



news release

from the EU drugs agency in Lisbon

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Annual report on drugs in the EU – 2000

SUBSTITUTION TREATMENT EXPANDING EU-WIDE 'BUT STILL UNDER-EVALUATED AND PATCHY'

Substitution treatment for drug addiction is expanding across the **EU**, including inside prisons. But it remains patchy, under-evaluated and, consequently, often controversial. So says the ***Annual report on the state of the drugs problem in the European Union***, out today from the Lisbon-based EU drugs agency, the EMCDDA.

The agency observes: 'Despite overall expansion in the **EU** in the last 30 years, substitution treatment is still scarce in some regions and settings. Services in **Greece, Finland and Sweden**, for example, have limited geographical coverage and might not reach some potential clients. Availability of substitution treatment in prison also varies, both between and within Member States.'

Related legislation, prescribing practices and the overall organisation of substitution services also differ substantially within the **EU**.

Despite substantial increases in the evaluation of substitution treatment in the past five years, most Member States still report lack of quality control, monitoring and assessment.

Methadone costs on average EUR 20 a week per addict

Today's report says substitution treatment first appeared in the **EU** in the late 1960s in response to emerging opiate use. Methadone is still the most common substitution substance used, although is no longer as exclusive as it was.

Methadone was formally introduced in some countries – **Denmark, Ireland, the Netherlands, Sweden** and the **UK** – more than 30 years ago; but not until the 1990s in others (**France** and **Germany**). The report reveals that, **EU**-wide, the estimated average price per week of methadone treatment is EUR 20. This compares with EUR 65 for buprenorphine.

The report adds that, while some countries still rely exclusively with methadone, newer substitution substances, such as buprenorphine and LAAM, are increasing in importance, since they might be more suited or acceptable to certain users.

In spite of a lack of common-assessment procedures at **EU** level for substitution treatment, evaluations that have been carried out in Member States have helped draw a number of conclusions.

On the benefits, the report says that a four-year evaluation of out-patients in **Germany** revealed that drug consumption fell while social skills and relationships improved. And a **Dutch** study showed that when different methadone doses were given to experimental groups, those receiving most became more stable and their health and social skills deteriorated less frequently.

An **Austrian** evaluation showed it more advisable to prescribe buprenorphine to pregnant women. Babies born to mothers taking the substance do not demonstrate opiate-related abstinence syndromes, as do babies of mothers taking methadone. A small study of substitution with LAAM in **Portugal** suggested that 'quite positive results' can be achieved for selected groups of heroin users.

Methadone increasingly a factor in drug deaths

The **EMCDDA** says substitution is currently almost exclusively for outpatients. This is possibly because it is cheaper than in-patient treatment, and also has a minimal effect on clients' daily lives. But, the agency adds, although the value of substitution treatment is now well established, the outpatient setting does not address the fact that those in substitution treatment range from relatively well-functioning, often employed people, to marginalised and extremely disadvantaged street addicts who might require more care than is available as outpatients.

On a more sombre note, the report observes that the potential role of methadone in drug deaths has been highlighted in some countries. Methadone is increasingly detected in those dying of overdoses or drug-related accidents, although the extent to which methadone contributes to such deaths is unclear – often other drugs are also present and an unknown proportion might have died in any case.

To some extent, the growth of substitution treatment means that more drug users receive methadone and thus methadone will more often be detected in those who die. The key questions are how far methadone reduces or increases the risk of death – and under what circumstances.

Research shows that substitution treatment does significantly reduce the risk of drug-related death among those in treatment. Some local studies suggest that acute deaths involving methadone are particularly likely to involve therapeutic methadone that has been stolen or diverted to the illegal market and used outside any treatment setting.

The implication is that the risks of methadone are more likely to be linked to the degree of supervision over its distribution than its use as a therapeutic agent. This, the report concludes, is important in view of the development of substitution treatment in low-threshold centres and through general practitioners.

Notes to editors

1. Drug users in substitution treatment are prescribed a 'substitute' substance either similar or identical to the drug normally consumed. A distinction is made between *detoxification* – gradually reducing the quantity of the drug to zero intake – and *maintenance*, which involves providing the user with a sufficient amount to reduce risk behaviour and other related harm over a longer period. Heroin or other opiate users are the primary clients, with non-opiate users more often prescribed substitution substances for detoxification.
2. This autumn, the **EMCDDA** will publish a report on ***Reviewing current practice in drug-substitution treatment in the European Union*** (EMCDDA *Insights* series, No. 3). For further details see http://www.emcdda.org/publications/publications_insights.shtml
3. The ***Annual report on the state of the drugs problem in the European Union*** may be downloaded from the **EMCDDA** website on **Wednesday 11 October at 12 noon (CET)**:
http://www.emcdda.org/publications/publications_annrep.shtml
or <http://emcdda.kpnqwest.pt>

4. Other aspects of today's report are highlighted in two separate news releases which can also be downloaded on **Wednesday 11 October at 12 noon (CET)**:
<http://www.emcdda.org/press/press.shtml>

- ***Problem drug use – changing trends (main release)***
- ***Women drug users face greater stigma than men (special-focus release)***

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