



European Monitoring Centre
for Drugs and Drug Addiction

Harm reduction guidelines in Europe

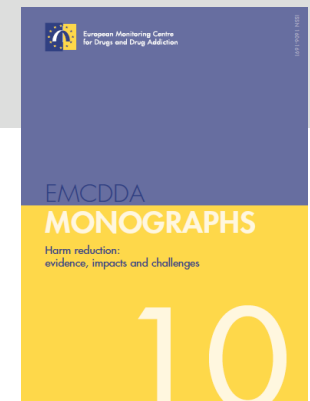
Dagmar Hedrich, EMCDDA

EC Taiex Workshop on establishing guidelines on harm reduction related to drug addiction (JHA 51727) organised in co-operation with The Office for Combating Drug Abuse of the Government of Croatia, Zagreb 11-12 September 2013

Contents

- Harm reduction in Europe
- Diffusion/availability of harm reduction guidelines in the EU
- EQUUS – Harm reduction standards
- Joint ECDC/EMCDDA guidance on prevention and control of infectious diseases among people who inject drugs (2011)

What is harm reduction?



Harm reduction is a multi-dimensional response encompassing interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies.

(EMCDDA monograph 2010).

Drug use-related harms

Harmful drug use > drug dependence

Heavy or regular consumption of opioids, central nervous system (cns) stimulants or multiple drug combinations, including alcohol and other cns depressants; injecting ...

Individual consequences: dependence, overdoses, infectious diseases (HIV/HCV); other injecting-related harm

Social, economic and public health harms: public nuisance, crime, health care costs, high HIV prevalence

Underlying public health paradigm > broader than client-centered approach, involves a balance between individual and social needs. HR programmes work through a hierarchy of goals: the most pressing needs are addressed first.

emcdda.europa.eu

Risk behaviours

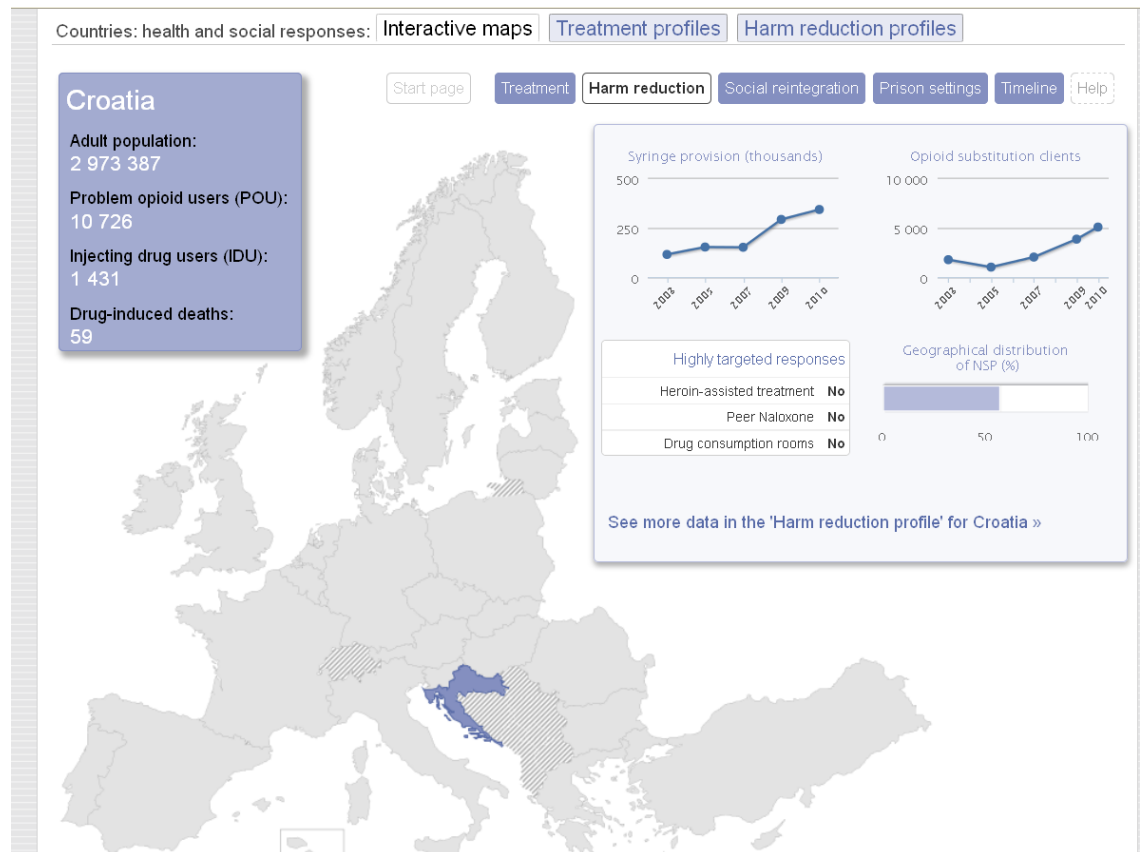
- drug-injecting;
- sharing of injecting equipment, incl. syringes and needles but also other materials used to prepare drugs for injection, for example water, spoons, drug solutions or filters;
- sharing of non-injecting materials (pipes, straws);
- sexual transmission unsafe sexual practices, including unprotected sex, multiple partners and, in some cases, selling sex for money or drugs;
- STDs (e.g. genital herpes or syphilis) substantial increase of the risk of HIV sexual transmission
- co-morbidity of drug dependence and mental disorders common amongst problem drug users

