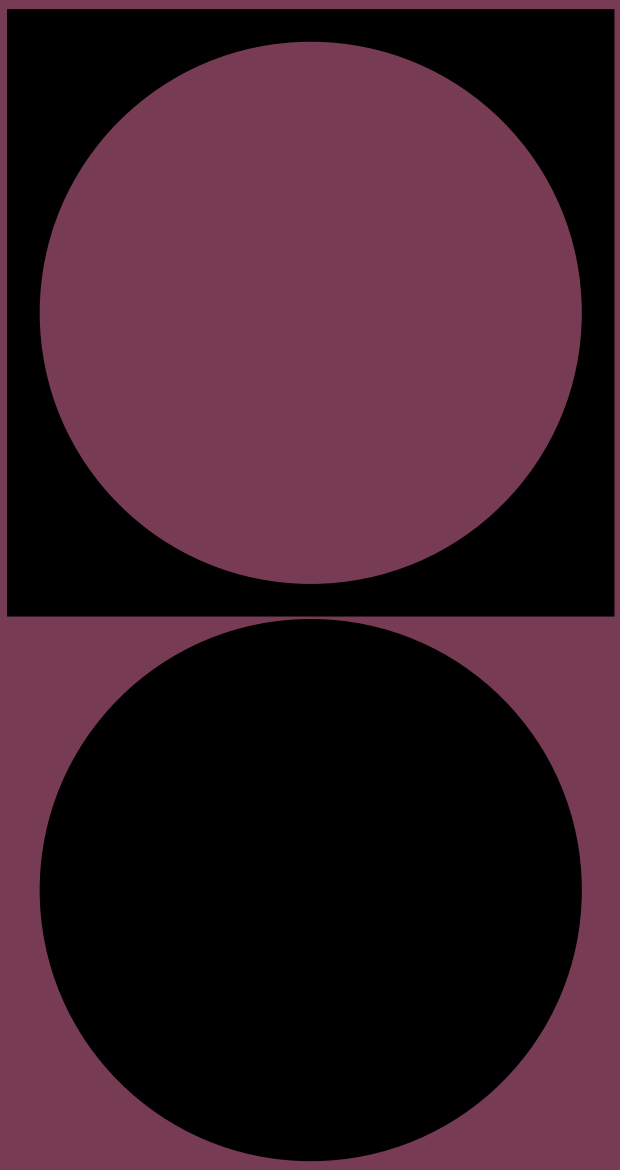
# REGIONAL OVERVIEW: WESTERN EUROPE



THE GLOBAL STATE
OF HARM REDUCTION 2022

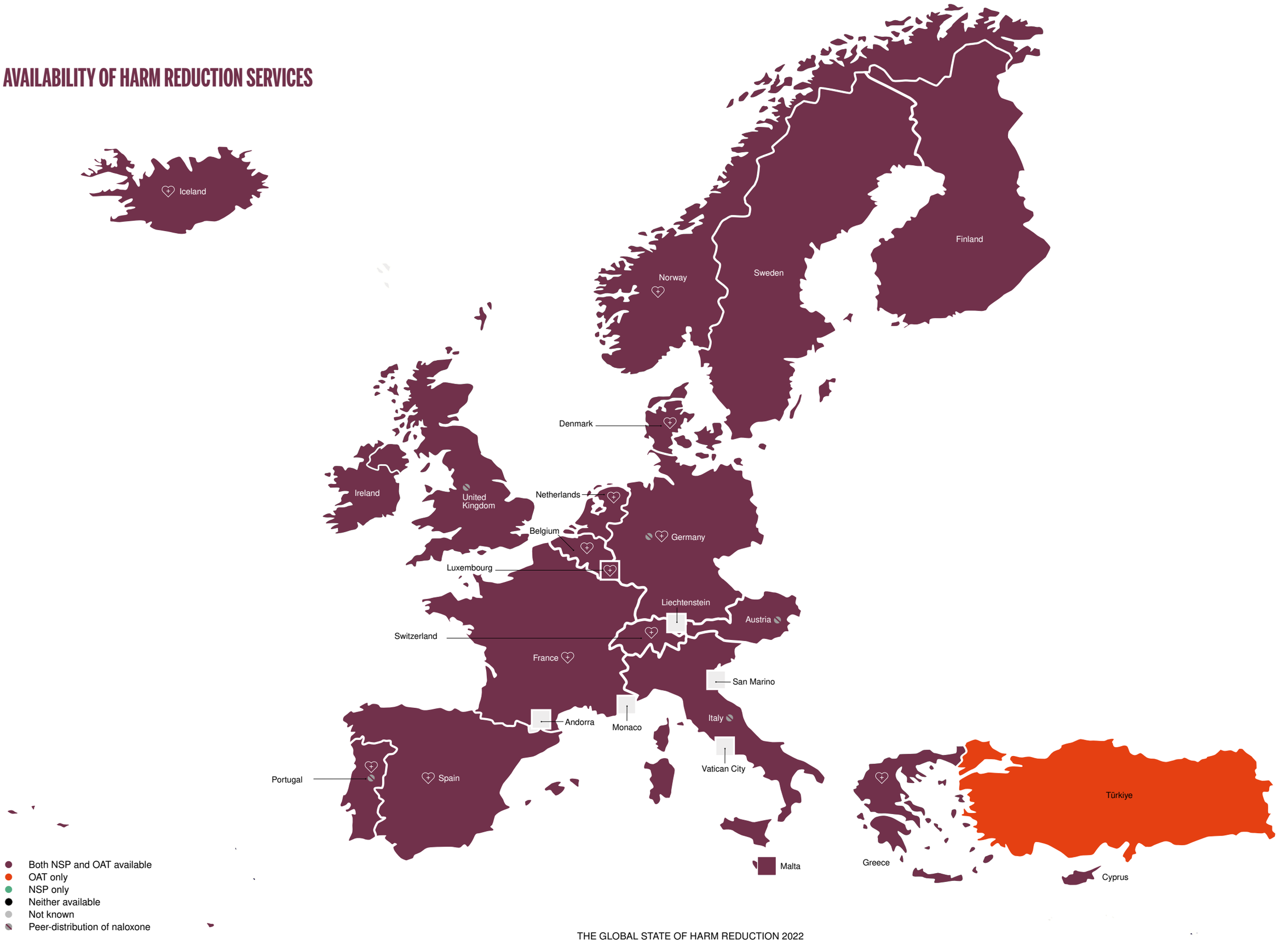
HARM REDUCTION INTERNATIONAL

# TABLE 10 EPIDEMIOLOGY OF HIV AND VIRAL HEPATITIS, AND HARM REDUCTION RESPONSES IN WESTERN EUROPE

| Country/territory | People who inject drugs[a] | HIV prevalence among people who inject drugs (%)[a] | Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)[a] | Hepatitis B (anti-HBsAg) prevalence among people who inject drugs (%)[a] | Harm reduction responses | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | NSP[b] | OAT[c] | Peer distribution of naloxone[d] | DCR[e] | Safer smoking equipment[f] |
| Andorra | nd | nd | 34.0 | nd | nd | nd | nd | nd | nd |
| Austria | 15,000 | 0.4 | 61.8 | 4.4 | ✓ 57 | ✓ B M | ✓[3] | × | ✓[3] |
| Belgium | 7,000 | 4.5 | 62.5 | 2.0 | ✓ 103 | ✓ B H M | × | ✓ 1 | ✓[4] |
| Cyprus | <500 | 1.1 | 47.7 | 1.8 | ✓ 8 | ✓ B | × | × | nd |
| Denmark | 16,500 | 1.3 | 65.6 | 1.3 | ✓ 5 | ✓ B H M | × | ✓ 5 | nd |
| Finland | 15,500 | 1.2 | 73.7 | nd | ✓ 74 | ✓ B M | × | × | nd |
| France | 125,500 | 9.3 | 54.8 | 0.8 | ✓ 610 | ✓ B M | × | ✓ 2 | ✓[5] |
| Germany | 129,500 | 4.1 | 62.9 | 0.9 | ✓ 349 | ✓ B H M | ✓[6] | ✓ 25 | ✓[6] |
| Greece | 3,000 | 3.2 | 66.8 | 2.5 | ✓ 16 | ✓ B M | × | ✓ 1 | nd |
| Iceland | 700[7] | 5.0[7] | 10.0[7] | nd | ✓[7] | ✓ | × | ✓ 1 | nd |
| Ireland | 8,500 | 8.3 | 77.2 | 0.0 | ✓ 121 | ✓ B M | × | × | nd |
| Italy | 320,500 | 7.7 | 53.3 | 5.1 | ✓ 195 | ✓ B M | ✓[8] | × | nd |
| Liechtenstein | nd | nd | nd | nd | nd | nd | nd | nd | nd |
| Luxembourg | 2,500 | 1.9 | 81.3 | 0.8 | ✓ 10 | ✓ B M | × | ✓ 2 | nd |
| Malta | 876[9] | 0.2 | 26.9 | 0.0 | ✓ 8 | ✓ B M | ✓ | × | nd |
| Monaco | nd | nd | nd | nd | nd | nd | nd | nd | nd |
