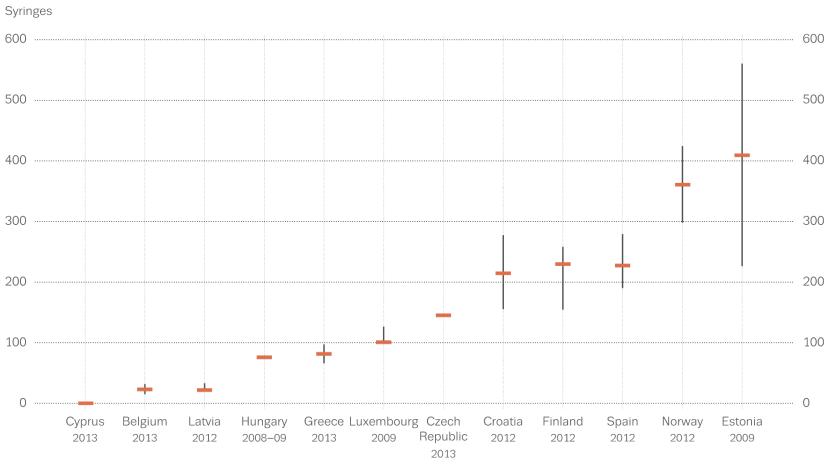
Main points:

- Need for National Strategy with Action Plan and measurable indicators
- To achieve a Strategy national conferences with all stakeholders are important
- Analyse all available national data to make the case
- Integrate HCV testing and referral with drug services (opioid substitution treatment, needle exchange, specialised low threshold centres) and general health services (including links with primary care), create multidisciplinary teams and 'one stop shops' for injectors
- Raise awareness among professionals and give them support and training
- Use low-threshold centres for dried blood spot testing and transient elastography
- Use the prison setting as a particular useful, re-offer testing, not just at entry
- Use peer support models for patients, provide free care for marginalised populations, empower pharmacist organisations to refer people for screening and care
- Relax eligibility criteria for treatment provision so that hepatologist can share responsibility with infectious diseases specialists and primary care physicians (France)
- Scale up primary prevention (Needle and syringe programmes, Opioid subsitution therapy)



Chapter 3. EMCDDA "Insights" no.23: Hepatitis C among drug users in Europe – Epidemiology, treatment and prevention

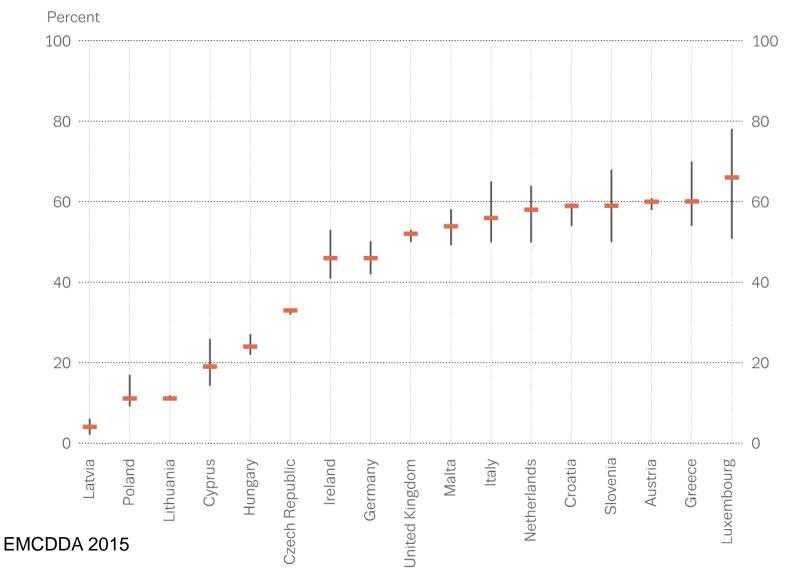
Number of syringes provided by specialised programmes per injecting drug user (estimate, based on 2013 or most recent data)



NB: Data displayed as point estimates and uncertainty intervals.

EMCDDA 2015

Percentage of problem opioid users receiving opioid substitution treatment (estimate based on 2013 or most recent data)



Hepatitis C virus infection epidemiology among people who inject drugs in Europe: a systematic review...