Risk settings

- social exclusion and stigma;
- poverty, unemployment;
- lack of health care, lack of access/utilisation of care;
- racial and ethnic disparities in access to care and treatment;
- law enforcement policies target marginalised groups;
- prisons as risk setting;
- women who use drugs are often at higher risk.

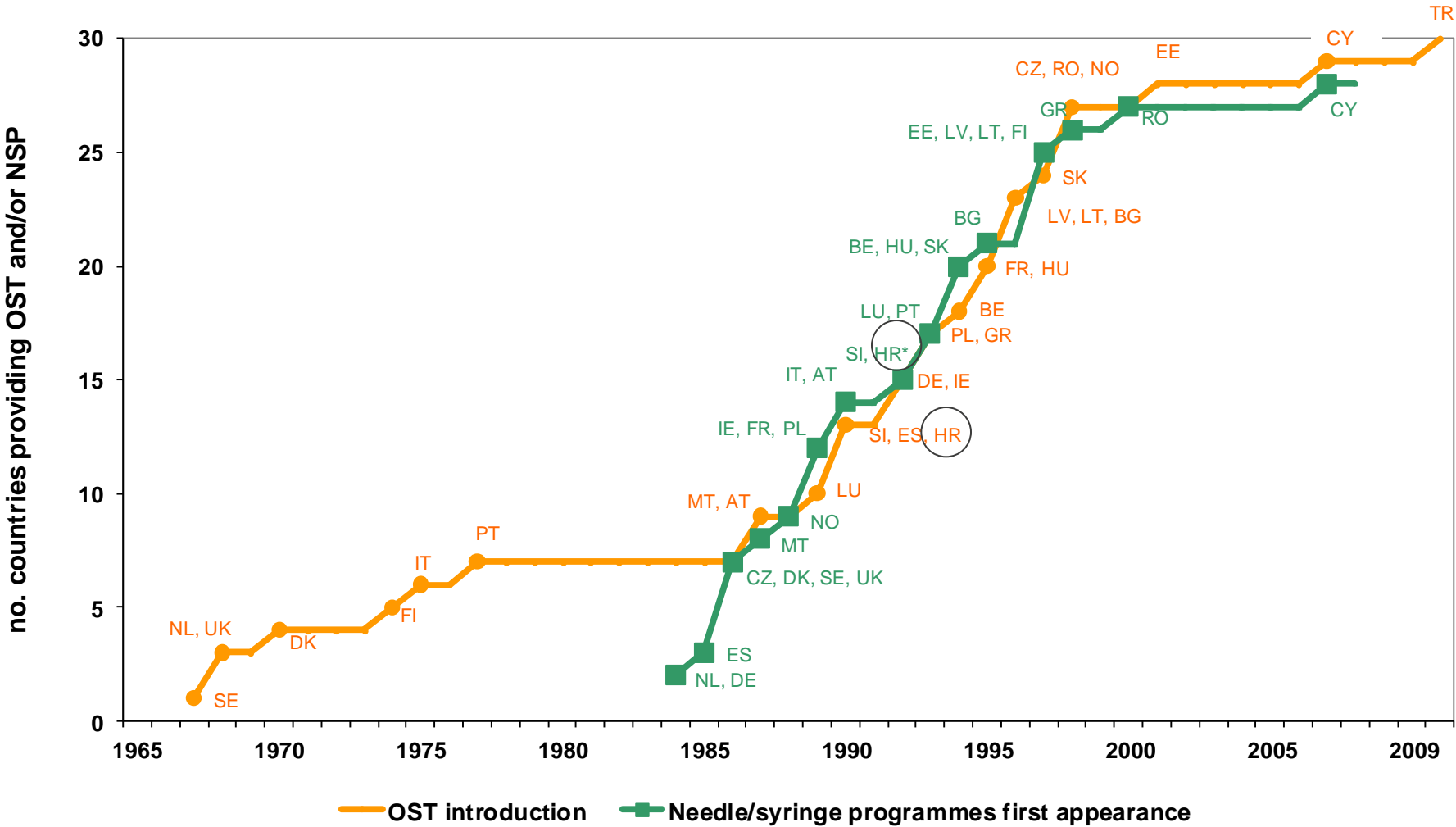
Harm Reduction in Europe

<http://www.emcdda.europa.eu/countries/hsr-profiles>



emcdda.europa.eu