| Netherlands | 3,000 | 2.6 | 61.0 | 1.0 | ✓ | ✓ B H M | × | ✓ 25 | ✓[10] |
| Norway | 8,500 | 1.0 | 64.7 | 1.5 | ✓ 77 | ✓ B H M | × | ✓ 2 | nd |
| Portugal | 12,500 | 15.6 | 86.1 | 4.8 | ✓ 2,139 | ✓ B M | ✓[11] | ✓ 2 | ✓[11] |
| San Marino | nd | nd | nd | nd | nd | nd | nd | nd | nd |
| Spain | 9,000 | 26.5 | 66.1 | 5.1 | ✓ 950 | ✓ B M | × | ✓ 13 | ✓ |
| Sweden | 8,000 | 5.1 | 65.2 | 1.5 | ✓ 29 | ✓ B M | × | × | nd |
| Switzerland | 14,000 | 1.4 | 74.6 | 4.0 | ✓[12] | ✓ B H M | × | ✓ 13[12] | ✓[12] |
| Türkiye | nd | 0.1 | 53.5 | 4.4 | × | ✓ B M | × | × | nd |
| United Kingdom[g] | 223,500 | 1.1[13] | 60.0[13] | 12.0[13] | ✓ 633 | ✓ B H M | ✓[14] | × | ✓[14] |

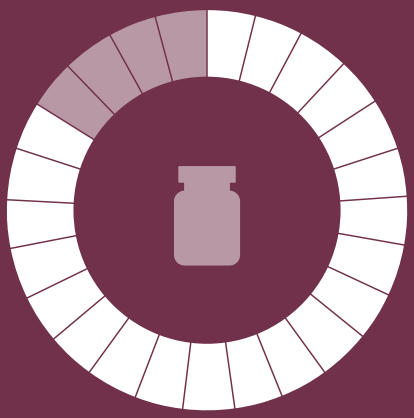
a Unless otherwise stated, data is from Degenhardt et al (under review).[1]
b At least one needle and syringe programme operational in the country or territory, and the number of programmes (where data is available)
c At least one opioid agonist therapy programme operational in the country or territory, and the medications available for therapy. B=buprenorphine, M=methadone.
d At least one naloxone distribution programme that engages people who use drugs (peers) in the distribution of naloxone and naloxone training, and facilitates secondary distribution of naloxone between peers.
e At least one drug consumption room (also known as safe consumption sites among other names) operational in the country or territory, and the number of facilities.
f At least one programme in the country or territory distributing safer smoking equipment to people who use drugs.
g The United Kingdom population size estimate for people who inject drugs refers to subnational data from England and Scotland only. The data on HIV and viral hepatitis refers to England, Northern Ireland and Wales only.

