



NEWS RELEASE from the EU drugs agency in Lisbon

OVER HALF A MILLION EUROPEANS NOW RECEIVE SUBSTITUTION TREATMENT **Major increase in services for opiate dependence, but availability still uneven**

(24.11.2005 LISBON) The total number of clients in substitution treatment in Europe has now passed the half-million mark, says the **EU drugs agency (EMCDDA)** today in its **2005 Annual report on the state of the drugs problem in Europe** launched in Brussels.

Following a seven-fold increase over the last decade, says the agency, at least 530,000 clients now receive substitution treatment across 28 countries (**EU-25, Norway, Bulgaria and Romania**), whether through specialist treatment centres or general practitioners. And it is estimated that somewhere between one-quarter and a half of those with opiate problems in Europe may now be receiving treatment of this kind.

But, says the report, the availability of substitution treatment still differs markedly across Europe, particularly between the former **EU-15 countries** and the **new and prospective Member States**. According to figures released today, the **10 new Member States, Bulgaria and Romania** account for only just over 1% of clients in substitution treatment in Europe.

Substitution treatment has demonstrated effectiveness in improving the health status of those with opiate problems. It may also play an important role in reducing the spread of HIV. The lack of treatment capacity in some **Member States**, stresses the report, is therefore a 'cause for concern'.

Buprenorphine – an increasingly common therapeutic choice

Methadone is Europe's most commonly prescribed drug for the treatment of opiate dependence, with around 80% of those in substitution therapy receiving a methadone prescription (over 90% if in specialist treatment centres). Nevertheless, today's report notes a greater range of therapeutic options in recent years, helping clinicians to better meet clients' needs.

In a special focus on buprenorphine, the **EMCDDA** reports that 18 of the 28 countries now use this drug in substitution treatment, an increasingly common choice since the mid-1990s. Today, almost 20% of clients in substitution treatment now receive buprenorphine ⁽¹⁾, although its use varies considerably between countries.

In the **Czech Republic, France, Finland and Sweden**, for example, over 60% of clients in substitution treatment were receiving buprenorphine in 2003, although elsewhere its use remains modest or very limited.

By the end of 2004, all former **EU-15 countries** reported the use of buprenorphine treatment whether for long-term opiate substitution or opiate withdrawal. Among the **10 new EU Member States**, buprenorphine treatment is only common in the **Czech Republic** (see above), where more clients now receive treatment with this drug than with methadone.

Potential for misuse

The pharmacological action and effects of buprenorphine may make it a relatively unattractive drug to divert onto the black market, explains the report. Nevertheless, buprenorphine still has the potential to be misused and evidence of non-therapeutic use is reported from some countries.

When buprenorphine is combined with other substances, such as alcohol, benzodiazepines, barbiturates and tranquillisers, serious interactions can occur, including overdose. However, deaths resulting from the use of the drug remain very rare, possibly due to the fact that it is tolerated in relatively high doses.

Misuse and diversion are reported mostly where therapeutic use is high (e.g. **France, Finland**) or where there is easy access to the drug through doctors' prescriptions and pharmacies. On this note, the report underlines the need for 'measures to diminish diversion and misuse' of buprenorphine.

Treatment for other drug problems remains limited

Despite the expansion in substitution treatment for opiate dependence, treatment for other types of drug use remains limited, warns the **EMCDDA** today.

'Overall treatment options for those with cocaine problems appear to be poorly developed' states the report, and there is no 'strong European evidence base to guide therapeutic interventions in this area'.

Likewise, only some countries – **Denmark, Germany, Greece, France, the Netherlands, Austria** and **Sweden** – offer services specifically tailored to problem cannabis users, despite rising treatment demand for this drug. On the whole, such specialist treatment options are underdeveloped across Europe and the needs of problem cannabis users are still poorly understood.

Commenting on the findings, **EMCDDA Director Wolfgang Götz** says: 'Over the last 10 years, we have seen the provision of substitution treatment for those with opiate problems increase dramatically in Europe. While we applaud this achievement, we must recognise that further investment is still required. We cannot forget that our overall goal is to ensure that treatment options are available to *all* those who need them, regardless of where they live and what drug they use'.

Notes

For further information on the 2005 *Annual report* and all related products see <http://annualreport.emcdda.eu.int>

(¹) See Selected issue – Buprenorphine: treatment, misuse and prescription practices, Figure 4.