
C-HERN’s 2020 report on Civil Society Monitoring of Harm Reduction in Europe draws on the activities, expertise and experiences of 35 Focal Points across 34 European countries, bringing to the forefront their unique perspectives on harm reduction services at the service delivery level. This fact sheet focuses on the findings related to Opioid substitution therapy (OST). The data captured reflects the situation between June 2019 and June 2020. The full report can be accessed here.

**Opioid substitution therapy**

OST, or opioid antagonist therapy (OAT) is a pharmacological intervention used to treat drug dependence. By reducing cravings and curbing withdrawal symptoms, OST lowers the risk of overdose leading to a reduction in mortality and morbidity among people who use drugs (PWUD). Pharmacologically based interventions like OST have been found to be more effective in maintaining abstinence from illicit drug use than non-pharmacological ones. Examples of OST include methadone, buprenorphine, and suboxone. According to the C-EHRN report, in the majority of FPs cities methadone (97%) and buprenorphine (87%) were the most commonly available options for OST, while medical heroin and morphine were available in just 21% and 12% of cases respectively (see figure 1).

*Figure 1: Which of the following OST medications are available in your city?*

The report showed that despite the apparent wide availability of methadone and buprenorphine for OST, there remained hindrances to full accessibility for those

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1 Correlation European Harm Reduction Network: Civil Society Monitoring of Harm Reduction in Europe Data Report (2020)
requiring these therapies. The following contributing factors to the problem were identified:

- The ongoing stigmatisation of PWUD was observed as a barrier to accessing adequate care appropriate to the context of the person(s) seeking assistance. This manifests for example, in the form of the adoption of approaches to care which are rigid, and paternalistic in nature; or via setting high thresholds to access, and, or remain in treatment programmes
- Gross deficits in the volume of certified OST prescribers available
- Long waiting lists for enrolment onto treatment programmes
- Problems relating to medical insurance coverage
- Legal restrictions such as age limits
- Access to OST in small towns and cities was particularly difficult compared with bigger towns and cities where programmes appeared better established.

### Improving access to OST: How COVID-19 shifted the balance

The COVID-19 pandemic brought additional challenges to service users accessing harm reduction services, with 91% (n=31) of CSOs reporting disruptions as result of the various restrictions imposed. These included: cancellation of group activities, reduced opening hours, or in some cases complete closure of facilities for some time. Despite such disruptions, the pandemic also presented a window of opportunity from which new ways of delivering harm reduction services emerged. Innovations surrounding the delivery of OST services identified within C-EHRN’s monitoring report as well as the EMCDDA’s 2020 trend spotter briefing were inspiring, and offered hope for the future. They included:

- **Teledicine:** Consultations took place via phone and, video calling to help mitigate the risks associated with face-to-face ones. This type of consultation is thought to benefit those with less severe forms of drug dependence; those whose treatment is primary psychotherapy-based; first service contacts; and those established as long term stable OST clients.

- **Accessing OST:**
  1. The relaxation of requirements for take-home OST for more stable service users allowed for longer take-home periods to be enabled (with prescriptions stipulating longer periods of supply and/or larger quantities to be supplied). In addition, the thresholds for initiating OST were revised and lowered in some cases
  2. The use of electronic portals for e-prescriptions to be sent to the pharmacies from the prescriber was also enabled
  3. Medication home delivery service was put in place, with the use of verification mechanisms to ensure the intended recipient of the medication was correctly identified
  4. In some cases, the range of options of OST available to help treat other forms of drug dependence was re-evaluated, such as occurred in Czechia with the expansion of methylphenidate’s licence to treat people dependent on methamphetamine
  5. In other cases, OST dosing was carried out at pharmacies or designated outreach settings, to enable service users to have ongoing access to their treatment.

Some improvements, however, could still happen to increase access to OST. As suggested by the FPs, these include:

- Boosting the number of certified prescribers available.
- Enabling access of OST in prisons where supply is still highly restricted.
- Addressing the social constructs underpinning stigmatisation and its associated ideologies among care providers to inspire more person-centred care.

### Conclusion

The adoption of innovative methods of delivering harm reduction services like OST showcased in this report offer fresh inspiration and real hope for overcoming the challenges still faced by many today. It is clear that more can be done to better meet the needs of PWUD, and the findings from this report offer us a blueprint for doing so.

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4 Impact of COVID-19 on drug services and help-seeking in Europe: EMCDDA May 2020