# AVAILABILITY OF HARM REDUCTION SERVICES

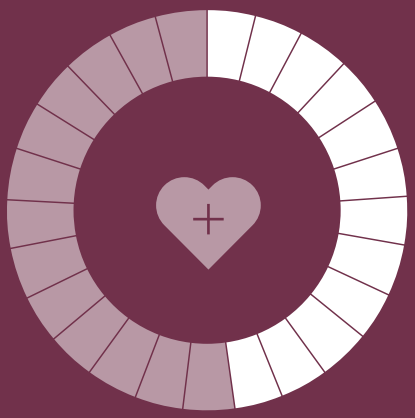


## NSPs, OAT AND DCRs SINCE 2020

**20 countries** (80%) in Western Europe provide **needle and syringe programmes** (no change from 2020)

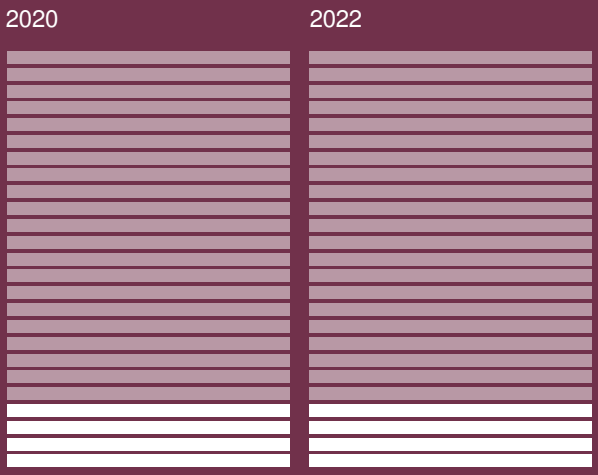


**21 countries** (84%) in Western Europe provide **opioid agonist therapy** (no change from 2020)

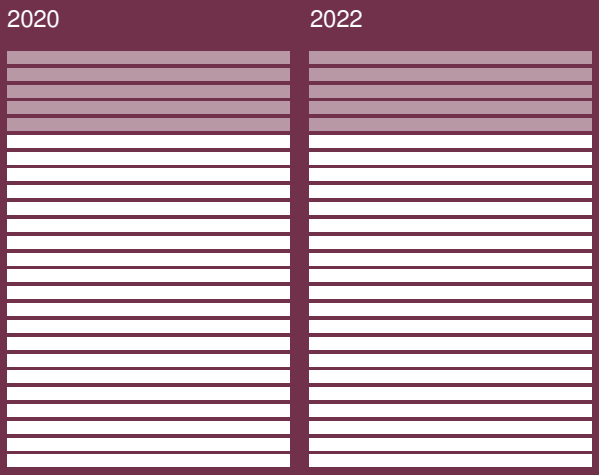


**12 countries** in Western Europe provide **drug consumptions rooms** (+2 since 2020, Greece, Iceland)

## HARM REDUCTION IN PRISONS




**4 countries** in Western Europe provide **needle and syringe programmes** in prisons (no change from 2020)




**20 countries** in Western Europe provide **opioid agonist therapy** in prisons (no change from 2020)

## HEROIN-ASSISTED TREATMENT IS AVAILABLE IN SEVEN COUNTRIES: DENMARK, GERMANY, LUXEMBOURG, NETHERLANDS, NORWAY, SWITZERLAND, THE UNITED KINGDOM

# REGIONAL OVERVIEW

AUTHOR:
**ROBERT CSÁK**

## INTRODUCTION

Western Europe has a long tradition of harm reduction. Countries in the region were among the first to adopt harm reduction services, and harm reduction is in a relatively favourable position, both in terms of policy inclusion and funding, compared to other regions around the world. Needle and syringe programmes (NSP) and opioid agonist therapy (OAT) are available in most Western European countries. However, only Spain, Luxembourg and Norway meet the World Health Organization (WHO) targets of providing at least 200 syringes per person who inject drugs per year and having 40% of people who use opioids on OAT.[15] In Western Europe, one of the most common barriers to accessing harm reduction services is the uneven distribution of services within countries. People who use drugs living in rural areas are particularly underserved in many countries across the region. This is a problem, for example, in Belgium, Ireland, Italy, Germany, Portugal, Scotland, Spain, Sweden, Switzerland and the United Kingdom.[16–27] Unfortunately, there have been no changes in this regard since the *Global State of Harm Reduction 2020*.

The number of countries in Western Europe in which NSPs operate is unchanged since the *Global State of Harm Reduction 2020*, with services available in 20 countries. This equates to all countries in the region with data on this, except Türkiye (there is no data from Andorra, Liechtenstein, Monaco and San Marino).

Although the first months of the COVID-19 pandemic brought serious disruptions to harm reduction services in the region, most Western European countries maintained NSP services throughout the pandemic.[28] Between 2019 and 2020, the number of distributed syringes decreased by more than 10% in 5 countries (Greece, Ireland, Malta, Portugal and the United Kingdom), while there were no changes or slight increases in other countries in the region (such as Austria, Norway and Sweden).[17,26,29] However, COVID-19-related disruptions to harm reduction services had adverse effects on the health of people who use drugs, as COVID-19-related restrictions reduced outreach activities and low threshold harm reduction service capacities in general, leading to reduced HIV and hepatitis C testing availability in the region.[15,20,25,30,31] User groups providing peer-to-peer NSP and outreach services were essential in bridging the gap in harm reduction service coverage during the COVID-19 pandemic.[17]

OAT is the most accepted harm reduction measure in Western Europe, available in all countries including Türkiye (the same as in 2020).[32] But availability does not mean accessibility; there are clear barriers to accessing OAT in the region. In the United Kingdom, half of the people who have died from opioid overdoses have not been in contact with treatment services. Civil society organisations attribute this to high barriers to accessing treatment, such as drug tests, daily or supervised pick up of OAT medicines, and mandatory group therapy.[16] Similar barriers are reported in Italy, where overly rigid protocols and a lack of client involvement in

discussing dosage and therapeutic goals, hinder access.[18] Access to OAT could be improved through low threshold, community-based programmes and the use of mobile outreach settings. For example, in Lisbon a low threshold OAT programme run by Ares do Pinhal experienced a significant increase in its number of clients in 2020, during the first months of COVID-19-related restrictions, as it was able to provide access to OAT when other OAT services were unavailable.[26,33]

**"COVID-19-related disruptions to harm reduction services had adverse effects on the health of people who use drugs, as COVID-19-related restrictions reduced outreach activities and low threshold harm reduction service capacities in general, leading to reduced HIV and hepatitis C testing availability."**

## COVID

The pandemic has shown that it is possible to operate OAT programmes with fewer restrictions, greater autonomy and client choice. Many countries eased OAT regulations during the COVID-19 pandemic, and there was a substantial move towards take-home OAT in the region. For example, in the United Kingdom, most people were moved onto 7 to 14 day prescriptions instead of daily or supervised pick up of OAT medication, and civil society highlights that the vast majority of clients found this improved their treatment experience, as they felt more trusted and more in control of their treatment.[16,17] Civil society in Italy, Spain and Switzerland report similar experiences.[18,19,23,34]

Although the COVID-19 pandemic is still affecting harm reduction services in the region, in 2021 civil society in some cities (London, Copenhagen, Paris, Rome) reported that harm reduction services were no longer disrupted. While services were severely disrupted in the first months of the COVID-19 pandemic (beginning in March 2020), by the start of 2021 these disruptions were much reduced.[25] Nevertheless, reduced opening hours and other limitations in NSPs' capacity affected access to harm reduction commodities like syringes. Harm reduction services made various adaptions to address COVID-19-related disruptions. For example, syringe distribution was expanded in Belgium, Italy, Switzerland and the United Kingdom through an increase in peer-to-peer NSP services or by implementing mail order injecting equipment.[16–18,20,27,35]

