



NEWS RELEASE from the EU drugs agency in Lisbon

26 JUNE: INTERNATIONAL DAY AGAINST DRUGS

Drug treatment now more available, accessible and diverse

(25.6.2004 LISBON) Treatment for drug dependence in the European Union is now more 'available, accessible and diverse'. So says the **EU drugs agency (EMCDDA)** on **International day against drug abuse and illicit drug trafficking**, which this year focuses on the theme 'Drugs: treatment works'.

Figures from the former **15 EU Member States**, covering the last four years (1999–2003) show substantial increases in available services. Community-based outpatient provision rose, for example, in **France** (25%), **Greece** (around 30%) and **Austria** (around 60%), with more costly residential treatment also up in some countries, e.g. by around one third in **Denmark** in the same period.

The **EMCDDA** monitors the availability of treatment facilities as an indicator of the status of treatment in the EU. 'Since we began monitoring in the mid-1990s', says **agency chief Georges Estievenart** 'we have mapped a constant growth in all types of drug treatment in the EU. And we have recently seen countries step up their treatment services in response to the target set by the EU action plan on drugs to substantially increase the number of successfully treated addicts between 2000 and 2004'.

Greater provision of treatment units and client slots means that drug addicts no longer have the long wait for drug treatment they once had in the past, and can be treated closer to home. Recent studies in the **UK** ⁽¹⁾ for example show that the waiting time for drug counselling went down from 7–8 weeks in 2001 to 2–3 weeks in 2003 and those in line for specialist substitution treatment now only wait just over four weeks as opposed to 14 weeks in 2001.

Drug treatment is not only expanding but also diversifying, says the agency, adapting to changes in demand. **Estievenart** says: 'In the past, demand for drug treatment centred largely on opiate dependence. Nowadays, we are seeing more individuals seeking treatment for other substances, such as cannabis and cocaine. But polydrug use has become the most common pattern among problem drug users, with more than 8 in 10 now using more than one substance'.

A chronic disorder requiring varied responses

Drug abuse and dependence are chronic disorders, and the risk of clients relapsing after treatment is an ever-present concern. Addiction treatment – just as treatment for other chronic diseases – therefore needs to be organised as a long-term, phased response, using a combination of approaches.

A vast array of treatment services has been implemented across Europe including: outreach, harm-reduction and low-threshold interventions; detoxification programmes; and behavioural therapy focusing on personal and social skills and a drug-free lifestyle. Psychotherapy and psychosocial counselling are integral parts of most treatment programmes and vital in helping addicts alter behaviour, restructure their lives and re-enter society. Treatment is offered in a number of settings: community-based (non-residential/outpatient), residential (inpatient) or institutional (provided in correctional establishments).

In many European countries, pilot projects are being implemented to target new problems. **Austria**, for example, has introduced a treatment programme for 15–18-year-old problem cannabis users, while **the Netherlands** has launched an experiment to motivate those with acute cocaine and crack problems into treatment for one year to improve their health status and reduce public nuisance.

In the new EU Member States of Central and Eastern Europe, drug treatment was traditionally confined to long-term psychiatric hospital (inpatient) treatment. Now, other more flexible, and often more effective, types of community-based (outpatient) treatment are gaining ground in these countries, but provision is still limited.

All Member States provide possibilities to reintegrate drug addicts into society as part of, or in addition to, the general treatment offer (e.g. educational and vocational training, housing). While less established than treatment, social reintegration is essential for treatment's long-term success and is now receiving more political attention through inclusion in national drug strategies, which often translates into increased funding.

Over 25% more opiate users receive substitution treatment in the EU today

Over a quarter more opiate users are now receiving substitution treatment in the EU than four years ago, according to **EMCDDA** figures, with increases in the number of client slots, geographical coverage and the diversity of prescribed medications.

Whereas an estimated 320,000 individuals were treated with opiate substitutes in the former **15 EU Member States** in 1999, this figure had risen to over 410,000 by 2003. Some countries, like **Portugal**, report almost a tripling in numbers, with a leap from around 6,000 substitution clients in 1999 to almost 16,000 in 2003. An almost three-fold increase was also recorded in **Finland** and **Sweden**, but at much lower rates, with around 600 and 1,600 clients respectively receiving medication in 2003.

New estimates show that around one third of the EU's problem opiate users are now in substitution treatment. Methadone is still the substance most prescribed, but buprenorphine, once used almost exclusively in **France**, is increasingly utilised⁽²⁾. By 1999, eight of the 15 Member States reported using this substance, and by 2003 almost all were using it.

Extensive research shows that treatment with substitutes helps problem drug users maintain regular contact with treatment providers; lowers the risk of infections (e.g. HIV/AIDS and hepatitis) and improves their general health; reduces drug-related crime; and helps them move back into society.

Investing in treatment

Measuring public expenditure on drug treatment is an important indicator of governments' commitment to the drug problem. Preliminary estimates from an **EMCDDA** study of drug-related public expenditure from 1990–2000⁽³⁾ suggest that, in Member States, 70–75% of the drug budget was spent on law enforcement and around 25–30% on the health sector, including treatment for drugs and related diseases.

Although data are insufficient to draw clear-cut conclusions, and more cost analyses are required for an accurate picture of spending, preliminary research shows that within the EU, the average health-related expenditure for problem drug users is around € 2,000 per person per annum. A second economic analysis of the costs and consequences of treating drug use⁽⁴⁾ shows that for every € 1 invested in treatment, society saves € 10 or more in terms of health and social services and criminal justice resources. Such statistics have made policy-makers acknowledge the cost-effectiveness of treatment and invest more.

Georges Estievenart says: 'The evidence is clear that well-delivered drug treatment is one of the most direct and effective responses to the drug problem. One of Europe's success stories to date has been the development of coherent treatment plans under national drug strategies. And countries are now following through by making access to treatment a reality rather than an aspiration for those in our communities who are in need of help and support. But this does not mean that we can rest on our laurels. Many of our new Member States as yet offer only a limited range of treatment or have insufficient capacity. We still have much to invest to ensure that our knowledge of good treatment practice is universally applied'.

Notes for editors

(¹) UK National Treatment Agency (2004), *Update*, Issue No. 5 (<http://www.nta.nhs.uk>).

(²) Buprenorphine will be the focus of a special feature in the EMCDDA's 2005 *Annual report*.

(³) Kopp, P., Fenoglio, P. (2003) 'Public spending on drugs in the European Union during the 1990s – retrospective research', EMCDDA 2003 (<http://www.emcdda.eu.int/index.cfm?fuseaction=public.AttachmentDownload&nNodeID=1362>).

(⁴) Godfrey, C., Stewart, D., Gossop, M. (2004), 'Economic analysis of costs and consequences of the treatment of drug misuse: two-year outcome data from the National Treatment Outcome Research Study (NTORS)', *Addiction*, Vol.99, Issue 6, p. 697.

A large body of evidence supporting the effectiveness of drug treatment was presented at an EMCDDA conference in November 2003. See 'Treatment monitoring and the EU action plan on drugs 2000–2004' at <http://www.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=2062>

For more on International day against drug abuse and illicit drug trafficking see <http://www.unodc.org> and *Drugnet Europe* No 46 <http://www.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=411>

This news release is downloadable from <http://www.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=875>

Another news release launching a **new EMCDDA study on cannabis potency** is also available at this web address.