emcdda

**Report ID:**

## Structured Questionnaire 23/29:Prevention and Reduction of Health-Related Harm associated with drug use

### 1. Methodology

#### 1.1. Justification

**The tasks of the EMCDDA comprise the monitoring of the state of the drugs problem and of the responses to drug related problems, including harm reduction measures. The Centre is furthermore charged with the development of tools and instruments to increase data comparability and to facilitate the Member States' and the Commission's monitoring and evaluation of their respective policies, and with providing a platform for the exchange of latest evidence and best practice in the field.**
**Providing the overarching political framework and priorities for EU Drugs policy identified by Member States and EU institutions for the period 2013-2020, the EU Drug Strategy addresses the policy fields of drug demand reduction and drug supply reduction. One of its objectives in the demand reduction field is 'to contribute to a measurable reduction of the demand for drugs, of drug dependence and of drug-related health and social risks and harms'. Supporting and complementing national policies, the EU Drugs**

#### 1.2. Questionnaire Structure

**A – Interventions to prevent infectious diseases**
**Section A of this structured questionnaire aims to assess the level of implementation of a set of measures that are recommended to prevent and control infectious diseases, following evidence-based guidance jointly developed by EMCDDA and ECDC: "http://www.emcdda.europa.eu/publications/ecdc-emcdda-guidance". . Interventions include: provision of injection equipment; vaccination; testing; infectious disease treatment and health promotion services. Please note that a further two recommended measures, provision of syringes and of effective drug treatment, are monitored through other EMCDDA tools.**
**B – Interventions to prevent drug-related deaths and emergencies**
**Section B of the structured questionnaire aims to assess the provision of selected interventions that aim at reducing drug-induced deaths. Interventions include those identified in a technical report published by the EMCDDA in 2012 ( "http://www.emcdda.europa.eu/scientific-studies/2012/preventing-overdoses". ) and reflect different stages in the cycle of overdose management, such as assessment of risks, awareness of risk, recognizing and responding to overdoses.**

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#### 1.3. Internal identification

**1.3.1 EMCDDA data collection year**

#### 1.4. Report identification

**1.4.1 Country**

**1.4.2 Year of data**

**1.4.3 Name of the person submitting this report**

**1.4.4 Institutional affiliation**

**1.4.5 E-mail address**

**1.4.6 Other experts involved in providing information for this structured questionnaire and period the expert opinion was gathered.**

#### 1.5. Methodology and sources of information

**Questions in this template will request you to provide a rating. Please indicate which of the following methodologies were used to produce these ratings (please tick, multiple answers possible).**

**1.5.1 Methodology and sources of information used to answer the questions and provide the ratings requested in the "Interventions to prevent infectious diseases" section of this tool**

| | |
|---|---|
| Expert opinion (NFP) | |
| Expert consensus | |
| Facility surveys | |
| Grey publications | |
| Research and scientific publications | |
| Other | |

**1.5.2 Methodology and sources of information used to answer the questions and provide the ratings requested in the "Interventions to prevent acute drug-related deaths and drug-related emergencies" section of this tool**

| | |
|---|---|
| Expert opinion (NFP) | |
| Expert consensus | |
| Facility surveys | |
| Grey publications | |
| Research and scientific publications | |
| Other | |

### 2. A - Interventions to prevent infectious diseases

#### 2.1. Please assess the current availability of selected response measures to prevent and control infectious diseases among drug users, judging the degree to which service provision matches the demand of the respective target groups (indicated in brackets after each question).

**The following ratings should reflect the degree to which services were de-facto obtained by the target group, and not if they were only theoretically available .**

**2.1.1 Individual counselling on infectious diseases risk , involves the systematic assessment of personal drug-related risk behaviours, (PDU/HRDU):**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

**Note : PDU : Problematic Drug User. HRDU : High Risk Drug User. For more information on PDU/HRDU, please click**

**2.1.2 HCV testing (PDU/HRDU) :**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

**Note: HCV = hepatitis C virus**

**2.1.3 Treatment of hepatitis C infection (PDU/HRDU who are infected with the HCV and aware of it):**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

**2.1.4 ARV treatment of HIV infection (PDU/HRDU who are infected with HIV and are aware of it):**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

**2.1.5 Practical advice and training * on 'safer use/safer injecting' (PDU/HRDU) :**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

*** Training which addresses the risks of sharing drug use paraphernalia to motivate change from injecting to non-injecting (safer) routes of administration.**

**2.1.6 Needle and syringe programmes (NSPs) (IDUs):**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

**2.2. Are peer educators involved in the response to prevent infectious diseases among drugs users?**

**Note: Peer educators are former or current drug users, providing health education to current users.**

**2.2.1 Peer educator involvement:**

| | |
|---|---|
| Yes | |
| No | |
| No information | |

**2.3. Please specify the main outreach health education approaches used in your country with the objective to prevent infectious diseases among drug users.**

**2.3.1 Main outreach health education approaches:**

**2.4. Is hepatitis B vaccination included in your national routine vaccination scheme (universal vaccination)?**

**See data earlier reported at Table HSR-6 .**

**2.4.1 Universal hepatitis B vaccination:**

| | |
|---|---|
| Yes | |
| No | |
| No information | |

**2.4.2 If yes : since when (year):**

**2.5. Is there a risk-group specific hepatitis B vaccination programme which addresses problem drug users in the community?**