In Amsterdam in the Netherlands and Porto in Portugal, civil society organisations report a lack of services tailored to the unique issues faced by women who use drugs during the COVID-19 pandemic.[11]

## HARM REDUCTION IN PRISONS

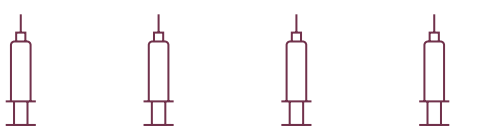
While OAT is available in prisons in most Western European countries, there are serious barriers in access. In many countries, OAT is only available in a small number of prisons, and in some cases it is not possible to start OAT while incarcerated. For example, in Portugal, OAT is available in 49 prisons, but initiation of OAT is only possible in four, thus OAT is predominantly only available to people who started OAT before going to prison.[26] Similarly, in Italy, OAT is made available in all prisons, but bureaucratic barriers make access more difficult for people who were not enrolled on OAT before being in prison.[18] In Belgium, there are bureaucratic barriers to receiving OAT in prisons; it involves a complex process which varies from prison to prison.[27]

NSPs in prison settings are available in four countries in the region (Germany, Luxembourg, Spain, Switzerland). But accessibility is a problem, as it is only implemented in one of two prisons in Luxembourg, in one women's prison in Germany (a syringe-dispensing machine), in 15 prisons in Switzerland (covering one fifth of people in prison in the country), and in a decreasing number of facilities in Spain (47 in 2019).[21–23,36–38]

## HEROIN-ASSISTED TREATMENT

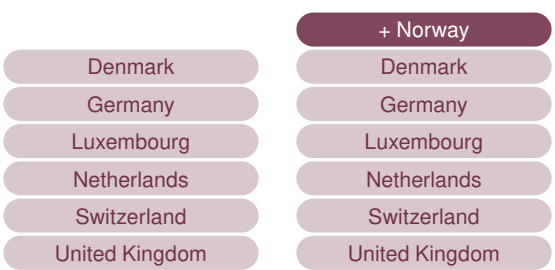
Heroin-assisted treatment (HAT) is available in seven countries, an increase since 2020, with Norway joining the six countries where HAT has been previously available (Denmark, Germany, Luxembourg, the Netherlands, Switzerland, and the United Kingdom). A five-year pilot programme started in Bergen and Oslo in the first half of 2022, available for people who use opioids who have found that other OAT medications do not work for them.[39–41] The Norwegian HAT services open seven days a week, and clients can take heroin in injectable or tablet form with supervised dosing (a take-home policy is not available). As of August 2022, 40 people were enrolled in the programme (of whom at least six were women[42]), although these numbers are expected to rise as the HAT programme's capacity increases.[39–41,43] An evaluation of the United Kingdom's HAT programme found people in the programme experienced positive outcomes, including increased engagement with psychosocial interventions, reductions in consuming street heroin, reductions in risky injecting practices, increased access to secure housing, and reductions in the volume and cost of criminal behaviour.[44] In Switzerland, nasal HAT has been considered as an alternative to injectable or oral pharmaceutical heroin, as it is a suitable treatment option for clients who are unable to inject or mainly use a nasal route of administration.[45] Nasal HAT is an important initiative, as injecting use is in decline among people entering drug treatment programmes for the first time who use heroin as their primary drug, according to 2020 data from the European Union, Norway and Türkiye (only 22% reported injecting as their main route of administration, down from 35% in 2013).[15]

**Needle and syringe programmes in prisons**



Luxembourg (one prison) | Germany (one prison) | Switzerland (15 prisons) | Spain (49 prisons)

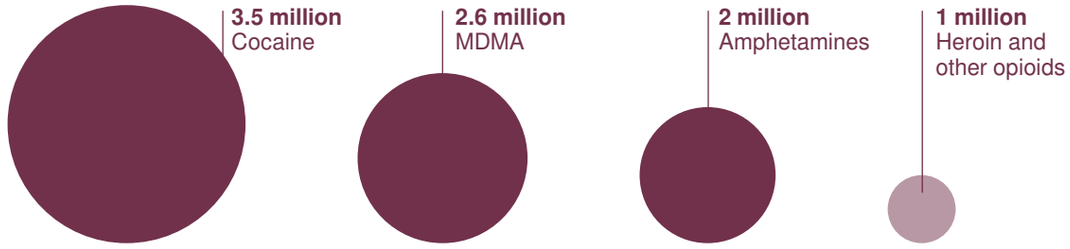
**Heroin-assisted therapy in Western Europe**



SPOTLIGHT

# HARM REDUCTION FOR STIMULANT USE

**Drug use in the European Union**
The number adults who used each type of drug in 2021




Stimulants are the second most commonly used substances after cannabis in the region. It is estimated that, in the European Union in the last year, 3.5 million adults used cocaine, 2.6 million used MDMA and 2 million used amphetamines, while heroin or other opioids were used by 1 million people.[15] Data suggests that around 25% of people who seek treatment for amphetamine-type substance use are women, compared with 18% of those seeking treatment for opioid use.[15] People who use stimulants need adequate access to harm reduction services for stimulant use, such as safer smoking kits,[a] drug consumption rooms (DCRs) and drug checking. Harm reduction programmes should provide services tailored for the specific needs of people who use stimulants.

Additionally, drug preferences among people who inject drugs are changing, and injecting use of stimulants is on the rise. For example, injection of crack cocaine has increased in England and Wales, and injection of powder cocaine has increased in Scotland.[46] Furthermore, the use of other drugs is widespread among people who inject drugs, with stimulants playing a central role. An analysis of the residual content of used syringes found that 85% of syringes collected in Ireland contained both heroin and cocaine and quarter contained heroin, cocaine and methamphetamine.[47] The syringes collected by the ESCAPE network in eight European cities (Amsterdam, Budapest, Cologne, Helsinki, Lausanne, Oslo, Paris, Vilnius) in 2020-21 showed a similar situation; a third of all syringes contained two or more drugs, with a mix of stimulant and opioid drugs the most frequent combination. [15,48] As stimulant injecting is associated with more frequent injecting, NSPs should consider adjusting their syringe distribution policies to allow for a higher number of syringes while avoiding one-for-one needle exchange schemes.

