

# Supervised drug consumption facilities and Naloxone peer programmes: update September 2016

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### POD on DCRs, update May 2016





Search

Data

Countries

Our activities

Best practice

**Publications** 

News

Events

About

Home / Topics / Drug consumption rooms

#### Drug consumption rooms: an overview of provision and evidence

1. Analysis

2. Video

3. Facts and figures

4 Service model

Find out more

#### Introduction

Last update: 31.05.2016

Supervised drug consumption facilities, where illicit drugs can be used under the supervision of trained staff, have been operating in Europe for the last three decades. These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services.

Part of the Perspectives on Drugs (PODs) series, launched as part of the European Drug Report package, these designed-for-the-web interactive analyses provide deeper insights into a selection of important issues.





provision and evidence



2. Video: drug consumption rooms





4. Service model for a supervised drug consumption facility

)a.eu

## Location and number of drug consumption facilities



emcdda.europa.eu

#### 87 official drug consumption rooms in Europe

Switzerland	12	first one in:	1986
Netherlands	31		1994
Germany	24		1994
Spain	12		2000
Norway	1		2005
Luxembourg	1		2005
Denmark	5		2011*
France	1		2016 (Oct)

Outside Europe: Sydney (MSIC) and Vancouver (Dr Peter Center and SIF)

emcdda.europa.eu

<sup>\*</sup> DK: opening of inofficial facility in 2011; legal basis created in 2012 Sources for EU: EMCDDA National Focal Points. Data for Switzerland: Correlation survey 2013; Greece: October 2013 to July 2014.

#### Other countries

**France**: 6-year pilot project to start in Paris and Strasbourg in 2016

Slovenia: budget reserved for establishing a DCR.

**Denmark**: Opening of new facility H 17 in August 2016 in CPH, 1000 m2 - 200-300 clients/day.

**Belgium**: law proposal submitted in 2013; call for tender DCR Feasibility Study (from 2017).

# Naloxone peer distribution



Home / Topics / Preventing overdose deaths

#### Preventing overdose deaths in Europe

2. Videos

1. Analysis

3. Facts and figures

4. Peer naloxone

Find out more

#### Introduction

Last update: 01.06.2016

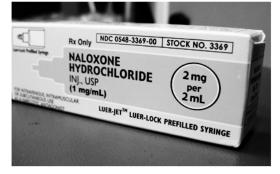
It is estimated that over 70 000 lives were lost to drug overdoses in Europe in the first decade of the twenty-first century. Reducing drug-related deaths therefore remains a major challenge for public health policy. This analysis describes some of the factors that increase the risk of fatal and non-fatal overdoses and a number of interventions developed to prevent these events.

Part of the 'Perspectives on drugs' (PODs) series, launched alongside the annual European Drug Report, these designed-for-the-web interactive analyses aim to provide deeper insights into a selection of important issues.





# POD: update June 2016



that train potential bystanders, such as opioid users and their peers and family, on how to administer naloxone in order to reverse the

effects of opioid overdose are among the range of overdose prevention responses in the United States and Europe (CDC, 2012, Clark et al., 2014; Williams et al., 2014)

A recent EMCDDA systematic review of the available studies on take-home naloxone concludes: 'There is evidence from one interrupted time-series study, involving 2 912 opioid users at risk of overdose in 19 communities followed up for seven years, that educational and training interventions complemented by take-home naloxone decrease overdose-related mortality. There is weaker, but consistent, evidence that similar interventions for opioid-dependent patients and their peers effectively improve knowledge, while forming positive attitudes to the correct use of naloxone and the management of witnessed overdoses' (EMCDDA, 2015).

🚌 Purrently, nine European countries (Denmark, Estonia, Germany, Italy, Ireland, Lithuania, Norway, Spain and the United

9 European countries provide OD emergency training with take-home naloxone distribution (e.g. to peers and family members):

Denmark, Estonia, Germany, Italy, Ireland, Lithuania, Norway, Spain and the United Kingdom (Scotland and Wales).

Some projects local and/or time limited.

First results: Estonia and Denmark (see presentations) Slovenia: Proposal to government under preparation.

#### **France**

November 2015: temporary authorisation for use of Nalscue® (naloxone 0,9 mg/0,1 ml, single dose nasal applicator) produced by Indivior is granted (ATU = *Autorisation Temporaire d'Utilisation de cohorte*).

Since July 2016, the product is available to:

- doctors in specialised drug addiction treatment centres (CSAPA),
- hospital addiction medicine departments,
- emergency departments,
- other departments with addiction liaison and treatment team,
- prison treatment units may include patients in the cohort ATU,
- Supply exclusively through pharmacists in charge of dispensing within hospital pharmacies and hospital CSAPA.