

ÁGORA

Reducción de daños por consumo
de drogas en el siglo XXI
Jueves 25 de abril de 2024

Nuevos retos en reducción de daños: drogas estimulantes y opioides sintéticos.

B. Iciar Indave
Scientific agent, Public health unit
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

ÁGORA
Reducción de daños



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PARA EL PLAN NACIONAL SOBRE DROGAS



European Monitoring Centre
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En esta presentación

1. La misión del EMCDDA y el la reducción de daños en la Unión Europea
2. Retos para la reducción de daños y trabajo actual



EMCDDA y la reducción de daños en la Unión Europea

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Observatorio Europeo de las Drogas y las Toxicomanías (EMCDDA abreviado en inglés)



Es la agencia independiente de la UE para informar sobre drogas ilícitas y toxicomanías (Lisboa)

Dos objetivos a largo plazo: contribuir a una **Europa más saludable** y a una **Europa más segura**.

Para lograr nuestra misión, hemos desarrollado un enfoque sistémico que reúne las redes profesionales, procesos y herramientas científicas necesarias para recopilar, analizar e informar sobre todos los aspectos del fenómeno europeo de las drogas.

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Observatorio Europeo de las Drogas y las Toxicomanías (EMCDDA abreviado en inglés)

Press release | 12 January 2022 | Brussels

Commission proposes stronger mandate for EU Drugs Agency as illicit market proliferates

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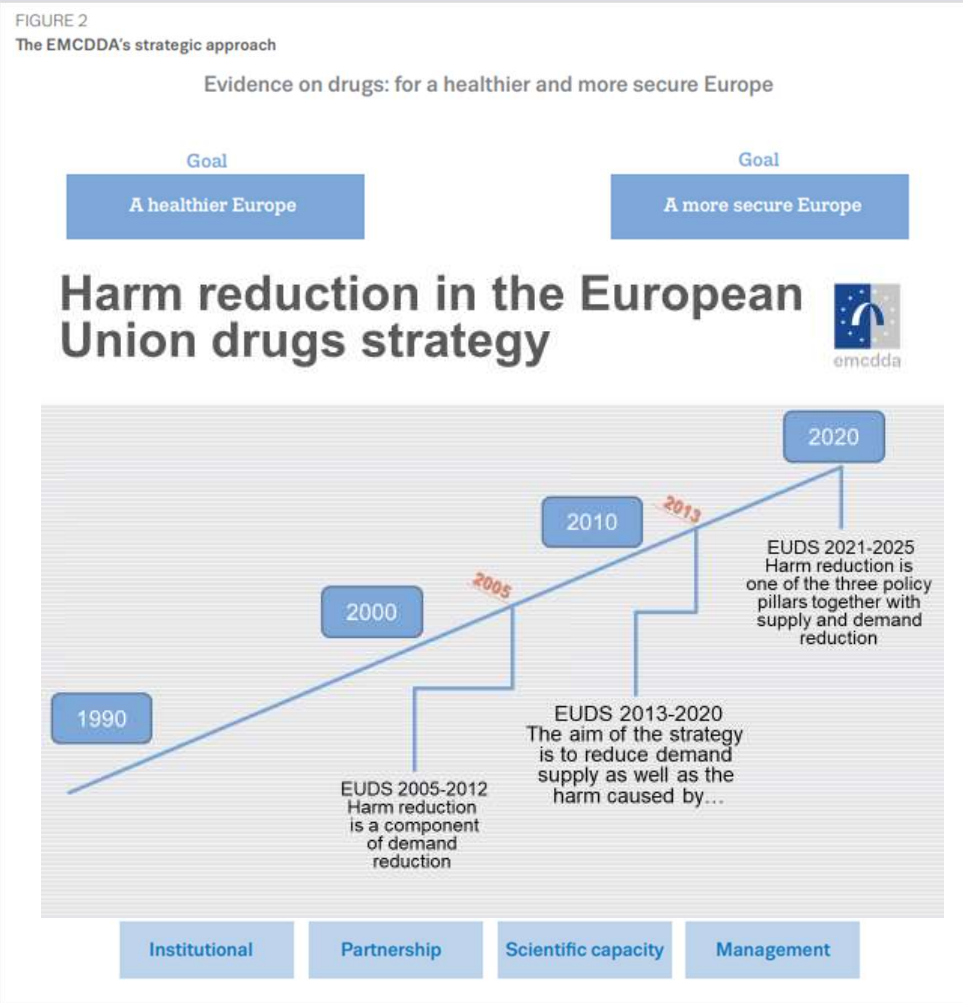
The Commission is [proposing](#) today to strengthen the mandate of the European Monitoring Centre for Drugs and Drug Addiction, transforming it into the European Union Drugs Agency. The proposed changes will ensure that the agency can play a more important role in identifying and addressing current and future challenges related to illicit drugs in the EU. This includes issuing alerts when dangerous substances are knowingly sold for illicit use, monitoring the addictive use of substances taken together with illicit drugs, and developing EU-level prevention campaigns. The EU Drugs Agency will also play a stronger international role.

Vice-President for Promoting our European Way of Life, Margaritis **Schinas**, said: *“Drug production and drug trafficking have adapted to the disruptions during the pandemic. Organised crime groups quickly adjusted their drugs operations to the new situation. Now more than ever we need clear, up-to-date and reliable evidence and analysis capabilities on illicit drugs in the EU. This is why we are proposing today a stronger mandate for the EU Drugs Agency. We will continue fighting against illicit drug trafficking and addressing the impact of illicit drugs on*

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EMCDDA STRATEGY 2025— hacia un enfoque estratégico a largo plazo



Amplia gama de intervenciones en combinación

- Trabajo de calle y baja exigencia
- Tratamiento, esp. mantenimiento con agonistas de opiáceos (OAT)
- Intercambio de Jeringuillas
- Pruebas de diagnóstico rápido en el ámbito comunitario
- Acceso a tratamiento/vacunación de enfermedades infecciosas

- Salas de consumo supervisado de drogas (DCR)
- Tratamiento asistido por heroína
- Drug checking, intervenciones dirigidas a uso recreativo