Smoked cocaine use is on the rise across the region: treatment demand for smoked cocaine issues tripled from 2016 to 2020[15], with increases reported in Belgium, France, Ireland, Italy, Portugal, Spain and the United Kingdom.[15,25,49] Harm reduction services in Brussels, Copenhagen, Lisbon, Paris, parts of Ireland, and Italy have also reported significant increases in smoked cocaine use among clients.[15,25,49] Safer smoking kits can prevent the harms and risks associated with smoking from makeshift pipes or pipe sharing, such as toxin inhalation from repurposed plastic bottles or tin cans, lip cuts and burns, which increases the risk of transmission of HIV, hepatitis C and tuberculosis.[50] Safer smoking kit distribution is available in at least 10 countries in the region (Austria, Belgium, France, Germany, Italy, the Netherlands, Portugal, Spain, Switzerland and the United Kingdom).[18,19,21–23,26,27,35,51] However, it is possible there is a data gap in this area, as safer smoking kit distribution is not part of the routine drug monitoring activities in the region. Inadequate funding is the main barrier to implementation in Italy, Germany, Portugal and Spain.[18,19,21,26] Safer smoking kits are often a 'bottom-up' initiative, led by harm reduction services. For example, in Portugal some harm reduction teams distribute crack cocaine smoking equipment, but the national agency responsible for funding harm reduction programmes does not fund these projects, and the organisations have to identify other resources to buy the kits.[26] In Italy, some harm reduction programmes started distributing safer smoking kits to meet the increased need in the community, but they are not included in the harm reduction commodities paid for by the central public health budget.[18] In the United Kingdom, it is illegal to distribute safer smoking kits under the current drug paraphernalia laws. The only exemption is aluminium foil, so it is the only harm reduction equipment that is distributed for smoking.[16,17,52] This is a problem because stimulant pipes are essential harm reduction equipment, both for engaging people who use stimulants with harm reduction services and reducing transmission risks for HIV, hepatitis C and tuberculosis. Despite the United Kingdom's current paraphernalia laws, a pilot safe inhalation pipe provision programme has started in the country in four areas, with the local police force supporting the intervention, and safer smoking kit distribution will be available in the study's sites for six months in 2023.[16,17,53]

Drug checking services usually target people who use stimulants. Drug checking enables people to have the contents of their drugs analysed. Drug checking services then deliver the results combined with consultation to reduce the risks of drug use. The majority of people who use drug checking services report that they dispose their drug if it contains other substances than expected, leading to reductions in multiple drug use and an increase in people taking smaller doses.[54,55] Another benefit of these services is that they can issue public warnings when high-risk ingredients are found in drugs. Drug checking services have been implemented in at least 11 countries in Western Europe (Austria, Belgium, France, Germany, Italy, Luxembourg, the Netherlands, Portugal, Spain, Switzerland, and the United Kingdom). But coverage is a serious barrier to access; there is only one drug checking service in Belgium, Germany, Portugal and Spain, and there are two services in Austria and the United Kingdom (the first officially licensed, regular drug checking service in the United Kingdom started in Bristol in May 2022).[16,19,22,26,27,56,57] Although drug checking is usually considered a service for people who use stimulants in nightlife and festival settings, this is a service other communities can also benefit from. For example, a pilot drug checking service started in 2022 in Lisbon, Portugal, targeting marginalised people who use drugs on the streets.[26] Between 2020-2021, drug checking services in eight countries[i] identified synthetic cannabinoids in herbal cannabis products in samples submitted by people who experienced serious negative effects after use.[58]

**"Stimulant pipes are essential harm reduction equipment, both for engaging people who use stimulants with harm reduction services and reducing transmission risks for HIV, hepatitis C and tuberculosis."**

h Safer smoking kits can include metal filters, rubber mouthpieces, push sticks for cleaning pipes and collecting crack residue, and heat-resistant glass pipes. They can also include items like alcohol wipes and hand wipes.

i Synthetic cannabinoids in herbal cannabis were first identified by a drug checking service in Zurich, Switzerland in February 2020, and later in the United Kingdom, France, the Netherlands and Austria in 2020, and Luxembourg, Germany and Italy in 2021.

SPOTLIGHT

# DRUG CONSUMPTION ROOMS IN WESTERN EUROPE

The number of countries with DCRs, including mobile drug consumption facilities, has increased since 2020, with Greece and Iceland opening DCRs in 2022, while the first DCR for people who smoke drugs in Portugal opened in 2021 in Lisbon.[26,59,60] An unsanctioned mobile DCR operated in Glasgow, Scotland between September 2020 and May 2021.[61] Currently (as of July 2022), there are 93 official DCRs in 66 cities and 12 countries across Western Europe (Belgium, Denmark, France, Germany, Greece, Iceland, Luxembourg, Netherlands, Norway, Portugal, Spain, Switzerland).[60,62] DCRs usually offer a range of services in addition to supervised consumption spaces; for example, overdose trainings, take-home naloxone, NSP, psychosocial support and referrals to other health and social services.[63–65] DCRs provide a safe environment to use drugs under the supervision of trained professionals, who can intervene in the event of an overdose, and studies have shown that people who inject drugs are highly willing to use these safe spaces.[61,66,67] An illustration of the importance of this initiative is that in Copenhagen, when COVID-19-related restrictions meant people could not enter the DCR facility, some people would use their drugs close by because DCR staff could quickly assist with naloxone in case of an overdose.[25] Available evidence on DCRs shows that they are effective in preventing overdose deaths: there has never been a fatal overdose reported in any DCR around the globe.[68,69]

DCRs are usually associated with opioid use, however, people who use stimulants comprise a significant proportion of DCR clients in the region. For example, non-injecting use of cocaine is prevalent in DCRs in Zurich, the clients of the unsanctioned DCR in Glasgow were predominantly injecting cocaine, and DCRs in Paris and Lisbon report that clients using crack cocaine are dissolving it for injection.[15,25,61,70] The overall trend of decreasing prevalence of injecting use affects the DCRs in the region. In general, more and more people who use DCRs are smoking their drugs. For example, the DCR in Athens reports an increasing trend of people smoking methamphetamine, and in Barcelona civil society actors report an increasing need for a DCR for smoked use.[25,65]

DCRs typically integrate services tailored to local needs. For example, the Lisbon DCR operated by Ares do Pinhal offers two rooms: one space for injecting and one for smoking, plus psychosocial support, a coffee desk, medical consultations and infectious disease screening. To serve the significant proportion of their clients experiencing homelessness, they offer a laundry, bathroom, free clothes, and even a pet-sitting service because many of their clients have pets that they cannot leave elsewhere and this would prevent them from accessing the DCR.[65] The DCR also has a community team which regularly cleans up discarded injecting paraphernalia from the neighbourhood.[65]

