



**World Health
Organization**

REGIONAL OFFICE FOR

Europe



**Funded by
the Health Programme
of the European Union**

Workshop on how to scale-up and implement opioid substitution treatment based on the experiences of selected EU Member States

**Lithuania
May 2012**

**April 2012
Original: English**

Scope and purpose

Background

Both drug-free treatment and opioid substitution treatment (OST) are available in all EU Member States, Croatia, Turkey and Norway. OST, combined with psychosocial interventions, is considered to be the most effective treatment option for opioid dependence. In comparison with detoxification or no treatment at all, both methadone and high dose buprenorphine treatments show better rates of retention in treatment and significantly better outcomes for drug use, criminal activity, risk behaviours and HIV-transmission, overdoses and overall mortality¹.

Substitution treatment is defined as the administration under medical supervision of a prescribed psychoactive substance, pharmacologically related to the one producing dependence, to people with substance dependence, for achieving defined treatment aims².

In the 12 countries that joined the EU more recently, the number of OST clients nearly tripled between 2003 and 2009. Proportionally, the expansion of OST in these countries over this period was highest in Estonia, Bulgaria and Latvia. Overall, it is estimated that about half of the European Union's problem opioid users have access to OST. However, in Eastern Europe, countries with the largest number of IDUs and the worst HIV epidemics still have the poorest coverage levels.

Increased provision of substitution treatment might be linked to several factors, including responding to high levels of injecting drug use and related HIV-transmission; alignment with the EU drugs strategy, and funding of pilot projects by international organizations, such as Global Fund and UNODC. Countries in central and eastern Europe report efforts to improve access, quality and provision of OST. For instance, in 2010 clinical guidelines for the treatment of opioid dependence with methadone and buprenorphine were issued in Lithuania and geographical availability of OST in Latvia is expanding. On the other hand however, lack of funding for substitution treatment is reported as significantly reducing the treatment slots available among the main providers of substitution treatment in Bulgaria, which are non-publicly funded organizations³.

As of June 2011, 143 national drug dependence treatment guidelines from 30 countries in Europe were collected and made available on the EMCDDA's Best Practice portal. 57 of the national

¹ WHO (2009). Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. World Health Organization, Geneva.

² WHO/UNODC/UNAIDS (2004). Position Paper Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention, 2004

³ EMCDDA (2011). The State of the Drugs Problem in Europe. Annual Report 2011. European Monitoring Centre for Drugs and Drug Addiction, 2011.

guidelines from 24 countries contained recommendations on OST, however in just over a third of these the 2 key WHO recommendations were reflected.

The main reason for investment in the development of national drug addiction guidelines in Europe is found to be the link between injecting drug use and the associated risk of HIV/AIDS⁴.

WHO, UNODC and UNAIDS have provided international guidance and indicators and indicative targets for countries to scale up HIV prevention, treatment and care for injecting drug users⁵. This guidance has been endorsed at the highest level, including as part of the June 2011 United Nations General Assembly Political Declaration on HIV/AIDS⁶. As part of a comprehensive package the guidance provides a package of core interventions for IDUs the foremost of which are: needle and syringe programmes (NSPs); OST and other drug dependence treatment; HIV testing and counselling (T&C) and antiretroviral therapy (ART).

In 2009, WHO published the 'WHO guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence'. The guidelines recommend that clinicians offer detoxification and OST.

In September 2011, Member States in the European Region adopted the European Action Plan for HIV/AIDS 2012-2015 and have committed to reducing the number of new infections acquired through injecting drug use by 50%. Guidance and political commitment have yet to be translated into action and provision of OST is a key intervention in this effort in urgent need of scaling up.

Objectives

The overall objective of the meeting is to identify and share best practices, experiences and challenges regarding OST implementation and scaling up in a number of EU Member States (including Lithuania, Latvia, Estonia, Portugal, Bulgaria, Romania and Poland) which have recently translated available global guidance into national guidance, and to assess the impact of the guidance development process on OST scaling up.

Specific objectives:

- Present and discuss the evidence for harm reduction and drug dependence treatment, specifically OST;
- Map the current situation and progress made over the past years regarding provision of OST in the participating countries and discuss experiences, challenges and best practices;
- Develop and discuss country 'case studies' on the implementation and scaling up of OST;
- Present and discuss the available international and national guidance for the treatment of opioid dependence and OST;
- Present and discuss the key findings from the WHO Collaborative Study on Substitution Treatment for Opioid Dependence and HIV/AIDS⁷ that involved European sites in Lithuania, Poland and Ukraine;

⁴ EMCCDA (2011). Guidelines for the Treatment of Drug Dependence: A European Perspective. Selected issue European Monitoring Centre for Drugs and Drug Addiction, 2011.

⁵ WHO, UNODC and UNAIDS *Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. Geneva 2009.

⁶ Political declaration on HIV/AIDS: intensifying our efforts to eliminate HIV/AIDS UN General Assembly 65th Session June 2011

(<http://daccess-dds-ny.un.org/doc/UNDOC/LTD/N11/367/84/PDF/N1136784.pdf?OpenElement>).

⁷ Lawrinson et al (2008). Key findings from the WHO collaborative study on substitution therapy for opioid dependence and HIV/AIDS.

- Discuss the experiences with and the impact of the development of national guidance on implementation and scaling up of OST;
- Discuss the need for the development of a practical guidance toolkit on ‘how to implement and scale up OST’, which would draw on the international guidelines but would be more practical;
- Discuss the way forward to scale-up OST and expand HIV prevention services for IDUs in line with the European Action Plan for HIV/AIDS 2012-2015 by application of lessons learnt and best practices presented.

Expected outcome

The expected outcome of the meeting is a comprehensive overview of best practices, experiences, challenges and available guidelines regarding scaling-up and implementing OST in the participating countries, to serve as baseline information for the development of practical written guidance on how to scale-up and implement OST.

Venue and date

22-23 May 2012

Participation

- 2/ 3 experts from at least 7 EU Member States, including Lithuania, Latvia, Estonia, Portugal, Bulgaria, Romania and Poland. Experts will include those working in the Ministry of Health and National Drug Centre as well as civil society representatives;
- International experts;
- Representatives from partner organizations, including EMCCDA, Council of Europe Pompidou Group, UNODC and possibly others;
- Representatives from the WHO Regional Office for Europe.

Estimated number of participants: 30