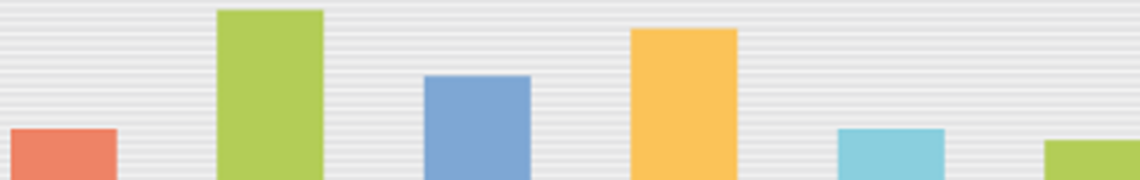




European Monitoring Centre
for Drugs and Drug Addiction

Update on Best Practice Portal

Marica Ferri – Head of Sector Best Practice Knowledge Exchange and Economic issues
Lisbon, 9th of June 2016





Promoting Best Practice

The Portal

The way forward



Best practice: the best application of the available evidence to current activities.



Drug demand reduction: global evidence for local actions

The development of evidence-based demand reduction interventions is a primary drug policy objective at national, European Union (EU) and global level. A particular discourse, with its own set of concepts, is used to discuss implementation of this

objective, including terms such as: best practice, quality standards, guidelines, protocols, accreditation systems and benchmarking. This paper provides readers with straightforward definitions of the terms used, whilst highlighting

achievements and current challenges in transferring scientific knowledge into practice in the drug demand reduction arena. A special focus is given to 'best practice' because of this concept's increasing popularity and importance in Europe.

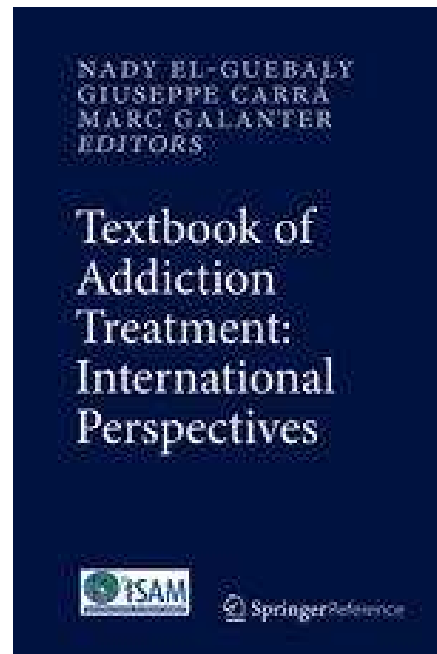


<http://www.emcdda.europa.eu/publications/drugs-in-focus/best-practice>

“Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.”



Evidence based medicine: what it is and what it isn't. *BMJ* 1996;312:71



Good Practice and Quality Standards

85

Marica Ferri and Paul Griffiths

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Treatment effectiveness

NARCOTIC BLOCKADE— A MEDICAL TECHNIQUE FOR STOPPING HEROIN USE BY ADDICTS*

BY VINCENT P. DOLE, MARIE E. NYSWANDER AND
MARY JEANE KREEK
NEW YORK, NEW YORK



In principle it would seem that the removal of physical dependence by gradual withdrawal of drug followed by psychiatric treatment would enable a significant proportion of drug addicts to become normal member of society.

In practice this approach has consistently failed as a treatment for chronic addiction to heroin.

Dole, Vincent P., Nyswander, Marie E. and Kreek, Mary Jeanne: Narcotic blockade: a medical technique for stopping heroin use by addicts. Trans. Assoc. Am. Phys., 79:122-136, 1966.

