



COLLOQUE ATHS BIARRITZ

Colloque International Addictions Toxicomanies Hépatites SIDA



Risks Reduction, the history of a success: CONSUMPTION ROOMS & PREVENTION OF OVERDOSE THE LAST KEY TOOLS

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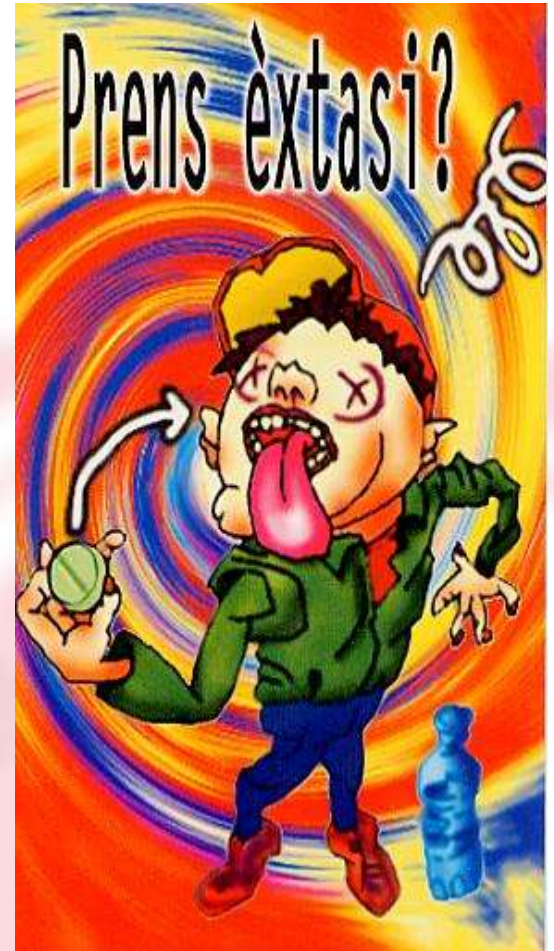


Generalitat de Catalunya
Public Health Agency of Catalonia
Programme on Substance Abuse

Harm Reduction

General objectives

- Increase contact and retention
- Reduce morbidity and mortality
- Provide information about associated risks
- Reduce marginalization and social unrest
- Abstinence



Harm Reduction

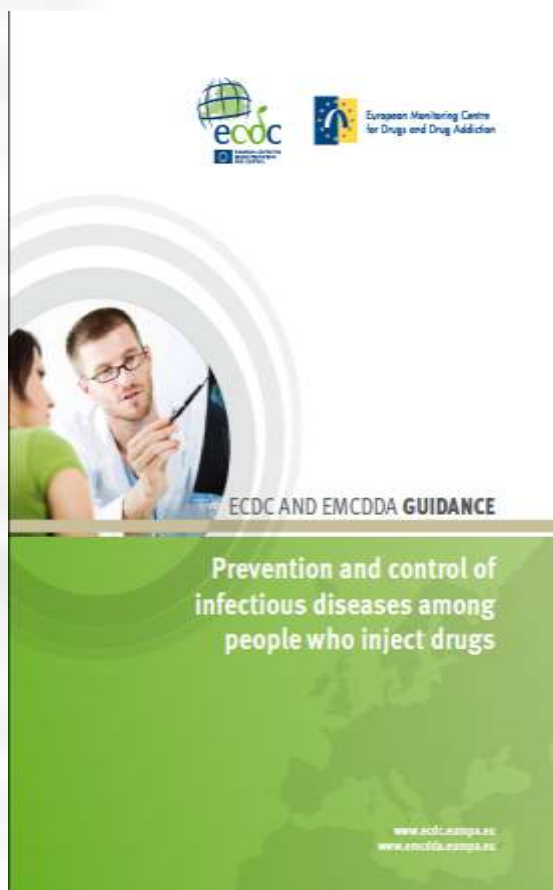
Specific objectives

- Help prevent progression to intravenous use.
- Prevention of Hepatitis C and HIV infections.
- Preventing overdose.
- Expand strategies: hygienic drug consumption rooms, crisis centers, etc.
- Global actuation plans in social exclusion areas (with traffic and consumption of drugs).
- Establish interventions addressed to marginal and long term drug addicts: heroin test.
- Promote networking among the affected people and its participation.



7 Key interventions

ECDC & EMCDDA GUIDANCE. Prevention and control of infectious diseases among people who inject drugs. October 2011



1. Access to syringes and injecting material
2. Treatment for drug addiction: Opiates substitution treatment
3. Vaccinations
4. Screening of infections
5. Treatment of Infectious diseases
6. Health Education: safer injection, safer sex, BBV prevention,
7. Combined interventions adapted to drug users and to the local conditions: outreach work, drop in centres, **drug consumption rooms**,...

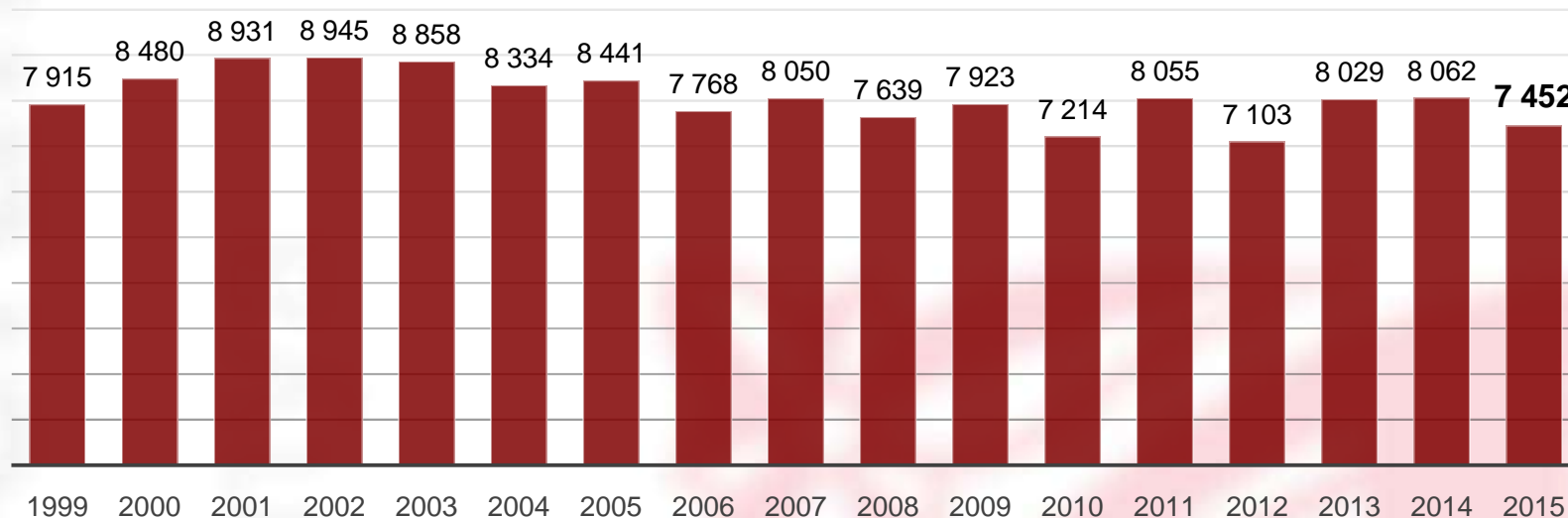


Harm Reduction interventions in Catalonia

- 1 Opioid substitution programme:** 8.000 people
- 2 Syringe exchange programme (also in prisons):** 800.000 syringes/year
- 3 Outreach work:** Street work, Mobile units, Peer involvement,...
- 4 Low threshold centres (drop in) with social and health care.**
- 5 Blood Borne Viruses tests & counselling (rapid tests) + HBV/HVA vaccinations.
Access to HIV and Hepatitis treatment**
- 6 Supervised drug consumption rooms:** 100.000 syringes/year
- 7 Training in a more hygienic consumption, safer sex ...**
- 8 Action plan in drug trafficking and consumption areas**
- 9 Access to Health care system for all drug users**
- 10 Heroin trial**
- 11 Overdose Prevention Programme**
1.273 professionals trained 6.031 users trained and 5.864 naloxone vials distributed.
- 12 Promotion and support of drug users and patient organisations**

Opioid Sustitution Therapy Programme (OST)

People in OST Programme



Source: Subdirecció General de Drogodependències. Departament de Salut

Where?



Drug treatment centres



Primary care centers



Mental health care centers



Harm Reduction centers



Hospitals



Community pharmacies



Therapeutic communities



Prisons



Opioid Substitution Therapy Programme (OST)

WHO recommendations

Opiate users who are in OST	Coverage
<20%	Low
20-40%	Medium
>40%	High

OST =
High Coverage
(60%)