**2.5.1 Risk-group specific hepatitis B vaccination programme:**

| | |
|---|---|
| Yes | |
| No | |
| No information | |

**2.5.2 Comments**

**2.6. Which items - besides syringe and needle - are most frequently provided/ are part of the standard prevention material at specialised drug agencies with NSPs?**

**2.6.1 Standard prevention items distributed at NSPs:**
**(See also information on injecting paraphernalia earlier reported in the EMCDDA Harm Reduction profiles)**

| | |
|---|---|
| Written information about safer use | |
| Alcohol pads | |
| Dry wipes | |
| Water for dissolving drugs | |
| Sterile mixing container | |
| Filter | |
| Citric / ascorbic acid | |
| Bleach | |
| Condom | |
| Inhalation devices (e.g. pipes) | |
| Foil | |
| Other (specify) | |
| No information on contents available | |

**2.6.2 Please specify 'other' items of the 'injecting kit' provided as a standard:**

**2.6.3 Please give references of specific studies and publications used to provide information in section A:**

## 3. B - Interventions to prevent acute drug-related deaths and drug-related emergencies

**3.1. Please assess the current availability of selected response measures that aim at the prevention of acute drug-related deaths and problem drug-related emergencies in relation to the needs of problem drug users, judging the degree to which service capacity matches the demand.**

**The following ratings should reflect the degree to which services were de-facto obtained by the target group, and not if they were only theoretically available. See information from previous years at. Table HSR-8 .**

**3.1.1 Overdose information materials: (printed or multimedia)**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

**3.1.2 Individual overdose risk assessment: (provided by trained drugs or health workers)**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

**3.1.3 Overdose response training * :**

| | |
|---|---|
| Full: nearly all persons in need obtain it | |
| Extensive: a majority but not nearly all of them obtain it | |
| Limited: more than a few but not a majority of them obtain it | |
| Rare: just a few of them obtain it | |
| Not available | |
| No information | |

*** One-to-one or group education sessions on risks, prevention of risks and on management of overdoses. This training should include: information on risk situations and risky behaviour, how to recognise overdoses, and how to respond adequately (at least the recovery position).**

**3.2. Risk education and overdose response training for problem drug users is provided in:**

**3.2.1 Provision of risk education and overdose response trainings:**

| | |
|---|---|
| Full: in nearly all relevant * cities or towns | |

| | |
|---|---|
| Extensive: in a majority of relevant cities (but not in nearly all of them) | |
| Limited: in more than a few relevant cities (but not in a majority of them) | |
| Rare: in just a few relevant cities | |
| Does not exist | |
| No information available | |

**'Relevant' = where the size of the target population is sufficient for the implementation of the intervention**

**3.2.2 Comments**

### 3.3. Characterise the availability and use of naloxone in your country

**P Naloxone is an opioid antagonist and highly effective to reverse opiate overdoses, for example heroin or morphine overdoses. In some countries, naloxone prescription programmes and/or naloxone distribution in the form of 'take-home' programmes exist, where naloxone is included in overdose response kits that are distributed to drug users, peers and relatives who have completed training on overdose management and made aware of the need to call emergency services.**

**3.3.1 Situation in my country regarding prescribing of naloxone(tick only one):**

| | |
|---|---|
| Naloxone is classified as a prescription medication and is a controlled substance (can only be prescribed by specially licensed doctors or at hospitals) | |
| Naloxone is a prescription medication but not a controlled substance (any doctor may prescribe naloxone) | |
| Naloxone can be purchased in pharmacies without prescription | |

**3.3.2 Is the use of naloxone defined and regulated by law or regulation in your country (tick only one):**

By law
By administrative regulation
By law and regulation
Other (please specify bellow)

**3.3.3 Situation in my country regarding dispensing and use of naloxone (multiple answers possible):**

| | |
|---|---|
| The use of naloxone is limited to hospitals, emergency wards and /or emergency vehicles | |
| Use of naloxone is limited to medically trained personnel (e.g. nurses, doctors) | |
| Naloxone is part of standard ambulance equipment | |
| Ambulance personnel are trained in naloxone use | |
| Naloxone distribution through 'peer programmes' are implemented in my country | |
| Naloxone kits are given out to prisoners leaving prison | |
| Other use of naloxone, specify bellow | |
| No information | |

**3.3.4 Please specify other use of naloxone/ other regulatory framework of naloxone:**

### 3.4. Are supervised drug consumption rooms (DCRs) * available in your country?

*** other than in the framework of drug prescription programmes**

**3.4.1 Supervised drug consumption rooms (DCRs) available:**

| | |
|---|---|
| Yes | |
| No | |
| No information | |

**3.4.2 Number of DCRs and supervised consumptions:**

| | Number(no information = N.I.) | Estimate (Y/N) |
|---|---|---|
| **Cities with DCRs** | | |
| **Fixed and mobile DCR facilities** | | |
| **Supervised drug consumptions per year (national total)** | | |

**3.4.3 What percent of supervised drug consumptions are injections?**

### 3.5. Indicate sources and references to the information provided in section B.

**3.5.1 Please give references of specific studies and publications used to provide information in section B:**

**Thank you for providing this information!**