Treatment effectiveness

2003 meta-analisi Cochrane;

2009 guidelines WHO;

2016 UNODC – WHO Standards

English | Cochrane Library | Cochrane.org | Admin

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Cochrane News

- Brazil launches first-ever Cochrane Network
- Featured Review: Participation in environmental enhancement and conservation activities for health and well-being in adults
- Cochrane Making a Difference: Midwifery
- World No Tobacco Day 2016

Latest News and Events

- Can pharmacological and mental health interventions reduce drug use and criminal activity among drug-using offenders? **REVIEW**
- Impact factor 2014 Coch Database of Systematic Impact factor for 2014 is
- A new podcast has now been released
- Interested in volunteering? Cochrane is seeking vol for an EMBASE screening

UNODC United Nations Office on Drugs and Crime

World Health Organization

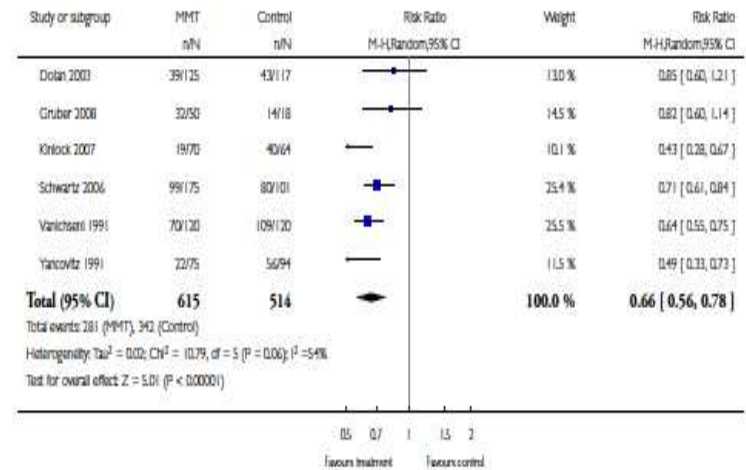
INTERNATIONAL STANDARDS FOR THE TREATMENT OF DRUG USE DISORDERS

Analysis 1.2. Comparison 1 Methadone maintenance treatment vs No methadone maintenance treatment, Outcome 2 Morphine positive urine or hair analysis.

Review: Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence

Comparison: 1 Methadone maintenance treatment vs No methadone maintenance treatment

Outcome: 2 Morphine positive urine or hair analysis

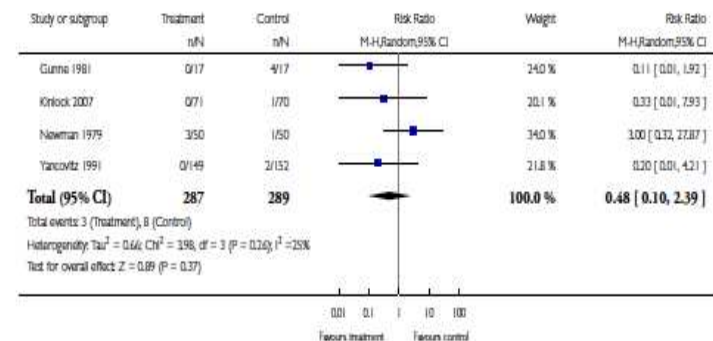


Analysis 1.5. Comparison 1 Methadone maintenance treatment vs No methadone maintenance treatment, Outcome 5 Mortality.

Review: Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence

Comparison: 1 Methadone maintenance treatment vs No methadone maintenance treatment

Outcome: 5 Mortality



Treatment effectiveness: dissemination

The screenshot shows the website for the European Monitoring Centre for Drugs and Drug Addiction (EMCCDA). The top navigation bar includes links for EMCCDA home, Press room, Vacancies, Contact, Site map, and Quick links, along with social media icons for Twitter, Facebook, and RSS. The main header features the EMCCDA logo and a search bar. Below the header is a menu with categories: Data, Countries, Topics (A-Z), Our activities, Best practice (highlighted), Publications, News and events, and About. The breadcrumb trail reads 'Home / Best practice'. The main heading is 'Best practice portal'. A secondary navigation bar offers tabs for Overview, Evidence, Guidelines, Examples, Tools, News, and Collaborations. The 'Evidence' tab is selected. The page content is organized into four columns: 'About the portal' (describing the resource), 'Evidence' (perusing latest evidence), 'Guidelines' (many countries have guidelines), 'Examples' (searchable database of real-life implementations), and 'Tools' (online archive of freely available instruments). At the bottom, a section titled 'Collaborations and partnerships in best-practice' features logos for The Cochrane Collaboration, GRADE, DECIDE, and the World Health Organization Regional Office for Europe.