- Data availability (27 EU countries) highly variable and with limited comparability and representativeness
- Incidence median 13/100 person-years (range 2.7-66, 9 countries)
- Most common HCV genotypes were G1 and G3 (but G4 may be increasing). The proportion of traditionally 'difficult to treat' genotypes (G1+G4) showed large variation (median 53, IQR 43–62)
- 12 countries reported on HCV chronicity (median 72, IQR 64–81)
- 22 countries on HIV prevalence in HCV-infected PWID (median 3.9%, IQR 0.2–28)
- Undiagnosed infection was high (median 49%, IQR 38–64, 5 countries)
- Of those diagnosed, the proportion entering treatment was low (median 9.5%, IQR 3.5–15, 11 countries)
- Burden of disease where assessed (4 countries), was high and will rise in the next decade.



Existence of national hepatitis C strategy /action plans in Europe

Survey 33 countries, 2013:

- National strategy 12 (10 PWID)
- National action plan 10 (7 PWID)
- National treatment guidelines 24 (20 PWID)

Maticic M. et al. BMC Infect Dis 2014; 14: 514-23

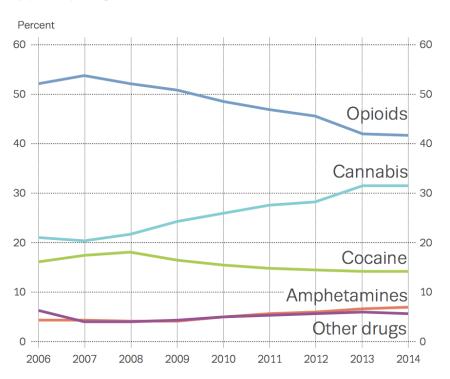




Opioids and drug treatment

Drug treatment: opioid problems still dominate

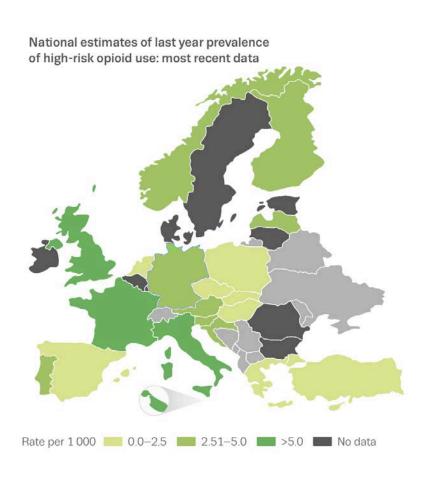
Trends in percentage of clients entering specialised drug treatment, by primary drug



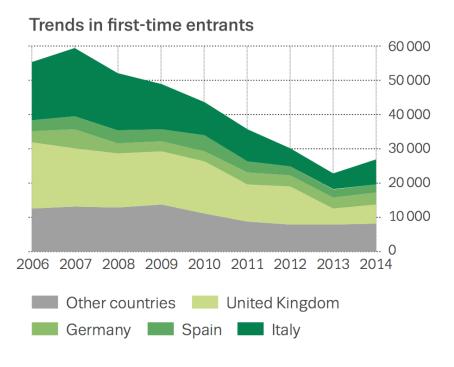
- Opioid users the largest group in treatment
- Specialised outpatient centres are main provider



Opioids: 1.3 million high risk opioid users



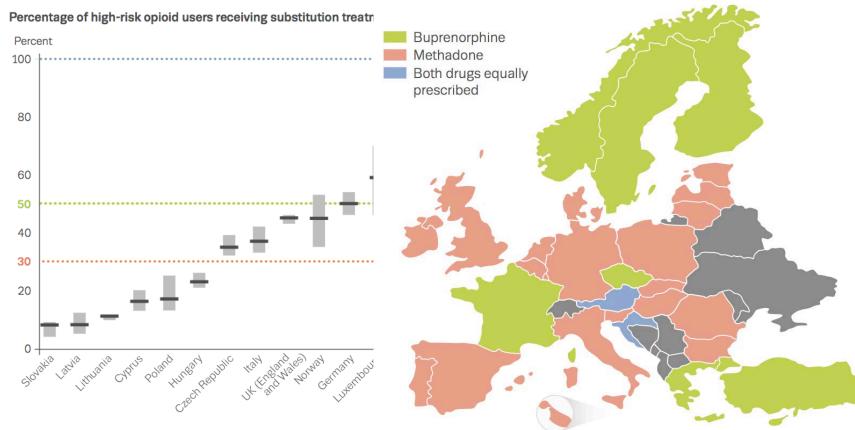
Stabilisation in heroin treatment demand following decline