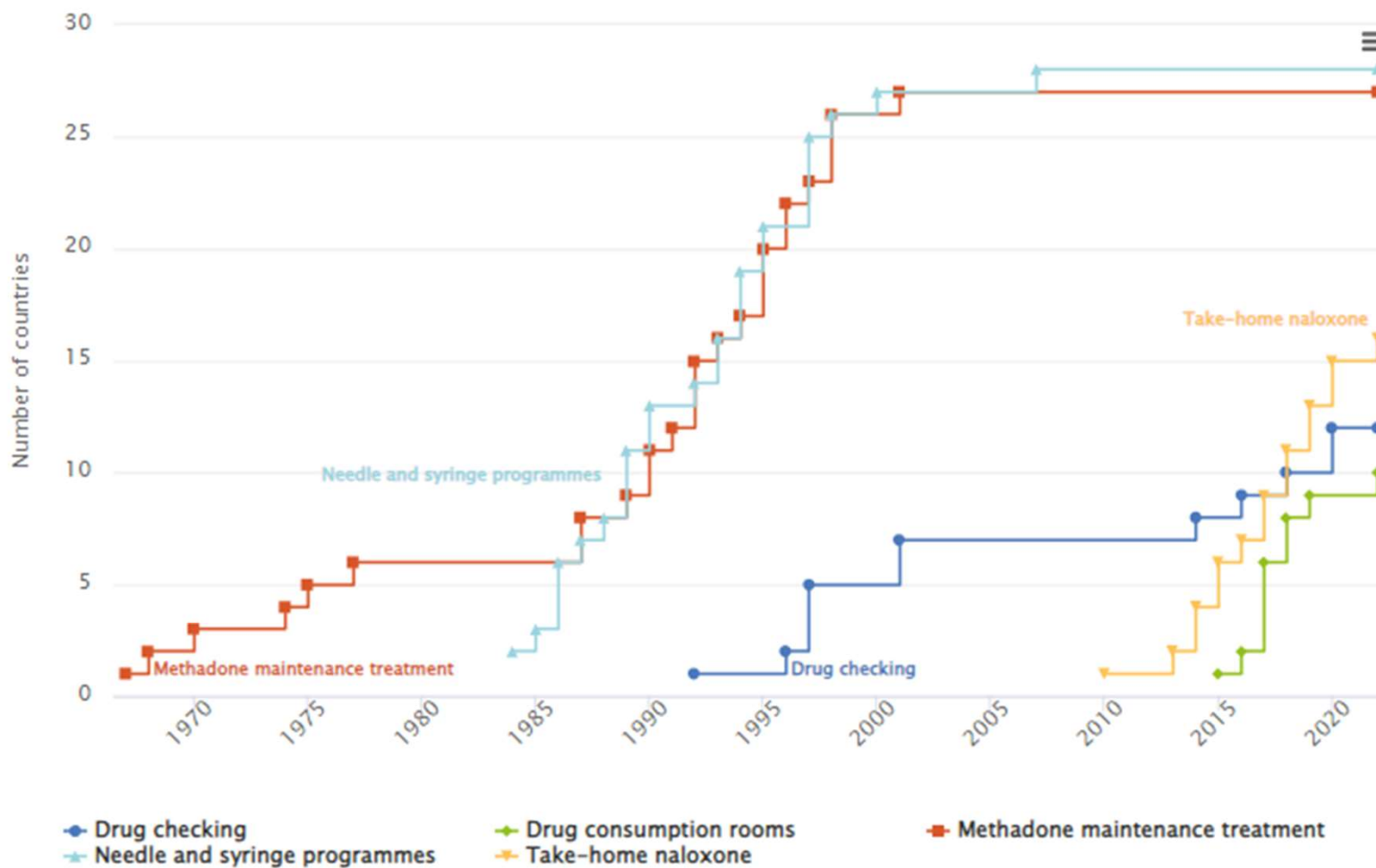
- Take-home naloxone/peer-distribution



Retos para la reducción de daños



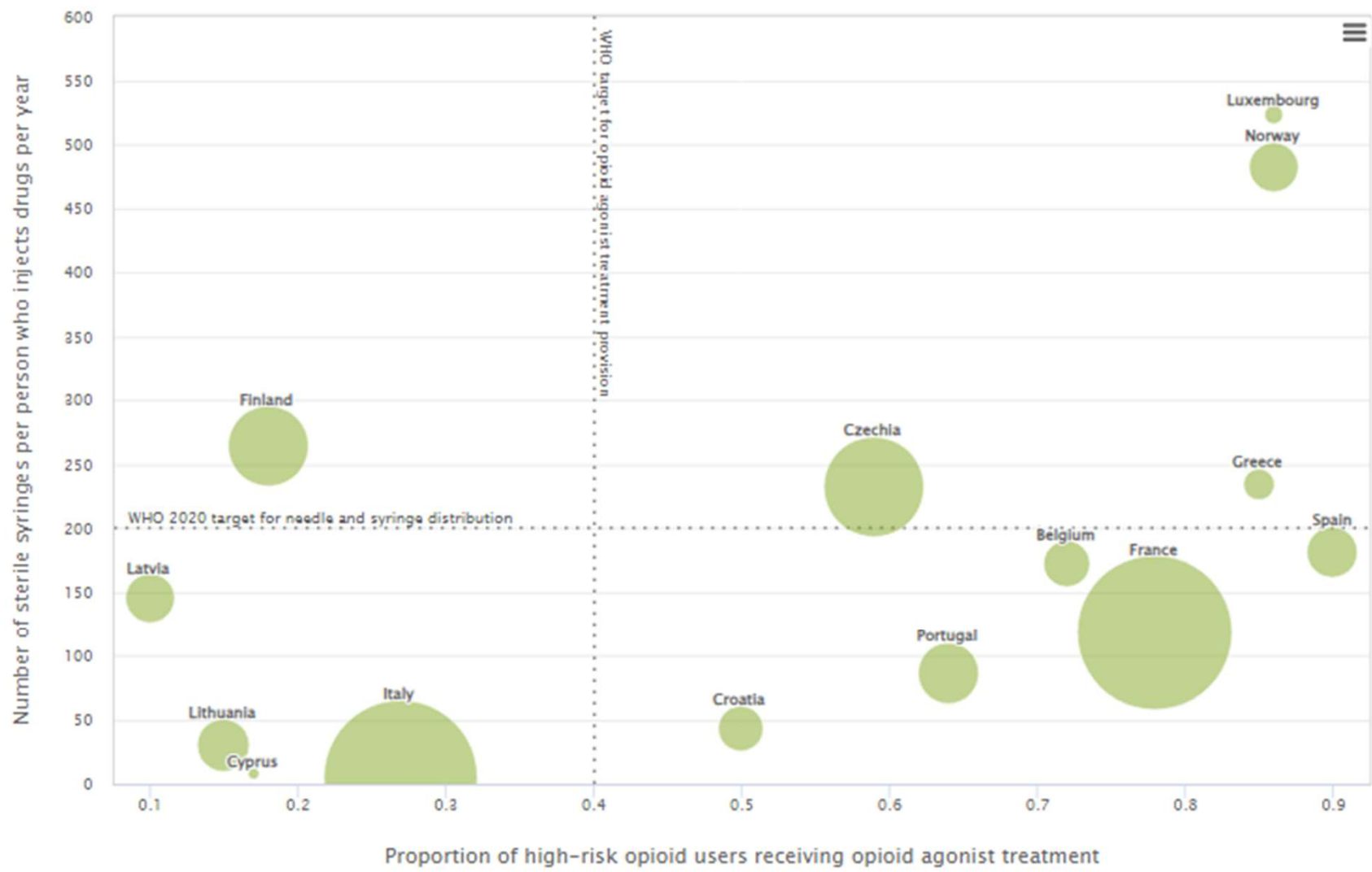
Figure. Number of European countries implementing harm reduction interventions, up to 2022



Implementation at any level, including pilot projects, is included.