Effectiveness of OST Programme

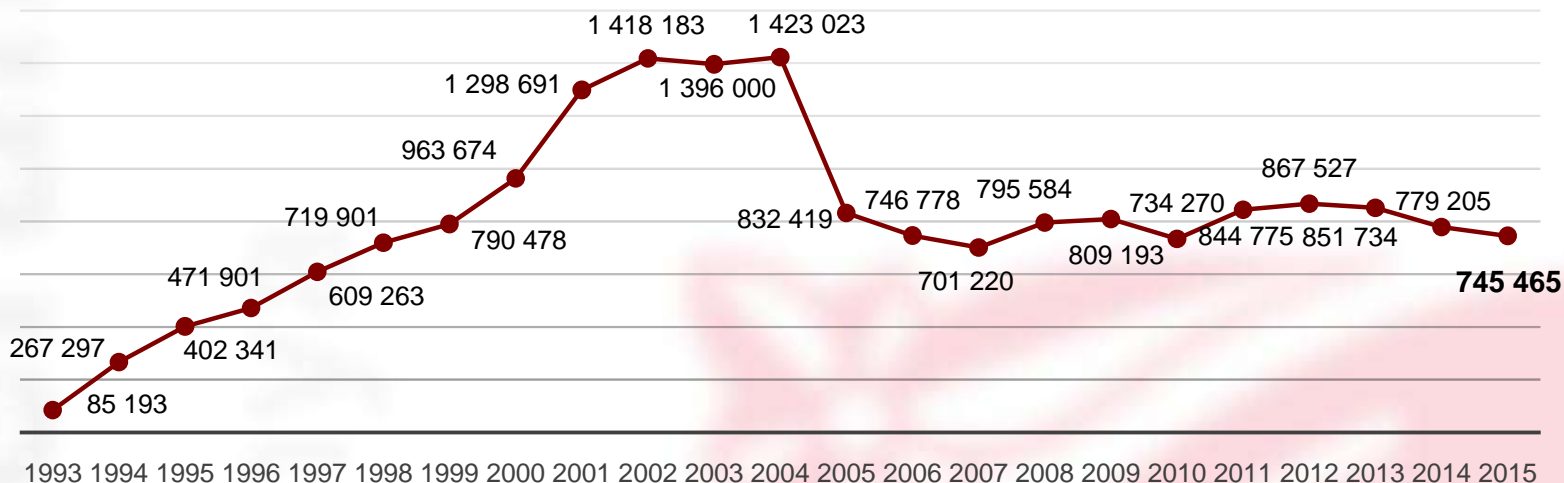
- ↓ Mortality by overdose
- ↓ Consumption of illegal opioids (does > 60 mg./Day)
- ↑ Retention in treatment
- ↓ Risk behaviours
- ↓ Criminality
- ↑ Quality of life



Syringe Exchange Programme

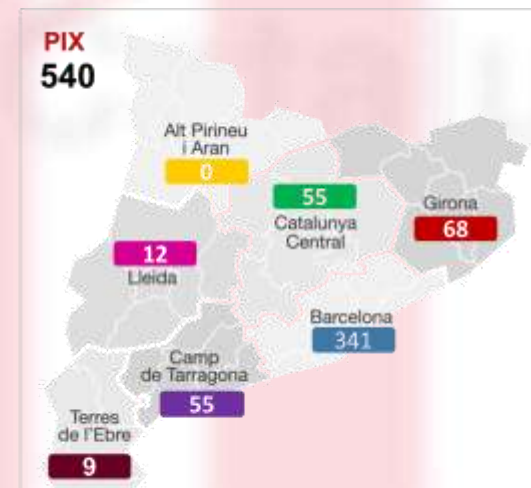
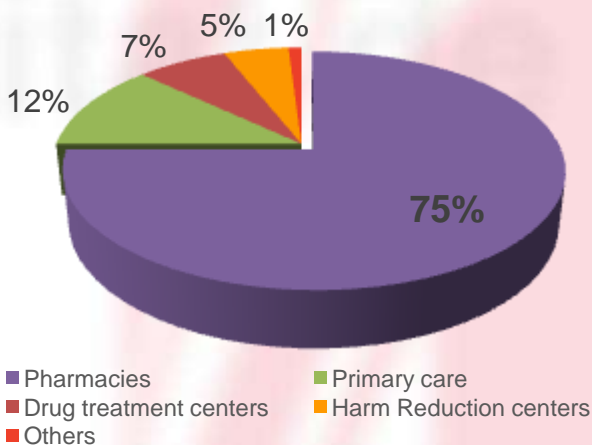


Evolution of the amount of distributed syringes

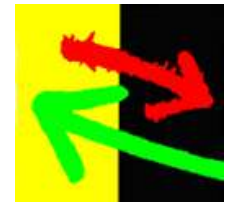


Where?

- CAS Drug treatment centres
- Primary care centers
- Harm Reduction centers
- Hospitals
- Community pharmacies
- Prisons



Syringe Exchange Programme



WHO recommendations

Syringe/year per user	Coverage
<100	Low
100-200	Medium
>200	High

Syringe Exchange Programme =
Medium Coverage



Effectiveness of Syringe Exchange Programme

- ↓ HIV infection and reinfection
- ↑ Consumer practices without risk
- ↑ Contact with professionals and access to treatment
- ↓ Less cost than HIV & HCV treatments
- ↓ Material of consumption already used abandoned in the street



Outreach work: Street work

Professionals, mainly social workers, that work outdoors, in areas of consumption and socially deprivate.

- **11 Street work teams** working *in situ* with active drug users who don't go to harm reduction resources.
- **Actions:**
 - ✓ Dynamise the project "Snowball".
 - ✓ Pickup of injection material in public spaces.
 - ✓ Coordination and referral to social and health resources.
 - ✓ Health education.



Outreach work: Mobile units

Main objective: bring the social health services closer to the consumption areas and with high risk exclusion.

- **6 Mobile Units (3 with Drug Consumption Room)**
- **Actions:** multiple actions and plans
 - ✓ Opioid substitution therapy (OST)
 - ✓ Consumption rooms
 - ✓ Exchange syringes programme (PIJ)
 - ✓ Place for health care
 - ✓ Socio-educational care
 - ✓ Monitoring the HIV, hepatitis C and tuberculosis treatment
 - ✓ Preventing overdose by opioids and/or psychostimulants



Low threshold centres (drop in) with social and health care

Social and health services for active drug users

Main objective: minimize the damages and risks related to drug use

- **16 centres**
- **Actions:**
 - ✓ Social care
 - ✓ Consumption room
 - ✓ Syringe exchange programmes
 - ✓ Opioid substitution therapy
 - ✓ HIV, TBC and HC screening
 - ✓ Health education
 - ✓ Prevention of opiate and psychostimulants overdoses



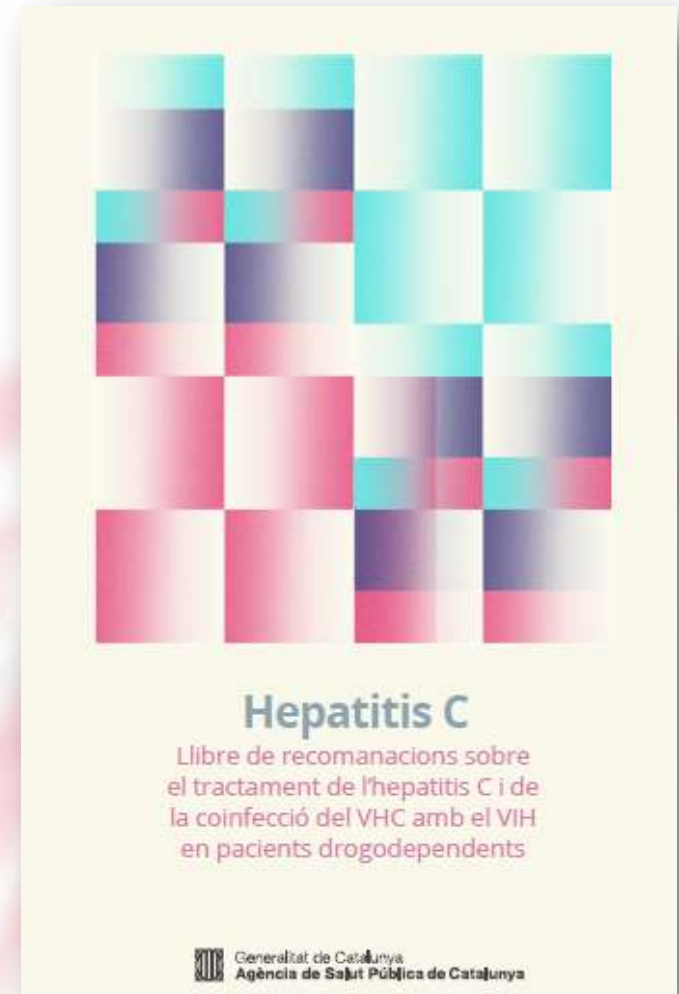


Access to HIV and hepatitis treatment

Main objective: Prevent, diagnose and facilitate the access to the treatment to those drug users infected by HIV and HCV.

- **Actions:**

- ✓ Training to professionals and users
- ✓ Edition of professional guides and awareness materials aimed at drug users.
- ✓ Awareness campaigns aimed to the general public.
- ✓ Monitoring of prevalence
- ✓ Early diagnosis (quick tests)



Guidelines to increase access to Hepatitis C treatment for drug users

Training: Health care workshops for active drug users



6 teams provide health prevention trainings:

