



# Monitoring illicit drug use and its health consequences in Luxembourg: trends and challenges

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LE GOUVERNEMENT  
DU GRAND-DUCHÉ DE LUXEMBOURG

Ministère de la Santé

Direction de la santé

**PFLDT**

Point Focal Luxembourgeois  
de l'Observatoire Européen  
des Drogues et des Toxicomanies



European Monitoring Centre  
for Drugs and Drug Addiction

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# European Monitoring Centre for Drugs and Drug Addictions

- A decentralised EU agency
- Formally established in 1993
- Based in Lisbon, Portugal (operating since 1995)
- A centre of excellence for drug-related information in Europe
- Aim to reduce drug supply, demand and the health and social consequences of drug use



# Reitox network of national focal points

- With the Council Regulation (EEC) No 302/93, each EU member state has established / designated one National Focal Point
- « Réseau Européen d'Information sur les Drogues et les Toxicomanies (REITOX) » : network of all National Focal Points plus the EC
- Reitox directly contributes to the EMCDDA's core task of collecting and reporting consistent, harmonised and standardised information on the drug phenomenon across Europe
- National focal points are the cornerstone of the European drug monitoring and reporting system



# Responsibilities of NFPs on the European level

- Collect information and produce comparable and scientifically sound data on a national drug situation that feed into monitoring of Europe on an annual basis
- Help improve data collection methodologies and tools, and develop relevant guidelines for their implementation
- Participate in the Early warning system and report to the EMCDDA on new trends in the use of existing psychoactive substances and/or new consumption patterns
- The three core functions of a NFP (including the PFLDT) are:
  - data collection and monitoring on 5+ key indicators (including infectious diseases);
  - analysis and interpretation of data collected;
  - reporting and dissemination of the results at national level
- Functions are carried out in collaboration with a national drug information network that is coordinated by the NFP (in Luxembourg the RELIS network)



# European drug situation: highlights 2019

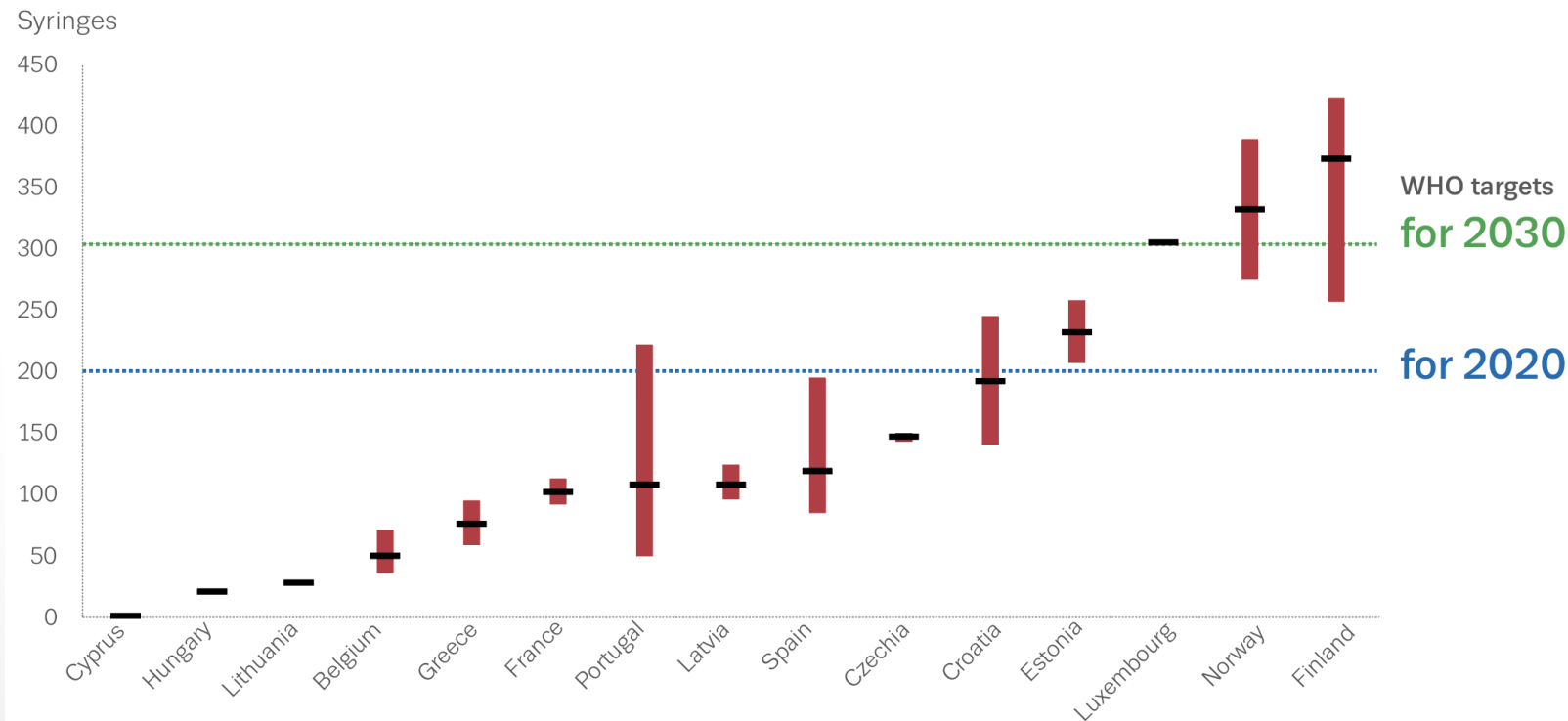
- **Cannabis:** the most widely used and seized drug in the EU, increased THC potency, new production techniques, main drug reported for new treatment entrants, political developments
- **Cocaine:** record seizures, cocaine purity at street level reached highest level in a decade, new distribution methods and evidence of growing health problems and treatment needs
- **Heroin:** most common illicit opioid on the drug market, increased quantity and precursors seized plus laboratories detections
- **Synthetic opioids:** acute poisonings and deaths a concern, opioid-containing medicines appear to be playing an increasing role in drug problems
- **Synthetic drugs:** MDMA content in ecstasy tablets has reached a 10-year high, and the EU (NL) is playing an increasing role in its production
- **NPS:** diversity of substances, increasingly targeted at people with problematic drug use patterns
- Growth in **large volume trafficking** is a problem