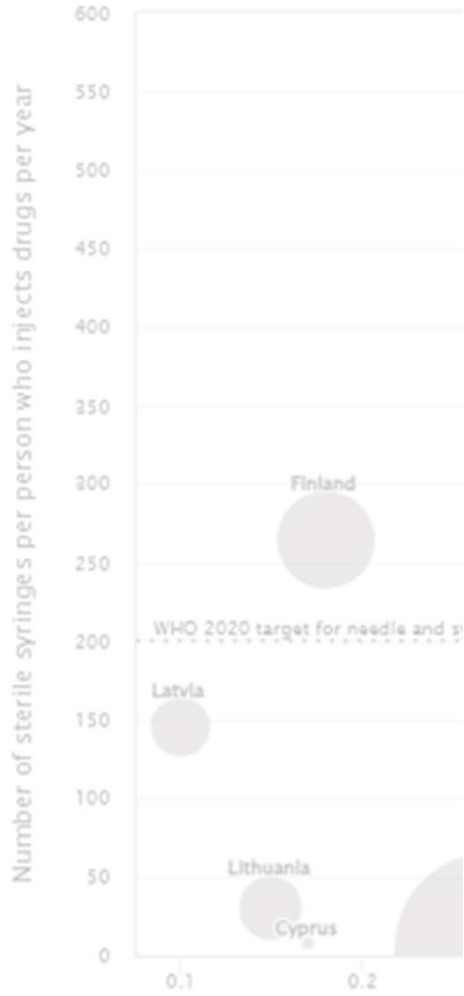
EMCDDA (data) | Highcharts (chart tool)

Figure. Needle and syringe distribution and opioid agonist treatment coverage in relation to WHO 2020 targets, 2021 or latest available estimate

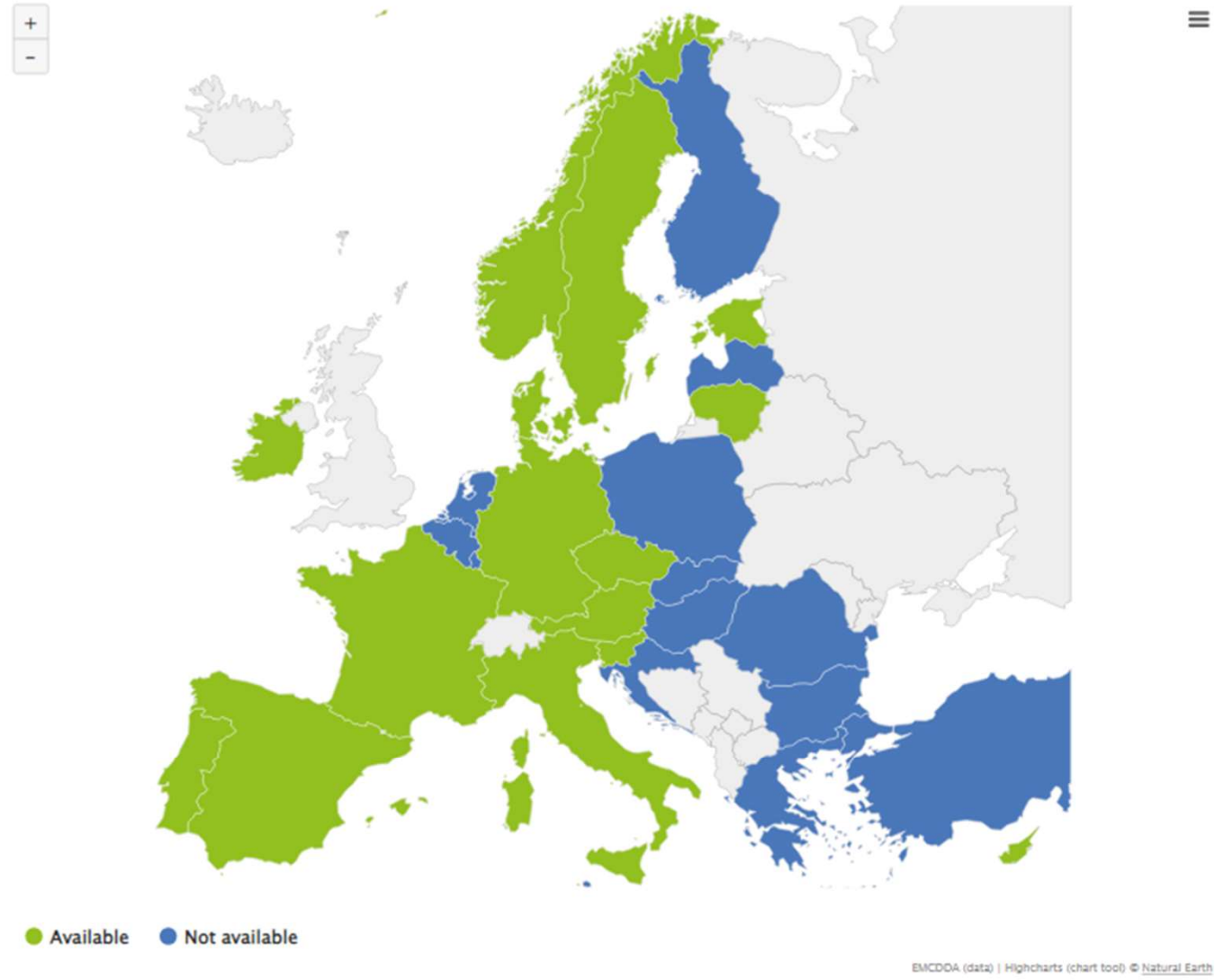


Impl

Figure. Needle and syringe c



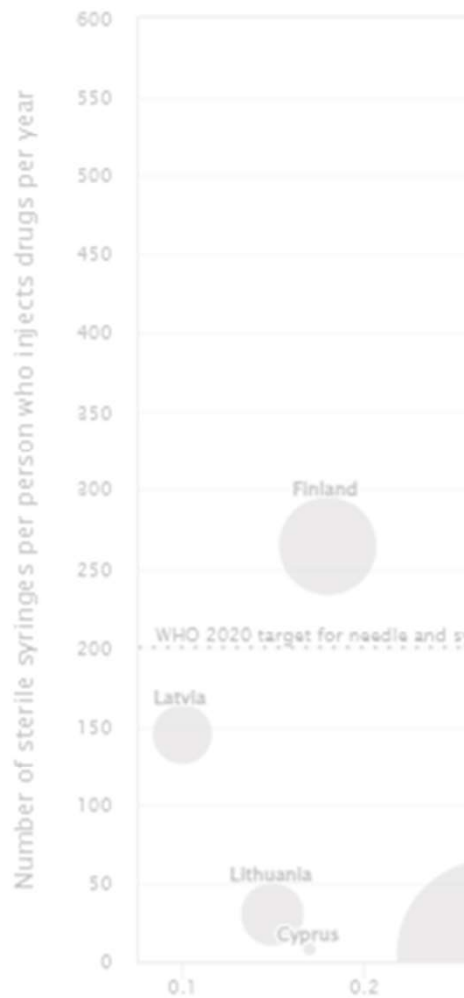
Availability of take-home naloxone in Europe



Data for EU Member States, Türkiye and Norway in 2022 or most recent year.