✓ Overdose prevention

✓ Safer sex

✓ Safe injecting

✓ 55 sessions/year

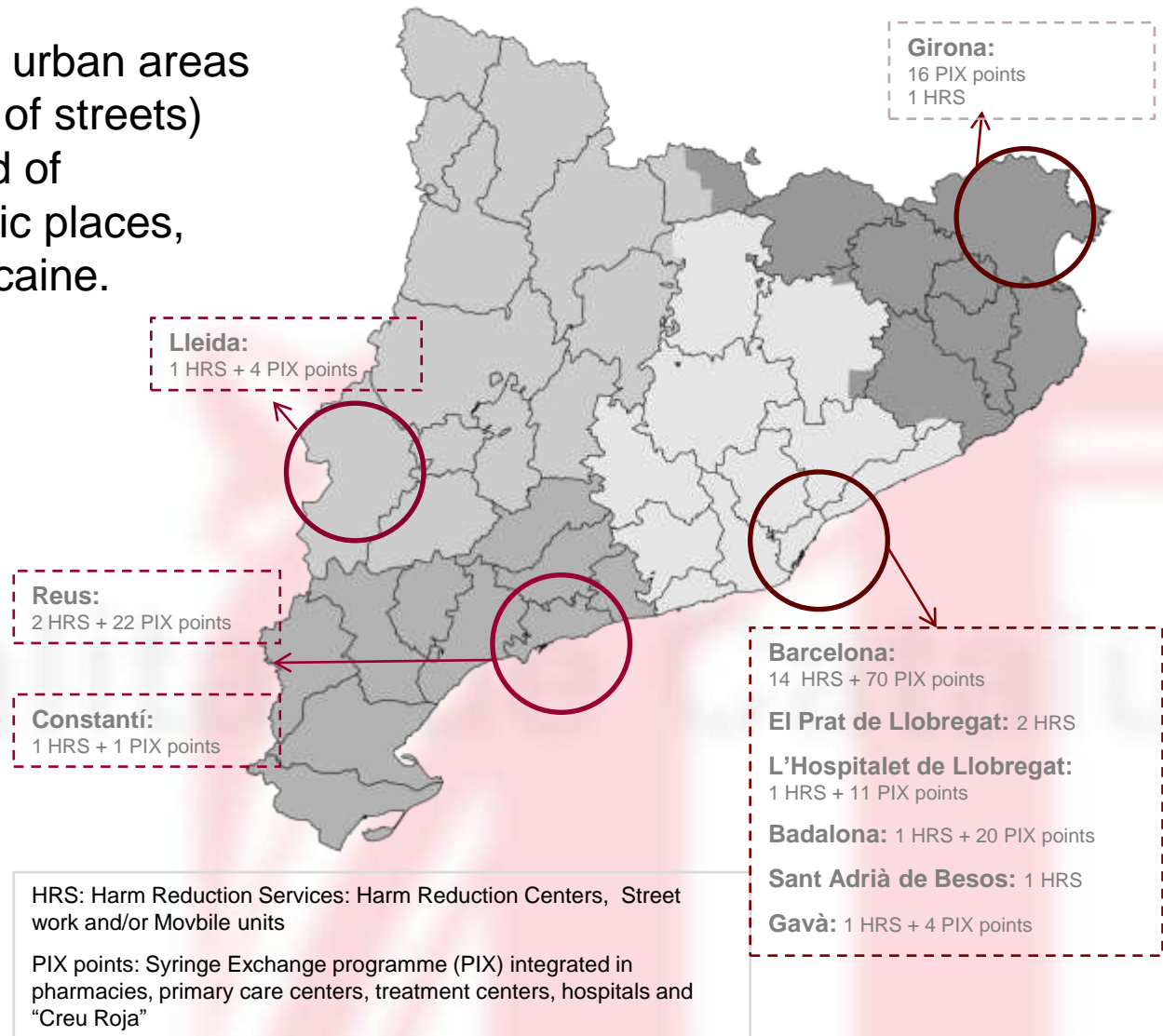
✓ More than
200 different users/year



Action plan in drug trafficking and consumption areas

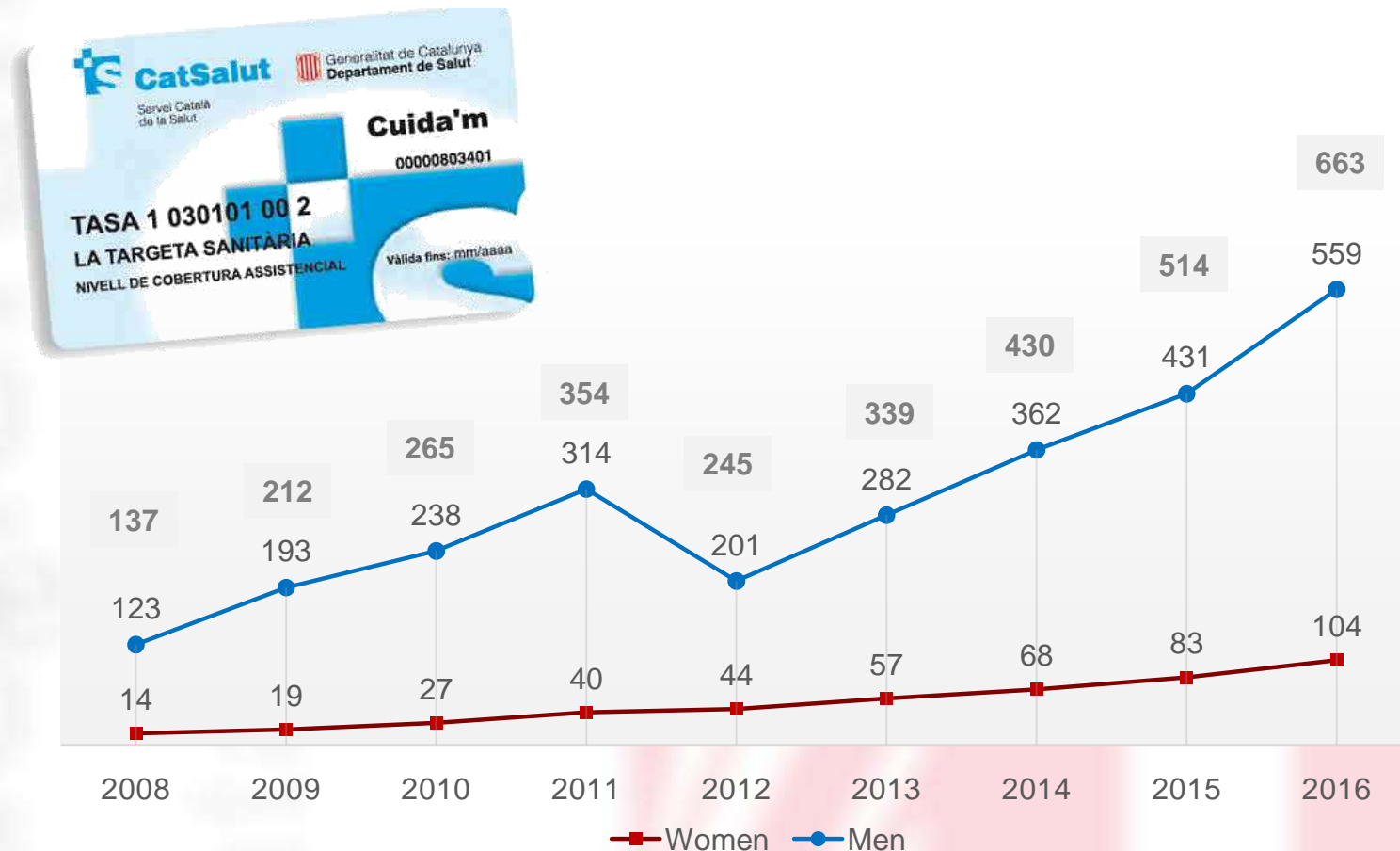
Demarcated areas or urban areas (neighborhood or set of streets) where there is all kind of consumptions in public places, mainly heroin and cocaine.

Often these areas are near traffic areas.



Access to Health System for all drug users. Immigrants without documentation.

Guarantees access to public health and resources to treat drug addiction.



Active drug users by sex (2008-16)

Feasibility of Double-Blind Clinical Trials with Oral Diacetylmorphine: A Randomized Controlled Phase II Study in an Inpatient Setting

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Miquel del Río^e Carlos Roncero^{b,c,h} Xavier Castells^{b,f,g} Sergi Valero^{b,c,h}
Francisco José Eiroa-Orosa^{b,c,h} Francisca Batlle^{c,d} Joan Trujols^{d,h}
on behalf of the Catalan Oral Heroin Study Group

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Supervised drug Consumption Rooms

Installations where people can consume with some privacy and under supervision of one or more professionals, who can help if necessary.

Objectives:

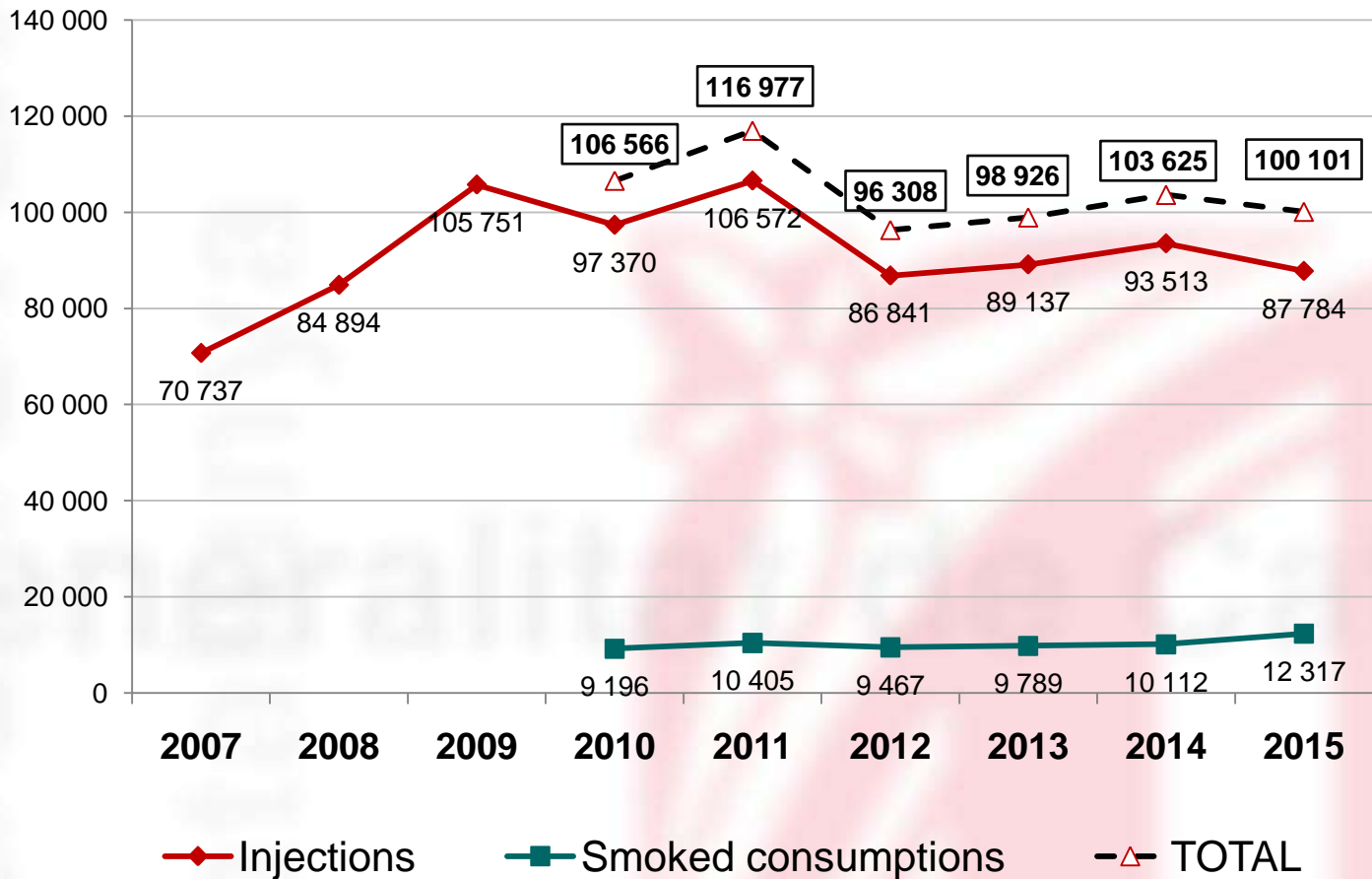
- ✓ Preventing contagious diseases among its users.
- ✓ **Preventing overdose.**
- ✓ Facilitate the contact and the work with active drug dependence
- ✓ Facilitate the access to the treatment.