Considering the needs of the neighbourhood is an important aspect of a DCR's operation, as the concerns of local residents are a significant barrier to opening, and continuing to implement, DCRs.[71,72] For example, in Zurich, DCRs are open at different times of the day. This ensures that at least one DCR is available in the city throughout the day, while avoiding concerns from residents in any one neighbourhood[70] To decrease visible drug selling in the neighbourhood, 'micro-dealing' (selling small quantities of drugs) is tolerated at the premises (in agreement with the local police) provided that it only happens in the designated place at the facility, no scales are used, it is done discreetly (e.g. money is not visibly transferred) and the 'micro-dealers' are people who use drugs themselves and are clients of the DCR.[70]

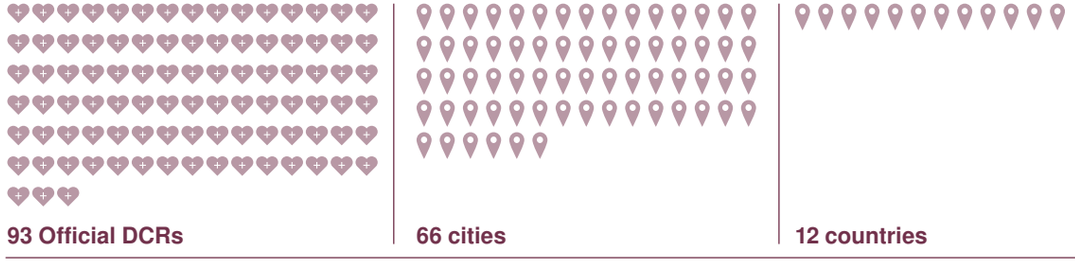
The lack of appropriate legal frameworks and political will seems to be the most prevalent barrier to implementing new DCRs in the region.[16,18–21,27,65,71,72] In Brussels, Belgium the country's second DCR opened in May 2022, but legal issues hinder further expansion.[27] OKANA opened the first DCR in Athens in 2013 as a response to the country's HIV epidemic, but the Greek government then suspended the facility, and it has taken nearly a decade and determined advocacy efforts to open a new DCR in the city.[65,73] Similarly, there has been a decade long advocacy campaign for a DCR in Ireland, but although the appropriate legislation was enacted, a high court challenge has been hindering implementation since 2020.[74,75] In a different legal environment, the unsanctioned DCR in Glasgow was run without an appropriate legal framework. In this case, the DCR closed due to a lack of funding and unsustainable staffing model[j], not because of legal or police action.[61] There is an ongoing initiative to reform the legal framework and introduce DCRs in Finland where a successful citizens' initiative means parliament now has to put the issue on its agenda.[76–78]

Peer involvement is crucial in DCR design and implementation. Engaging potential service users is essential to understand the needs of local communities, while continued participation of people who use drugs in operating and developing the service can help provide a safe place for all clients, ensuring accessibility, use and consumer satisfaction.[79,80] Furthermore, DCR providers should welcome people who still use drugs as staff members.[79] In Portugal, for example, a peer programme with a flexible payment model (where participation is paid by the hour or task) has been implemented. This allows peers to participate in various programme activities run by the mobile DCR, like street outreach, trainings, advocacy events and meetings with residents.[26] In Barcelona, Spain, Metzineres offers low threshold, peer-led harm reduction services for women and nonbinary people who use drugs, including a DCR. Metzineres highlights that community-led organisations can provide adequate services for the most stigmatised and marginalised communities; many programme participants reported that this is the first place they felt safe.[79,81] A significant step forward in the region was reported in Germany, where the first DCR operated by a peer organisation is expected to open in 2023.[21]

**"Peer involvement is crucial in drug consumption room design and implementation. Engaging potential service users is essential to understand the needs of local communities, while continued participation of people who use drugs in operating and developing the service can help provide a safe place for all clients, ensuring accessibility, use and consumer satisfaction."**

j Volunteers faced risks to their liberty and their earnings from other sources. For example, medical students volunteering were warned that they could be barred from practice if convicted of a criminal offence.[61]