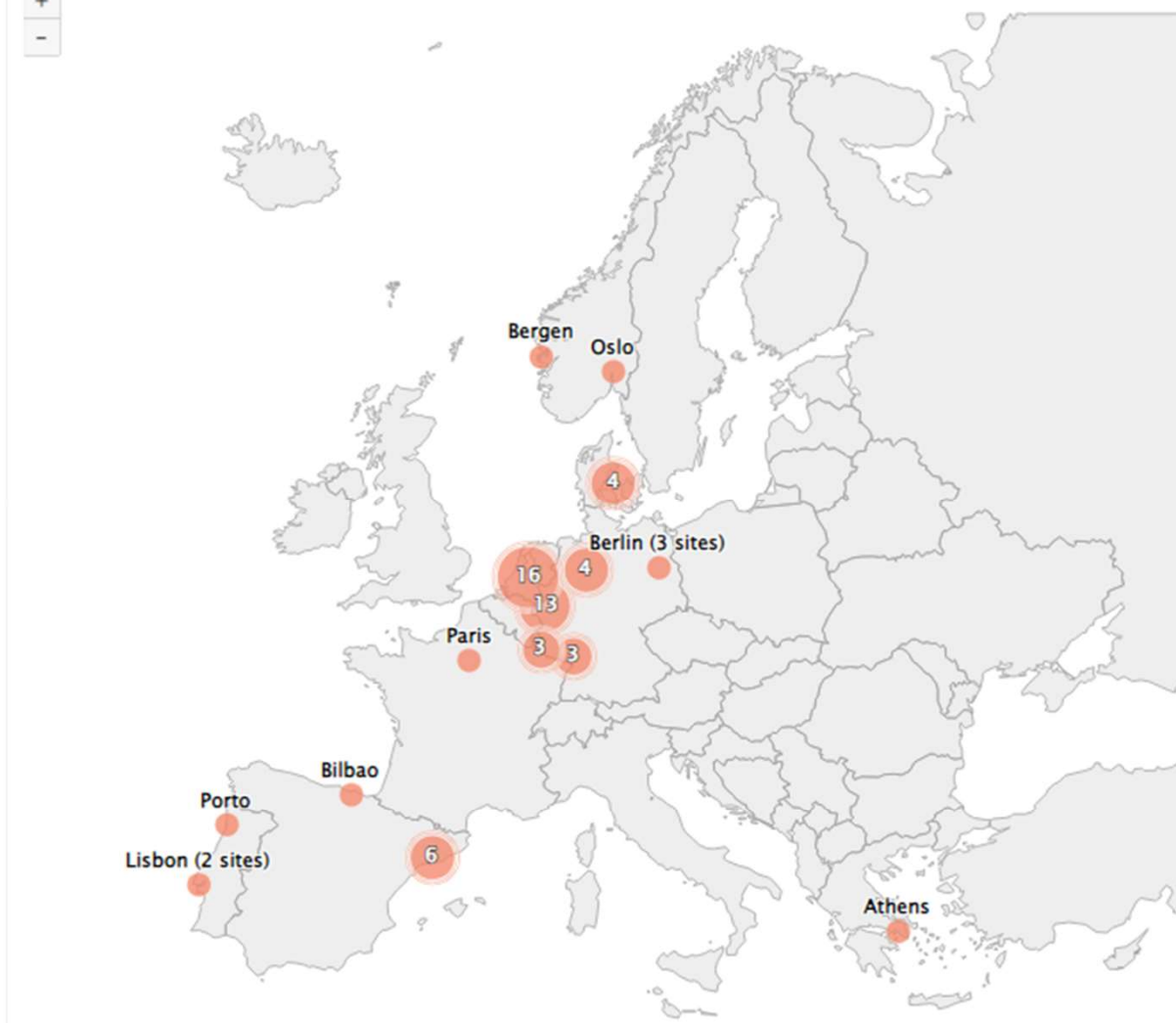
EMCDDA (data) | Highcharts (chart tool) © Natural Earth

Figure. Needle and syringe c



Data for E

Figure. Location and number of drug consumption facilities throughout Europe



European Network of Drug Consumption Rooms (ENDCR) and Correlation – European Harm Reduction Network (C-EHRN).

EMCDDA (data) | Highcharts (chart tool) © Natural Earth

EDR 2023: La evolución de la situación de las drogas en Europa crea nuevos desafíos en materia de reducción de daños y comunicación de riesgos.

- **Reducción de daños:** mitigar los riesgos para la salud derivados de patrones de consumo complejos, nuevas sustancias y mezclas de drogas
- **Identificar respuestas efectivas:** opioides sintéticos, estimulantes sintéticos, nuevos tipos y formas de cannabis y disociativos (por ejemplo, ketamina).
- **Preocupación creciente:** uso involuntario de sustancias potentes o mezclas de drogas
- **Consideraciones de política:** qué comportamientos de riesgo abordar, respuestas basadas en la evidencia y estándares de calidad de la atención
- **Comunicación de riesgos:** nuevas sustancias, interacciones medicamentosas, productos de alta potencia o vías de administración



ÁGORA

Reducción de daños


EDR 2023: La evolución de la situación de las drogas en Europa crea nuevos desafíos en materia de reducción de daños y comunicación de riesgos.

- **Identificar respuestas efectivas:**

Nuevos opioides sintéticos y estimulantes (sintéticos)

Algunos indicadores sugieren ahora que los opioides y estimulantes sintéticos tienen un potencial creciente para causar daños relacionados con las drogas en Europa, ya que el consumo involuntario de estas sustancias en polvos o mezclas que se venden como otras drogas puede provocar intoxicaciones y muertes.




 European Monitoring Centre
for Drugs and Drug Addiction

New synthetic opioids responses: preliminary findings from an ongoing scoping review

Iciar Indave, Jane Montenevy
European Monitoring Centre for Drugs and Drug Addiction

11 October, 2023

Drug Related Deaths expert meeting, EMCDDA, Lisbon and online



 European Monitoring Centre
for Drugs and Drug Addiction

EXPERT MEETING ON RESPONSES FOR STIMULANT USE DISORDER CURRENT EXPERIENCE IN MEDICATION ASSISTED TREATMENT OPTIONS AND ITS IMPLEMENTATION

Draft Agenda

Context:

The EMCDDA has an interest in exploring interventions for Stimulant Use Disorder (SUD), since treatment options are currently limited and no effective pharmacological treatment available. We specifically aim to explore how developments and compile expert knowledge on **Medication Assisted Treatment (MAT) for Stimulant Use Disorder (SUD)**, with special interest in proposals of substitution treatment and/or prescribed safer supply. There is growing evidence for a potential effectiveness of such interventions that shows that MAT for SUD may deserve to be given more weight in decision making, and also experience based examples are supporting this. However, there are many other factors that have to be taken into account when considering the implementation of MAT in the context of SUD, and these could be determinant for a successful implementation.

