

Drugs in focus

Drug injecting challenges public health policy

EU Member States must reduce its consequences

Drug injecting is rare. It is stigmatised by the public and, on the whole, by drug users themselves. But, though limited to a small minority, injecting accounts for most of the severe health consequences of drug use in Europe today, such as drug-related deaths and infectious diseases. Reducing such consequences is the second target of the European Union drugs strategy (2000–04).

The EU action plan on drugs, which translates this strategy into practical steps, stresses the importance of a range of responses. These include: outreach and low-threshold services; substitution and drug-free treatment; counselling; innovative information and awareness-raising campaigns; and risk-reduction programmes targeted at high-risk, hard-to-reach groups.

This briefing highlights the key challenges currently presented by drug injecting for public health policy in Europe. It describes the consequences of drug injecting and the various approaches and interventions employed to reduce it.

Many such interventions reflect the rapid evolution in policy perspectives and public

opinion in many parts of Europe over the last 10 years — particularly the increasing acceptance of harm-reduction measures as integral to comprehensive public health policy on drugs. Certain aspects of this approach are more controversial than others. Some are experimental or still to be evaluated, while others are firmly established and evidence-based.

Much of the responsibility for reducing drug-related health damage lies locally.

So it is hoped that this briefing will be of particular interest to local decision-makers and service-providers, as well as policy-makers at national and European level.

A review of research into understanding drug injecting — *Injecting drug use, risk behaviour and qualitative research in the time of AIDS* — was published by the EMCDDA in its *Insights* series in July 2001 [1].

Definition: In this briefing, drug injecting refers to the non-medical self-injection of drugs. Injecting steroids for sporting and non-sporting purposes is not covered. Estimates provided refer to injecting during the previous 12-month period.

Key policy issues at a glance

1. Although drug injecting affects less than 0.4 % of the EU population aged 15–64, it is of major concern due to its close association with multiple health problems and social deprivation.
2. Drug injecting is the common denominator of most serious drug-related health damage in the EU (e.g. HIV, hepatitis B and C, tuberculosis and endocarditis). Opiate injectors have a mortality rate 20 times higher than that in the general population.
3. Differences in local attitudes and cultural traditions, the vagaries of drug supply, social isolation, and the high-risk, short-term urgency of much drug injecting — all contribute to the problem and complicate its alleviation.
4. Drug injecting and its associated health damage must be addressed within the context of the social vulnerability and marginality of those affected. It is important to strike a balance between individual needs and community concerns.
5. Consideration of strategies to contain and reduce infectious diseases related to drug injecting has to embrace ethical, clinical, legal and human rights issues, as well as political and public concerns.
6. Drug injecting overdoses are a particular concern. Many could be avoided by interventions sensitive to drug injectors' perceptions of risks and how they cope with them.

'Studying drug injecting is no easy task, largely due to its hidden nature and low prevalence in the general population. Why and how people decide to engage in such dangerous behaviour is difficult for most of us to understand. But we must understand it and respond with effective education and prevention measures.'

MIKE TRACE, CHAIRMAN,
EMCDDA MANAGEMENT BOARD



E.M.C.D.D.A.
European Monitoring Centre
for Drugs and Drug Addiction

Drug injecting — overview

1. Drug injecting — uncommon but causes major problems

There are probably between a half and one million drug injectors in the EU today, excluding those who inject occasionally or who have injected in the past. This represents less than 0.4 % of the EU population aged 15–64, and no more than 5 % of the estimated 18 million who use illegal drugs each year [2].

In Europe, the main drugs involved are heroin and, to a lesser extent, cocaine or amphetamines (see Figure 1). Cocaine is not usually injected, except in combination with heroin. Other drugs, such as benzodiazepines, are also sometimes injected. Some countries report falls in recent years in injecting among heroin users entering treatment; others report rises [2].

Drug injecting is associated closely with marginality and stigma. It is concentrated in communities with high levels of social deprivation, and in individuals with multiple problems of physical and mental health and social and personal behaviour.

‘Drug injecting spread very quickly in western countries in the 1970s and 1980s, and now seems to be extending rapidly in other regions of the world. But in the 1990s, some western countries reported falls in injecting. This may imply room for improvement and intervention — if the nature of such changes can be understood.’

GEORGES ESTIEVENART
EMCDDA EXECUTIVE DIRECTOR

2. A common cause of serious health damage

Drug injecting is the common denominator of most serious drug-related health damage in the EU [2] (see Figure 2). The main hazards are life-threatening infectious diseases, such as HIV, hepatitis B and C, tuberculosis and endocarditis, and complications such as abscesses or non-fatal overdoses. The mortality rate in opiate injectors is 20 times higher than that in the general population, due to overdoses, suicide or drug-related illnesses and accidents. Drug injectors are also sources of sexual transmission of infectious diseases to the wider, non-injecting population.

In northern EU countries, HIV infection among drug injectors is relatively low — under 5 % — and mostly stable. Southern EU levels are around 20 %, although they are generally declining. But in several Member States, there are worrying local increases in HIV among injectors. EU-wide, continuing high levels of hepatitis C among drug injectors (50–80 %) imply high health-care costs in future. Hepatitis B infection is also high, though more variable [2].

