OPIOID SUBSTITUTION TREATMENT:
The European & International Evidence Base

Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

International Centre on Human Rights and Drug Policy

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Opioid substitution treatment (OST)[1] provides people who use heroin or other opioids with a medication to treat and stabilise opioid dependence. The most commonly used medications for treatment are **methadone** and **buprenorphine**.

OST at a glance:

- Methadone is one of the most thoroughly studied drugs in modern medicine having been the focus of thousands of scientific studies.[2] Buprenorphine has a growing evidence-base.[3]
- OST is the internationally recommended standard of care for heroin and other opioids dependence.
- OST is a well-accepted medical intervention around the world.[4]
- Methadone and buprenorphine are included in the World Health Organisation's list of essential medicines that all countries should make available.
- OST is effective in preventing HIV transmission as it replaces injecting drug use with a prescribed oral medication.[5]
- The social, physical and mental well-being of people on OST is much better than those not receiving treatment.[6]
- OST reduces drug related deaths, with a 30% overall reduction in mortality for opioid users in methadone treatment as compared to those outside treatment—an 85% reduction in mortality is possible after 12 months of OST.[7]

OST is not just a scientifically proven medical intervention, it makes sense *financially*

The provision of OST makes sense economically. Methadone and buprenorphine are cheap, easily made and generic, making it economically feasible to provide in most countries. Not only that, the use of OST by persons who are dependent on opioids, usually heroin, has positive impacts on society as a whole.[8] The levels of crime committed by persons dependent on opioids decreases, and there are better social outcomes including improved family and other relationships, increased employment, and physical and mental health.[9] The use of OST also increases stability for those who are dependent on opioids. This enables them to spend more of their income on essentials such as food, housing and clothing.

OST not only saves lives, it improves quality of life

There are health benefits to providing OST mostly relating to the reduction in the unsafe use of illicit drugs, particularly injecting with unclean needles and syringes. OST is delivered in tablet or liquid form, and it is longer acting than short acting opioids such as heroin. This means that an individual can take the medication less frequently[10] and orally, thus reducing chaos associated with seeking multiple doses of heroin and the potential need to share injecting equipment.[11] The risk of blood-borne viral infection such as HIV or Hepatitis B and C is reduced, in the case of HIV by up to 50%.[12] It has also been found that OST improves the effectiveness and compliance of antiretroviral treatment in HIV positive opioid users.[13]

** The International Centre on Human Rights and Drug Policy is a leading centre for research and teaching on the intersections of human rights and international drug control law. The Centre is based at the Human Rights Centre, University of Essex. For more details about the centre's work and the cases, see here: www.hr-dp.org*

The Canadian HIV/AIDS Legal Network is one of the leading organizations tackling the legal and human rights issues related to HIV. More information is available here: http://www.aidslaw.ca/site/

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1 NB: Terminology is changing from OST to agonist opioid treatment (AOT), but OST will be retained for the purpose of this document.

2 Using Science to Battle Stigma in Addressing the Opioid Epidemic: Opioid Agonist Therapy Saves Lives Wakeman, Sarah E. The American Journal of Medicine , Volume 129 , Issue 5 , 455 - 456

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6 'Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence', *Cochrane Database of Systematic Reviews*, Issue 3, p. CD002209 ; WHO, *Evidence for action: effectiveness of drug dependence treatment in preventing HIV among injecting drug users*, 2005

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8 WHO, *Evidence for action: effectiveness of drug dependence treatment in preventing HIV among injecting drug users*, 2005

9 Michael Schaub et al *Feasibility of buprenorphine and methadone maintenance programmes among users of home- made opioids in Ukraine*, International Journal of Drug Policy, 2009; Gossop M, Marsden J, Stewart D, Treacy S. Outcomes after methadone maintenance and methadone reduction treatments: two-year follow up results from the National Treatment Outcomes Research Study. *Drug Alcohol Depend* 2001; Opioid Substitution Therapy: Research Review on Effectiveness in Crime Prevention. UNODC. Moscow, 2007.

10 Institute of Medicine. *Preventing HIV Infection among Injecting Drug Users in High-Risk Countries. An Assessment of the Evidence*. Washington, D.C.: National Academies Press; 2006.; Hubbard RL et al. *Role of Drug-Abuse Treatment in Limiting the Spread of AIDS*. Rev Infect Dis. 1988; 10(2):377–84.; Yancovitz SR et al. *A Randomized Trial of an Interim Methadone Maintenance Clinic*. Am J Public Health. 1991; 81(9): 1185–91.; Ball, JC, et al. *Reducing the Risk of AIDS through Methadone Maintenance Treatment*. J Health Soc Behav. 1988; 29(3):214–26.