**Drug consumption rooms in Western Europe**



1 Degenhardt L, Webb P, Colledge-Frisby S, Ireland J, Wheeler A, Ottaviano S, et al (under review) 'A global systematic review of the epidemiology of people who inject drugs: Prevalence, sociodemographic characteristics, risk environments and injecting-related harm', *The Lancet Global Health*.
2. European Monitoring Centre for Drugs and Drug Addiction (2022), Statistical Bulletin 2022 - *Health and social responses*.
3. Simonitsch M (2022), 'Global State of Harm Reduction 2022 survey response'.
4. Van Der Linden N (2022), 'Global State of Harm Reduction 2022 survey response'.
5. Monitoring Centre for Drugs and Drug Addiction, Ndiaye A, Palle C, Martinez M (2021), *Harms and harm reduction workbook 2021 France*.
6. Schäffer D (2022), 'Global State of Harm Reduction 2022 survey response'.
7. Olafsson S (2022), personal communication.
8. Ronconi S (2022), 'Global State of Harm Reduction 2022 survey response'.
9. UNODC (2022), *World Drug Report 2022*.
10. Trimbos Institute, van der Gouwe D, Strada L, Diender B, van Gelder N, de Gee A (2022), *Harm reduction services in the Netherlands: recent developments and future challenges*.
11. Curado A (2022), 'Global State of Harm Reduction 2022 survey response.'
12. Marthaler M (2022), 'Global State of Harm Reduction 2022 survey response'.
13. Public Health England, Health Protection Scotland, Public Health Wales, Public Health Agency Northern Ireland (2017), *Shooting Up: Infections among people who inject drugs in the UK, 2016*.
14. Southwell M (2022), 'Global State of Harm Reduction 2022 survey response'.
15. European Monitoring Centre for Drugs and Drug Addiction (2022), *European drug report 2022: trends and developments*. Available from www.emcdda.europa.eu/publications/edr/trends-developments/2022_en.
16. Eastwood N (2022), 'Global State of Harm Reduction 2022 survey response'.
17. Southwell M (2022), 'Global State of Harm Reduction 2022 survey response'.
18. Ronconi S (2022), 'Global State of Harm Reduction 2022 survey response'.
19. Aranda E (2022), 'Global State of Harm Reduction 2022 survey response'.
20. Horsburgh K (2022), 'Global State of Harm Reduction 2022 survey response'.
21. Schäffer D (2022), 'Global State of Harm Reduction 2022 survey response'.
22. Stöver HJ (2022), 'Global State of Harm Reduction 2022 survey response'.
23. Marthaler M (2022), 'Global State of Harm Reduction 2022 survey response'.
24. Holeksa J (2022), 'Dealing with low access to harm reduction: a qualitative study of the strategies and risk environments of people who use drugs in a small Swedish city', *Harm Reduction Journal*, 19(1):23.
25. Correlation – European Harm Reduction Network, Rigoni, R, Tammi, T., van der Gouwe, D., Moura,J., Prins-Schiffer, K (2022), *Civil Society Monitoring of Harm Reduction in Europe, 2021. Data Report*.
26. Curado A (2022), 'Global State of Harm Reduction 2022 survey response'.
27. Van der Linden N (2022), 'Global State of Harm Reduction 2022 survey response'.
28. European Monitoring Centre for Drugs and Drug Addiction (2020), *EMCDDA trendspotter briefing - Impact of COVID-19 on drug services and help-seeking in Europe*. Available from www.emcdda.europa.eu/publications/ad-hoc/impact-of-covid-19-on-drug-services-and-help-seeking-in-europe_en.
29. European Monitoring Centre for Drugs and Drug Addiction (2022), 'Statistical Bulletin 2022 — Health and social responses, Needle and syringe programmes (NSP), Syringes provision' [internet]. Available from www.emcdda.europa.eu/data/stats2022#displayTable:HSR-5-1-1.
30. Public Health England (2020), T*he impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England Provisional data: January to September 2020*. Available from www.gov.uk/government/publications/covid-19-impact-on-stis-hiv-and-viral-hepatitis.
31. Simões D, Stengaard AR, Combs L, Raben D (2020), 'Partners TEC 19 impact assessment consortium of. Impact of the COVID-19 pandemic on testing services for HIV, viral hepatitis and sexually transmitted infections in the WHO European Region, March to August 2020'. *Eurosurveillance*, 25(47):2001943.
32. European Monitoring Centre for Drugs and Drug Addiction (2022), 'Statistical Bulletin 2022 — Health and social responses, Opioid substitution treatment (OST), Year of introduction' [internet]. Available from www.emcdda.europa.eu/data/stats2022#displayTable:HSR-1-2.
33. Ares do Pinhal, 'Harm Reduction' [internet, cited 22 August, 2022]. Available from www.aresdopinhal.pt/reducao-de-danos.
34. Trujols J, Larrabeiti A, Sànchez O, Madrid M, Andrés SD, Duran-Sindreu S (2020), 'Increased flexibility in methadone take-home scheduling during the COVID-19 pandemic: Should this practice be incorporated into routine clinical care?', *Journal of Substance Abuse Treatment*, 119:108154.
35. Simonitsch M (2022), 'Global State of Harm Reduction 2022 survey response'.
36. European Monitoring Centre for Drugs and Drug Addiction (2019), *Luxemburg, Country Drug Report 2019*. Available from www.emcdda.europa.eu/system/files/publications/11342/luxembourg-cdr-2019.pdf.
37. European Monitoring Centre for Drugs and Drug Addiction (2019), *Spain, Country Drug Report 2019*. Available from www.emcdda.europa.eu/system/files/publications/11353/spain-cdr-2019.pdf.
38. Schori D (2020), 'Global State of Harm Reduction 2020 survey response'.
39. Helse Bergen, 'Heroinassistert behandling' [internet, cited 19 August, 2022]. Available from https://helse-bergen.no/avdelinger/rusmedisin/rusmedisin-lar/rusmedisin-heroinassistert-behandling.
40. University of Oslo, Institute of Clinical Medicine (2021), 'HAB - Evaluation of heroin-assisted treatment - Institute of Clinical Medicine' [internet, cited 18 August, 2022]. Available from www.med.uio.no/klinmed/english/research/projects/hab-evaluation-heroin-assisted-treatment/index.html.
41. Oslo University Hospital, 'Heroinassistert behandling i Oslo (HABiO)' [internet, cited 19 August, 2022]. Available from https://oslo-universitetssykehus.no/avdelinger/klinikk-psykisk-helse-og-avhengighet/avdeling-rus-og-avhengighetsbehandling/seksjon-ruspoliklinikker/poliklinikk-for-heroinassistert-behandling.
42. Eide D (2022), personal communication.
43. Norwegian Centre for Addiction Research, Clausen T (2022), 'Personal communication, HAB - Evaluation of heroin-assisted treatment'.
44. Teesside University, Poulter H, Crow R, Moore H (2021), *Heroin Assisted Treatment (HAT) Pilot Evaluation Report*. Available from https://research.tees.ac.uk/ws/portalfiles/portal/25580379/FINAL_Heroin_Assisted_Treatment_Pilot_Evaluation_Report.pdf.
45. Meyer M, Westenberg JN, Strasser J, Dürsteler KM, Lang UE, Krausz M, et al. (2022), 'Nasal administration of diacetylmorphine improved the adherence in a patient receiving heroin-assisted treatment', *Harm Reduction Journal*, 19(1):63.
46. UK Health Security Agency (2022), *Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK, 2020*. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1053202/Shooting_Up_2021_report_final.pdf.
47. McNamara S, Killeen N, Stokes S, Keenan E (2022), *Irish Syringe Analysis Pilot Project [Internet]. Dublin: Merchants Quay Ireland; 2022*. Available from http://drugs.ie/images/uploads/Syringe_Analysis_Pilot_Project_final_9.8.pdf.
48. European Monitoring Centre for Drugs and Drug Addiction (2021), *European Syringe Collection and Analysis Enterprise: Generic Protocol*. Available from www.emcdda.europa.eu/system/files/publications/13572/ESCAPE-generic-protocol.pdf.
49. Public Health England, Home Office, Welsh Government, The Scottish Government, Public Health Wales, Department of Health (Northern Ireland) (2021), *United Kingdom drug situation 2019: Focal Point annual report*. Available from www.gov.uk/government/publications/united-kingdom-drug-situation-focal-point-annual-report/united-kingdom-drug-situation-focal-point-annual-report-2019.
50. Harris M (2020), 'An urgent impetus for action: safe inhalation interventions to reduce COVID-19 transmission and fatality risk among people who smoke crack cocaine in the United Kingdom', I*nt J Drug Policy*, 83: 102829. Available from www.ncbi.nlm.nih.gov/pmc/articles/PMC7306748/.
51. Trimbos Institute, van der Gouwe D, Strada L, Diender B, van Gelder N, de Gee A (2022), *Harm reduction services in the Netherlands: recent developments and future challenges*. Available from www.trimbos.nl/wp-content/uploads/2022/02/AF1973-Harm-reduction-services-in-the-Netherlands.pdf.
52. Horsburgh K (2020) 'Global State of Harm Reduction 2020 survey response'.
53. NILSHTM, Harris M (2022), 'SIPP Study Protocol' [internet]. Available from https://fundingawards.nihr.ac.uk/award/NIHR133118.
54. Interface Politikstudien Forschung Beratung et Fachhochschule Nordwestschweiz, La Mantia A, Oechslin L, Duarte M, Laubereau B, Fabian C (2020), *Étude sur les effets des offres de drug checking en Suisse. Rapport à l'attention de l'Office fédéral de la santé publique (OFSP)*. Available from www.bag.admin.ch/dam/bag/fr/dokumente/npp/forschungsberichte/forschungsberichte_drogen/studie_effekte_drug-checking.pdf.download.pdf/etude_effets_drugchecking_2020.pdf.