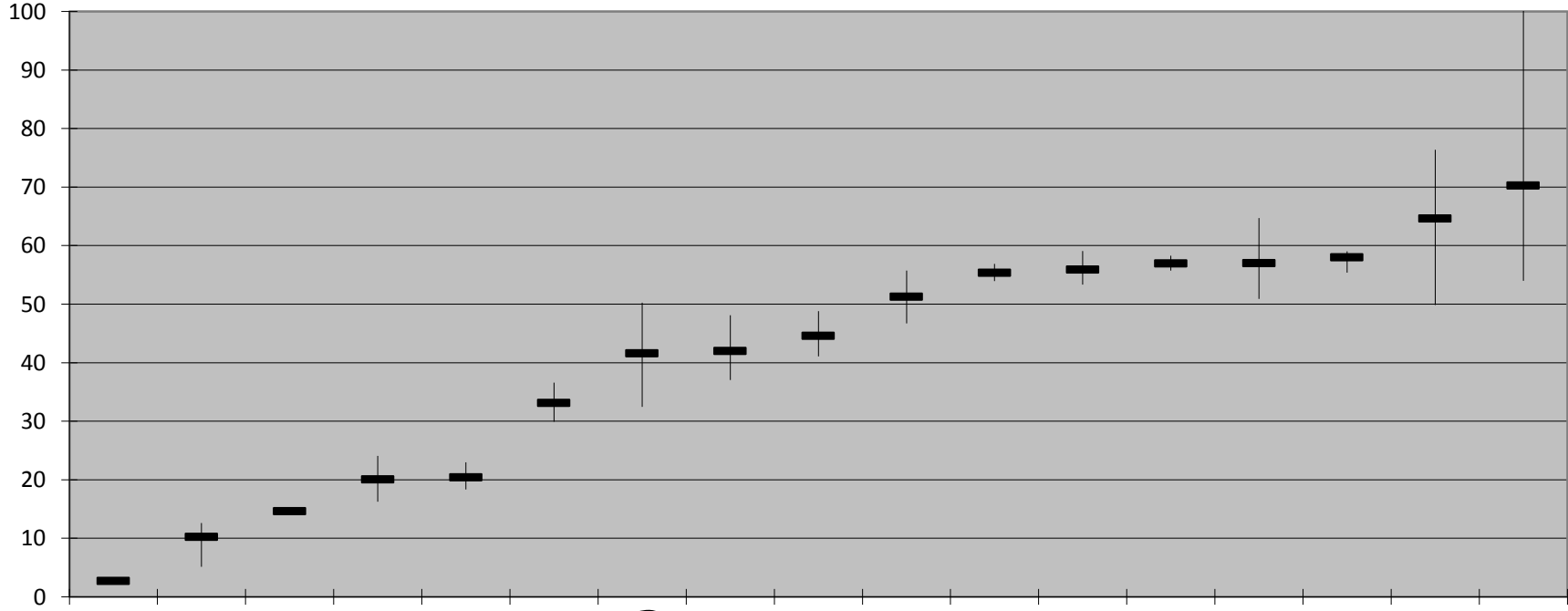
... diffusion of harm reduction



Coverage of Opioid substitution treatment

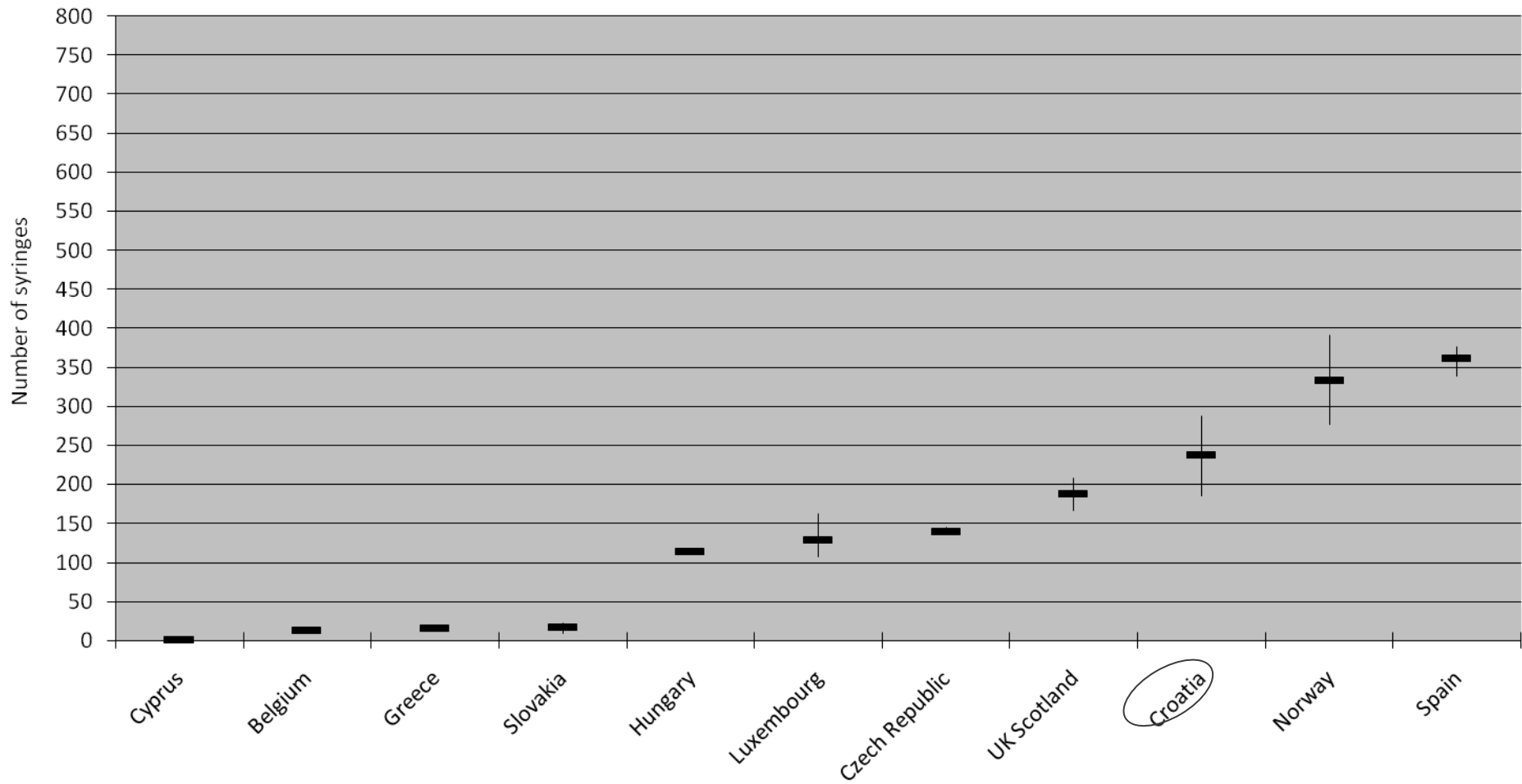
(opioid substitution treatment clients as % of problem opioid users, 2011)