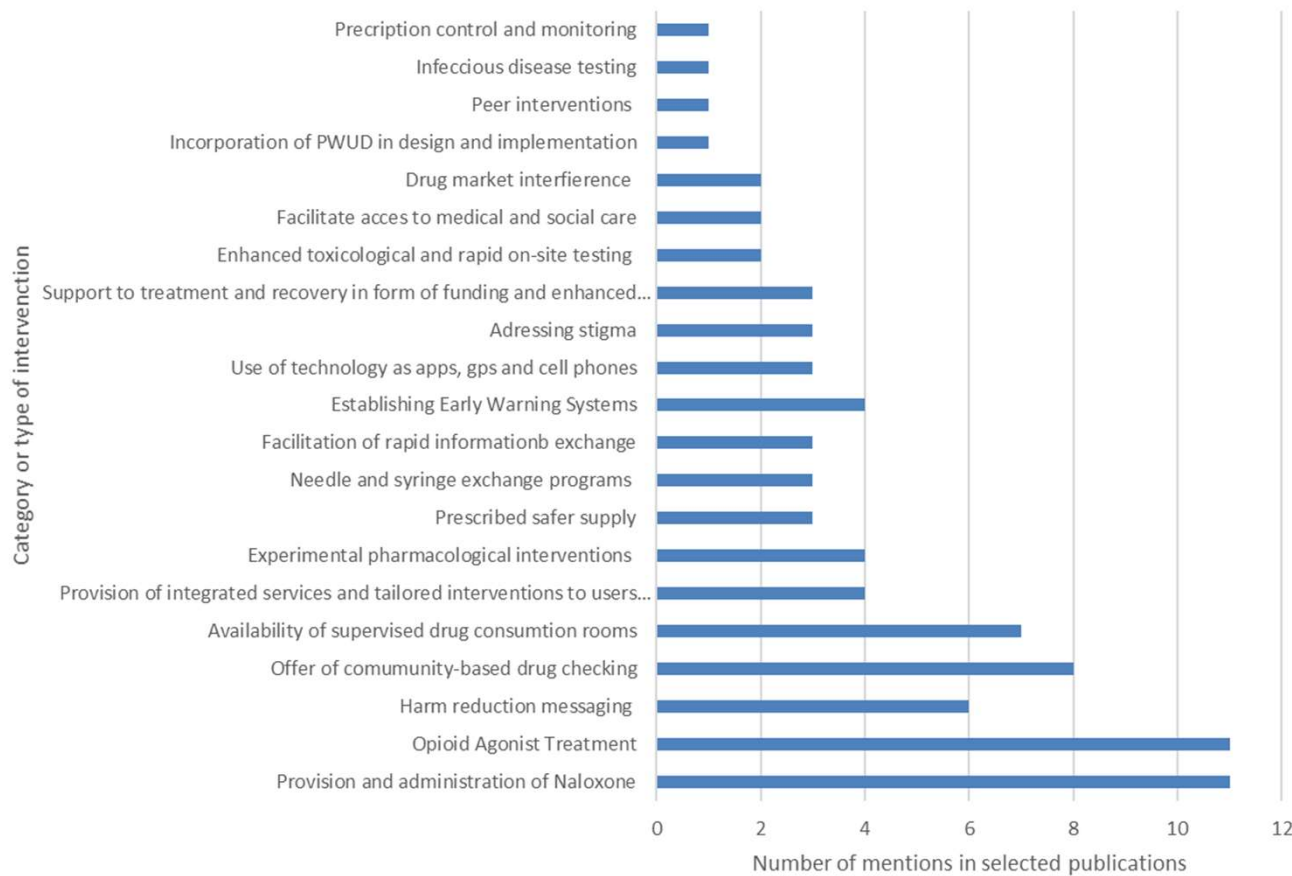
The discussions will benefit from local and international expertise and will focus on a proposal for the development of a contextual framework of implementation determinants for these types of interventions.

Goals of the meeting:



Resultados preliminares

Figure 2: Number of times a type of interventions has been mentioned in relation to NSO use in the retrieved literature



New synthetic opioids responses: preliminary findings from an ongoing scoping review

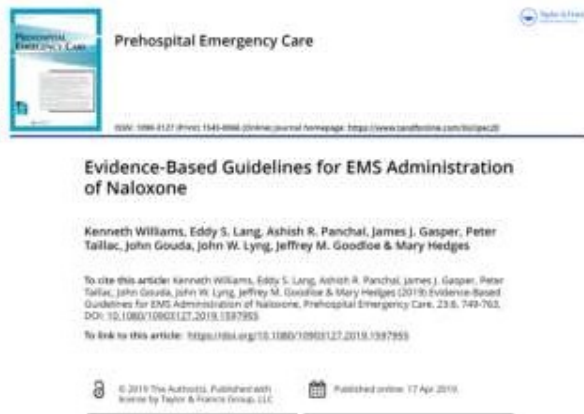
Iciar Indave, Jane Montaney
European Monitoring Centre for Drugs and Drug Addiction
11 October, 2023
Drug Related Deaths expert meeting: EMCDDA, Lisbon and online



Resultados preliminares

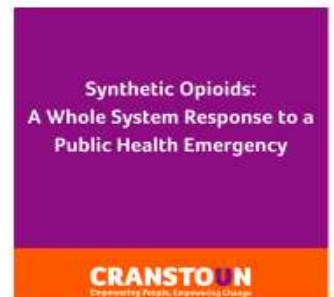
Included publications: Guidelines and protocols

- ✓ Most seem to be publications from the USA 16 (57%) and from Canada 8 (29%)
- ✓ Most relevant:



- ✓ Only 4(14%) publications from Europe, being three publications from United Kingdom (UK), including Cranstoun report.
- ✓ Proposes a **Whole System Response to a Public Health Emergency of NSO.**

This report does not provide evidence-based guidance, but offer a very complete and integrated view of a coordinated, public health oriented, strategic response to the multidimensional threat an expansion in NSO use could represent.



Content
Draft Agenda

The EMCDDA has an interest in exploring interventions for Stimulant Use Disorder (SUD), since stimulant use is currently linked with the highest neurobiological reward signals. The workshop aims to explore new developments and compile expert knowledge on Medication Assisted Treatment (MAT) for Stimulant Use Disorder (SUD), with special reference to evidence of controlled treatment and/or practical safety aspects. There is growing evidence for a certain effectiveness of such interventions that shows the need for SUD treatment to be given more weight in clinical practice, and also experience-based evidence are supporting this. However, there are many other factors that need to be taken into account when considering the implementation of MAT in the context of SUD. The main goal of the workshop is to discuss the current state of the art.