# HCV situation among IDU in Europe

- HCV prevalence among inject drug users ranges from 15 % to 82 %
- Barriers to testing and uptake of treatment

Coverage of specialised syringe programmes: number of syringes provided per estimated person who injects drugs

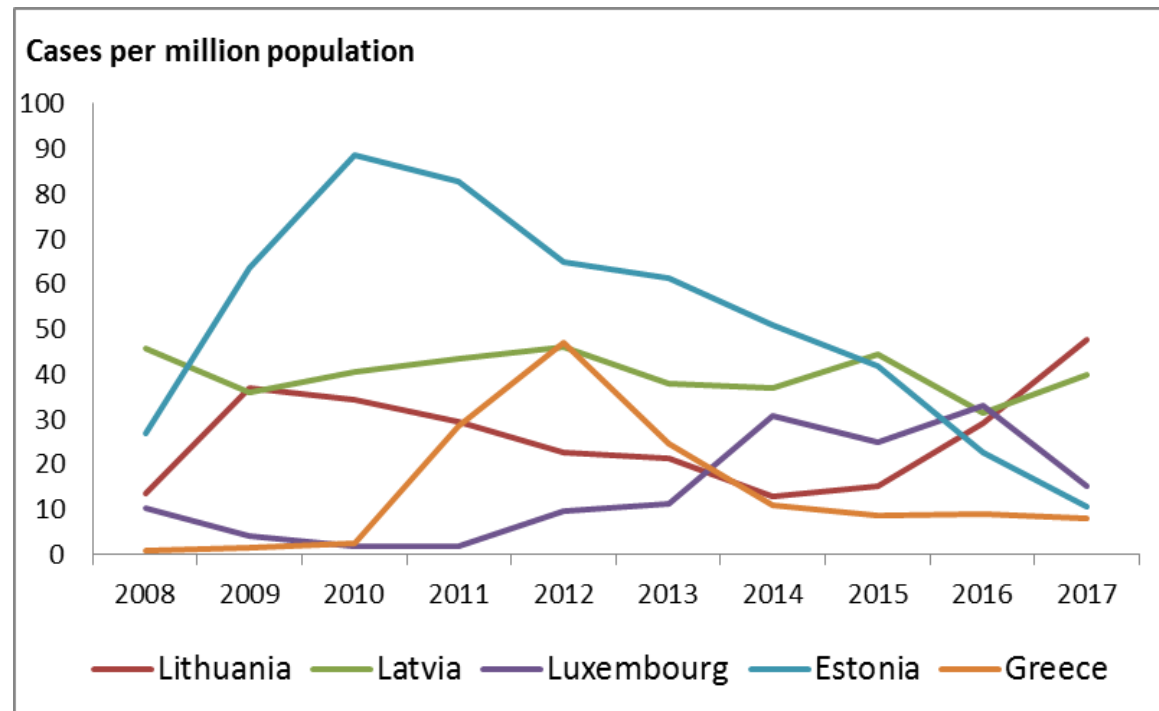
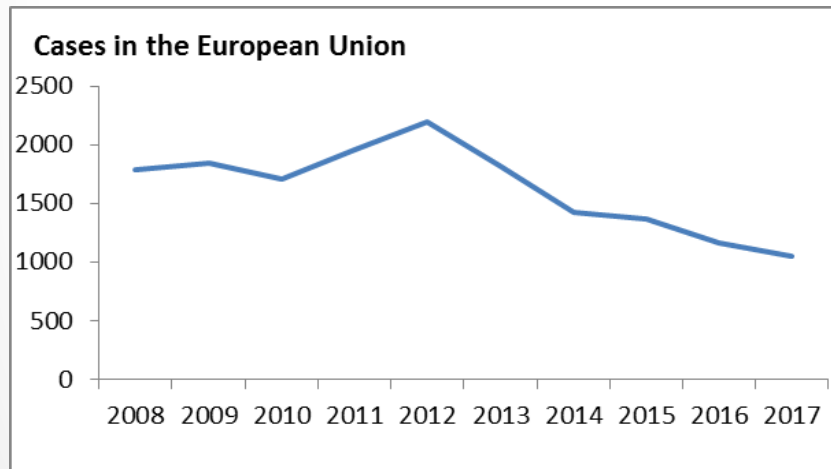


