5. DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY

INTRODUCTION

Drug treatment is the 'use of specific medical and/or psychosocial techniques with the goal of reducing or abstaining from illegal drug use and thereby improving the general health of the client'.[53]

Specialised drug treatment facilities are relying on state financing and on ministerial control and quality assurance mechanisms. Treatment offers are decentralised and most commonly provided by state accredited NGOs.

For the purpose of the present chapter, drug treatment is divided in the following categories:

- **Outpatient treatment:** the patient receives drug treatment without staying overnight, pharmaceutically assisted or not[54];
- **Inpatient treatment:** the patient is staying overnight, pharmaceutically assisted or not (including detoxification);
- **Opioid Substitution Treatment (OST):** a type of medical treatment provided to opiate addicts primarily based on the delivery of a similar or identical substance to the drug normally used. Substitution treatment may be accompanied by psycho-social care. OST may be provided in in- and outpatient settings.

Drug treatment is monitored and quality assurance occurs via a series of mechanisms that are described under the treatment system section.

DRUG TREATMENT STRATEGIES AND POLICY

In the mid-seventies the cooperation between State and NGOs working in the social field has progressively gained structure. The first (financing) convention between the Ministry of Family and a series of NGOs, signed in 1975, was the starting point of what is known today as the "Conventionned sector". Over the years the collaboration schemes between State and NGOs evolved and were extended to the Public Health sector. In 1998 the so-called ASFT law[55] entered in force, regulating the relationship between State and private organisations working in the social, family and therapeutic fields.

Treatment needs' assessment as well as quality control largely rely on the ASFT legal framework and the existing network of conventionned service providers who have to meet a series of quality standards and be granted a special accreditation from the Ministry of Health. The elaboration of the demand reduction section of the national drugs strategies and action plans builds upon the expertise and involvement of the referred network. A detailed description of collaboration and control mechanisms in place is provided below.

53 SOURCE: Classification of drug treatment in EU member states and Norway, Expert meeting, 8-9 February 2002

54 'Drug free treatment focus on psycho-social and therapeutic techniques and is not primarily based on the routine prescription of a substance or medicament with the goal of reducing or abstaining from illegal drug use thereby improving the general health of the client'.

55 Loi du 8 septembre 1998 réglant les relations entre l'Etat et les organismes œuvrant dans les domaines social, familial et thérapeutique (entry in force: 24/09/1998)

The first specialised drug counselling agency (JDH) was created in 1986 and addressed both drug addiction and youth. Preliminary work done in the framework of the first drug action plan 1999-2004 allowed to better assess national needs and to initiate and develop interagency coordination mechanisms. To date, treatment agencies are specialised whether in polydrug use including illegal drugs, in alcohol abuse, or gambling, etc. As far as illegal drugs are concerned, drug care providers address the whole range of substances meaning that no specialised offers exist according to a given type of substance or problems related to it. In recent years the national drug treatment strategies have been evolving towards a more holistic concept of addiction treatment (including illegal substances related addictions and others).

As far as national expenditures for drug treatment provision are concerned please refer to chapter 1.

TREATMENT SYSTEMS

Organisation and quality assurance

All specialised drug treatment services are relying on governmental support and control. Specialised agencies need an accreditation to sign a convention with the Ministry of Health that guarantees their annual funding. Outpatient drug treatment is provided free of charge by specialised agencies. Inpatient treatment and detoxification is covered by health insurance schemes. As far as substitution treatment is concerned, health insurance takes in charge medical interventions and counselling and State covers pharmaceutical costs and pharmacy fees.

NGOs involved in drug treatment fall under the terms of the above referred to 'ASFT' law (8/09/98) and the subsequent grand ducal decree of 10 December 1998[56], both regulating the relation (duties and rights) between State and NGOs or organisations providing psycho-medico-social and therapeutic care. The overall management of the referred agencies is ensured by a 'coordination platform' that includes a maximum of 3 members of the referred institution and at least one representative from the competent ministry. All referred institutions work in close collaboration and have to be viewed as an interdependent therapeutic chain. A series of formal collaboration agreements have been signed in 2008 and 2009 between various agencies in order to insure rational use of resources and through-care. The 2015-2019 national drugs action plan foresees to further develop these synergies.

The governmental quality standard certification, as foreseen by the law 'ASFT' of 8 October 1998, represents the main instrument of a standardised quality control of drug treatment offers. General guidelines on setting requirements and human resources/clients keys are set by a grand-ducal decree of 10 December 1998 regarding the accreditation of services from the medical, social and therapeutic field. The quality standard certification commits respective NGOs to undertake necessary evaluation measures of their activities. Drug treatment agencies have developed proper evaluation strategies mostly in collaboration with external evaluators. Examples are the evaluation of current offers in the field of socio-professional integration, which future development has been promoted by the national drugs action plan, the implementation of a computer based evaluation procedure by the national substitution programme and prevention interventions in schools by CePT. The external evaluation of the drugs action plan also significantly contributes to assess the functioning and the gaps of the national treatment network.

