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MR.1.5. Substitution treatment and the outbreak of AIDS epidemic in Western Europe

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A review of opiate addiction treatment essentially amounts to a review of substitution treatment, since that form of treatment accounts for the highest demand, the highest rate of retention in treatment and the highest recovery rate. Drug-free treatments of opiate addiction take in fewer patient and have a very high relapse rate.
A review of substitution treatment in Europea must take account of a wide variety of public health and legal approaches for each European country and rapid changes in the situation during the last few years (with an overall increase of substitution treatment).
A survey of the current situation in Western Europe shows that there are around one million opiate addicts for 400 million population. 125,000 opiate addicts are in methadone treatment (12.5%). The percentage of opiate addicts in MT varies from 0% to 63% (Netherlands). More than 85% of opiate addicts are not in methadone treatment. Data show that methadone is the main "official" substitution treatment and codeine is the main "hidden" substitution treatment. In France, codeine is an over the counter medicine, widely used by opiate addicts because of lack of official substitution treatment: 30,000 (ex)heroin addicts probably use codeine daily, which is far more than the number of patients currently in methadone treatment (around 1,000 in October 1995). In United Kingdom, codeine and dihydrocodeine consumption is even higher than in France. In Germany, codeine and dihydrocodeine are prescribed by GPs as substitution treatment as much as methadone.
Morphine sulfate is used as substitution treatment in some countries such as France; the consumption is also high in the United Kingdom. Dextropropoxyphene is also used as substitution treatment in Sweden and Denmark. Consumption is high and increasing in France and United Kingdom. Buprenorphine is prescribed as substitution treatment in several countries: Belgium, France, Italy, United Kingdom (a few hundred patients in each country).
Only three countries admit more than 30% of opiate addicts in substitution treatment and six countries admit less than 5% (table 1). The example of cities where methadone treatment is available to demand shows that 70% of opiate addicts may be admitted for treatment (in Amsterdam, for example). Substitution treatment does not keep up with the demand. Most European countries should increase the availability of substitution treatment to meet the demand.
In the last ten years, the consumption of methadone increased twofold in the world and sixfold in Western Europe. In most countries during the period of penetration of HIV (1980-1985) the development of methadone treatment was insufficient to avoid an AIDS epidemic among drug addicts. The current methadone consumption increase appears as a delayed response to AIDS progression among drug users. Fear of AIDS and its costs helped to overcome social resistances to methadone treatment (fig. 1).
Methadone consumption increases in most Western European countries. Rate and time of increase varies. Countries with the highest percentage of heroin addicts in methadone treatment (>30%) still have an increasing methadone consumption: Denmark, Switzerland, Netherlands. All countries with a medium porcentage of heroin addicts in methadone treatment (5%-30%) have an increasing consumption of methadone. Most of them show a rapid increase. Countries with a low percentage of heroin addicts in methadone treatment are divided into three groups:
1) High increase rate: France has the highest methadone consumption increase in Europe.
2) Low increase rate: Norway still imposes very strict criteria for admission to methadone treatment.
3) Methadone consumption absent or undetectable: Luxemburg's consumption does not appear in the statistics of the International Narcotics Control Board which take account only of full kilograms of methadone. Finland has almost no heroin users. Greece only started methadone treatment in November 1995.
In general, methadone and other substitution treatment show a rapid progression in Europe, but the availability of substitution treatment is still largely inferior to the demand. Substitution treatments are limited both quantitatively and qualitatively.
The development of substitution treatment (including buprenorphine treatment) is impeded by attitudes of resistance, in spite of its effectiveness on numerous factors: reduction of heroin consumption, intravenous injection infectious risks (HIV, hepatitis), mortality, delinquence and prostitution; improvement in social rehabilitation. To overcome such resistance, it is not enough to improve knowledge of substitution treatments. It is also imperative to analyze the psycho-social mechanisms at the roots of these attitudes of resistance.
The development of substitution treatments (including buprenorphine treatment) will require not only a better dissemination of the knowledge about these treatments, but also a demystification of the prejudices existing in all sectors of society: medical professions, politicians, journalists and the general population.

TABLE 1
Methadone treatment in Westerm Europa

Heroin addicts In/Out MT	Country	Methadone Kg per million (1991-1994)
> 30%	Denmark	18.2
	Switzerland	17.2
	Netherlands	8.5
5%-30%	United Kingdom	6.5
	Austria	5.2
	Spain	3.6
	Belgium	3.3
	Ireland	2.9
	Italy	2.2
	Sweden	1.9
	Germany	1.7
< 5%	Portugal	0.9
	Norway	0.8
	France	0.1
	Finland	0
	Greece	0
	Luxemburg	0

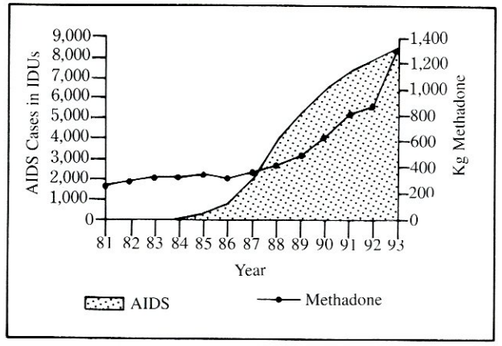

Fig 1. Methadone Consumption and AIDS Epidemic in Western Europe.