

## EDITORIAL

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by Linda Montanari\*

The drug problem is a dynamic phenomenon, constantly changing with new challenges for the society and for the drug services.

According to the last European available data<sup>1</sup>, around 79 million of European citizens have tried cannabis once in their life, 18 million have experimented cocaine, 14 million have used at least once amphetamines and less 1% of the adult population have tried heroin or other substances.

Of those people, only a minority have sought drug treatment. The reasons for this gap may be related to multiple and diversified factors, many still unknown.

The pathways of drug users may be different and it is possible to describe at least five groups of users according to them.

Some people may not develop a drug related problem, and the drug experimentation may remain an isolated episode or an occasional experience in their life.

Some users may recover from their drug related problems alone, without any external help (“natural recovery”).

Some people may develop a problem in future, but may not have progressed to a drug related problem yet: there is a time lag between first drug use and development of drug related problems, such as dependence, or other possible health, social or psychological drug related consequences. Furthermore several factors may facilitate and/or accelerate (or prevent and/or slowing down) the progress from experimental to problematic drug use, including individual vulnerability, mental disorders, social marginalization, peers influence, drug availability and others.

Some people may start using drugs, developing a problem and looking for a treatment that they find the appropriate for them.

Finally some people may not be able to find an answer to their needs; this may be either because they do not have the skills to look for help or they cannot find the appropriate help for their needs; or because the available services are insufficient or inappropriate to their needs.

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<sup>1</sup> EMCDDA (2015), *2014 European Drug Report*, Luxembourg.

The problem may relate to the accessibility and specificity of the services. For the drug services it is necessary to assess their level of accessibility, evaluating how easy is to seek, access, and enter drug treatment (e.g. territoriality, availability of information on the services offered, level of effectiveness and success in treating the problems, etc.). It is also important to assess whether the services provided meet the demand and needs of the target population. Most services were created to respond to the needs of heroin users and may not be able to respond to those of clients using other substances, like cannabis users, who may find those services unattractive or even counterproductive.

There is also the situation when the needs are unmet, either because the appropriate services are unavailable or because they are insufficient to respond to the demand. Despite the existence of the services, the interventions provided may still be insufficient, as it is the case of the sometimes long waiting list for opioid substitution treatment or the general scarce availability of drug related services in prison. The services may also be unavailable to adequately target a new emerging problem, as in the case of treatment for medicine misuse, polydrug use, or psychiatric comorbidity or “anonymous” treatment for several users of cannabis or new drugs.

Despite important information gaps still remain, some information to describe to the matching between needs and responses is now available. This mainly refers to opioid related problem and to less extent other problems.

Regarding problem opioid use, it is now estimated that there are around 1.3 million problem opioid (mainly heroin) users in Europe, and 700 000 are estimated to have received opioid substitution treatment, which is proved to be one of the most effective treatments for heroin users. Regarding cannabis, if the lifetime cannabis users represent 23% of the European adult population, it is estimated that around 1% of those consumers are daily cannabis users, which is an indirect indicator of possible problematic cannabis use; but the number of those entering treatment for cannabis related problems is substantially lower, even if it now represents the first reason for the new drug treatment entries at European level.

However, it is known that, beside the increasing demands for cannabis treatment, some emerging issues are now of rising importance in the drug field, but little is known in terms of problems or existing services offer. Those include polydrug use, including alcohol; misuse of medicines outside the medical practice; new synthetic drugs imitating the effect of the

“traditional” drugs, psychiatric comorbidity, and new addictions not related to substance use.

The services should adapt to those challenges, diversifying their offer to meet different needs. The recent involvement of a more diverse range of treatment providers has improved availability and access to treatment for people with drug use-related health problems. In a broader and at the same time more integrated national response, wider health service resources are employed to respond to a range of health and social needs of people who use drugs. That is the case of internet treatment which is available in several countries for the treatment of substance use disorders.

Despite those new challenges, it is important to highlight that the biggest threats for drug treatment remain the most severe consequences from drug use, which are overdose deaths, infectious diseases and other morbidities directly or indirectly related to drug use. Finally it has always to be considered that treatment is defined and chosen on the basis of the needs of individuals; the main profile of those using substances and the needs of specific groups of users should be considered in treatment planning and organisation.

Drug services should be able to tackle the dynamic nature of the drug problem, considering its multifaceted nature and choosing the most appropriate treatment options for drug users, whose health is the actual final goal of the drug services.

To conclude it is important to highlight the relevance of collecting, analysing and disseminating valid, reliable and comparable information as fundamental requirement at the basis of any evidence based intervention.