56 Règlement grand-ducal du 10 décembre 1998 concernant l'agrément à accorder aux gestionnaires de services dans les domaines médico-social et thérapeutique (entry in force 18/12/1998)

An external assessment of quality management mechanisms run by specialised NGOs has been foreseen by the national drug action plan. Outcomes have shown that current quality assurance routines implemented within involved drug agencies are highly diversified and differ in terms of coverage and complexity ranging from internal activity assessment procedures to EFQM certifications for instance. These outcomes are highly valuable for future improvement of quality assurance and documentation routines of drug-related care services.

Also, the RELIS database on problem drug users provides relevant data for evaluation purposes since it includes detailed data on drug consume patterns, socio-economic situations, risk behaviours and treatment or law enforcement contacts, etc. In the long run, drug use '*careers*' can be analysed by means of the RELIS indexing system, which allows following up treatment demands and law enforcement contacts of indexed and de-identified drug users. These data can be used to assess the impact and the performance of specific treatment approaches. A practical example of the application of evaluation results is to be seen in the conceptualisation and external evaluations of the national drug action plans, which did greatly rely on RELIS data and ad hoc evaluation initiatives from field institutions.

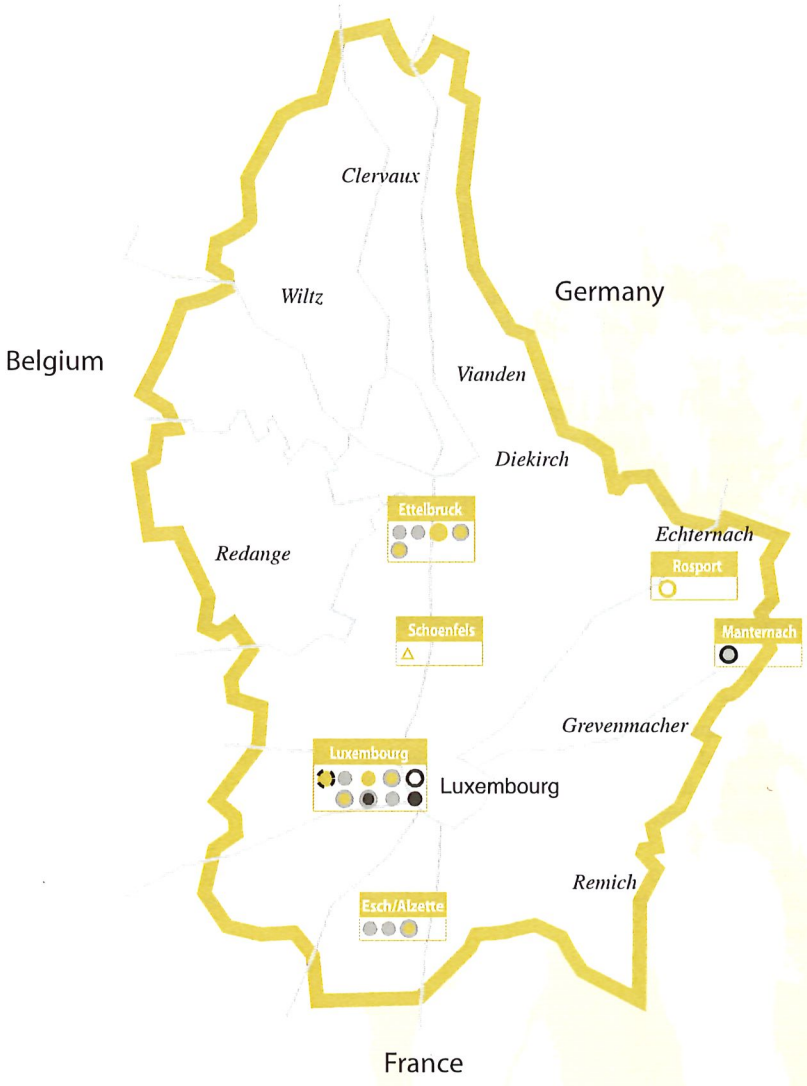
Table 5.1 reports admission and contact statistics of national drug treatment agencies according to the applied typology from 1994 to 2016. Intra-institutional multiple counts are excluded meaning that all treatment demanders indexed by a given agency are only indexed once by the referred agency during a reporting year. Inter-institutional multiple counts are not excluded since a given treatment demander may have contacted several national agencies during a given year. More detailed admission data, including low-threshold agencies, are provided in respective sub-chapters.