Opioid maintenance treatment clients (%)



Number of syringes per PWID

Syringes distributed through specialised programmes, 2011



Diffusion and availability of HR guidelines

- EMCDDA Best Practice Portal
- Current collection holds about 30 national and international harm reduction guidelines
- Countries: IT, CZ, HU, FR, LT, UK, CH, CA.
- Earliest: 2000
- Increase since 2005
- predominant topic: infection prevention (e.g. testing, NSP) – but also general and
- intern. guidelines UN-system, but EU guidance increasing (ECDC, EMCDDA)

Best practice portal

About the portal

The Best practice portal is a resource for professionals, policymakers and researchers in the areas of drug-related prevention, treatment, harm reduction and social reintegration. The portal concentrates on illicit drugs and polydrug use and has a clear European focus. It is continuously updated as information and research on interventions emerges.

[More information »](#)

- Overview
- Evidence
- Guidelines
- Examples
- Tools
- News
- Collaborations

Evidence

Peruse the latest evidence to find out what works (and what doesn't) in the areas of drug prevention, treatment, harm reduction and social reintegration.

Guidelines

Many countries have guidelines and standards for drug-related interventions, aimed at improving their quality and effectiveness. View them here.

Examples

A searchable database of real-life implementations of drug-related interventions in Europe, designed to help professionals and policy-makers.

Tools

An online archive of freely available instruments (e.g. questionnaires) for evaluating prevention, treatment and harm reduction interventions.

Collaborations and partnerships in best-practice



EQUS Harm Reduction Standards (1/3)

European Action Plan on Drugs 2009-2012: agreement to develop EU consensus on minimum standards in the field of demand reduction

Contractor: Swiss Inst. Public Health (ISFG, Zurich)

- Establish expert group
- Identify, map and review existing quality standards
- Set up consultation and consensus-building mechanism
- Develop the design for a framework of quality standards
- Achieve consensus at expert conference 2011

EQUS Harm Reduction Standards (2/3)

Results:

- involved 52 experts from 25 countries,
- inventorised 350 documents – 90 concern harm reduction
- extracted 25 harm reduction standards
- Online surveys
- Discussion of final proposed min standards at European Conference 2011 → 16 harm reduction standards

- Full report: EMCDDA Best Practice Portal

EQUS Harm Reduction Standards (3/3)

Harm Reduction Standards:

- Structural (3): accessibility, staff qualification, indication criteria/no age limits
- Process (9): assessment of risk, prioritisation, informed consent, confidentiality, individualised planning of interventions, cross-agency cooperation / throughcare, staff training, neighbourhood consultation
- Outcome (4): goals are reduced risk, referral, internal evaluation, external evaluation

Prevention and control of infectious diseases among people who inject drugs

Background:

- In 2010, ECDC and EMCDDA identified a need to **strengthen infectious disease prevention** in Europe among people who inject drugs
- People who inject drugs at-risk for multiple infections (HIV, hepatitis, tuberculosis)
- Stakeholders and policy makers in both **public health and drugs control fields**

ECDC and EMCDDA guidance

■ HIV and Hepatitis C infection still relevant health problems in the EU for people who inject drugs

■ In addition, several other infections affect the same group in a disproportionate manner

Other infections for which persons who inject drugs may be at increased risk

- hepatitis A, B and D
- tuberculosis
- skin and soft tissue infections (*Staph. aureus*)
- endocarditis (*Streptococci*)
- septicaemia (*Cl. novyi*, *B. anthracis*)
- other STIs
- pneumonia, influenza
- diphtheria
- wound botulism
- tetanus
- human T-cell lymphotropic virus (HTLV)