55. Measham F, Turnbull G (2021), 'Intentions, actions and outcomes: A follow up survey on harm reduction practices after using an English festival drug checking service' *International Journal of Drug Policy*, 95:103270.
56. Sturm K (2022), 'Global State of Harm Reduction 2022 survey response'.
57. The Loop (10 May, 2022), 'The UK's first regular drug checking service set to launch in Bristol' [internet, cited 21 August, 2022]. Available from https://weare theloop.org/media-centre/bristol-drug-checking-service.
58. Oomen PE, Schori D, Tögel-Lins K, Acreman D, Chenorhokian S, Luf A, et al. (2022), 'Cannabis adulterated with the synthetic cannabinoid receptor agonist MDMB-4en-PINACA and the role of European drug checking services', *Int J Drug Policy*, 100:103493.
59. Positive Voice, 'STEKI 46' και οι αμέτρητοι λόγοι που στηρίζουμε τη Μείωση Βλάβης για τη χρήση ουσιών' [internet, cited 21 August, 2022]. Available from https://positivevoice.gr/9220.
60. Olafsson S (2022), personal communication.
61. Shorter GW, Harris M, McAuley A, Trayner KM, Stevens A (2022), 'The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation', *International Journal of Drug Policy*, 104:103670.
62. European Monitoring Centre for Drugs and Drug Addiction, 'Infographic. Location and number of drug consumption facilities throughout Europe' [internet, cited 21 August, 2022]. Available from www.emcdda.europa.eu/media-library/infographic-location-and-number-drug-consumption-room-facilities-throughout-europe_en#table1.
63. European Monitoring Centre for Drugs and Drug Addiction (2018), *Drug consumption rooms: an overview of provision and evidence (Perspectives on drugs)*. Available from www.emcdda.europa.eu/publications/pods/drug-consumption-rooms_en.
64. Drug Science, Society for the Study of Addiction (2021), S*upervised Injection facility (SIF) [Internet]. Drug Science, Society for the Study of Addiction; 2021*. Available from www.drugscience.org.uk/wp-content/uploads/2021/06/SIF.pdf.
65. European Monitoring Centre for Drugs and Drug Addiction, 'EMCDDA webinar: Drug consumption rooms in Europe' [internet, cited 21 August, 2022]. Available from www.emcdda.europa.eu/media-library/emcdda-webinar-drug-consumption-rooms-europe_en.
66. Holland A, Harris M, Hickman M, Lewer D, Shorter GW, Horsley J, et al. (2022), 'Overdose prevention centres in the UK', The Lancet Public Health, 7(3):e196–7.
67. Trayner KMA, Palmateer NE, Hutchinson SJ, Goldberg DJ, Shepherd SJ, Gunson RN, et al. (2021), 'High willingness to use drug consumption rooms among people who inject drugs in Scotland: findings from a national bio-behavioural survey among people who inject drugs', *International Journal of Drug Policy*, 90:102731.
68. Caulkins JP, Pardo B, Kilmer B (2019), 'Supervised consumption sites: a nuanced assessment of the causal evidence', *Addiction*, 114(12):2109–15.
69. Faculty of Public Health (2021), A *call to pilot Overdose Prevention Centres (Supervised Injecting Facilities) in the UK*. Available from www.fph.org.uk/media/3395/fph_opc_statement_final_8.pdf.
70. Meyer F (2022), personal communication, SEB Zurich.
71. Jauffret-Roustide M, Cailbault I (2018), 'Drug consumption rooms: Comparing times, spaces and actors in issues of social acceptability in French public debate', *International Journal of Drug Policy*, 56:208–17.
72. Vander Laenen F, Nicaise P, Decorte T, De Maeyer J, De Ruyver B, Smith P, et al. (2018), *Feasibility study on drug consumption rooms in Belgium*. Available from http://hdl.handle.net/1854/LU-8546539.
73. Drugreporter (2015), ATHEN'S WAY - *Struggle For a Drug Consumption Room* [internet, cited 21 August, 2022]. Available from www.youtube.com/watch?v=-f9MWr22jgM.
74. The Journal.ie, Duffin T, McCann E (20 January, 2022), 'Opinion: Supervised drug injecting in Ireland – 10 years of advocacy, legislation and delays' [internet cited 22 August, 2022]. Available from www.thejournal.ie/readme/drug-injecting-and-policy-5658873-Jan2022/.
75. McCann E, Duffin T (2022), *Empathy, Evidence, & Experience - Learning from overseas to respond to street-based drug injecting in Dublin City Centre*. Available from www.aldp.ie/content/uploads/2022/01/Dublin-SIF-Working-Paper-Jan-22-McCann-Duffin.pdf.
76. Talking Drugs, Hupli A (3 August, 2022), 'Finnish Drug Consumption Rooms Gain Popular and Political Support' [internet, cited 18 September, 2022]. Available from www.talkingdrugs.org/finnish-drug-consumption-rooms-gain-popular-and-political-support.
77. Unlu A, Tammi T, Hakkarainen P (2022), 'Policy windows for drug consumption rooms in Finland', *Nordic Studies on Alcohol and Drugs*, 39(3):205–24.
78. Police of Finland, Pöyhönen T, (4 August, 2022), 'With careful planning, trial drug consumption rooms may involve opportunities' [internet, cited 18 September, 2022]. Available from https://poliisi.fi/en/blogi/-/blogs/with-careful-planning-trial-drug-consumption-rooms-may-involve-opportunities.
79. Drug Science, Southwell M, Scher B, Harris M, Shorter G (2022), *The Case for Overdose Prevention Centres: Voices from Sandwell*.
80. Stevens A, Southwell M, Scher B, Shorter G, Kenth S (2022), *Reducing drug-related harms in Sandwell: the need and feasibility of an overdose prevention service*.
81. Shirley-Beavan S, Roig A, Burke-Shyne N, Daniels C, Csak R (2020), 'Women and barriers to harm reduction services: a literature review and initial findings from a qualitative study in Barcelona, Spain', *Harm Reduction Journal*, 17(1):78.