NB: Data displayed as point estimates and uncertainty intervals. Targets defined in the WHO global health sector strategy on viral hepatitis 2016-2021.



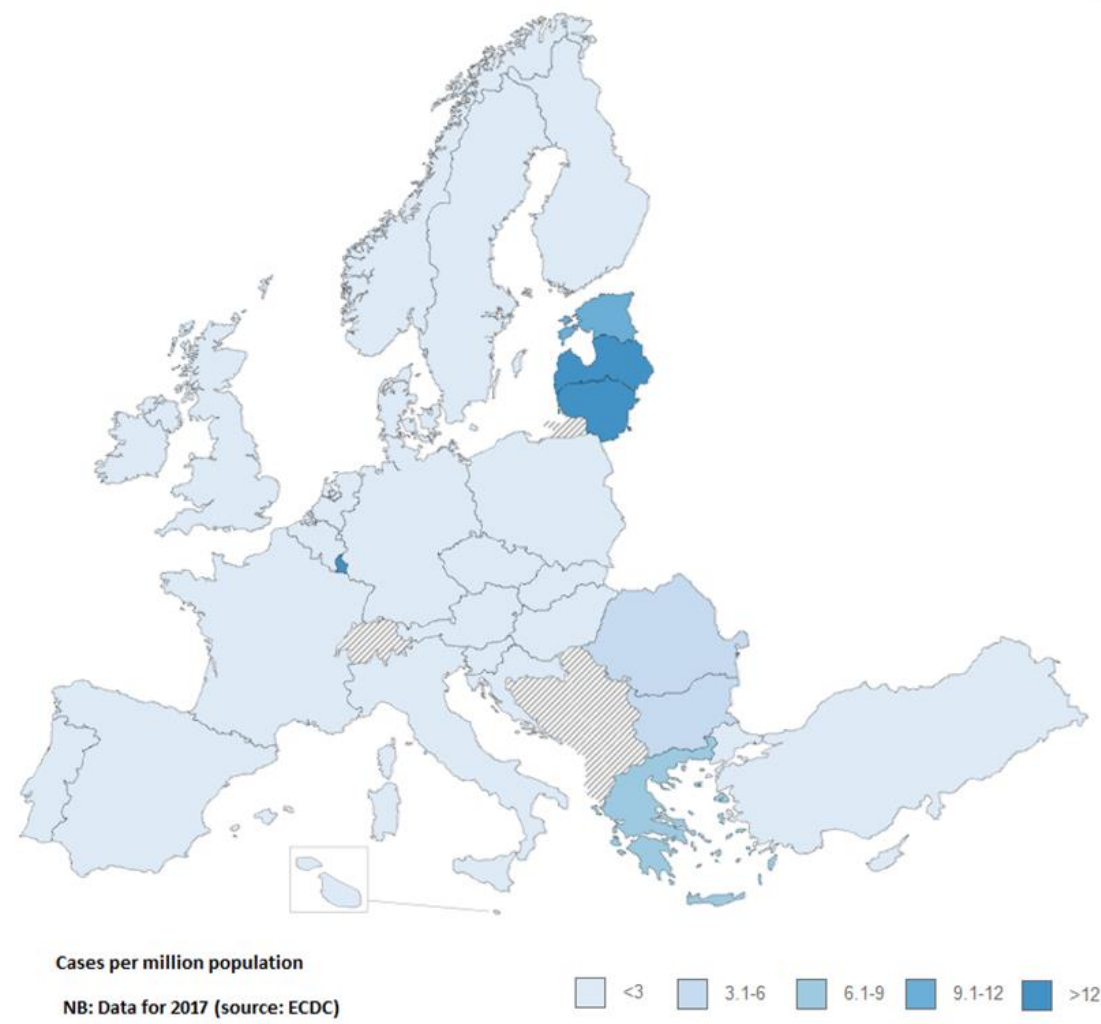
# HIV situation among IDU in Europe (1)