Over 50 % of high-risk opioid users receive treatment

- 660 000 receive opioid substitution treatment
- National variation in coverage
- 2/3 receive methadone
 Principal opioid substitution drug prescribed





Strategies to prevent diversion of opioid substitution treatment medications

- Diversion can occur at all points in the drug delivery process
- Range of strategies used to reduce medication diversion, e.g.
 - Prescribing guidelines
 - Education of clinicians and patients
 - Supervision of OST dosing

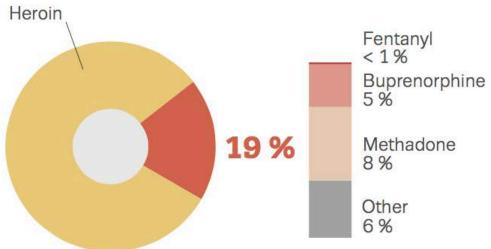




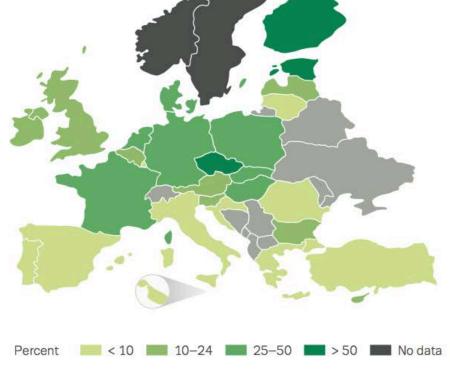


Synthetic opioids: an increasing concern

Treatment entrants citing opioids as primary drug: by type of opioid (left) and percentage reporting opioids other than heroin (right)

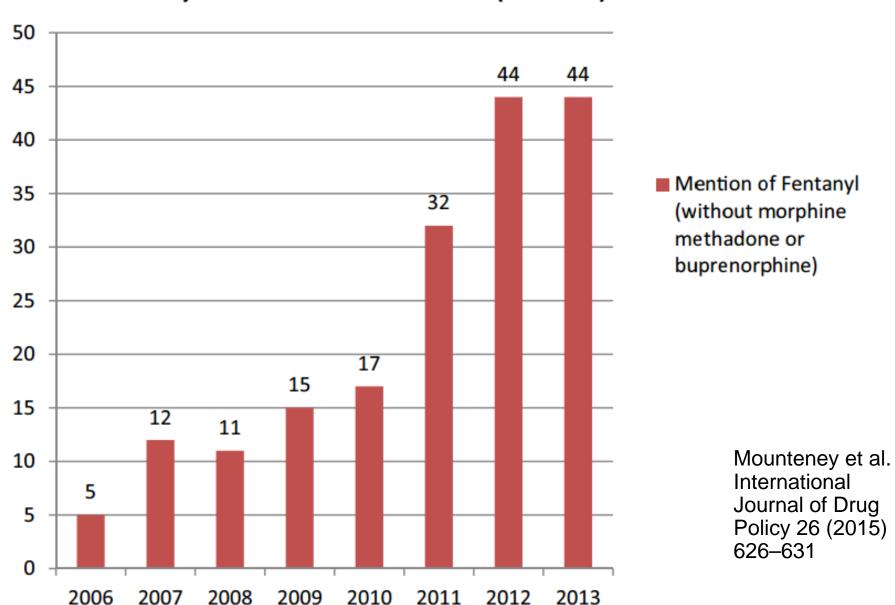


18 countries report >10 % opioids other than heroin





Number of drug related deaths according to toxicological analysis from the SMR - Sweden (see note)