The discussions will benefit from local and transnational expertise and will focus on a proposal for the

Grupo de trabajo

Best practice portal Contingency evidence Best practice portal Psychosocial stimulants evidence

Summary

Rating:

Beneficial

Contingency management (CM) alone was found to be effective in 2020, 29 systems.

- abstinence Interval [CI]
- abstinence
- dropout at
- and dropout

References

- Ronsley C, Nolan S, et al. Stimulant Use Disorder: A systematic review. <https://doi.org/10.1111/daa.12166>
- Hayley D, Brown A, et al. Stimulant Use Disorder: A systematic review. <https://doi.org/10.1111/daa.12166>
- Bentley BS, Han SS. Cocaine Use Disorder. <https://doi.org/10.1093/ncpi/mnab019>
- AshaRani PV, Hombani V. Interventions for Stimulant Use Disorder. <https://doi.org/10.1093/ncpi/mnab019>

Summary of

Rating:

Likely to be beneficial

Psychosocial interventions combined with meta-analysis

- patients in primary care: substantially higher quality evidence
- the risk of relapse was lower than in moderate quality evidence

Psychosocial interventions

1. Cognitive behavioral therapy
2. Contingency management
3. Community reinforcement approach
4. Motivational management
5. Community reinforcement approach
6. Community reinforcement approach
7. Community reinforcement approach
8. Community reinforcement approach
9. Community reinforcement approach
10. Community reinforcement approach

References

- Tran Mai Thi, et al. Interventions for Stimulant Use Disorder. <https://doi.org/10.1093/ncpi/mnab019>

Best practice portal Psychostimulants to reduce stimulant use — evidence summary

Summary of the

Rating:

Likely to be beneficial

Substitution therapy has been shown to reduce stimulant use. Evidence is strongest for psychostimulants prescribed as dextroamphetamine (mixed amphetamine salts) with or without bupropion. In 2020, 38 RCTs, N = 2881.

- increasing rates of abstinence [95% confidence interval (CI) 0.95, 1.00] particularly in patients with low-quality evidence
- Prescription amphetamine promoting sustained abstinence [RR = 2.44]
- higher doses of psychostimulants were particularly effective [RR = 1.95, 95% CI 1.45, 2.64]
- Treatment with psychostimulants plus bupropion was more effective than psychostimulants alone [RR = 1.95, 95% CI 1.45, 2.64]

There was no effect of

References

- Tardelli V, S. Bisag. Stimulant use disorder: a systematic review. <https://doi.org/10.1111/daa.12166>

Psychostimulants to reduce stimulant use — evidence

Implications for policy and practice

Basics

- Problems associated with stimulant use vary depending on patterns of use, the groups who are using them, and the setting in which the drugs are used. Responses therefore need to be tailored to the local patterns of use and problems experienced.
- Core responses for stimulant problems currently include psychosocial treatment, primarily contingency management, and a range of harm reduction initiatives, particularly for people who inject stimulants.

Opportunities

- Improving links between sexual health and drug treatment services could improve the efficiency and effectiveness of both.

Gaps

- Harm reduction interventions for people who use stimulants need development and evaluation.
- Research into effective treatment models, including the possibility of developing pharmacological treatments for stimulant dependence remains a priority.



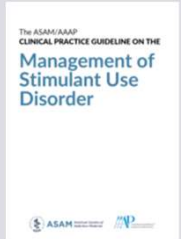
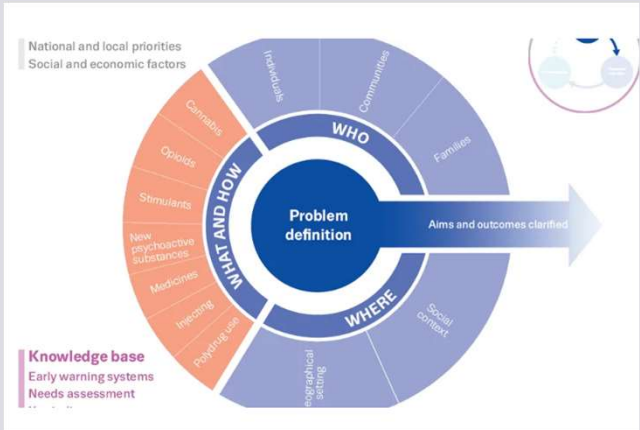
[Stimulants: responses miniguide](#)

Context

The ESCEDA has an interest in exploring interventions for Stimulant Use Disorder (SUD), since current systems are generally unable to address neurobiological, psychological, and social needs. The workshop aims to explore new interventions and compile expert knowledge on Medication Assisted Treatment (MAT) for Stimulant Use Disorder (SUD), with a particular focus on the development of community-based and/or peer-supported care. This is to provide evidence for a national effectiveness of such interventions that shows the need for SUD treatment to be given more weight in decision-making, and also evidence-based options are exploring this. However, there are many other factors that need to be taken into account when considering the implementation of MAT in the context of SUD, and these will be addressed in a subsequent workshop.

The discussions will benefit national and international expertise and will focus on a proposal for the development of a conceptual framework of implementation objectives for these types of interventions.