- Newly diagnosed HIV cases related to injecting drug use is decreasing
- In Luxembourg, in 2018 less than 10% of new HIV infections related to injecting drugs (n= 4 from a total of n=43)



# HIV situation among IDU in Europe (2)

- Localised HIV outbreaks have been documented among marginalised populations of IDU in Dublin (2014-15), Luxembourg (2014-16), Munich (2015-16) and Glasgow (2015-18)
- All four outbreaks have been associated with stimulant injecting
- In 2017, 14 % of newly reported AIDS cases in the EU were attributed to injecting drug use
- Approximately half of the new HIV diagnosis among IDU diagnosed late



# Luxembourg Focal Point of the EMCDDA

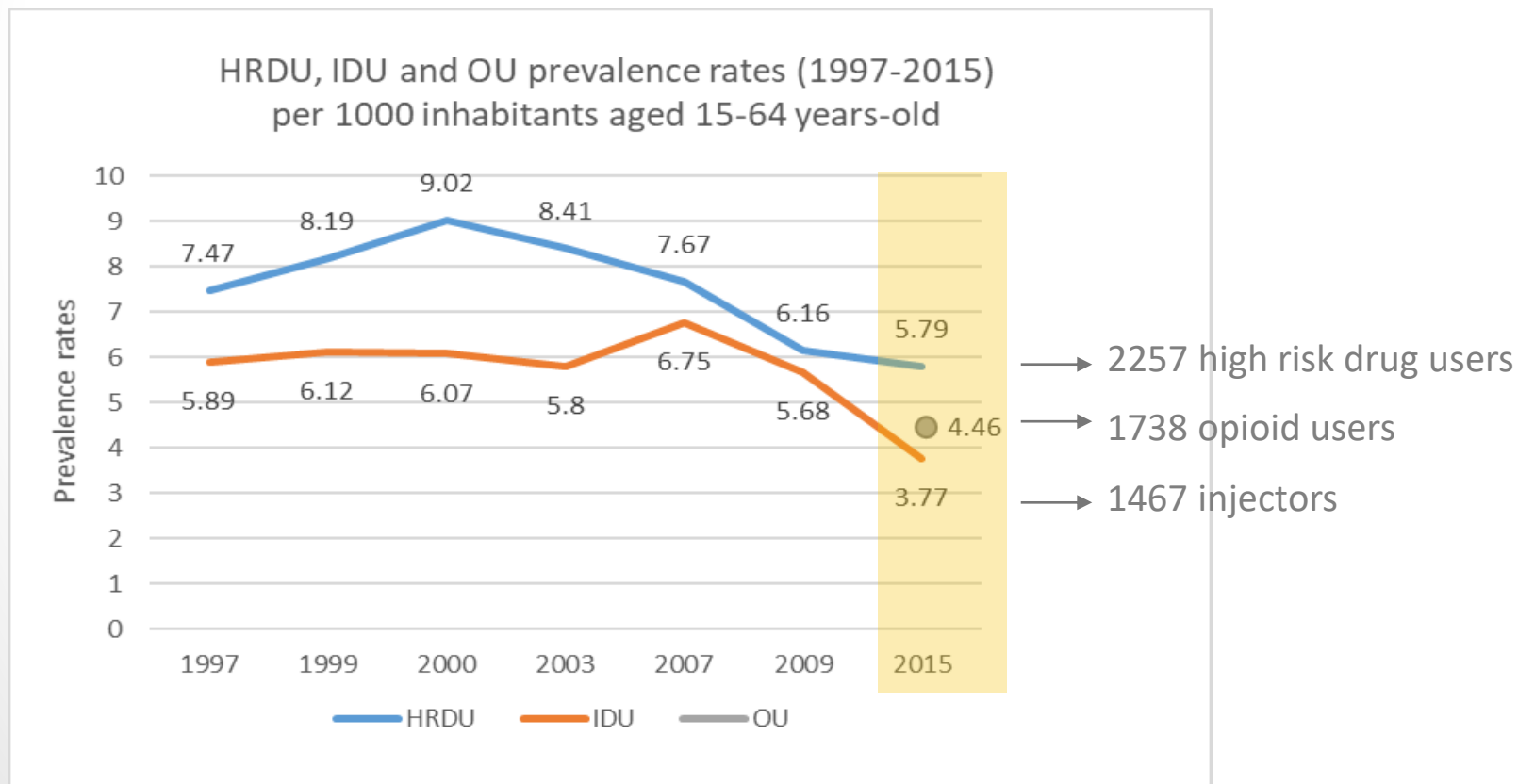


# The role of the Focal Point at a national level

- RELIS – Luxembourg Information System on Drugs and Drug Addictions
  - Network of organizations in contact with drug users (specialized outpatient and inpatient treatment centers, low-threshold centers, hospitals, prison, police...)
- On an annual basis, the Luxembourg focal point reports data on 5+ key indicators:
  - Prevalence and patterns of drug use ( in the general population, target groups, etc.)
  - **High-risk drug use**
  - Treatment demand (total patients, new entrants, per type of treatment, per substance, etc.)
  - **Drug-related deaths and mortality**
  - **Drug related infectious diseases (HIV/HCV infection rates among drug users, etc.)**
  - **Drug markets and supply indicators and EWS**