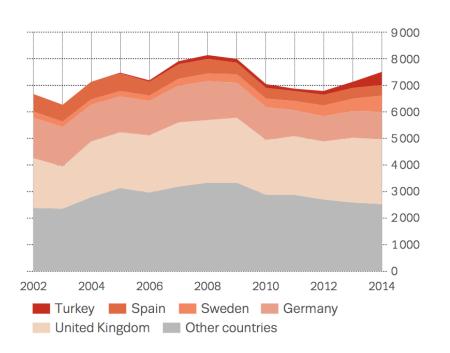
Overdose death and Naloxone

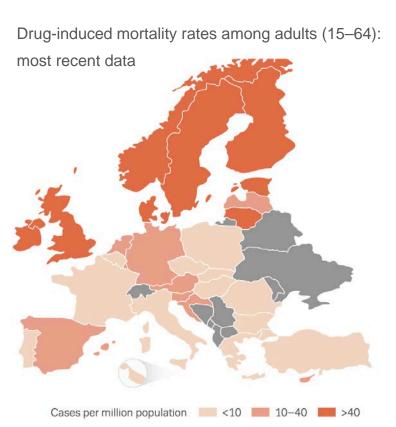
Overdose deaths: some recent increases

Over 6 800 deaths in EU in 2014

Recent increases in some countries

Trends in overdose deaths



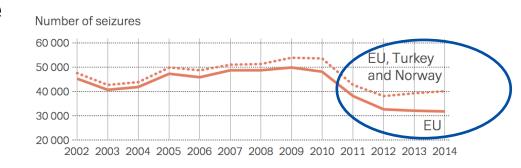


Highest overdose mortality rates in northern countries

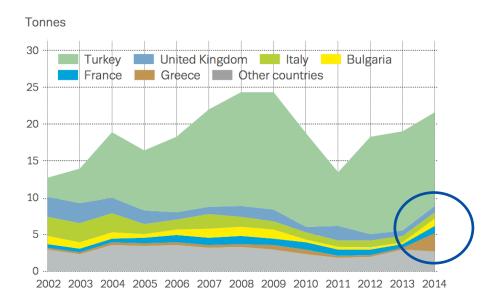


Heroin: recent market changes?

- Number of seizures stable
- ...but recent increase in quantities seized
- Rebound of heroin purity









INSIGHTS

ΕN

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Preventing opioid overdose deaths with take-home naloxone

Preventing opioid overdose deaths with take-home naloxone. EMCDDA 2016

EMCDDA Insights: "Overdose is common among opioid users — over a third have experienced a (non-fatal) overdose and two-thirds have witnessed one — and there is willingness among bystanders to intervene."

"We know from research that many opioid overdoses occur when others are present. This means that an opportunity for potentially lifesaving action may exist, if bystanders can be empowered to act."

EMCDDA systematic review: "evidence that educational and training interventions with provision of take-home naloxone decrease overdose-related mortality"

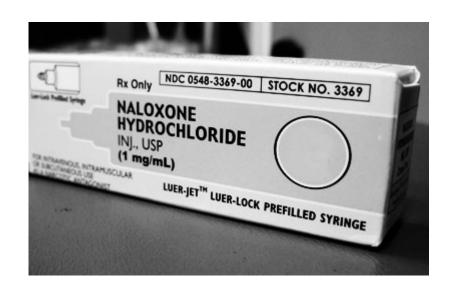


Preventing overdoses and other drug-related deaths

Opioid substitution treatment — good evidence

- Naloxone
 - take-home programmes in 8 countries

Drug consumption rooms in 6 countries

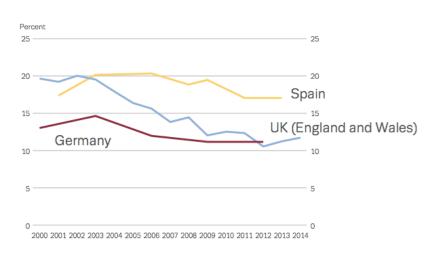


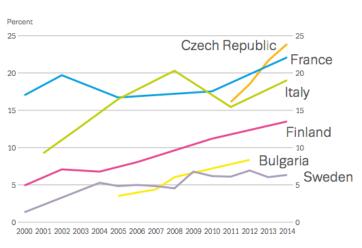


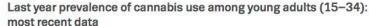


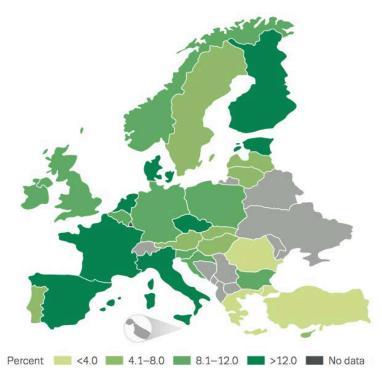
Cannabis: trends and policy changes

Cannabis: divergent national trends









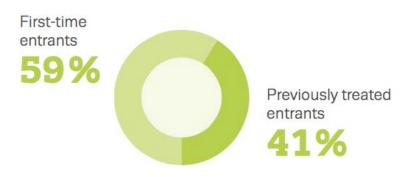
Recent surveys — 8/13 countries report increase