Grupo de trabajo



PHARMACOLOGICALLY ASSISTED TREATMENT FOR METHAMPHETAMINE DEPENDENCE USING CENTRAL STIMULANTS

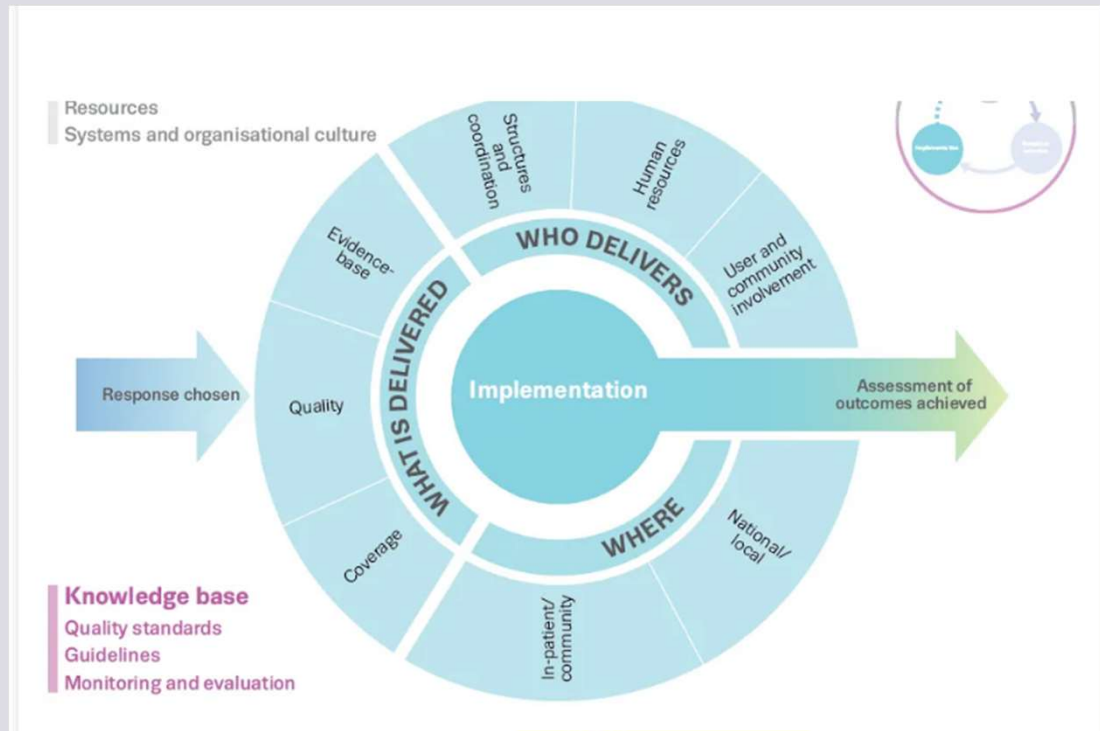
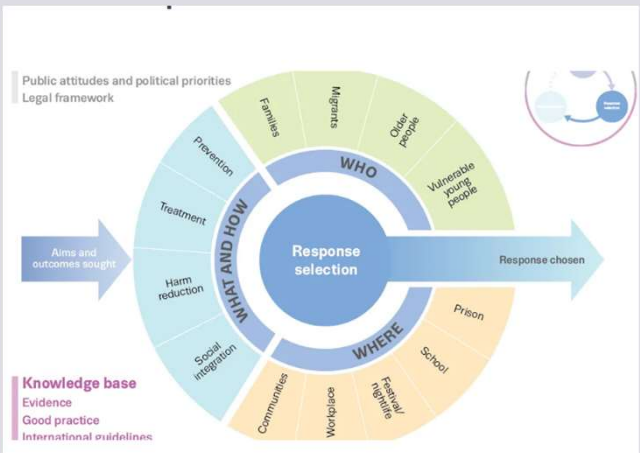
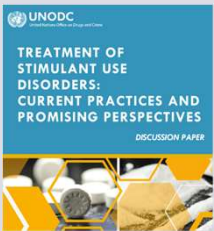
2006 ESCP Guideline for Addictive Diseases (recommendations for all levels of central stimulants for methamphetamine dependent individuals)

Adapted by the Committee of the Society for Addictive Diseases of the Czech Republic on 15 April 2020

Introduction:

The current situation triggered by the outbreak of the new coronavirus SARS-CoV-2 has an impact on the drug scene. There are signs of a decline in the availability of addictive substances, drug use declines, the availability of addictive and other social and health services is decreasing, the socio-economic situation of problem drug users and addicts is worsening. These factors risk leading to a wave of additional complications – the supply of new addictive substances, including potent substances, the use of addictive substances in combination with higher risk of overdose. The drug scene is characterized by a high prevalence of problem/relapsing methamphetamine (pmam) users. There are also reports from public health services that the availability and quality of pmam appear to be declining.

While the development of this recommended approach has been driven and accelerated by the SARS-CoV-2 outbreak, pharmacological treatment for their addiction includes substitution treatment.



Thank you

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Context

Draft Agenda

The EMCDDA has an interest in exploring interventions for Stimulant Use Disorder (SUD), since stimulant use is a public health and to address neurobiological, psychological, and social issues. The aim is to explore new developments and compile expert knowledge on Medication Assisted Treatment (MAT) for Stimulant Use Disorder (SUD), with special reference to treatment of amphetamine and/or cocaine use. There is growing evidence for a potential effectiveness of such interventions that shows the need for SUD care options to be given more weight in research, policy, and also experience based evidence are supporting this. However, there are many other factors to be taken into account when considering the implementation of MAT in the context of SUD. The meeting will be a combination of a scientific and a policy meeting.

The discussions will benefit from local and international expertise and will focus on a proposal for the

Ongoing work

Best practice portal 📌

Contingency management to reduce stimulant use — evidence summary

Summary of Evidence

Rating:

Beneficial

BENEFICIAL

Contingency management (CM) involves participants receiving something of value such as a gift or chance to win a prize as a reward for the achievement of a specific, measurable desired behaviour, most commonly a negative urine test for stimulants when implemented for the treatment of stimulant use disorder.

CM alone was found in a systematic review of reviews (Waller et al., 2020, 29 systematic reviews examining eleven interventions (activities) to be effective in improving:

- abstinence at 12 weeks (Odds Ratio [OR] 2.29, 95% Confidence Interval [CI] 1.62, 3.24),
- abstinence at the end of treatment (OR 2.22, 95% CI 1.59, 3.10),
- dropout at 12 weeks (OR 1.39, 95% CI 1.09, 1.78),
- and dropout at the end of treatment (OR 1.41, 95% CI 1.10, 1.82).

Details

Note: this evidence summary is only valid for the outcomes, target groups, settings and substances/patterns of use described below.

Name of response option:

Contingency management

Desired outcome(s):

reduce substance use

Area(s)

Treatment

Specific substance or pattern of use:

amphetamines cocaine

References

- Ronsley C, Nolan S, Knight R, Hayashi K, Klimas J, Waller A, et al. (2020) Treatment of stimulant use disorder: A systematic review of reviews. PLoS ONE *Ronsley et al., 2020* | 34809. <https://doi.org/10.1371/journal.pone.0234809>
- Hayley D, Brown, Anthony DeFulio (2020) Contingency management for the treatment of methamphetamine use disorder: A systematic review. *Drug and Alcohol Dependence, Volume 216, 2020, 108307, ISSN 0376-8716.*
- Bentzley BS, Han SS, Neuner S, Humphreys K, Kampman KM, Halpern CH. Comparison of Treatments for Cocaine Use Disorder Among Adults: A Systematic Review and Meta-analysis. *JAMA Netw Open.* 2021 May; 3:4(5):e218049. doi: 10.1001/jamanetworkopen.2021.8049. PMID: 33961037; PMCID: PMC8105751.
- AshaRani PV, Hombali A, Seow E, Wei Jie Ong, Jit Hui Tan, Subramaniam M., (2020) Non-pharmacological interventions for methamphetamine use disorder: a systematic review. *Drug and Alcohol Dependence, Volume 212, 2020.*



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Draft Agenda

Context
The EMCDDA has an interest in exploring interventions for Stimulant Use Disorder (SUD), since stimulant systems are currently under-researched and have diverse neurobiological reward pathways. The workshop aims to explore new developments and compile expert knowledge on Medication Assisted Treatment (MAT) for Stimulant Use Disorder (SUD), with special reference to treatment of amphetamine/bupropion and bupropion/safe use. There is growing evidence for a potential effectiveness of such interventions that shows the need for SUD treatment to be given more weight in research funding, and also experience based evidence are supporting this. However, there are many other factors that need to be taken into account when considering the implementation of MAT in the context of SUD. The workshop will aim to explore the implementation of a Medication Assisted Treatment.
The discussions will benefit from local and international expertise and will focus on a proposal for the

Best practice portal Best practice portal

Contingency evidence Psychosocial interventions for amphetamine-type stimulants use disorder to reduce risk behaviours — evidence summary

Summary

Rating:

Beneficial

Contingency management (CM) is something of a reward for behaviour, most commonly when implemented as a reward for abstinence. CM alone was found to be effective in 2020, 29 systems of evidence.