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12 Mattick, R. P., Breen, C., Kimber, J. and Davoli, M. (2009), 'Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence', *Cochrane Database of Systematic Reviews*, Issue 3, p. CD002209

13 EMCDDA, ECDC and EMCDDA Guidance. *Prevention and control of infectious diseases among people who inject drugs*, 2011

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Poor OST coverage in detention: A hidden global health crisis

Worldwide, a majority and up to 90% of people who inject drugs will be incarcerated at some stage during their life.[14] Global data indicates that 10-48% of male and 30-60% of female prisoners are using or dependent on illicit drugs upon entry into prison, and one in every sixth prisoner is thought to be using drugs to a problematic extent.[15] Although drugs are prohibited, they usually find their way into prison settings and while some may stop using drugs while incarcerated, others will continue and many will initiate drug use while confined.[16] This can cause serious problems such as multiple needle sharing, debts, violence and corruption. Prison systems and pre-trial detention facilities across the globe fall short of international standards requiring the provision of OST, which has been proven as an effective measure to reduce the prevalence of HIV and Hepatitis B and C transmission, improve the health and well-being of people incarcerated as well as the community at large.[17] This global health crisis currently translates into global HIV prevalence rates being up to 50 times higher in prisons as compared to the broader community.[18] Currently, one in four prisoners lives with HCV.[19] In effect, prisons across the world are incubators for HIV and Hepatitis, as drugs, such as heroin, are accessible in prisons while OST where provided is often limited to detoxing inmates and remand or short-stay sentenced prisoners.

Health & safety risks of OST: *Fact or Fiction*

Some States argue that the introduction of OST programmes unreasonably threatens public health and safety based on fears of:

- **The diversion of OST to the illicit drug market**
- **Overdose on the OST drugs themselves**

However where quality OST programmes exist, there is little evidence to support these arguments as reason to prohibit or significantly limit OST services. On the contrary, long term studies have shown OST to be safe and effective.[20]

The risks of OST medications being diverted to the illicit drugs market can be managed with safeguards and appropriate protocols.[21] Mortalities from drug overdose among OST patients can be managed through high quality evidence-based programmes, good training for practitioners and delivering OST in the correctly indicated way. Although fatalities can occur, the evidence in favour of using OST is overwhelming. Further restricting access based on fears without evidence could have devastating health consequences for communities.

OST in Europe:

Within the Council of Europe, Russia is the only member state out of 47 to prohibit OST.[22] Although Russia is not a member of the EU, EU member states make up the majority of the Council of Europe, and have committed themselves to a balanced and evidence based approach to drug demand reduction.[23] The EU Council have made specific reference to OST as a recommended treatment for opioid dependency.[24] The Council of Europe has recently drafted guidelines on access to OST, and has committed considerable resources to scaling up access to OST throughout the membership area.

OST across the globe:

The World Health Organisation has issued guidance that unequivocally concludes that OST, when combined with psychosocial assistance, is the most effective method of treatment for opioid dependence.[25] This approach has been endorsed by many high-level political bodies including the UN General Assembly,[26] the Economic and Social Council,[27] the UN Commission on Narcotic Drugs,[28] and the UNAIDS Programme Coordinating Board.[29]

14 Montague BT, et al. *Tracking linkage to HIV care for former prisoners: a public health priority*. Virulence. 2012;3(3):319–324. doi:10.4161/viru.20432

15 Mariner J and Schleifer R (2013) "The Right to Health in Prisons", Advancing the Human Right to Health. Zuniga J et al (Eds), Oxford University Press; Lamey S et al 'Incidence and prevalence of hepatitis C in prisons and other closed settings: results of a systematic review and meta-analysis' (October 2013) Hepatology vol 58 no 4:1215-1224.

16 UNODC *A handbook for starting and managing needle and syringe programmes in prisons and other closed settings* (2014) p 9

17 WHO/UNAIDS/UNODC, Effectiveness Of Interventions To Address HUV In Prisons (2011); UNODC, *Rolling out of Opioid Substitution Treatment (OST) in Tihar Prisons*(2013).

18 UNODC *A handbook for starting and managing needle and syringe programmes in prisons and other closed settings* (2014) p 9; Sander, Gen HIV, HCV, TB AND HARM REDUCTION IN PRISONS Human Rights, Minimum Standards and Monitoring at the European and International Levels (Harm Reduction International, February 2016).

19 Ibid.

20 WHO. *Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence*. 2009.

21 EMCDDA Perspective on Drugs: Strategies to prevent diversion of opioid substitution medications (May 2016)

22 According to most recent reports, OST is not delivered by public health services in the Principality of Monaco, but there is no prohibition on its use.

23 Key documents documenting the common approach are the EU drugs strategy and its Action plans and the most recent version can be found here: http://emcdda.europa.eu/publications/pods/eu-drugs-strategy-2013-20

24 Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence OJ L 165, 3..7.2003, para 2.6 - 2.7.

25 World Health Organization (2009), Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence, World Health Organization: Geneva.

26 General Assembly Resolution 65/277 - *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS*. New York, United Nations, 2011.

27 United Nations Economic and Social Council Resolution E/2009/L.23: *Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome(UNAIDS)*; Adopted 24 July 2009. New York, United Nations, 2009.

28 The Commission on Narcotic Drugs, resolution 53/9: *Achieving universal access to prevention, treatment, care and support for drug users and people living with or affected by HIV*

29 Joint United Nations Programme on HIV/AIDS. *Decisions, Recommendations and Conclusions*. Geneva, UNAIDS, 2009.