Most of the annual 7 000–8 000 acute drug deaths or overdoses recorded in the EU are drug-injection related. Overall, the number of overdoses is stable, following large rises in the previous two decades; but this masks key differences. Overdose deaths are down in some countries but up in others, with previously falling trends reversing [2].

Continued incidence of drug injecting and new cases of infection underline the need to avoid complacency. The first priority of public health policy should be to address

drug injecting and risky behaviour and the wider issues of social marginalisation associated with them.

Injecting drug use is currently reported by 129 countries and territories worldwide, of which 103 also report associated HIV. HIV transmission associated with drug injecting can spread extremely rapidly, with HIV prevalence among intravenous drug users rising from virtually zero to 40 % within one to two years in some cases. The recent spread of HIV associated with drug injecting has been explosive in parts of eastern Europe, where effective responses are urgently needed [1].

Figure 1 — Mode of use of different drugs (clients starting drug treatment in the EU)

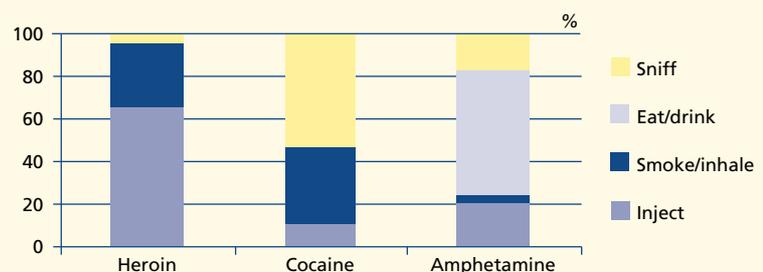
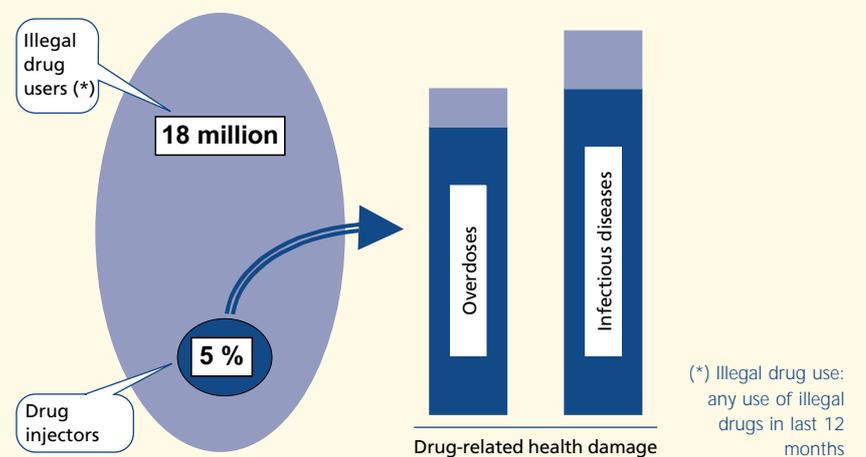


Figure 2 — Drug injection and drug-related health damage



3. Action must reflect the realities of injecting

Reasons for drug injecting are often unclear and patterns of injecting behaviour are often shaped by local traditions and sub-cultures, with big differences even within the same city. Interventions must therefore heed local sensitivities and take account of latest research [1]. Fear of AIDS might have boosted resistance to drug injecting once, but less so now — and responses must seek other ways to discourage drug users from starting to inject.

In understanding the meaning and context of injecting risk behaviours from the perspectives of drug injectors themselves, it becomes possible to understand the relative priority given to particular risk behaviours and, in turn, the likely acceptability of risk-reduction interventions [1].

Other factors that may influence injecting patterns are falls in heroin purity or rises in price. Both may encourage heroin smokers to switch to more cost-effective injecting and injectors to turn to cheaper, riskier substances. This is a complex issue but suggests that major shifts in drug supply can lead to unpredictable effects on injecting.

High-risk circumstances, often due to the short-term urgency of much drug injecting, include: lack of clean syringes and conditions for hygienic injection; and repressive policing that encourages hurried and surreptitious injecting. Additional risks include homelessness, imprisonment, sex work and the cultural isolation of immigrants.

First-time or intermittent injectors are at high risk of using someone else's syringe, and perhaps of overdose. Subsequently, infection increases with the number and duration of injections.

The longer an injecting 'career', the greater the chance of dying by overdose. This means that measures to influence injectors need to be taken sooner rather than later.

4. A comprehensive public health approach

Drug injecting and associated health damage cannot be prevented or reduced by a single intervention. The vulnerability and marginality of sufferers means that

particular attention must be paid to their human rights.

Interventions targeted at high-risk groups and settings should be part of a comprehensive public health approach that addresses wider-ranging problems of social exclusion, especially through better access to general health care, social services, etc. The precise format depends on local circumstances, but might embrace health services, police, prisons, NGOs, social services and drug-user groups.