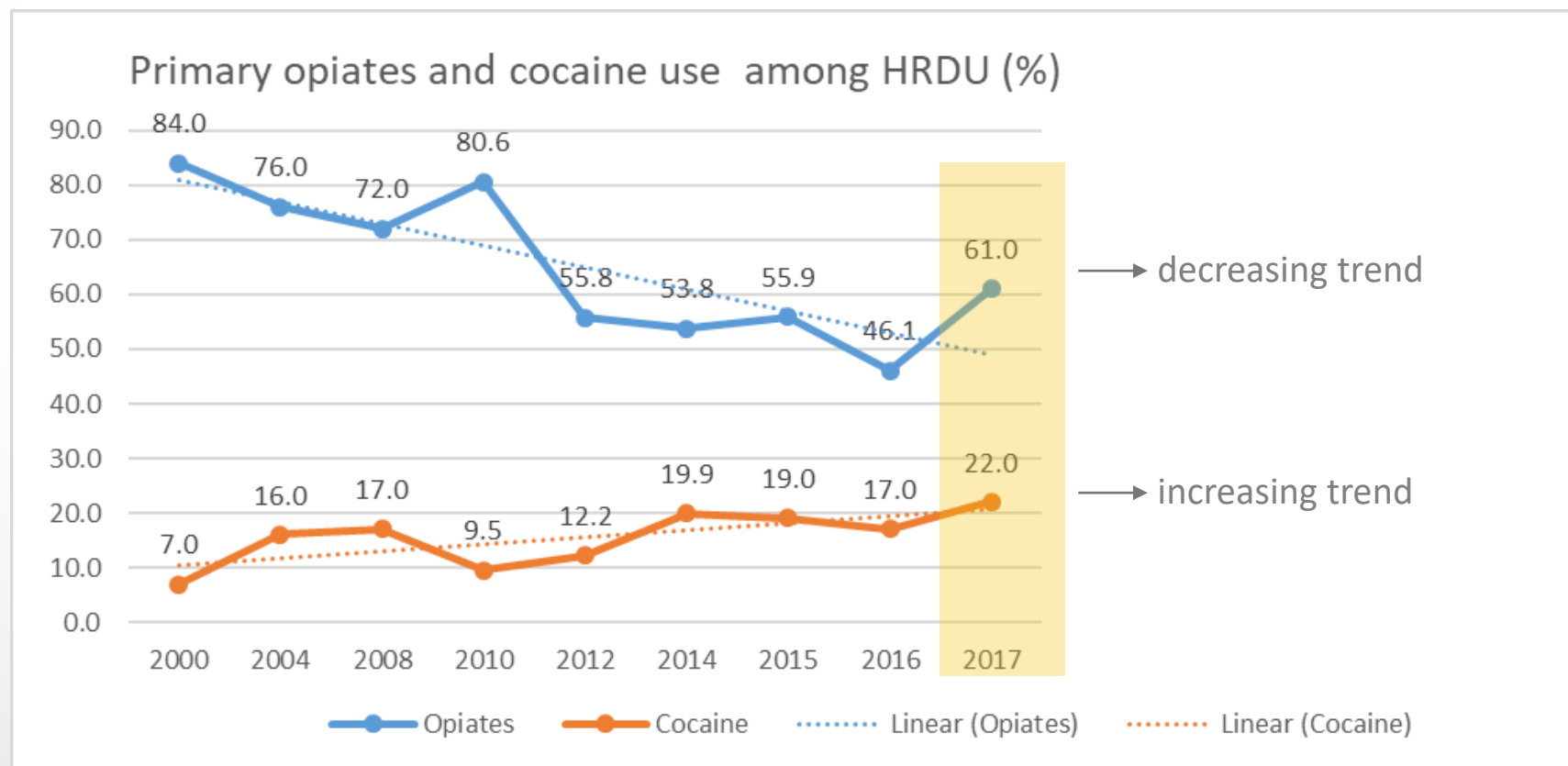
# HRDU and IDU in Luxembourg (1)

- HRDU are an aging population, consisting of a majority of men (77%)
- Latest HRDU estimations in Luxembourg (2017; 2015 data) suggest a decreasing trend in high risk drug use



