Executive summary from EMCDDA’s Insight: Reviewing current practice in drug-substitution treatment in the European Union.

Over the past five years, there has been considerable convergence in the models of drug-service delivery in most European countries, with a major expansion in drug-substitution treatment, mainly methadone maintenance. At the same time, the predicted HIV epidemic among injecting drug users appears to have been momentarily contained.

A broader range of accessible substitution-treatment programmes has been developed. These low-threshold programmes are now quite widely delivered in many countries. Those countries that have expanded methadone treatment more recently (such as Greece and France) have followed a more specialised high-threshold approach. However, in France, the use of buprenorphine in a low-threshold service runs parallel to a high-threshold methadone service.

As a point of divergence, countries such as Denmark have moved to restrict the overall activity of general practitioners, in contrast to many countries (such as Ireland and the UK) where significant policy initiatives have been taken to involve general practitioners in the management of drug dependence.

Prisons remain an area where there is major variation in levels of provision. There are limited evaluation data to guide policy-makers in determining the best course of action for the future. More evaluation of delivered prison treatment is needed.

Training for generalists and specialists and good models of co-operation are necessary if services are to be developed and maintained at a high standard. There are limited formal training programmes and equally limited mechanisms of accreditation for workers in this field, in most settings. Models of delivery range from purely specialist to predominantly primary care, and there is a need for better integration between primary-care and specialist approaches. Pharmacists are playing an increasingly active role in this form of treatment and have the potential to make a major contribution to substitution services. Regular monitoring, and improved communication among the various individuals involved in treatment provision, could significantly improve these services.

Diversion, drug-related deaths and methadone-related deaths continue to be a substantial problem in some countries, but levels of diversion are extremely hard to quantify. Countries with lower levels of supervision are more likely to report higher rates of diversion. There is a tendency for countries with very high levels of control to reduce these in order to increase levels of access and, conversely, for countries with low levels of supervision to increase controls.

Over the past five years, substantial growth has been seen in the evaluation of treatment that has been undertaken. The science and treatment evaluation
culture continues to grow and has been promoted through research and training networks across the European Union. There have been large-scale national treatment evaluation projects, such as the ‘National treatment outcome research study’ (NTORS) in the UK, as well as many smaller-scale outcome evaluation studies. Awareness of the importance of evidence-based approaches to the planning and delivery of drug treatment is also growing. The Cochrane Collaboration (an inter-national collaborative group aiming to promote evidenced-based practice through the organisation of systematic reviews of key areas of health interventions) is developing a register of trials and reviews of treatment interventions.

Given the extent of current services across Europe, very limited research and evaluation of the treatment process has been carried out to date. Such research would provide good data, not just to confirm the benefits of treatment but also to identify factors associated with good treatment. Factors might include:

- quality of management and organisation of services;
- quality and skill mix of staff; and
- the level of multidisciplinary and inter-agency work (to ensure good links across a range of community agencies).

A substantial consensus now exists on the benefits of methadone maintenance. Systematic reviews indicate that such treatment can improve psychological and social well-being, and reduce criminality and HIV transmission. There is a need for further research to determine the role of such treatment in reducing hepatitis C transmission.

In conclusion, the last five years have represented a period of considerable change and development in response to drugs. It is now generally recognised that treatment for drug dependence requires multiple approaches that combine drug-substitution with drug-free treatment. The challenge for the next decade is to determine the optimal methods for delivering high-quality treatment and ensuring that this is provided in all settings. Also, evidence regarding the cost-effectiveness of drug treatment strongly supports the case for further investment in this activity in all countries. Current work on developing models for evaluating cost-effectiveness needs to be strengthened.