- abstinence
- abstinence
- dropout at
- and dropout

References

- Ronsley C, Nolan S, et al. Stimulant use disorder: A systematic review. <https://doi.org/10.1111/dad.12345>
- Hayley D, Brown A, et al. Stimulant use disorder: A systematic review. <https://doi.org/10.1111/dad.12346>
- Bentley BS, Han SS, et al. Cocaine Use Disorder. <https://doi.org/10.1111/dad.12347>
- AshaRani PV, Hombani A, et al. Interventions for methamphetamine use disorder. <https://doi.org/10.1111/dad.12348>

Summary of the evidence

Rating:

Likely to be beneficial

Psychosocial interventions for amphetamine-type stimulants (ATS - methamphetamine and cocaine) were found in review of reviews with meta-analysis (Tran et al., 2021).

- patients in psychosocial interventions had substantially less (odds ratio 0.49, low quality evidence)
- the risk of unsafe sex in the psychosocial group was lower than in the control group (Hazard Ratio 0.49, moderate quality evidence)

Psychosocial interventions considered in the analysis were:

1. Cognitive behaviour therapy (CBT)/ Cognitive Behavioural Therapy combined with Text messages/ Computer-based Cognitive Behavioural Therapy intervention; 2. Contingency management (CM); 3. Psychosocial therapies (combined CBT+ MI+ CM+BI + others); 4. Motivational interviewing (MI); 5. Brief intervention (BI); 6. Case management; 7. Community-based management, therapeutic community; harm reduction group therapy; 8. Mindfulness; 9. 12 steps facilitation; 10. Family therapy.

References

- Tran Mai Thi Ngoc, Luong Quang Hung, Le Minh Giang, Dunne Michael P., Baker Philip (2021) Psychosocial Interventions for Amphetamine Type Stimulant Use Disorder: An Overview of Systematic Reviews, *Frontiers in Psychiatry*, Vol 12

Details

Note: this evidence summary is only valid for the outcomes, target groups, settings and substances/patterns of use described below.

Name of response option:

psychosocial interventions

Desired outcome(s):

- prevent infectious diseases
- reduce harms
- reduce infectious diseases
- reduce risk behaviours

Area(s)

Treatment

Specific substance or pattern of use:

amphetamines

LIKELY TO BE BENEFICIAL



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Draft Agenda

Content
The ESCEDA has an interest in exploring interventions for Stimulant Use Disorder (SUD), since current options are severely limited and the clinical pharmacological research available. We would like to explore new developments and compile expert knowledge on Medication Assisted Treatment (MAT) for Stimulant Use Disorder (SUD), with special interest in evidence of controlled studies and/or practical safety aspects. There is growing evidence for a potential effectiveness of such interventions that shows that SUD for SUD may deserve the same level of research funding and also experience based therapies are supporting this. However, there are many other factors that may be taken into account when considering the implementation of MAT for the control of SUD. We shall discuss the effectiveness of a Medication Assisted Treatment.
The discussions will benefit from local and international expertise and will focus on a proposal for the

Best practice portal
Contingency evidence

Summary

Rating:

Beneficial

Contingency management as a reward for behaviour, most when implemented as a contingency management (CM) alone was found to be effective in 2020, 29 systems.

- abstinence interval [CI]
- abstinence
- dropout at
- and dropout

References

- Ronsley C, Nolan S, et al. Stimulant use disorder: A systematic review. <https://doi.org/10.1111/da.12116>
- Hayley D, Brown A, et al. Stimulant use disorder: A systematic review. <https://doi.org/10.1111/da.12116>
- Bentley BS, Han SS. Cocaine Use Disorder. https://doi.org/10.1007/978-1-4939-9871-6_8
- AshaRani PV, Hombhadrakrishna S, et al. Interventions for stimulant use disorder. https://doi.org/10.1007/978-1-4939-9871-6_8

Best practice portal
Psychosocial stimulants evidence

Summary of

Rating:

Likely to be beneficial
Psychosocial interventions combined with meta-analysis

- patients in prescription substantially quality evidence
- the risk of underestimation moderate quality evidence

Psychosocial interventions

1. Cognitive behavioral therapy
2. Contingency management
3. Motivational therapy
4. Motivational therapy
5. Community reinforcement approach
6. Community reinforcement approach
7. Community reinforcement approach
8. Community reinforcement approach
9. Community reinforcement approach
10. Community reinforcement approach

References

- Tran Mai Thi, et al. Interventions in Psychiatry

Best practice portal

Psychostimulants to reduce stimulant use — evidence summary

Summary of the evidence

Rating:

Likely to be beneficial

Substitution therapy has already proved to be effective for smoking and opioid use. Evidence is emerging around the effectiveness of psychostimulants prescription for stimulants related problems. Psychostimulants, namely modafinil, methylphenidate, or amphetamines (mixed amphetamine salts, lisdexamphetamine, and dextroamphetamine) were found in a systematic review (Tardelli et al., 2020, 38 RCTs, N = 2889) to be effective in:

- increasing rates of sustained abstinence [risk ratio (RR) = 1.95, 95% confidence interval (CI) = (1.10, 1.92)] and sustained abstinence [mean difference (MD) = 3.34, 95% CI = (1.38, 2.77)] particularly in patients with cocaine use disorder (low-quality evidence).
- Prescription amphetamines were particularly beneficial in promoting sustained abstinence in patients with cocaine use disorder [RR = 2.44, 95% CI = (1.66, 3.58)], and higher doses of PPs (eg. >60 mg/dose of dextroamphetamine) were particularly efficacious for treatment of cocaine use disorder [RR = 1.95, 95% CI = (1.38, 2.77)].
- Treatment with prescription amphetamines also yielded more cocaine-negative urines [MD = 8.37%, 95% CI = (3.75, 12.98)].

There was no effect of PPs on the retention in treatment.

References

- Tardelli, V.S., Bisaga, A., Arcadepiani, F.B., et al. Prescription psychostimulants for the treatment of stimulant use disorder: a systematic review and meta-analysis. *Psychopharmacology* 237, 2233–2255 (2020). <https://doi.org/10.1007/s00213-020-05563-3>

Details

Note: this evidence summary is only valid for the outcomes, target groups, settings and substances/patterns of use described below.

Name of response option:

Pharmacological treatment

Desired outcome(s):

reduce substance use

Area(s)

Treatment

Specific substance or pattern of use:

amphetamines cocaine

LIKELY TO BE BENEFICIAL