It is particularly important to avoid contradictions — e.g. police confiscation of clean syringes provided by needle-exchange programmes.

All this calls for a balance between individual needs and community concerns, supported by key professionals, and at least not opposed by the public. It is also important to ensure that the approach is appropriate and acceptable to the target groups themselves.

5. Strategies must be multi-faceted

A range of responses is needed to cut transmission of infectious diseases through risky behaviour. Drug treatment, especially substitution treatment, helps reduce such behaviour. Through contact with treatment services, injectors can also gain access to health education, disease testing and treatment for disease.

But not all, or even most, injectors seek treatment. Outreach work is a key way of targeting them and approaches vary. Some deliver information or sterile injection material, while others emphasise the need to empower drug injectors to change their behaviour [3].

Encouraging a reduction in needle and syringe sharing is a cornerstone intervention of public health strategies targeting injecting drug users in most EU countries. Surveys associate syringe distribution, exchange and availability with declines in levels of needle and syringe sharing and reduced risk of HIV transmission [1].

Needle exchange is now more widespread in the EU, though coverage varies. It is still controversial in some countries, but, where it has been implemented fully, there is strong evidence to suggest that it helps cut risky behaviour, without

boosting injecting or discarded needles [4].

Hygienic and supervised injecting rooms are a recent and more controversial initiative in a few countries, with some early positive results. Evidence suggests that they offer safer injection to marginalised groups of injectors living and using drugs on the street [5].

Strategies to contain and reduce drug-related infectious diseases must focus on ethical, clinical, legal and practical issues as well as political, public and professional concerns. Evidence so far suggests that the measures outlined above can work [4].

6. Many overdoses are avoidable

Overdose risks from drug injecting are increased by sedatives or alcohol combined with opiates, volatile heroin potency and the precarious existence of many injectors.

Release from prison presents particular risks. Physical tolerance to heroin is lost by enforced abstinence or reduced intake. One study shows overdose deaths of drug injectors eight times higher in the two weeks after release from prison than in the following 10 weeks. Pre-release counselling should therefore be a priority [6].

Overdose deaths are not necessarily immediate. The reactions of other drug users who may be present are often inappropriate or delayed due to lack of knowledge or fear of the police. This also calls for action such as resuscitation training for injectors or first-aid posts in high-risk zones.

Evidence indicates that many overdoses are avoidable [7]. Action should be based on understanding drug injectors' perceptions of risks, and how they cope with them.

Initiatives could include: education targeted at drug users; first-aid training for drug workers and users; and the development of protocols for summoning emergency services.

These actions should be placed in the broader context of a public health approach to reducing drug-related health damage.

Conclusions

Drug injecting — policy considerations

Reducing drug-related health damage is a priority for public health policy. Drug injecting, in particular, poses serious health risks and major challenges. This briefing highlights some key issues and primary sources for those wishing to know more. On the basis of current knowledge, the following conclusions need to be addressed by policy-makers.

1. Though rare, drug injecting has a major public health impact, is closely linked to marginalisation, and, despite decreases in some countries, is increasing in others.
2. Drug injecting underlies most cases of HIV, hepatitis and overdose deaths among drug users in Europe. Public health policies to reduce health damage must therefore give top priority to reducing injecting and related risks.
3. Continued drug injecting and risky behaviour, and renewed rises in overdoses and drug-related infectious diseases in some countries, indicate the need for greater efforts to reduce injecting and risk among drug injectors. These efforts must be based on evidence and on understanding the realities of local drug-use patterns.
4. Interventions must be part of a comprehensive public health approach that addresses broad issues of social exclusion as well as balancing local needs.
5. A range of responses adapted to local circumstances has been found useful to reduce transmission of infectious diseases. These include outreach and information, needle exchange, substitution treatment and, more controversially, injection rooms. Evidence suggests that such responses do *not* increase drug use or drug injecting, as some fear.
6. Drug injecting substantially increases the risk of overdose — especially after release from prison and among the most marginalised. Some, perhaps many, overdoses are preventable.

Key sources

[1] European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2001), *Injecting drug use, risk behaviour and qualitative research in the time of AIDS*, EMCDDA *Insights* series No 4, Office for Official Publications of the European Communities, Luxembourg, 2001.

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[4] Drucker, E., Lurie, P., Wodak, A. and Alcabes, P. (1998), 'Measuring harm reduction: the effects of needle- and syringe-exchange programmes and methadone maintenance on the ecology of HIV', *AIDS* 1998, Vol. 12 (suppl. A), pp. 217–230.

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[7] Home Office (2000), *Reducing drug-related deaths*, Report by the Advisory Council on the Misuse of Drugs, HMSO, London, 2000.

Web information

EU drugs strategy and action plan (2000–04)
http://www.emcdda.org/policy_law/eu/eu_actionplan.shtml

EMCDDA key epidemiological indicators
http://www.emcdda.org/situation/methods_tools/key_indicators.shtml

Data on prevalence, drug treatment demand, drug-related deaths and infectious diseases (EMCDDA 2001 *Annual report* data library)
<http://annualreport.emcdda.org/en/sources/index.html>

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