Policy context

- EU Drugs Strategy and Action Plans
- Council Recommendation on the Prevention and reduction of health-related harm associated with drug dependence
- Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia
- Commission's Communication and Action Plan to Combat HIV/AIDS

Scope of the guidance

- To inform the development, monitoring and evaluation of national strategies and programmes to reduce and prevent infections among people who inject drugs
- Comprehensive overview of the best current knowledge in the field, expanding previous work to include combinations of key interventions
- People who inject drugs addressed in this guidance include adult opioid- and stimulant-injectors.
- Mainly designed to address service provision in community settings
- Relies on a foundation of “core values” guiding a set of “practical principles of prevention and service provisions”
- Is in coherence with existing EU-wide policies in the field of drugs and infectious diseases
- Does not work from the assumption that sobriety or abstinence is the ultimate goal of all drug-related public health policies, but does not exclude such a framework

Process of guidance development

- Started September 2010
- Systematic review of the literature for prevention interventions
 - University of Strathclyde; Scottish National Health Service; University of Bristol; LSHTM
- Guidance written by ECDC and the EMCDDA
- Review and input from a technical advisory expert group
- Guidance launched October 2011 at the EMCDDA

Components of the Joint Guidance

- Comprehensive Guidance document
 - Based on evidence and fully referenced (50 pages)
- Guidance “in brief”
 - Condensed recommendations (8 pages)
- Two part evidence assessment
 - Needle and syringe programmes and other interventions for preventing hepatitis C, HIV and injecting risk behaviour (144 pages)
 - Drug treatment for preventing hepatitis C, HIV and injecting risk behaviour (62 pages)



Complements and builds on existing guidance

ECDC Guidance on HIV Testing
(2010)

EMCDDA Guidelines for testing HIV,
viral hepatitis and other infections in
injecting drug users (2010)

WHO, UNAIDS, UNODC global target
setting guide for HIV prevention,
treatment and care among injecting
drug users (2009, updated:2012)



Joint guidance and evidence base



Assessing evidence for effectiveness of interventions

- Comprehensive review of evidence using “review of reviews” methodology
- Assessed the evidence for the seven key interventions and combinations thereof
- Complemented by primary literature search for selected areas
- Supported by expert assessment for areas not covered by literature (Technical Advisory Group)
- Evidence for effectiveness assessed, graded and summarized

Types of evidence statements

and the level of evidence that was required to support each statement

(1/2)

<p>++</p> <p>Sufficient review-level evidence to either support or discount the effectiveness of an intervention</p>	<p>Clear and consistent statement from one or more core reviews based on multiple robust studies, <i>or</i> consistent evidence across multiple robust studies within one or more core reviews, in the absence of a clear and consistent statement in the review(s).</p>
<p>+</p> <p>Tentative review-level evidence to either support or discount the effectiveness of an intervention</p>	<p>A tentative statement from one or more core reviews based on consistent evidence from a small number of robust studies or multiple weaker studies, <i>or</i> consistent evidence from a small number of robust studies or multiple weaker studies within one or more core reviews, in the absence of a clear and consistent statement in the review(s), <i>or</i> conflicting evidence from one or more core reviews, with the stronger evidence weighted towards one side (either supporting or discounting effectiveness) and a plausible reason for the conflict, <i>or</i> consistent evidence from multiple robust studies within one or more supplementary reviews, in the absence of a core review.</p>

Types of evidence statements

and the level of evidence that was required to support each statement

(2/2)