Availability and diversification of treatment

As can be seen on map 5.1 drug treatment and re-integration facilities are spread over different regions. All listed services are specialised with the exception of regional general hospitals providing detoxification treatment via their respective psychiatric departments. In July 2005, the first 'supervised drug consumption room' has been opened in Luxembourg City. It has been integrated in the ABRIGADO centre providing day care, night shelter and low threshold services to drug addicts. The opening of a second supervised drug consumptioun room in Esch/Alzette is forseen for 2018.

It should be stressed that no national drug treatment service exclusively targets a given type of substance use and its correlates. Currently national services provide care for persons presenting various substance use related problems.

Map 5.1 Geographical coverage of specialised drug agencies in the Grand-Duchy of Luxembourg (status 2017)



- JDH : Counselling, substitution, low-threshold and after care
- ABRIGADO (CNDS) : Low threshold
- ABRIGADO (CNDS): Night shelter, Injection room
- IMPULS : Youth counselling
- Quai 57 (Arcus asbl) : Counselling and referral
- CHNP : Treatment and referral
- CTM : Residential therapy, reintegration measures
- CTM : Aftercare, supervised housing (only main site)
- General hospitals providing detoxification treatment
- Stëmm vun der Strooss: Post-therapeutic centre

The following treatment typology is applied:

Outpatient: services and offers for adults

The most relevant national outpatient treatment facility is the 'JDH Foundation'. Regional antennas of JDH are respectively implemented in Luxembourg City, in the South and in the North of the Grand Duchy and are entirely financed by the Ministry of Health. Quai57 (Arcus asbl) implemented in Luxembourg-City is primarily a counselling and referral agency.

A third specialised outpatient service is also implemented in Luxembourg-City (Alternative Counselling Centre). The main objectives of the referred centre are the following:

- Establish a first contact with the drug-addicted clients.
- Help drug-addicted clients in the development of a therapeutic project with orientation either towards the intermediate-term structures, or towards residential therapy centres.
- Organisation of detoxifications in local psychiatric services or further psychotherapeutic interventions.
- Informative and therapeutic discussions with the drug-addicted clients and their families before and after the detoxification.

Further agencies provide social care or therapeutic settings that are attended by drug addicts. These agencies, however, rarely provide drug specific treatment and separate data breakdowns are not available.

Outpatient: services and offers for minors

Specialised drug care agencies for minors exist in the centre and since 2007 in the north of the country. Although drug counselling agencies accept underage treatment demanders, part of the latter are referred to a specialised service established in the centre of the country (Impuls).

Outpatient: substitution treatment and HAT

Opioid substitution treatment (OST) is currently defined as a medical assisted treatment with opioids' agonists and antagonists (and antagonistic agonists). The objectives of substitution and maintenance treatment are manifold. They range from no-digressive dose, out-patient low threshold maintenance to abstinence oriented (digressive doses) rehabilitation offers. The primary goal is the psychosocial and medical stabilisation of the patient by replacing 'street' drugs by quality controlled substitution drugs. The further development and outcome of the treatment is assessed individually. Both components, condition of the patient and reduction of public nuisance are considered.

Substitution treatment is provided at the national level since 1989 (JDH). Until the beginning of 2001, however, there has been no genuine legal framework regulating drug substitution treatment. The law of 27 April 2001 modifying the basic drug law of 19 February 1973 introduced a legal framework for substitution and maintenance treatment. The grand ducal decree of 30 January 2002, amended by the grand-ducal decree of 1st March 2016[57], regulates the practical modalities of substitution. The referred law regulates drug substitution treatment in general rather than it legalises a single national substitution programme. The law does this by means of substitution treatment licenses granted to MDs and specialised agencies, the application of training requirements for prescribing MDs and adequate control mechanisms of multiple prescriptions (i.e. centralised register of substituted patients). It should be stressed that following the application of the new legal framework, there still exists a structured and multidisciplinary substitution treatment programme (JDH

57 The decree of 30 January 2002 and the decree of 1 March 2006 regulating the modalities of substitution treatment can be downloaded at: http:www.eldd.emcdda.org

- mainly liquid oral methadone provided by specialised agencies) and a substitution treatment offer provided by freelance state licensed MDs (MEPHENON®, METHADICT® and SUBUTEX®).

Until 2001, methadone and buprenorphine have been prescribed as part of a long-term treatment with a medium or long-term abstinence goal. There are, however, a series of cases in which substitution treatment has to be considered rather as a harm reduction or maintenance measure than an abstinence oriented therapeutic offer. The grand-ducal decree of 30 January 2002, lists medicaments as well as preparations containing methadone (liquid oral form in programme and pill form in lower threshold prescription) and buprenorphine if the notice mentions substitution treatment as a possible therapeutic indication. Furthermore, morphine-based (salts) medications can be prescribed if the listed substances are deemed inadequate by medical authority. Finally, the decree allows for heroin prescription in the framework of a pilot project managed by the Directorate of Health. Heroin assisted treatment (HAT) is currently provided in an institutional setting.