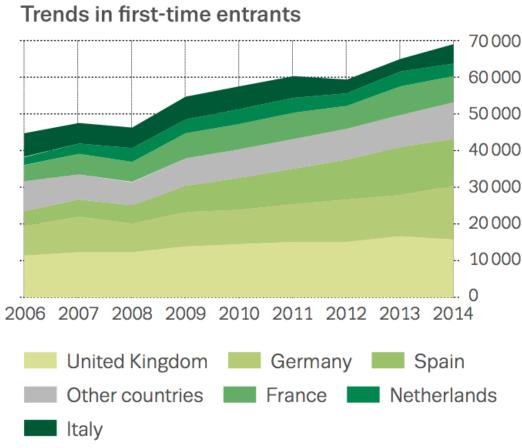
Almost 1 % of adults daily users



Problematic cannabis use: increase in new treatment entrants









Changes in Europe's cannabis resin market

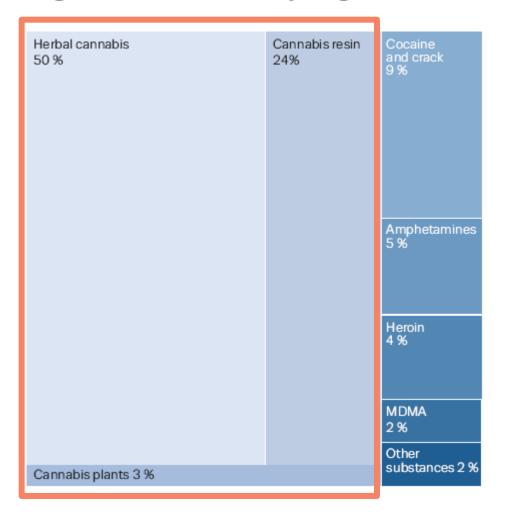
- Morocco remains main source
- Higher resin-yielding hybrid plants have improved production efficiency
- Potency of resin has increased, prices remained relatively stable
- 250g 'soap bars' largely replaced by smaller balls, tablets, and pellets