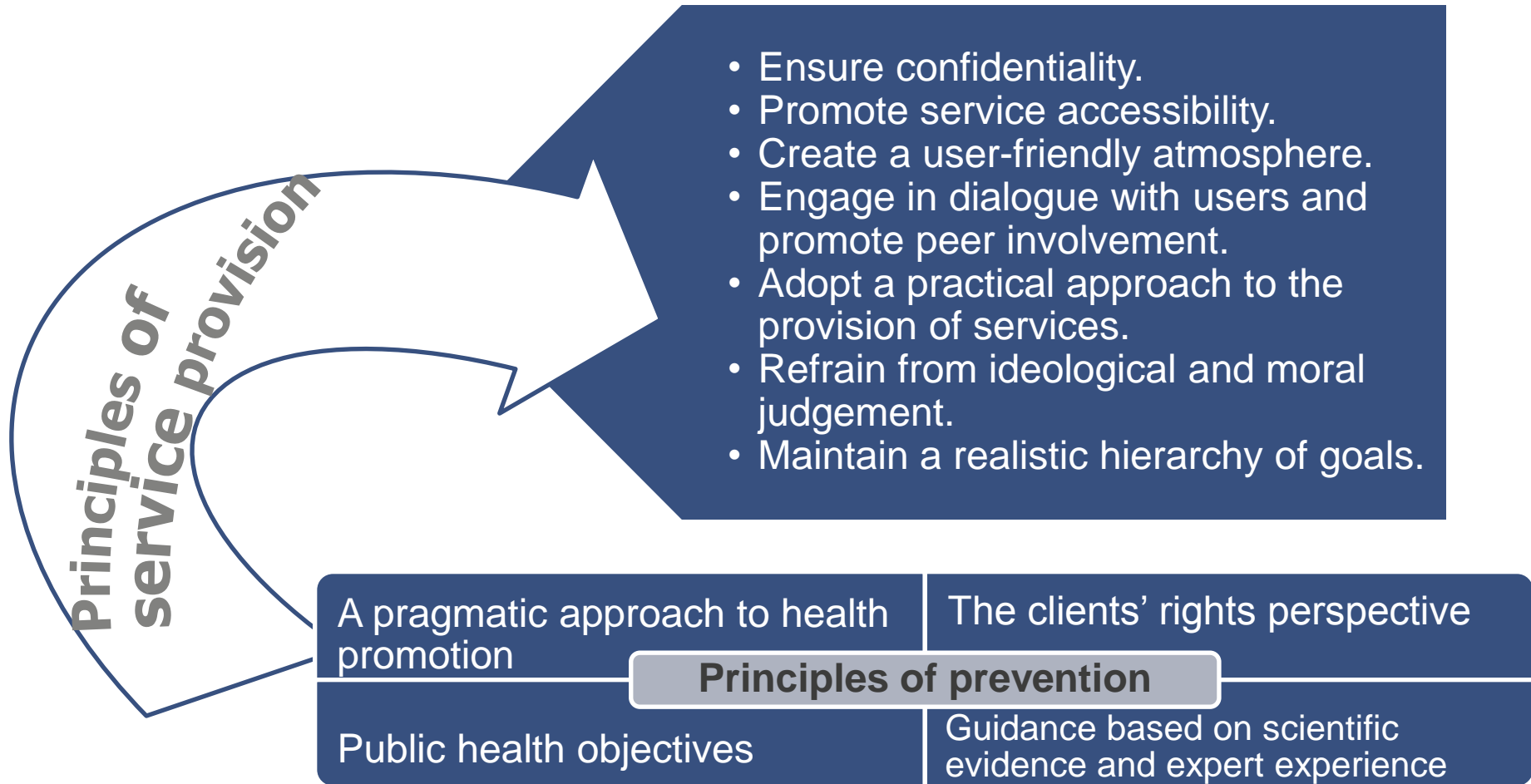
<p>+/-</p> <p>Insufficient review-level evidence to either support or discount the effectiveness of an intervention</p>	<p>A statement of insufficient evidence from a core review, <i>or</i></p> <p>insufficient evidence to either support or discount the effectiveness of an intervention (either because there is too little evidence or the evidence is too weak), in the absence of a clear and consistent statement of evidence from (a) core review(s), <i>or</i></p> <p>anything less than consistent evidence from multiple robust studies within one or more supplementary reviews.</p>
<p>?</p> <p>No reviews</p>	<p>No core or supplementary reviews of the topic identified, possibly due to a lack of primary studies.</p>

A transparent process

Key intervention/ subcomponents	Expert opinion/ implementation practices	Evidence from review of published reviews	Findings from primary studies
Injection equipment			
Needle and syringe provision			
Other injecting paraphernalia			
.....			