60,000 visitants/year; referenced in 80 .gov docs

Treatment effectiveness: dissemination

Overdose mortality

- Take-home Naloxone review
- Anti-diversion strategies

Recreational use

- BI in emergency department
- Treatment of cannabis/cocaine
- Internet based interventions

Juvenile delinquency

- Communities that care
- Drug testing in school
- Overview of law enforcement activities

Dependence

- Treatment of pregnant drug users
- Contingency management
- Psychosocial interventions



Treatment effectiveness: dissemination

These quarterly EMCDDA briefings on best practice will keep you up-to-date with research findings or recently published guidelines.

[View this email in your browser](#)



Best practice UPDATE

In this issue: Strategies to prevent opioid overdoses

In Europe, drug overdose continues to be the main cause of death among drug users. Overall, opioid users are 5 to 10 times more likely to die than their peers of the same age and gender.

Opioid substitution treatment (OST) represents a key evidence-based response to heroin problems in Europe. However, diversion of substitution drugs has been associated with fatal and non-fatal overdoses. In a [new EMCDDA analysis](#) we looked into the **strategies to prevent the diversion of substitution medicines** from their intended use in drug treatment.

In order to prevent opioid overdoses:

- make sure to reach potential patients and offer them treatment (*see below*);
- keep them in treatment by providing high quality and effective interventions, such as OST (*see below*);
- prevent the diversion of substitution drugs;
- if an overdose could not be prevented, strategies are available to avoid fatal outcomes (*see below*).

Opioid users in Europe are 5 to 10 times more likely to die than their peers

Video: Opioid substitution treatment explained



Just published: European Drug Report 2016



Share Tweet Forward



Rapid dissemination

Opioid substitution treatment explained



Promoting implementation



Brussels, 16 September 2015
(OR. en)

11985/15

CORDROGUE 70
SAN 279

NOTE

From:	General Secretariat of the Council
To:	Delegations
No. prev. doc.:	DS 10371/1/15 REV 1
Subject:	Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union

Delegations will find below the above-mentioned Council conclusions, as endorsed by the Council (General Affairs) on 14 September 2015.

III. Treatment, social integration and rehabilitation

- a. Appropriate evidence-based treatment is tailored to the characteristics and needs of service users and is respectful of the individual's dignity, responsibility and preparedness to change;
- b. Access to treatment is available to all in need upon request, and not restricted by personal or social characteristics and circumstances or the lack of financial resources of service users. Treatment is provided in a reasonable time and in the context of continuity of care;
- c. In treatment and social integration interventions, goals are set on a step-by-step basis and periodically reviewed, and possible relapses are appropriately managed;
- d. Treatment and social integration interventions and services are based on informed consent, are patient-oriented, and support patients' empowerment;
- e. Treatment is provided by qualified specialists and trained staff who engage in continuing professional development;
- f. Treatment interventions and services are integrated within a continuum of care to include, where appropriate, social support services (education, housing, vocational training, welfare) aimed at the social integration of the person;
- g. Treatment services provide voluntary testing for blood-borne infectious diseases, counselling against risky behaviours and assistance to manage illness;
- h. Treatment services are monitored and activities and outcomes are subject to regular internal and/or external evaluation.

Promoting implementation

Treatment Outcomes – LWI

Optimal Length of OST (Sordillo et al in submission)

Cycles of treatment – LWI

Cost of treatment - CCS