- **Total: 13**
10 in fix installations (2 with smoking room)
+ 3 in mobile units



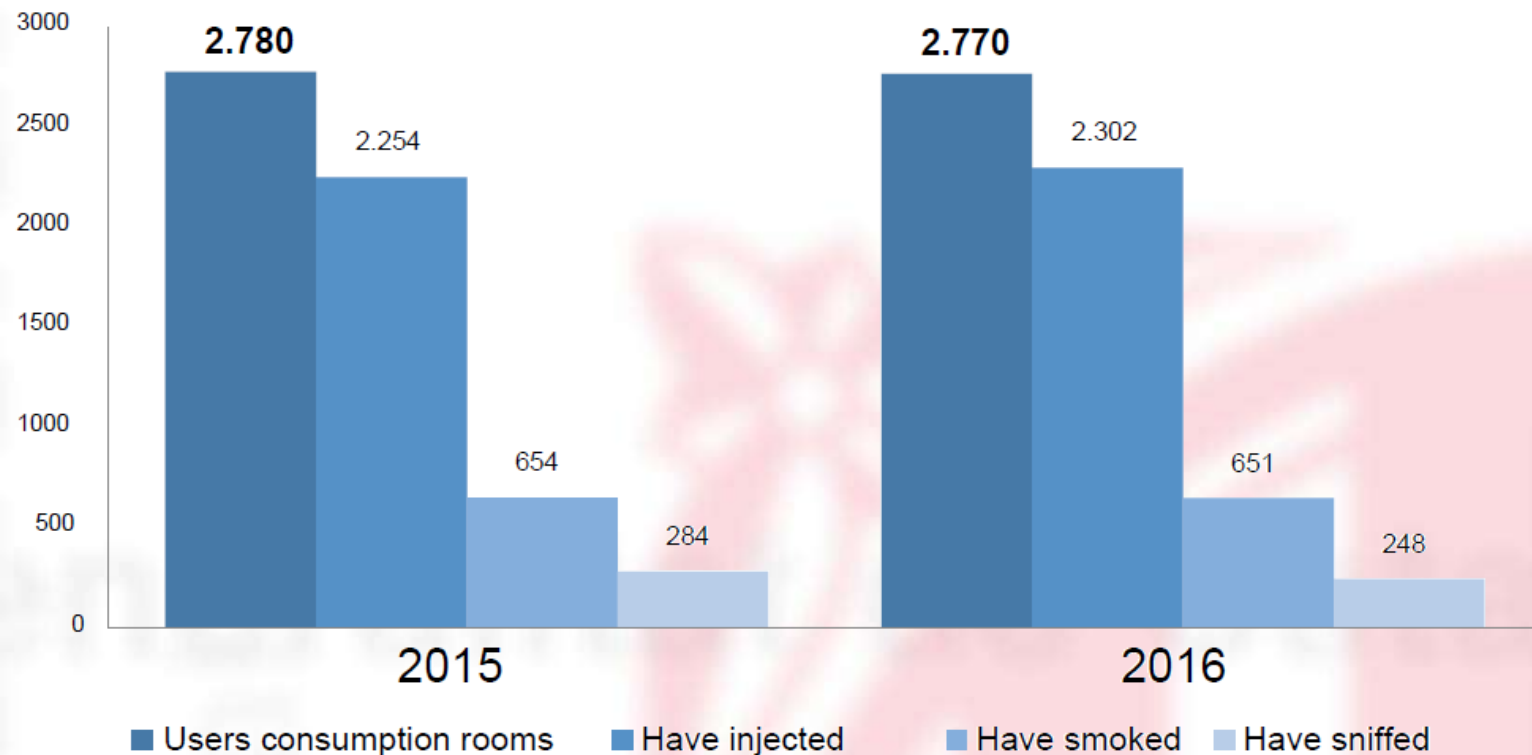
Supervised drug Consumption Rooms

Evolution of CONSUMPTIONS



Supervised drug Consumption Rooms

Number of CONSUMERS



Supervised drug Consumption Rooms

13 Supervised drug

Criteria to access:

- Legal age (+18)
- Injecting drug users
- Smoking drug users (smoking room)
- Not being intoxicated
- Pregnant???



Spaces for assisted venipuncture



Spaces for smoking



Supervised drug Consumption Rooms

Material procured for the supervised consumption:



- Sterile syringe
- Distilled water
 - Cup
 - Filter
 - Smart
- Alcohol pads

Actions during consumption process

BEFORE

- Evaluation of risk and advice
- Education for Overdose prevention
- Facilitation of equipment for hygienic consumption

DURING

- Advice, support and education for hygienic consumption
- Supervision of consumption.

AFTER

- Treatment of adverse reactions or overdoses by opioids and/or psychostimulants.
- Safe disposal of used injection material
- Basic nursing cures
- Information on treatment of organic pathology.

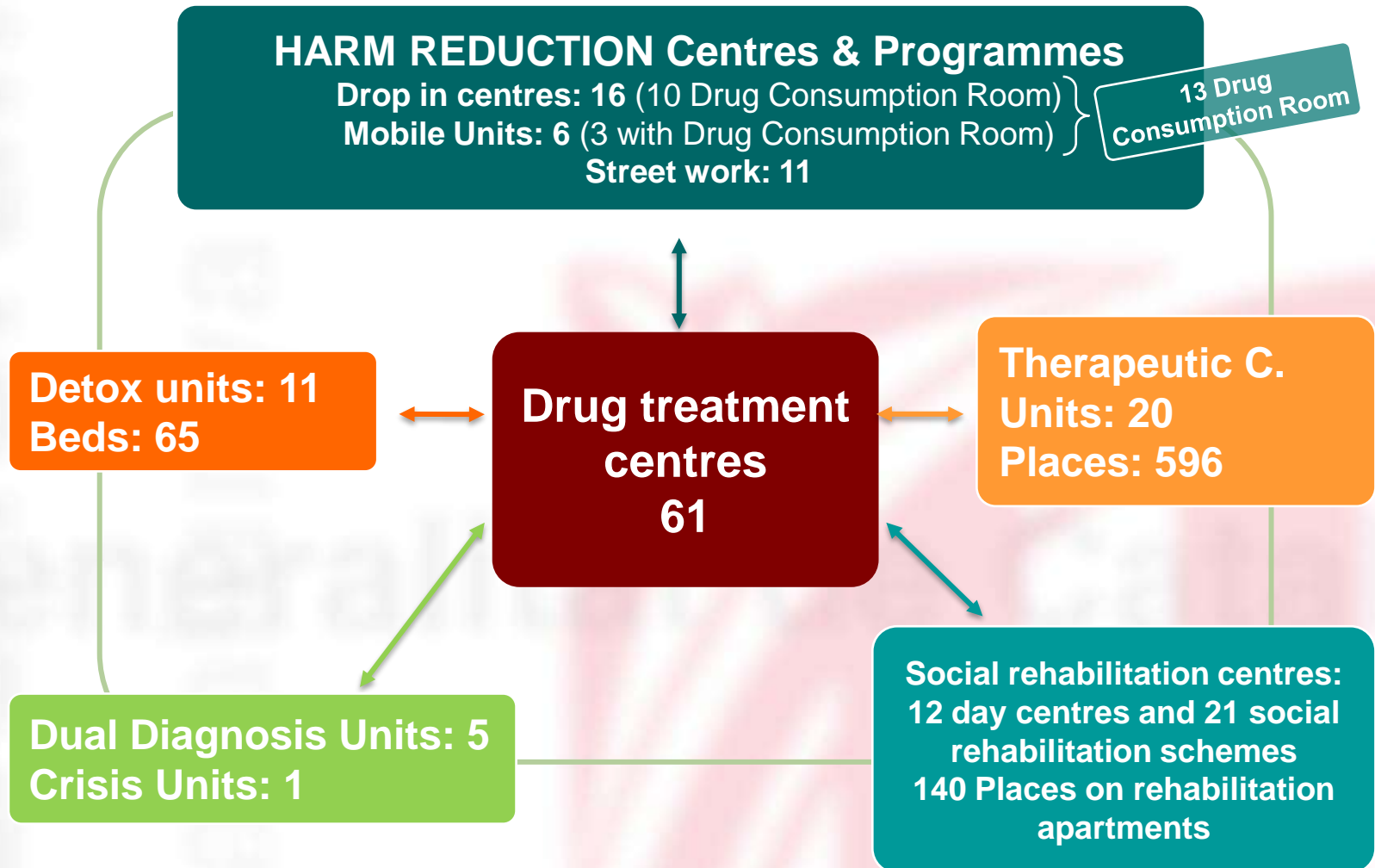
Supervised drug Consumption Rooms

Difficulties in its opening



First room consumption
in Catalonia in 2001

Drug addiction care and treatment Network (XAD)



Overdose prevention programme



Opioid
Sustitution
Therapy
Programme
(OST)

Supervised
Consumption
Rooms

Naloxone
Kit

The diagram features three overlapping circles on a light gray background. The top-left circle is labeled 'Opioid Sustitution Therapy Programme (OST)' and contains a photo of a person at a desk. The top-right circle is labeled 'Supervised Consumption Rooms' and contains a photo of a room with blue chairs. The bottom circle is labeled 'Naloxone Kit' and contains a photo of a red box with a white cross and text in Spanish. The circles overlap in the center.