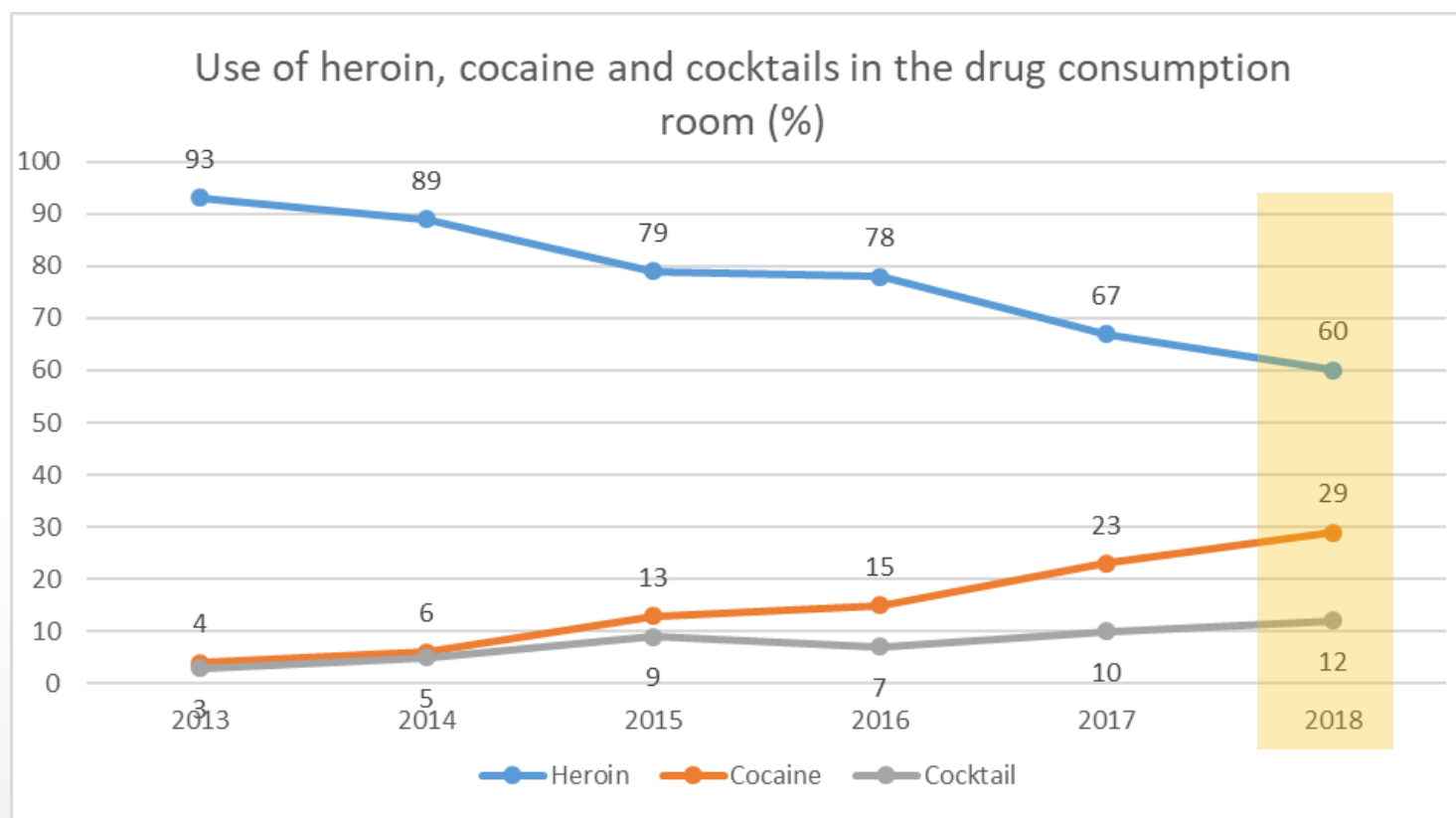
# HRDU and IDU in Luxembourg (2)

- Heroin persists as the more prevalent primary drug, but cocaine use is increasing
- The majority of HRDU report polydrug use, although it has been declining in the last years (93% in 1994; 76% in 2017)



