



news release

from the EU drugs agency in Lisbon

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SUBSTITUTION – A KEY COMPONENT IN DRUG TREATMENT

NEW EMCDDA BRIEFINGS TO PROVIDE POLICY-MAKERS WITH FOOD FOR THOUGHT

'Substitution treatment is a key component of a comprehensive approach to drug treatment and can be effective in reducing the risks of HIV infection, overdoses, use of legal and illegal drugs and drug-related crime'. So says the **EU** drugs agency, the **EMCDDA**, in the first of a new series of bimonthly policy briefings *launched today* on its website.

The four-page briefings, ***Drugs in focus***, are designed to offer policy-makers food for thought on key issues in the drugs field. Each edition includes a brief introduction to the theme at hand; latest findings and statistics; key policy issues at a glance; graphs/tables; policy considerations; web information and further reading.

Briefing No 1, focusing on the 'Key role of substitution in drug treatment', looks at the effects of substitution practices; the substances used; accessibility and delivery of services; as well as estimated numbers of clients receiving such treatment.

Commenting on the new series, **EMCDDA Chairman Mike Trace** (UK) said: 'This new product from the **EMCDDA** is part of a proactive communication strategy to provide policy-makers with the information they need to take sound decisions on drugs. We hope the series will stimulate both interest and debate on a variety of topics and feed the decision-making process in this complex field'.

It is estimated that around half-a-million drug users receive substitution treatment worldwide. More than 300,000 of these are in Europe and an estimated 110,000 in the USA.

EMCDDA Director Georges Estievenart says: 'In many countries, substitution treatment developed often reluctantly in response to the HIV risk associated with injecting opiates and other drugs. It has proved its worth. Along with other harm-reduction measures and increased awareness generally, it contributed to the containment of new HIV cases among injecting drug users in most EU countries in the late 1990s'.

Today's briefing offers the following policy considerations:

- Substitution treatment should be backed up with psycho-social care. In practice this care is frequently lacking, with the focus more on substitution than treatment.
- Substances currently used include methadone, buprenorphine, dihydrocodeine, slow-release morphine and heroin itself. In nearly all EU Member States, one substance predominates – overall, methadone is the most common. A broader and more diversified range of substances and dosages should be offered to match the profile of the person entering treatment.
- Access to substitution treatment in the EU varies widely. Some countries and programmes limit access by strict criteria (high threshold). Others only require addiction to opiates as the entry

criterion (low threshold). There should be greater availability of, and access to, substitution treatment, with both low- and high-threshold options offered as part of a balanced approach.

- In most EU countries, substitution treatment is delivered either by general practitioners (GPs) or by specialised centres. A combination would be optimal. But caution must be taken to prevent diversion of the substances to illegal use through addicts obtaining prescriptions from different sources and then dealing in the drugs.
- The estimated proportion of problem opiate users in substitution treatment within the EU varies from a low of about 10 % to a high of over half. The proportion of problem drug users covered by substitution treatment should be examined regularly by geographical region to monitor the delivery of services.

'The aim of drug treatment is to help people regain control of their lives' says **Trace**. 'Practitioners need to assess constantly whether patients receiving substitute prescriptions are ready to become drug free through a process of detoxification. The provision of psycho-social and practical help during this process is particularly important'.

The briefings are published six times per year in the 11 official EU languages plus Norwegian. Other topics to be covered in 2002 include drug users and the law in the EU and injecting drug use and risk behaviour.

Notes:

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