Key intervention/ subcomponents	Expert opinion/ implementation practices	Evidence from review of published reviews	Findings from primary studies
Injection equipment	<i>Recommendation and considered judgement:</i> Provision of, and legal access to, clean drug injection equipment....		
Needle and syringe provision	Expert opinion in favour.	Injecting risk behaviour: ++ HIV transmission: + HCV transmission: ?	Ecological studies demonstrate .. A recently published meta-analysis indicates ...
Other injecting paraphernalia	Expert opinion in favour.	Injecting risk behaviour: + HIV transmission: ? HCV transmission: +/-	In vitro studies demonstrate ...

Service provision



Seven key interventions

- **INJECTION EQUIPMENT**
- **VACCINATION**
- **DRUG DEPENDENCE TREATMENT**
- **TESTING**
- **INFECTIOUS DISEASE TREATMENT**
- **HEALTH PROMOTION**
- **TARGETED DELIVERY OF SERVICES**

Seven key interventions

- INJECTION EQUIPMENT
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**COMBINE THESE KEY INTERVENTIONS TO ENHANCE
PREVENTION SYNERGY AND EFFECTIVENESS**

Injecting equipment * Vaccination

INJECTION EQUIPMENT: Provision of and legal access to clean drug injection equipment, including sterile needles and syringes, free-of-charge, as part of combination multi-component prevention, harm-reduction, counselling and treatment programmes

VACCINATION: hepatitis A and B, tetanus, influenza vaccines, and, in particular for HIV-positive individuals, pneumococcal vaccine

Testing * Infectious disease treatment

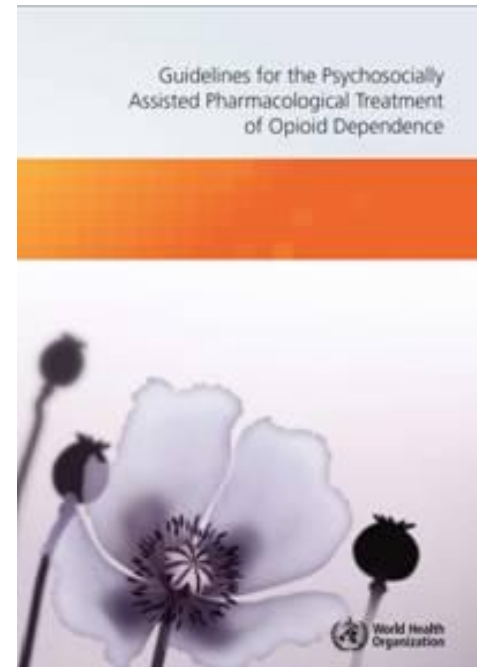
TESTING: Voluntary diagnostic testing with informed consent for HIV, HCV, (HBV for unvaccinated) and TB should be routinely offered and linked to referral to treatment

INFECTIOUS DISEASE TREATMENT: Antiviral treatment based on clinical indications for those who are HIV, HBV or HCV–infected. Anti–tuberculosis treatment for active TB cases. TB prophylactic therapy should be considered for latent TB cases.

Drug dependence treatment

DRUG DEPENDENCE TREATMENT: Opioid substitution treatment and other effective forms of drug treatment

WHO clinical guidelines:



Health promotion * Targeted delivery of services

HEALTH PROMOTION: health promotion focused on safer injecting behaviour; sexual health including condom use; and disease prevention, testing and treatment

TARGETED DELIVERY OF SERVICES: Services should be combined and organised and delivered according to user needs and local conditions; this includes the provision of services through outreach and fixed sites offering drug treatment, harm reduction, counselling and testing, and referrals to general primary health and specialist medical services.

Way forward

- Support to countries regarding the scale-up and implementation of prevention programmes
- Follow-up of ongoing outbreaks
- Monitoring of prevention coverage (EMCDDA indicators; Dublin declaration)
- Hepatitis framework
- Gather additional evidence on prisons, treatment of HIV and HCV among PWID as prevention

Thank you!

Seven interventions,
one aim:
no infections