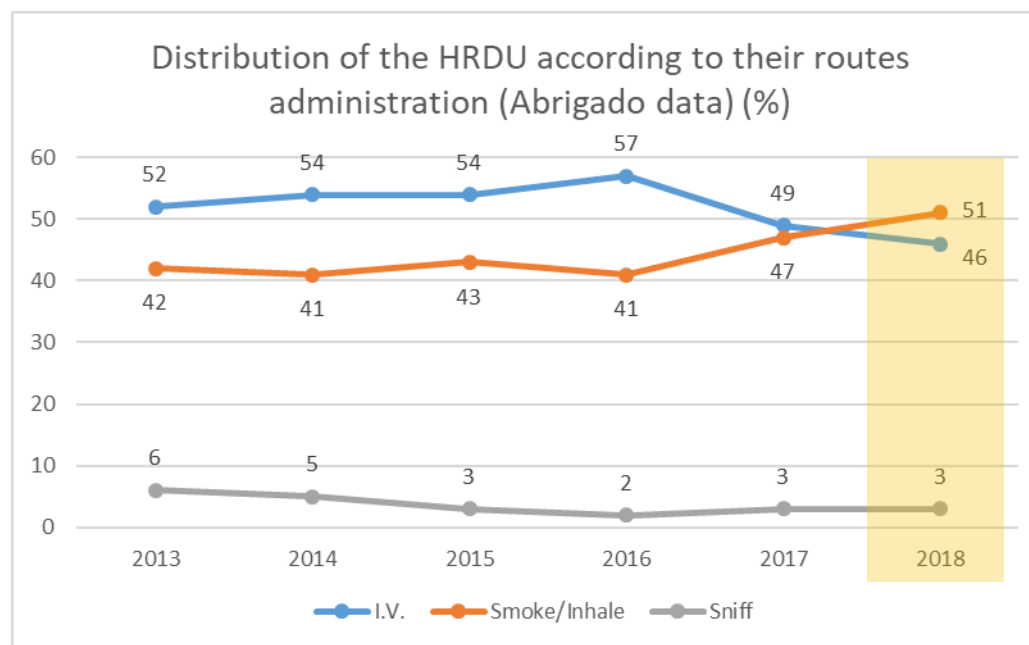
# HRDU and IDU in Luxembourg

- Supervised consumption room data replicates this finding, pointing out a decrease in heroin consumption and a progressive increase in cocaine use



# Harm reduction and infectious diseases

- Injecting route of administration is progressively decreasing among HRDU:
  - Smoking/inhaling is, for the first time in 2018, the most frequent route of administration in the drug consumption room → **effectiveness of harm reduction!**



- In the last years, less HRDU self-report injecting drug use – 62% in 2009 and 51.4% in 2017

# Harm reduction and infectious diseases

- HRDU contacts with low-threshold agencies increased importantly over the years (127 080 in 2012; 2017=164 806)
- The number of OST patients in Luxembourg is stable (1142 in 2017)
- The number of needles exchanged is continually increasing
- Overall discontinuous decrease of acute overdoses cases

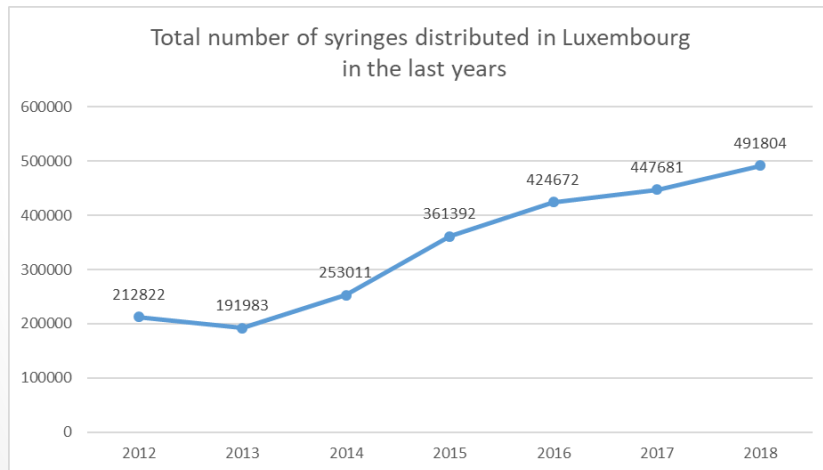
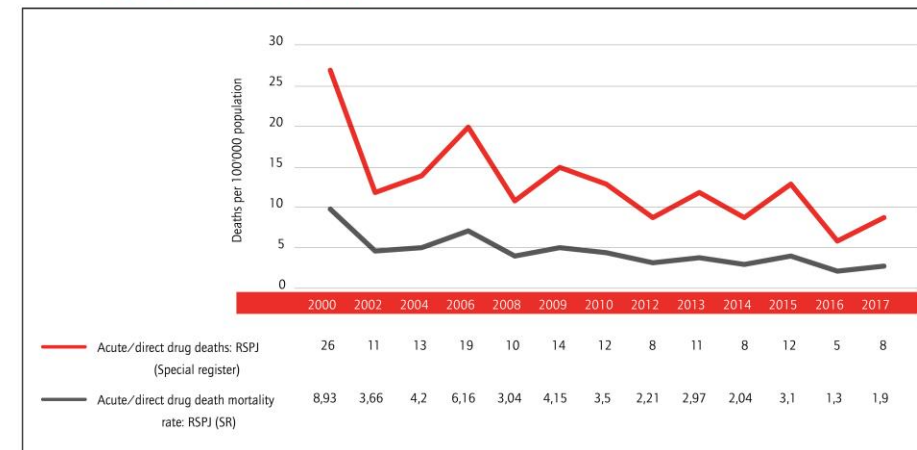