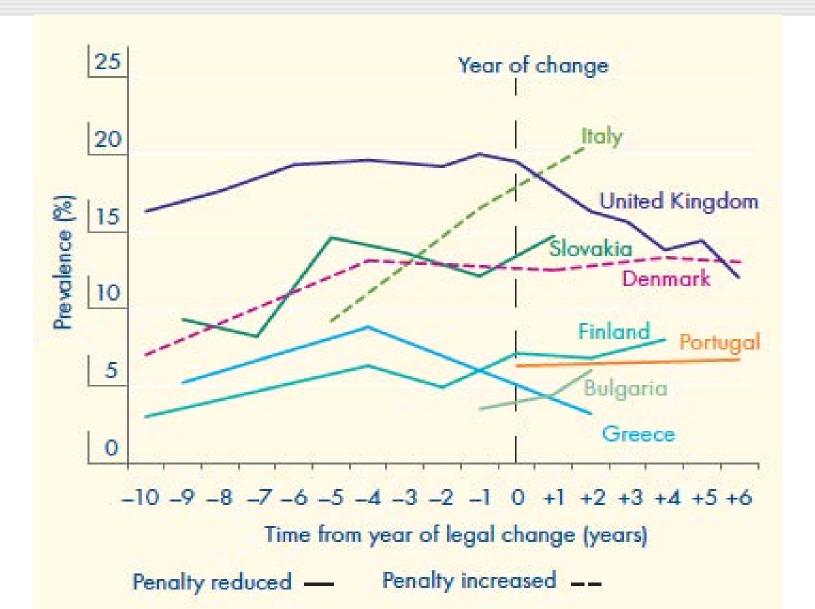
EU drug seizures: cannabis dominates

Number of reported drug seizures, breakdown by drug, 2014



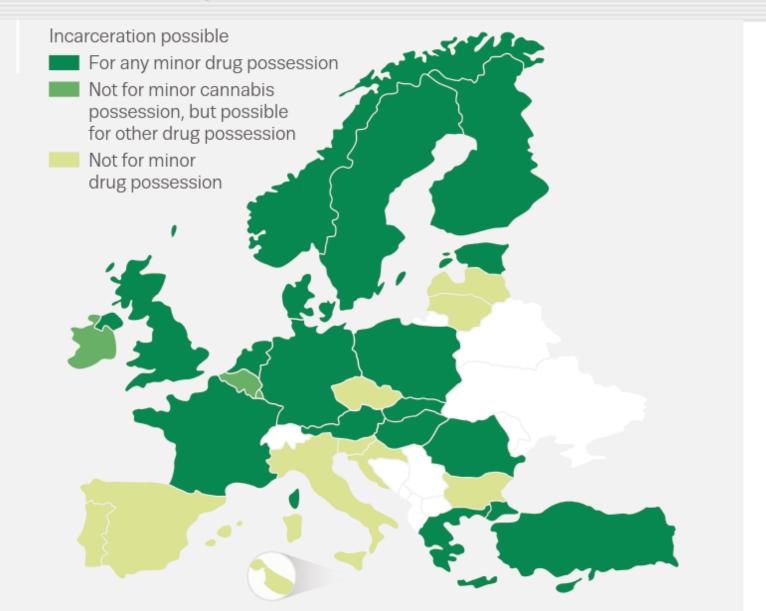


No temporal association between change in cannabis laws and prevalence of use (EMCDDA 2011)





Penalties in laws: possibility of incarceration for possession of drugs for personal use (minor offences)

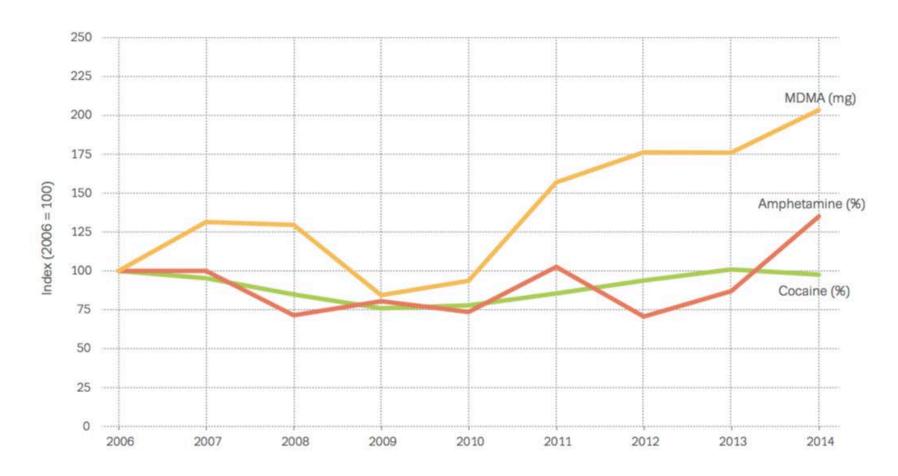






Stimulants, NPS and recreational drugs

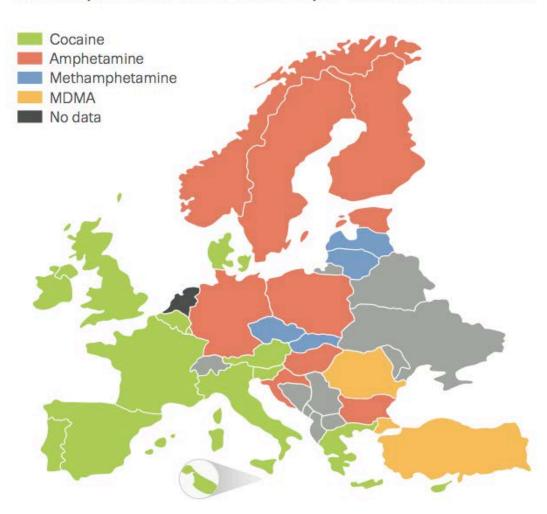
Stimulants purity: increase in high-dose MDMA





Europe's stimulant market: geographic divide

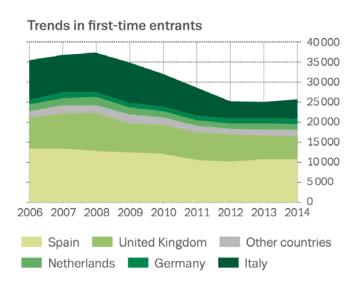
Most frequent stimulant seized in Europe, 2014 or most recent data