Overdose prevention programme



- Mortality among opiate consumer: > 2 per 100 persons/year.
- Overdose mortality: 1 per 100 persons/year.
- Overdose ➡ **Main cause of death** among drug users.
- Preventable accidents. In case of opiate overdoses **there is enough time to act** (death is between 1 and 3 hours after consumption).
- It is possible to reverse an opiate overdoses with simple measures.
- There are **more tools for act in case of opiate overdoses.**

Overdose prevention programme



Risk factors of overdose

- Loss of tolerance
- Consumption intravenously: 14 times more likely to death
- Mixture of substances
 - Heroin/Methadone + Alcohol
 - Heroin/Methadone + Hipno-sedatives
 - Cocaine + Amphetamines
 - Cocaine + Ecsatsy
- Consuming alone
- Consumption of methadone without being in treatment



Overdose prevention programme



Annual evolution of the main causes of mortality Barcelona 1999-2008

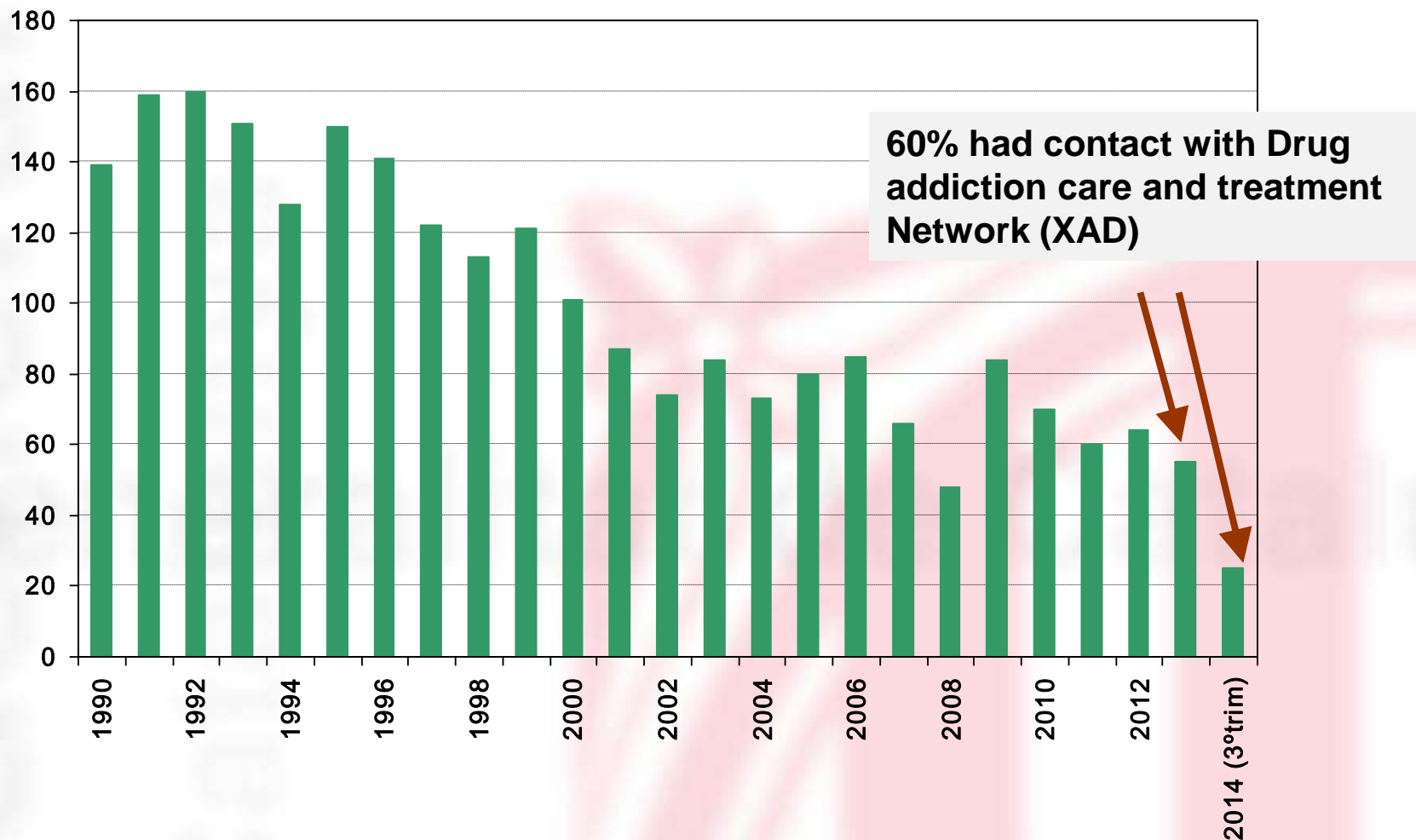
Standardized rates per 100 inhabitants aged 15 to 44 years

MEN	1999	20003	2001	2002	20034	2004	2005	2006	2007	2008
Traffic accidents	18,3	13,0	15,0	14,3	14,6	7,5	11,1	7,1	8,6	5,2
Overdose	16,5	14,0	14,2	11,3	14,0	10,2	12,4	10,3	7,4	3,7
Suicide	8,7	9,3	10,0	10,1	8,1	11,5	10,3	6,5	7,4	6,7
Aids	14,0	16,6	13,7	14,0	8,6	6,9	7,5	5,8	4,7	3,5
All causes	146,8	131,6	121,9	115,5	114,4	89,8	96,6	80,7	78,5	66,5
WOMEN										
Breast cancer	5,6	4,7	4,4	6,1	2,6	4,0	4,4	3,0	4,7	3,6
Suicide	2,8	3,0	5,0	3,1	4,5	3,3	4,0	3,6	3,6	1,9
Traffic accidents	4,1	3,5	5,5	3,4	4,2	1,6	1,8	0,7	2,8	1,9
Overdose	3,9	4,3	3,0	2,1	3,3	2,1	3,4	3,0	2,2	0,7
Aids	3,8	3,5	6,7	4,8	4,2	1,8	2,8	2,0	2,0	1,5
All causes	54,7	51,1	64,1	59,2	49,4	37,5	44,7	39,3	40,6	35,7

Overdose prevention programme



Evolution of overdose deaths in Barcelona 1990-2014 (ASPB)



Overdose prevention programme: Naloxone Kit



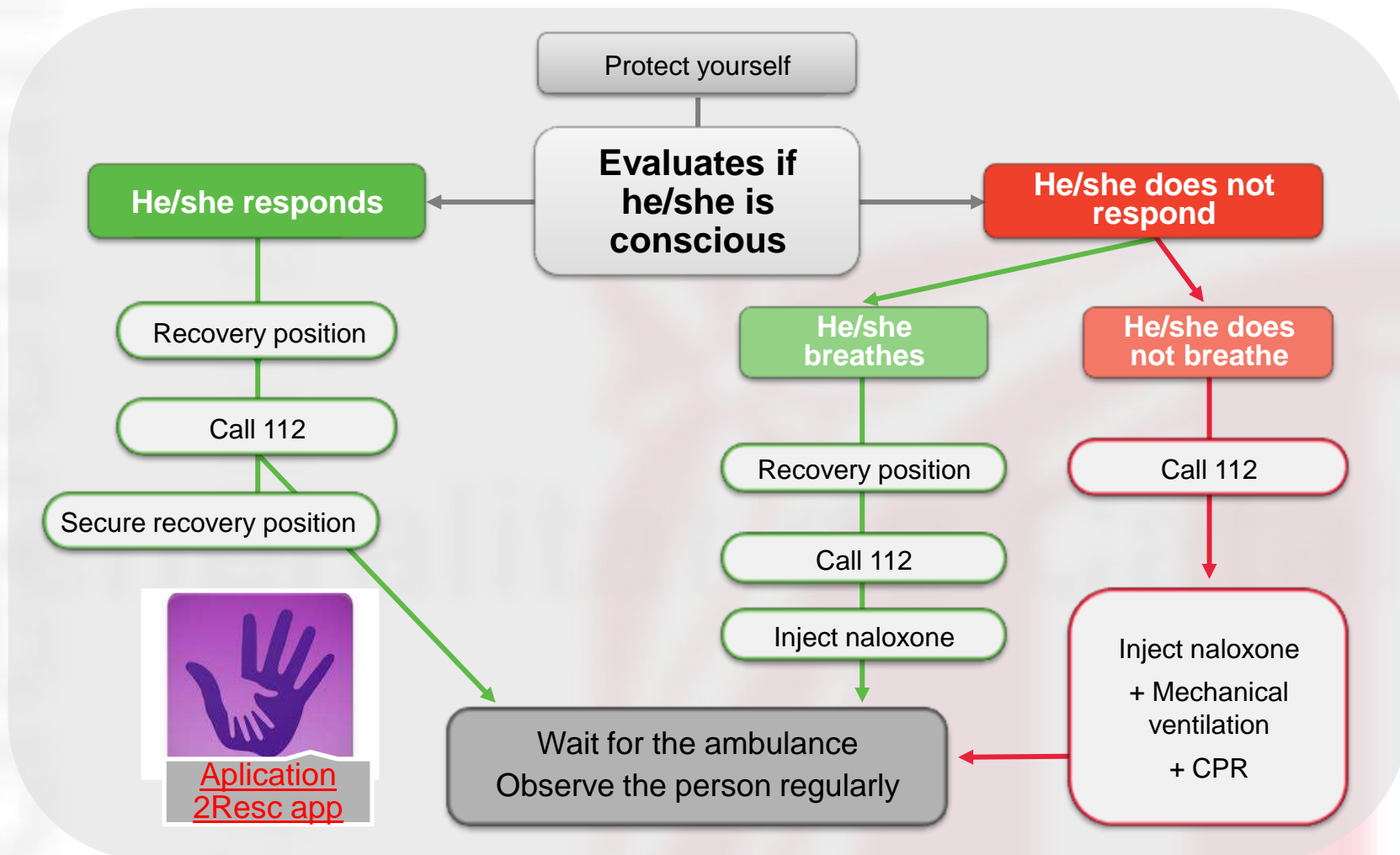
- Programme to train drug users on overdose prevention and response.
- Drug users are trained by professionals in Drug Care Centres.
- Once trained, they are provided with a kit with naloxone.
- Since 2008:
 - 1.273 professionals trained
 - 6.031 users trained.
 - 5.864 naloxone vials distributed.