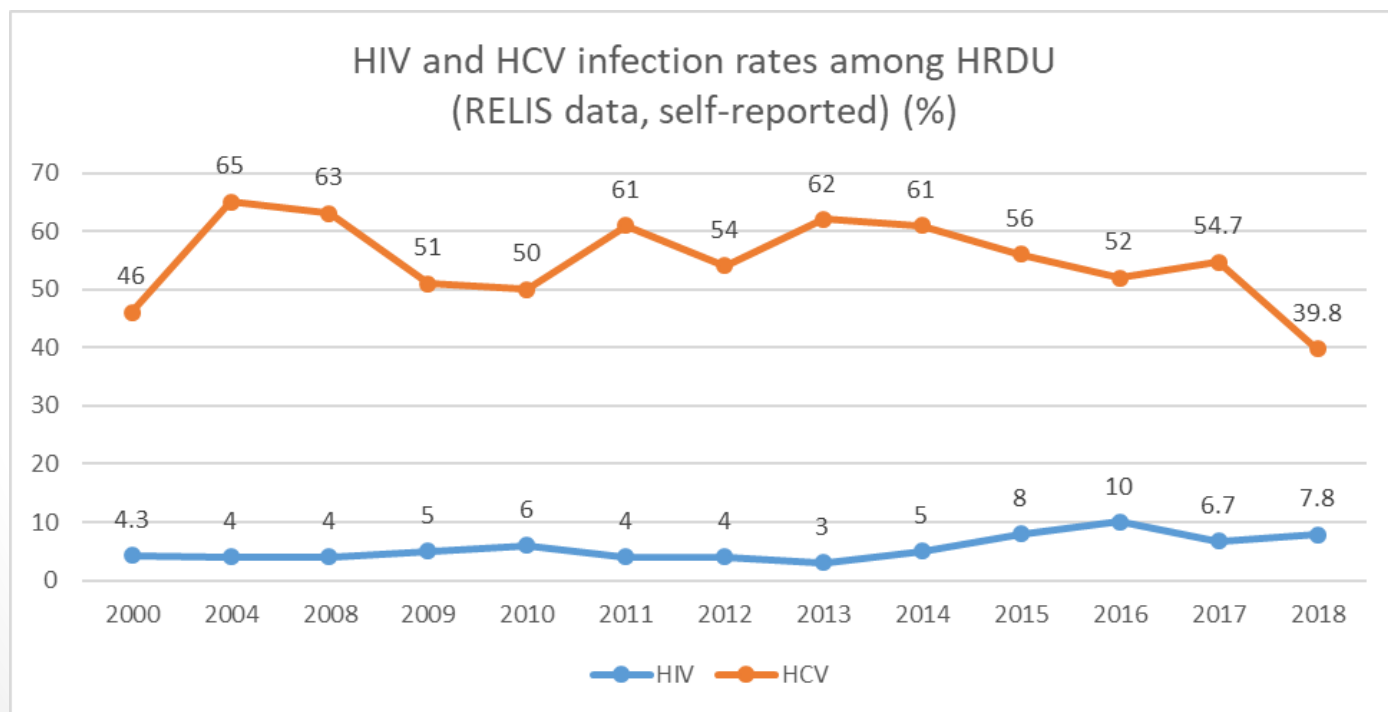
Fig. 6.5: Evolution of drug-related death cases and mortality rates per 100,000 inhabitants aged 15 to 64 from 2000 to 2017



Source: National Judicial Police, Department of Drugs and the National Health Laboratory (2018) (2017 data)

# Infectious diseases in Luxembourg

- Besides the serological data from the hospital CHL and the LIH, self-report data reinforces:
  - Fairly stable self-reported HIV infection rates - exception in 2016 (corresponding to the HIV outbreak in Luxembourg)
  - Variable self-reported HCV infection rates
- Caution while interpreting these data – **self-report highly permeable to social desirability bias !**



2019 Roundtable:

**“Overcoming  
barriers to HCV  
testing and access  
to treatment in drug  
treatment centers  
for PWID”**

# Concluding remarks

- Drug use, and its associated problems, is a complex multifaceted phenomenon changing over time
- Assessing drug use and related behaviours remains a (methodological) challenge requiring new, innovative approaches
- Harm reduction initiatives are effective in changing behaviors towards safer use:
  - Drug consumption room → less overdoses, decrease in I.V route of administration, etc.
- The most appropriate responses vary according to the specific drug problems and the specific contexts/settings in which they occur. Targeted, multidisciplinary and evidence-based drug demand reduction interventions require multi-disciplinary approaches
- The responses and interventions are, naturally, dependent on what is viable and politically/socially acceptable in the country
- Opportunities for development of e-/m-health approaches within prevention, treatment and harm reduction interventions
- Challenges: evaluation, quality standards (RELIS data not comprehensive, based on self-report, etc.) and data protection

# Thank you for your attention!

## Questions?

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