Opioid Substitution Treatment in Spain: 25 years of experience in harm reduction programs

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Aim

To describe the impact of the implementation of opioid substitution treatment (OST) during 25 years in terms of HIV infection incidence in heroin dependent patients, in Spain.
To present the harm reduction approach of opioid dependence treatment implemented in Spain to reduce the spread of the HIV infection among people who inject drugs (PWID).

Problem description

In Spain, the heroin epidemics reached its peak during the 80s. During that decade there was a poor coverage of methadone maintenance treatments (MMT): only 1000 patients were in MMT in 1987. In parallel, new HIV infections in PWID, grew up until 33146 total cases in 1993, representing the 64% of AIDS cases diagnosed in Spain.[1]

Program implemented

The great spread of HIV infection needed a response and OST were progressively expanded in public health settings, including prisons. MMT treatments were implemented under a harm reduction approach. The main characteristics of them are: public funding, no restrictions in dose of treatment and no restrictions in the length of treatment (Box 1). Also harm reduction centers, as supervised injection facilities have progressively been implemented.

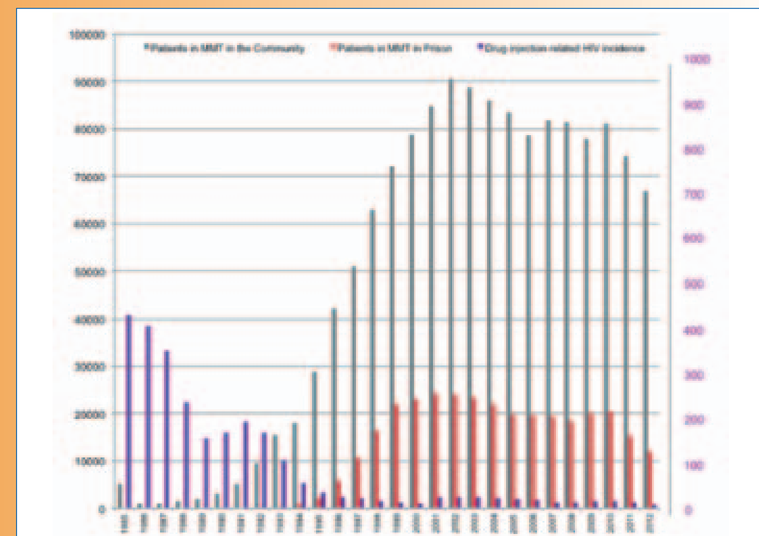
Box 1. Main characteristics of Opioid Substitution Centers in Spain

- Admission to treatment based only in a confirmed diagnosis of opioid dependence
- Methadone and Buprenorphine/naloxone (since 2010) are the OST used
- Individualized opioid dosage and duration of treatment according patient's clinical course
- OST suppression (end of OST treatment) is decided by both, the treatment team and the patient
- Take-home policy is highly recommended
- Forced discharge of centers only related to violence, trafficking and drug use inside the center
- OST is provided with psychosocial assessment and support and screening for HIV, HCV and HBV infections
- Harm reduction is also provided in the centers (condom dispensation, syringe and needle exchange)

Changes observed

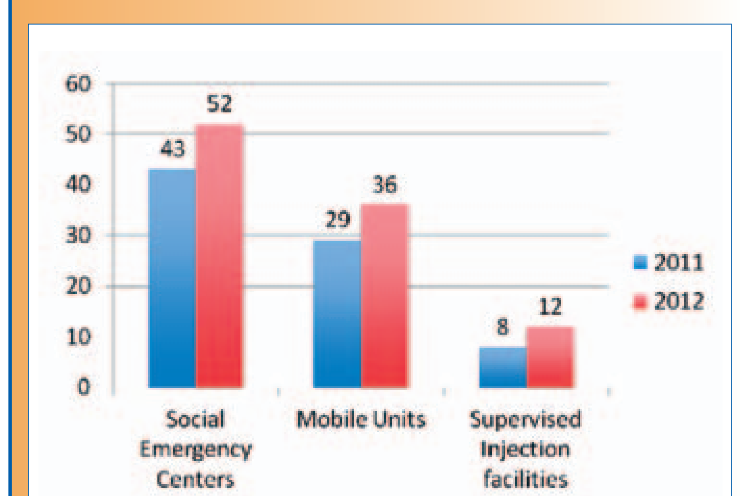
There was an increase of patients enrolled in OST[2,3], with a peak in 2002 (90488 patients), decreasing progressively, until 2012 (66945 in MMT and 2166 in buprenorphine/naloxone treatment). Also, a significant increase in the availability of MMT in prisons was observed: In 1992, 90 prisoners were enrolled in MMT, while in 2001 there were 24304 persons. Since then, the number has decreased until 12116 in 2012 (Figure 1), in parallel to the progressive decrease of people in MMT in the community.
Harm reduction resources also have progressively increased; in 2012, 12 supervised injection rooms were available in Spain, and 5915 persons had been attended at harm reduction centers: injection supervised rooms and social emergency facilities[2] (Figure 2).
Opioid dependent patients' general health improved, with a reduction in mortality[3]. Also, a decrease in the number of new drug injection related HIV cases have been observed: from 15836 in 1992 to 151 cases in 2012[4] (Figure 1)

Figure 1. Patients in Methadone Maintenance Treatment in Spain between 1985-2012, in the community and in prison (1992-2012), and new cases of HIV infection related to intravenous drug use (per thousands population).



The left column shows the number of patients in methadone treatment. The left column reflects the number of new cases of HIV infection per thousand inhabitants. Data has been obtained from Barrio[1] et al., 2012, Delegación del Gobierno para el Plan Nacional sobre Drogas[2] and Plan Nacional sobre SIDA.[4]

Figure 2.Harm Reduction facilities implemented in Spain in 2011 and 2012.



Data has been obtained from Delegación del Gobierno para el Plan Nacional sobre Drogas.[2]

Conclusions

OST should be integrated in harm reduction programs, highly available, in public facilities and in prisons. Adequate coverage of health needs by harm reduction programs will help to improve the health of drug users and to reduce direct and indirect costs to health providers.

References

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