Overdose prevention programme: Naloxone Kit



TRAINING: What to do in case of HEROIN overdose?



Overdose prevention programme: Naloxone Kit



Kit

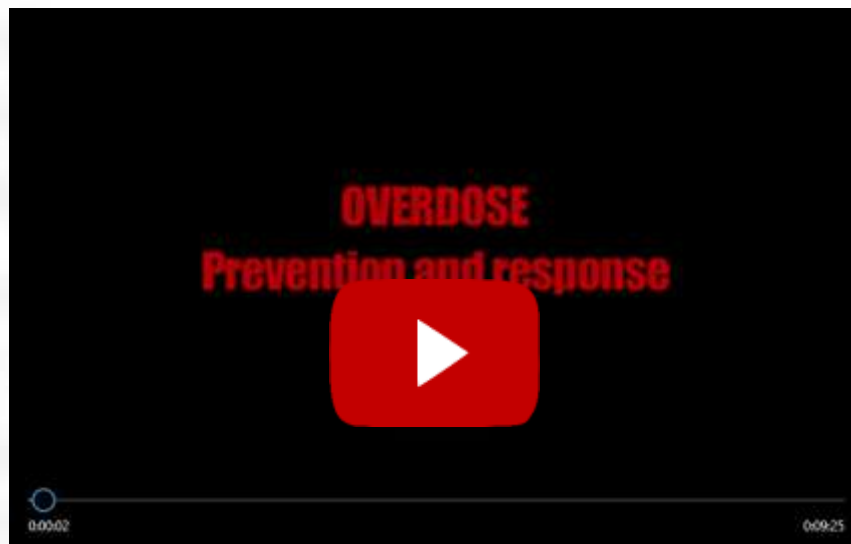


Overdose prevention programme



Educational materials to support drug users

Video



Risk factors:

- Consuming after days of abstinence
- Injecting
- Mixing drugs

Platform - APP



[Application](#)
[2Resc app](#)



Overdose prevention programme



Educational materials to support drug users

Guides



Posters



Overdose prevention programme



Educational materials to support drug users

Cards on overdose



Compte amb la sobredosi

Controla les dosis...

- Si fa dies que no consumeixes. Si fa poc que has sortit de la presó, fica't-ho en dues tandes, serà el millor.
- Si has consumit alcohol o pastilles.
- Si no controles la substància o el camell que te l'ha passat, tasta-ho en dues tandes.
- Si ets propens a patir sobredosi.

PER UN CONSUM MÉS HIGIÈNIC I MÉS SEGUR
Si estàs pensant en fer tractament, posa't en contacte amb el teu cas o truca a la línia verda: 900 900 540

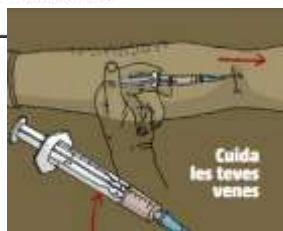
Generalitat de Catalunya
Departament de Salut

grupigia



Ben utilitzada, t'ajudarà

- Per trobar la vena usa la goma elàstica per aplicar pressió en les extremitats.
- No usis clipes ni altres cables ja que no asseguren poder aferrar-los ràpid.
- Esterilitza però no excruciantment, i si tardes a trobar-la la vena treu-la i comença de nou en uns minuts.
- Recorda sempre allunyar-la abans d'injectar-hi, evitant problemes greus.



Overdose prevention programme



Educational materials to support drug users

Cards on overdose

Cuidado con la tolerancia				
14	15	16	17	18
CONSUMO	CONSUMO	CONSUMO	CONSUMO	NO CONSUMO
21	22	23	24	25
NO CONSUMO	NO CONSUMO	NO CONSUMO	NO CONSUMO	NO CONSUMO
28	29	30	31	
NO CONSUMO	NO CONSUMO	NO CONSUMO	CONSUMO	

Puedes tener una sobredosis...

Después de unos pocos días sin consumir, si vuelves con tu dosis habitual, puedes tener una sobredosis:

Al abandonar o acabar un tratamiento (al salir de una comunidad terapéutica, al abandonar un tratamiento de abstinencia de drogas...).

Al salir de la prisión.

Si lo has dejado por tu cuenta unos días.

El consumo continuado de drogas hace que el cuerpo se adapte a dosis cada vez más altas (tolerancia). Al cabo de pocos días sin consumir se pierde esta adaptación. Si vuelves a consumir con las dosis habituales, puedes tener una sobredosis.

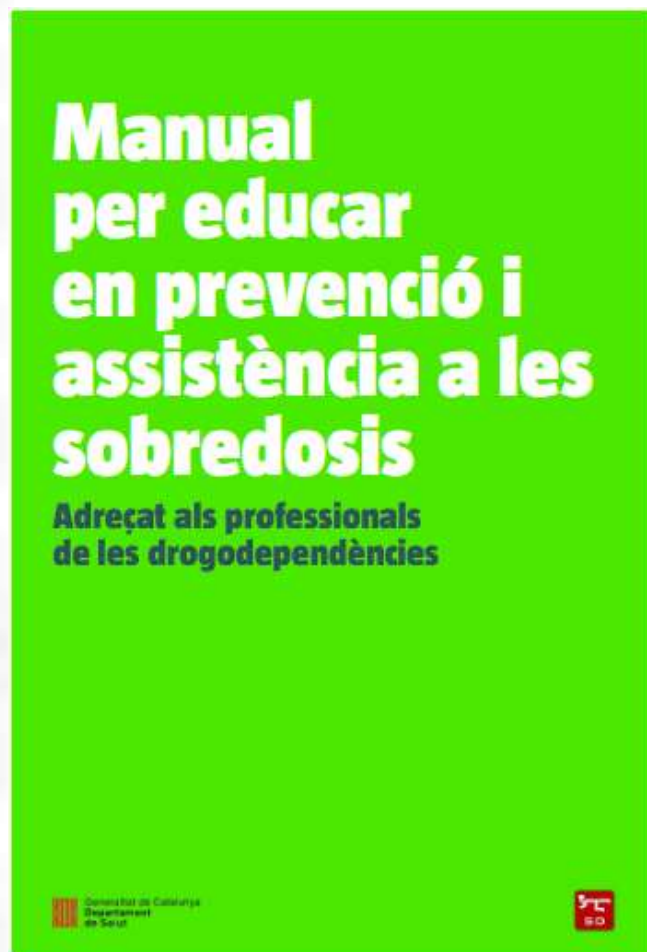


Si estás pensando en iniciar un tratamiento, contacta con tu CAS o llama al **Univero 900 900 540**

Overdose prevention programme



Materials to support professionals



- Espelt, A., Major, X., Parés-Badell, O., Carvajal, S., Gasulla, L., Bosque-Prous, M., & Brugal, M. (2015). [Implementation of Systematic Programs of Overdose Training at Drug Treatment and Prevention Centres in Catalonia, 2008-2013.](#)
In: Dichtl, A. & Stöver, Heino (Eds.), Naloxon - Überlebenshilfe im Drogennotfall. Frankfurt: Fachhochschulverlag: 83-95
- [Preventing opioid overdose deaths with take-home naloxone](#), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2016

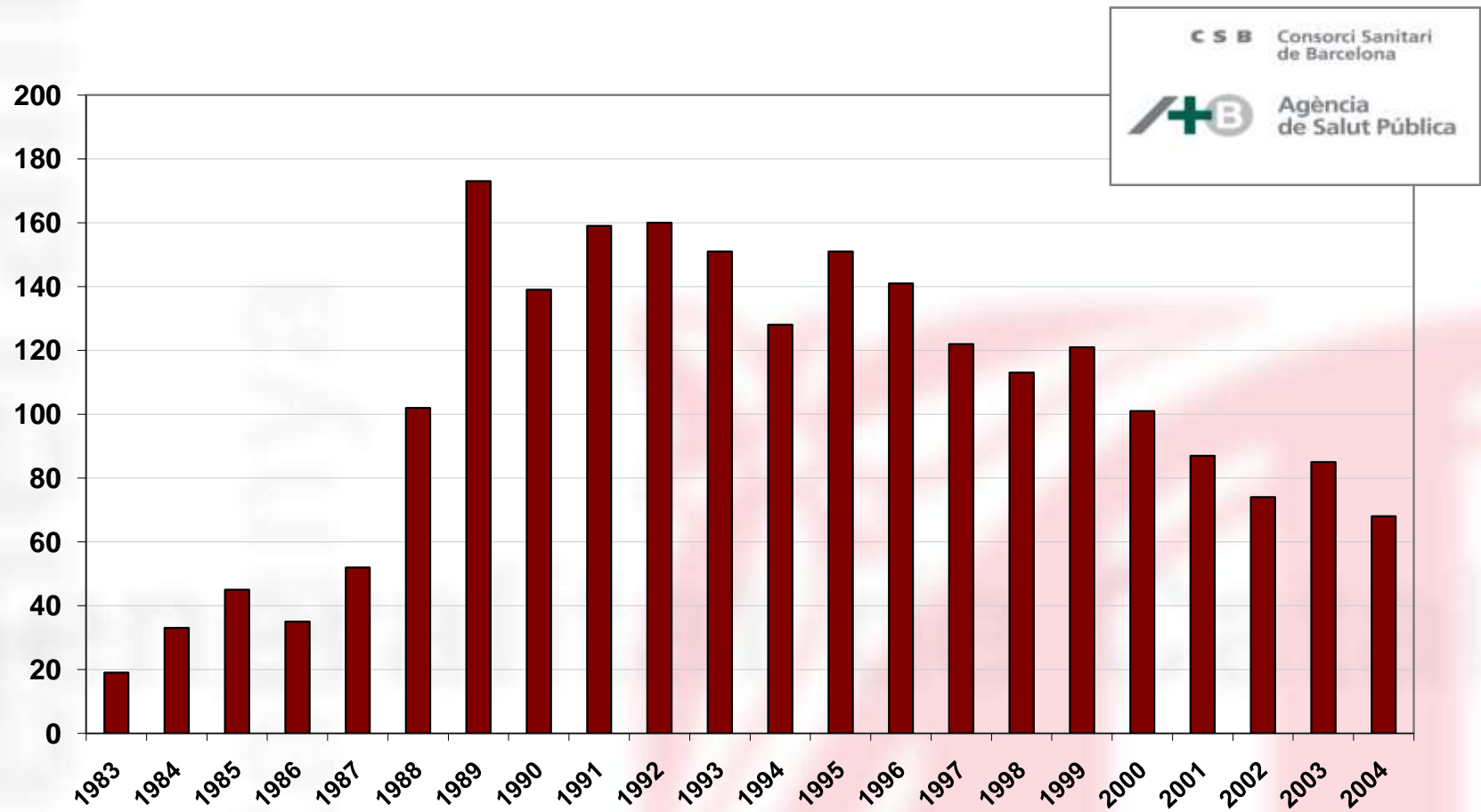
Overdose prevention programme



Some remarks

- During 2015 there were 123 cases of overdoses in supervised consumption rooms. None of these people died.
- Evaluation: shows an improvement in users' knowledge and skills on prevention measures and action in case of overdose.
- Highly effective programme.