Problem stimulant use: increase treatment demand for amphetamines

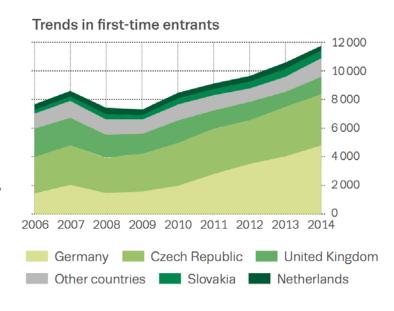
Cocaine



MDMA

- rarely reported
- 1 % of firsttime entrants in 2014

Amphetamines





Online drug markets: new threats and opportunities

Increased presence of online drug marketplaces

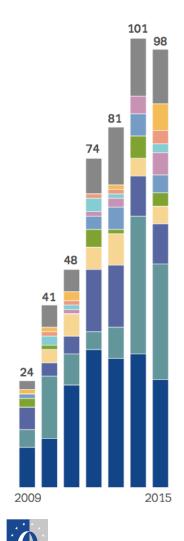
- Surface web: mostly NPS and medicines for sale
- Deep web: cannabis, MDMA and all other products available

Social media growing in importance

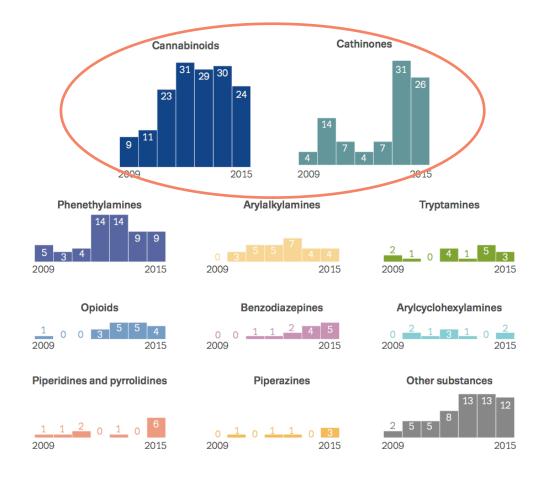




98 new psychoactive substances detected in 2015



> 560 substances monitored by the Early Warning System Synthetic cannabinoids and cathinones largest groups



NPS and harms: risk assessments

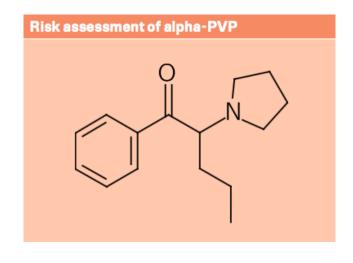
34 public health alerts since 2014

7 new substances risk-assessed in 2014

In 2015, alpha-PVP, cathinone, risk assessed:

- 191 acute intoxications
- 115 deaths

New synthetic opioids a concern





Hospital emergencies: a window on acute harms

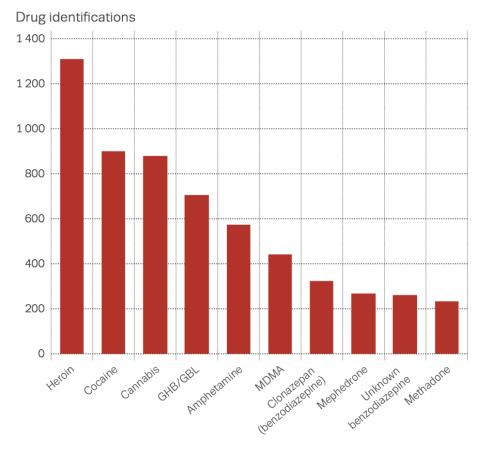
16 sentinel hospitals in10 countries

Emergency presentations (5 409)

- heroin 24 %
- cocaine 17 %
- cannabis 16 %
- NPS 6 %

Local patterns

Top 10 drugs recorded in emergency presentations to sentinel hospitals in 2014



NB: Results from 5 409 emergency presentations in 16 sentinel sites in 10 European countries.

Source: European Drug Emergencies Network (Euro-DEN).



Conclusion

Key interventions – "do we have the answers?" ... we may have some!

- Continuously evaluate drug policies and focus on evidencebased and cost-effective measures (e.g. OST, hepatitis C treatment, harm reduction, some positive experiences with decriminalised possession of small quantities..., stricter laws not associated with declines in prevalence of use...)
- Ensure full coverage of opioid substitution treatment, needle and syringe programmes, antiviral treatment for hepatitis C (as for HIV) and Naloxone take away distribution + education (include prisons)
- Strengthen harm reduction, prevention and education in context of recreational use and NPS, but keep main focus on classical drugs (opioids, stimulants) they have by far the highest costs to society (deaths, morbidity, crime, social costs etc.)





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Thank you for your attention

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