

Guidelines for the treatment of drug dependence: a European perspective

European Monitoring Centre for Drugs and Drug Addiction

Annual report 2011: the state of the drugs problem in Europe

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Introduction

At least 1.1 million Europeans are estimated to have received treatment for drug dependence during 2009, mostly through opioid substitution, detoxification and psychosocial interventions, delivered in a variety of settings. While more than half of the clients received opioid substitution treatment, a substantial number received other forms of treatment for problems related to opioids, stimulants, cannabis and other illicit drugs. The quality of interventions is underpinned by treatment guidelines. This Selected issue focuses on the topic of improving treatment quality by the development of guidelines, and provides an overview of existing national guidelines for the treatment of drug dependence in Europe.

What are guidelines?

- Guidelines usually contain a series of recommendations for practice that are based on a clear methodology, alongside an appraisal, synthesis and grading of the available evidence.

The impact of guidelines: the evidence

- The impact of guidelines on the improvement of the prognosis at patient level is a complex and difficult question to quantitatively assess, and this is an area that requires further elaboration. To ensure clinical guidelines have an impact on actual care and practice, they must be supported by other activities such as performance measurement and quality improvement programmes.
- Studies suggest that guidelines are applied to clinical practice in only 50–70 % of day-to-day decisions. In the cases where guidelines are not applied, the main reason given is that they are of limited relevance to patients and healthcare staff.

Evolution of national treatment guidelines in Europe

- The first national drug treatment guidelines in Europe date from the 1980s. Today, 26 of the 30 countries reporting to the EMCDDA (the **EU Member States**, with **Croatia, Turkey and Norway**) have national drug treatment guidelines.
- The increase in the availability of guidelines over the past two decades followed the expansion of drug treatment services that started in the 1980s, largely in response to the epidemic spread of HIV/AIDS among injecting drug users.

A bookshelf of European drug dependence treatment guidelines

- As of June 2011, 143 national drug dependence treatment guidelines from 27 European countries, in 23 languages, were available on the EMCDDA's Best practice portal.

Interventions and substances

- Opioid dependence is the focus of just over a third of these 143 guidelines. The most common topic addressed in drug treatment guidelines is opioid substitution treatment with methadone or buprenorphine (40 % of all guidelines), followed by psychosocial interventions and detoxification from opioid dependence.
- Interventions aimed at the social reintegration of patients are addressed by guidelines developed in just over a quarter of the countries, and 10 % of the guidelines focus on harm-reduction approaches.
- Some guidelines address broad categories such as 'drug dependence' or 'psychoactive substances'. Approximately 10 % of guidelines have alcohol as one of their major topics, and slightly fewer address misuse of medicines.

- Problems related to substances other than opioids are addressed in some guidelines, for example: cannabis (**Germany, Netherlands**); amphetamine (**Germany, Hungary**); and cocaine (**Germany, France**).

Target population and client groups

- Drug addiction treatment guidelines in Europe are primarily intended to be of practical use for individuals and organisations directly involved in providing care for drug users.
- Long-term dependent drug users are the client group for two-thirds of the guidelines; other groups addressed include prisoners, women, young drug users and dependent drug users with co-occurring disorders.
- Around a quarter of the countries have developed guidelines about treatment in prison or other secure settings.

Developing national guidelines: lessons from experience

- Around a third of the countries draft their guidelines under procedures or official quality standards that are in place at national level. Over one-third of the countries use international treatment guidelines.
- Most countries ensure that the available evidence is included in their guidelines.
- By issuing guidelines for a fixed period of time, the majority of countries enforce regular updating.
- Health authorities are the main stakeholder involved in guideline drafting in most countries.
- Patient/carer organisations have a formal role in the development process in the **Netherlands** and the **United Kingdom**; elsewhere they may be included at a later stage or may comment on draft guidelines.
- A mandatory consultation procedure during the drafting of treatment guidelines is carried out in the **Czech Republic, France, Portugal, Sweden** and the **United Kingdom**.
- Five countries conduct a follow-up of the implementation of national treatment guidelines (**Czech Republic, Ireland, Greece, Netherlands, United Kingdom**).

The evidence base for guidelines

- A study of 20 national guidelines on opioid substitution treatment revealed that while most guidelines consider the recent evidence base, some do not refer to the scientific literature.
- Randomised control trials and the Cochrane library are the resources for evidence most often referred to in guidelines on opioid substitution treatment.

Implementation

- Implementation of guidelines can meet resistance related to social, organisational and economic context, or from individual professionals and, in some cases, clients.
- Countries report a variety of strategies to implement national treatment guidelines.
- Continuous learning in terms of guidelines and their implementation is a shared feature across Europe.

Plans for developing guidelines for treatment of drug dependence in Europe

- For most countries, updating and/or redrafting guidelines is an ongoing process.
- Areas for new guideline development reported include non-medical treatment with psychosocial therapy and rehabilitation (**Germany**), the quality of methadone substitution treatment (**Estonia**), detoxification and psychosocial interventions as modalities, and considering pregnancy and the complex social factors surrounding drug use (**United Kingdom**).

National and WHO guidelines for the treatment of opioid dependence

- Comparing national treatment guidelines for psychosocially assisted pharmacological treatment of opioid dependence with those of the World Health Organisation revealed differences and similarities.
- There is agreement on the general aspects of this treatment — provision of detoxification, maintenance, supervision during the induction period, regulation of take-away doses, and psychological assistance and individual assessment during treatment.
- There is much diversity in terms of clinical recommendations concerning the dosages and combinations of pharmaceutical drugs to be used during treatment.
- And, at least one-third of the guidelines mirror the two key recommendations on detoxification and opioid

substitution treatment.