Mortality by acute adverse reaction to drugs. Barcelona



Mortality evolution by cause in Catalonia, 1983-2003

Men and women aged 29 to 39

Figura 1.1.12. Evolució de la mortalitat per les principals causes de mort en homes entre els 20 i els 39 anys. Catalunya, 1983-2003.

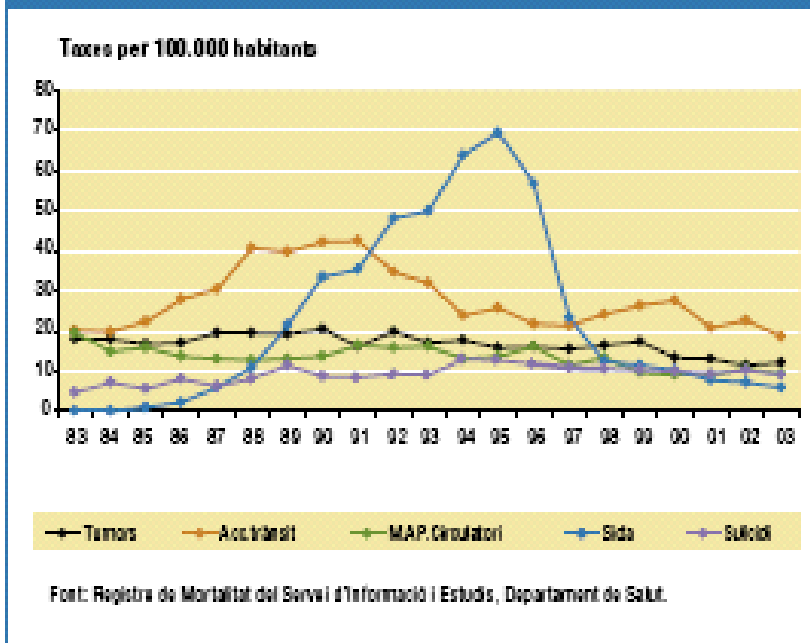
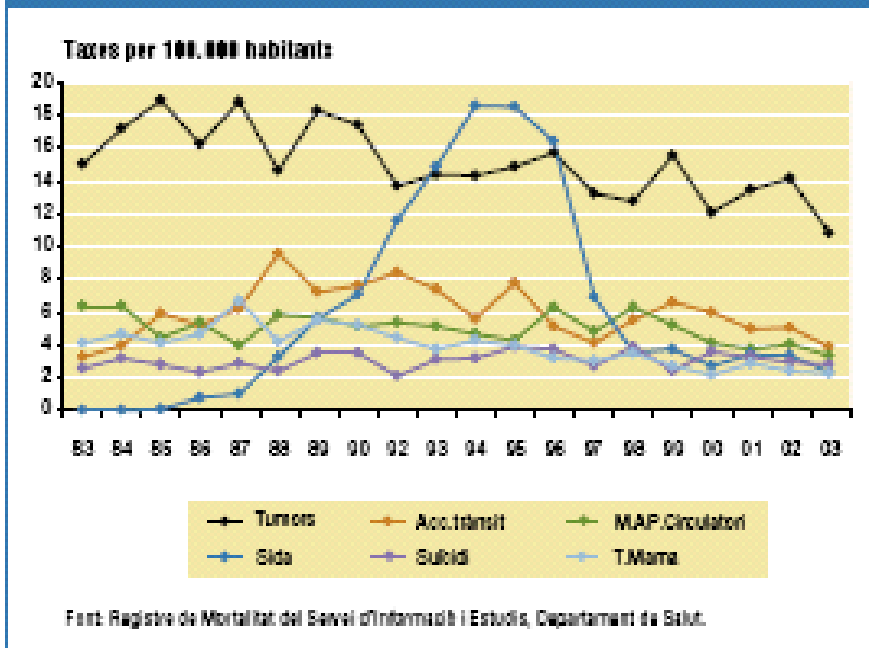
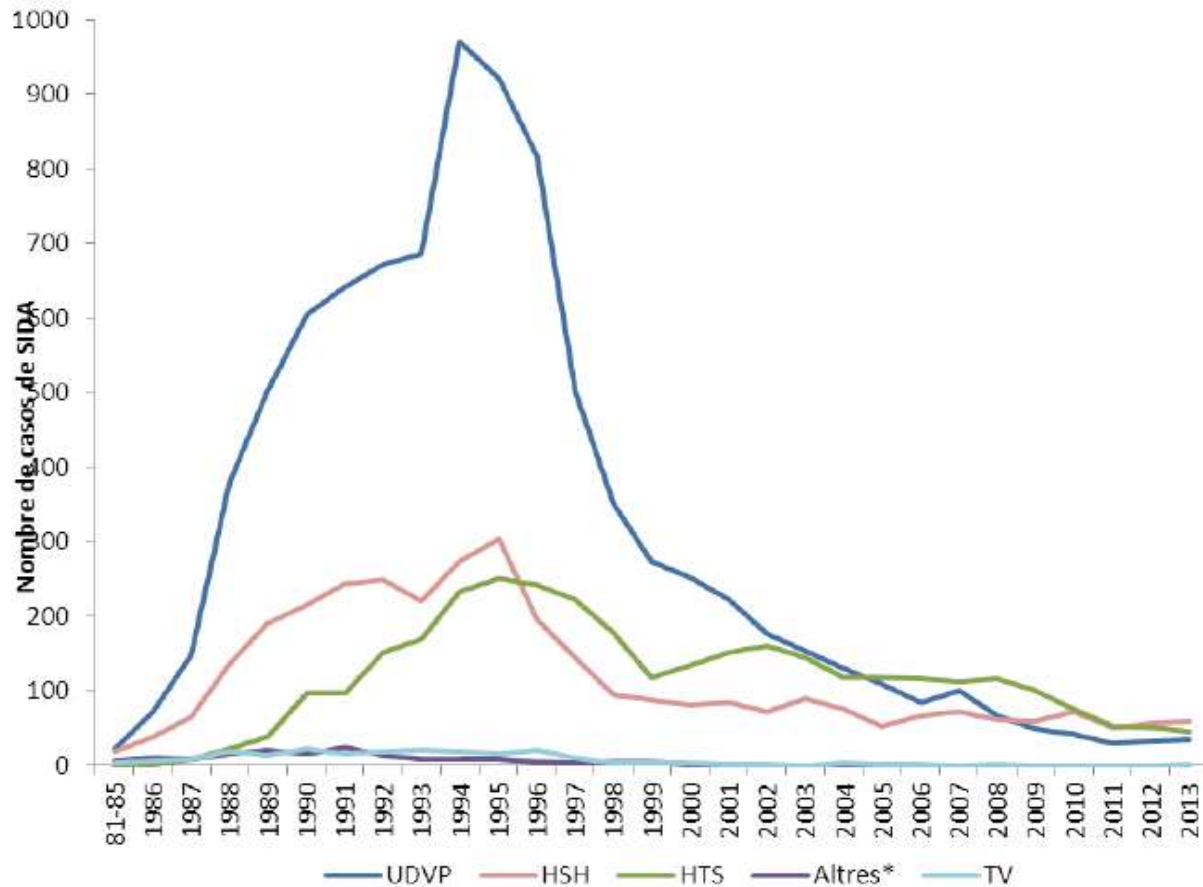


Figura 1.1.13. Evolució de la mortalitat per les principals causes de mort en dones entre els 20 i els 39 anys. Catalunya, 1983-2003.