The list of substitution substances may be modified within reasonable delays by amending the referred decree. In addition to drug prescription and medical care, the grand ducal decree on drug substitution treatment (30/01/2002) defines a series of psychosocial counselling services to be provided by licensed specialised centres. OST licensed MDs may refer substitution patients to specialised treatment centres for more in-depth psychosocial counselling.

A central substitution register jointly implemented by the 'Surveillance Commission on Substitution Treatment'[58], the National Drug Coordinator and involved specialised treatment providers. Multiple prescriptions could be markedly reduced since the launch of the national substitution register. The substitution treatment surveillance commission has been reformed and since August 2010 it is chaired by the National Drug Co-ordinator.

Outpatient: low threshold services and offers

Currently two agencies offer harm reduction services in the Centre, the South and the North of the country including offers such as day and night shelter and supervised injection facilities (currently only in the centre). A new integrated low threshold centre for drug addicts is planned to be implemented in the main city of the South of the country. The further development of harm reduction services in the North is part of the national drug action plan. In this context, a new low-threshold offer has been implemented in the North of the country in 2014.

Inpatient: detoxification services and offers

Physical drug detoxification is provided by 4 regional hospitals via their respective psychiatric units. The "Centre Hospitalier du Kirchberg - CHK" initially joined the list of national institutions providing detoxification treatment in 2005. In 2016, the CHK merged with another hospital in the centre of Luxembourg, the "Hôpital Ste.Thérèse", and both were renamed "Hôpitaux Robert Schuman" but remain on their respective sites. CHK has been renamed "Hôpitaux Robert Schuman – Kirchberg" and "Hôpital Ste. Thérèse" changed its name into "Hôpitaux Robert Schuman – Zithaklinik". Clients arriving at Kirchberg are referred to its addictology departement situated at "Zithaklinik". Medical interventions and psychosocial support are provided to

58 The decree of 30 January 2002 replaces the former 'Methadone Commission' by the 'Surveillance commission on substitution treatment' mandated to control all aspects of substitution treatment at the national level. Established in 2002, it is composed of delegates from the programme, the Directorate of Health, two pharmacists and two GPs affiliated to the programme, and is in charge of admissions, releases and exclusions of substitution treatment demanders or patients.

control and reduce withdrawal symptoms in the framework of a 1-2 week detoxification programme. Ideally, detoxificated patients are referred to more psychotherapeutic oriented institutions.

Detoxification treatment is provided by psychiatric units within four general hospitals:
Centre Hospitalier du Nord – Ettelbrück (North)
Centre Hospitalier Emile Mayrisch – HVEA (South)
Centre Hospitalier de Luxembourg – CHL (Centre)
Zithaklinik (Centre) - Fondation Hôpitaux Robert Schuman
Hôpital Kirchberg (Centre) - Fondation Hôpitaux Robert Schuman

Inpatient: services and offers for adults

The national residential therapeutic centre called 'Syrdallschlass' (CTM-CHNP) is situated in the East of the G. D. of Luxembourg. The therapeutic programme of the CTM is divided into three progressive phases. The duration of a therapeutic stay varies from 3 months to 1 year.

In addition to individual and group therapies, the centre offers the opportunity to follow training activities in several professional domains and also offers post therapeutic accommodation facilities. The final objective is the psychological, professional and social reintegration of treated clients. The latter is highly facilitated by the quality of provided professional training to patients. The collaboration with several employers disposed to employ ex-drug addicts and the active involvement of social services offer a fair social and professional framing to released patients.

In the framework of the national drug action plan an extension of CTM offers occurred by creating a network of modular therapeutic annexes for specific target groups as for instance pregnant women, drug addicted couples, treatment demanders on methadone, etc. These annexes are operational since September 2002 and are situated in the vicinity of the main centre (see map 5.1) in order to take advantage of training and social reintegration facilities offered by the CTM. Based on past experience, the 2005-2009 drugs action plan has foreseen the further development of these annexes. In 2008 a new annex providing therapeutic offers to specific target groups such as mothers with child/children or patients in the last therapy phase has become operational on the very site of the main centre.

In 2014, Stëmm vun der Strooss asbl opened a new post-therapeutic centre for persons having been treated for addictive behaviour in Schoenfels. Time-limited housing and day-time occupation is provided with a medium term social an re-integration objective.

As the national inpatient therapeutic facilities are limited and not covering the whole spectrum of drug-related symptoms (e.g. double diagnosis) a series of patients are referred to specialised institutions abroad. If approved, related costs are covered by the national social security schemes.

Inpatient: services and offers for minors

A specialised residential centre for problematic youngsters has been opened in the beginning of 2007 in the North of the country under the management of CHNP.