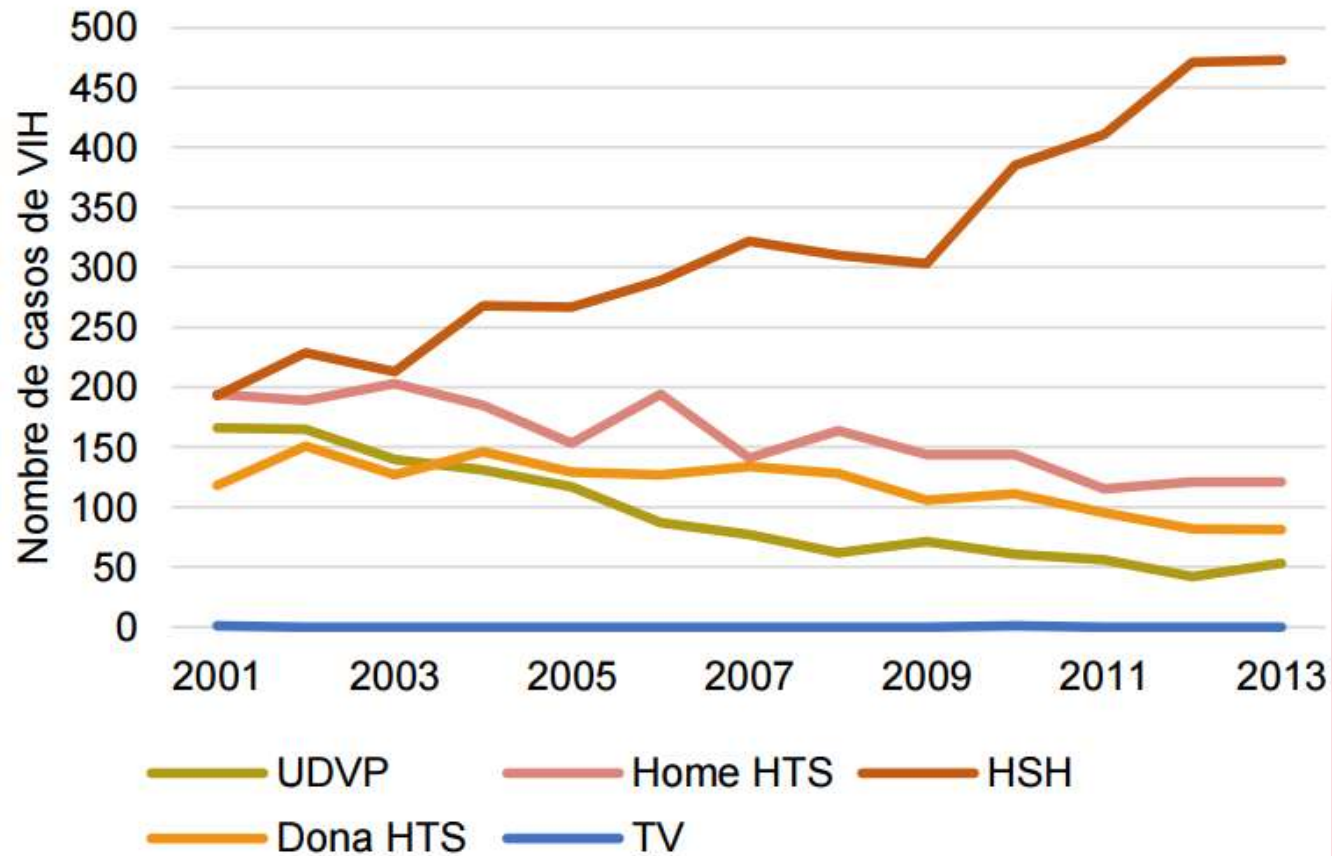


AIDS cases by transmission groups

Catalonia 1981-2013

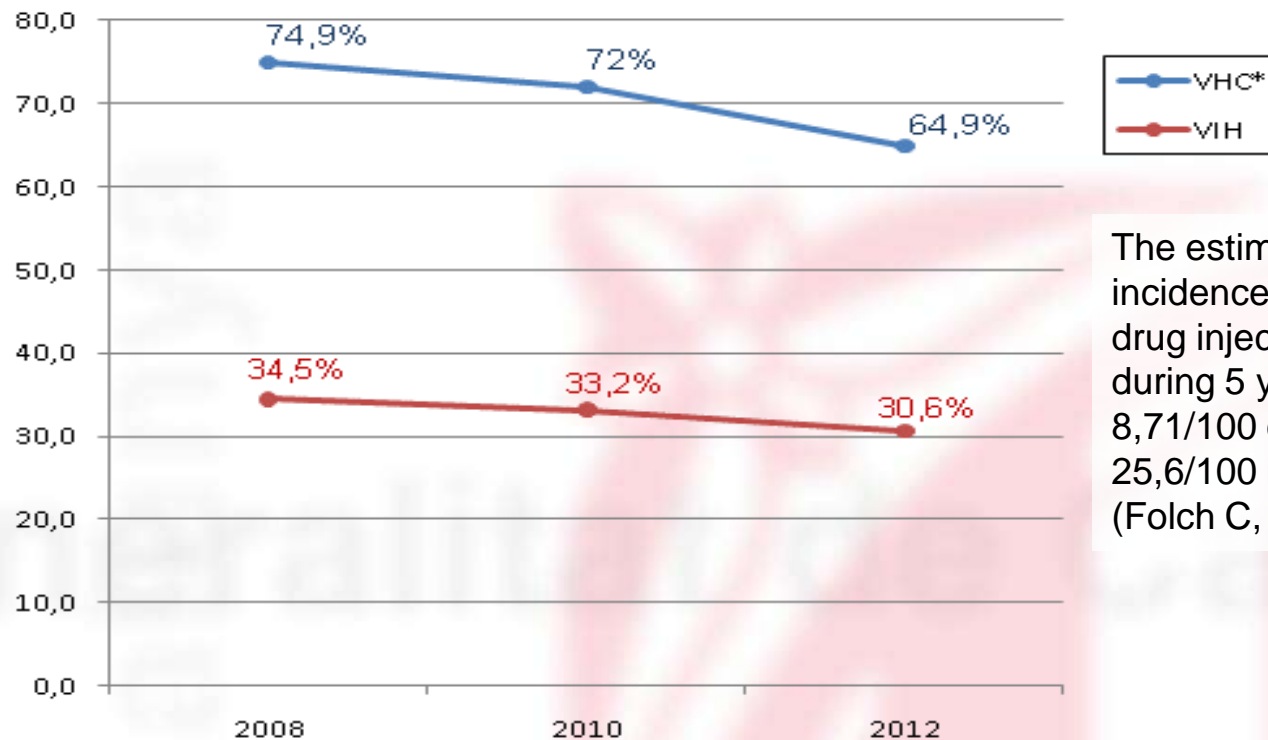


HIV diagnoses by transmission groups. Catalonia 2001-2013



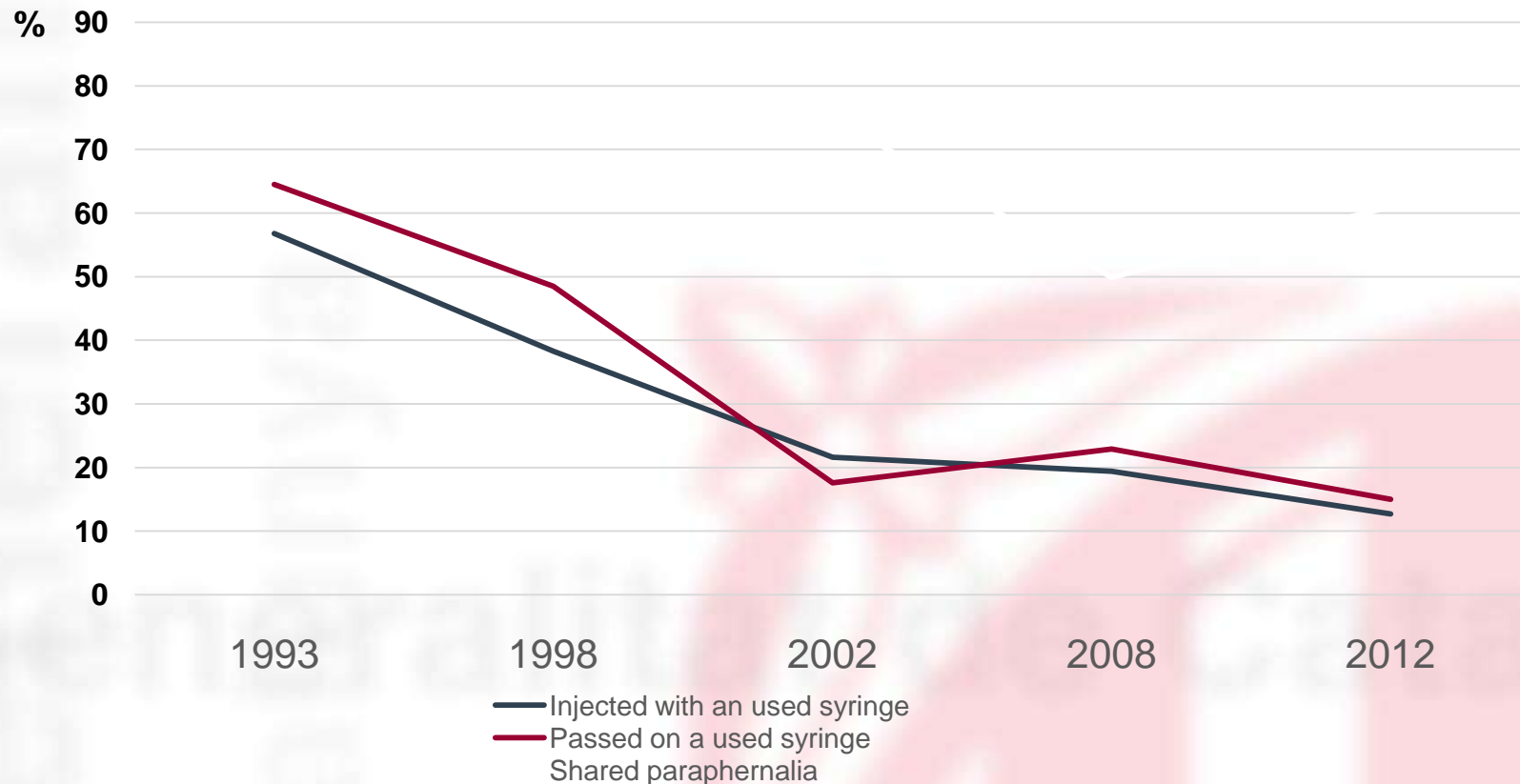
Prevalence among IDU recruited from Harm Reduction Facilities

(antibody test – HIV & HCV)



The estimation of HIV incidence among new drug injectors (injecting during 5 years or less) is 8,71/100 cases/year and 25,6/100 in HCV cases (Folch C, 2012).

Injecting risk Behaviors (last 6 months)



Injecting drug users attending Harm Reduction facilities

Drugs

Home

Public

Professionals

News

drogues.gencat.cat



Thank you

joan.colom@gencat.cat

<http://drogues.gencat.cat/>

“What really matters is people, not substances”

Areas

What the Government is doing

The consumption in Catalonia

Drug assistance resources network

