

# EHRA ONLINE REGIONAL DISCUSSION

Health responses to NPS  
use in European countries

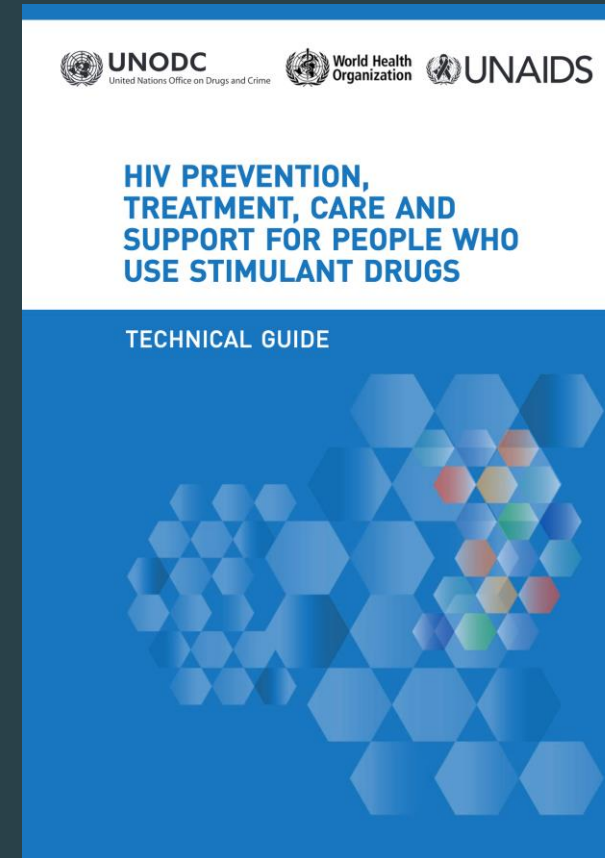
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# Technical Resources / Acknowledgement



<https://www.emcdda.europa.eu/system/files/publications/2812/TD0216555ENN.pdf>



[https://www.unodc.org/documents/hiv-aids/publications/People\\_who\\_use\\_drugs/19-04568\\_HIV\\_Prevention\\_Guide\\_ebook.pdf](https://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/19-04568_HIV_Prevention_Guide_ebook.pdf)

# Key groups using NPS and seeking pleasure and managing risk

- Understanding context
- Access
- Cultural competence

Participants in nightlife / dance drug users

Gay, Bisexual and other men who have sex with men (GBMSM)

People in custodial settings

Young people

People who inject drugs

# Service Access

Low-threshold services – Needle and Syringe Programs, Smoking Kits, Outreach Programs, Drug Consumption Rooms

Specialist treatment – psycho-social support, self-control programs, pharmacotherapies – Dexamphetamine or Ritalin as engagement and stabilization tool

Sexual health services – key interaction between stimulant drugs and HIV and sexual risk and chemsex

Nightlife or dance drugs settings – Club safety schemes, festival support – drug checking as engagement tool, chill out areas and psychedelic crisis support, first aid, paramedics or nursing support

Community mobilization / peer led harm reduction

# Strengths of Peer-led Harm Reduction

## Privileged Access to .....



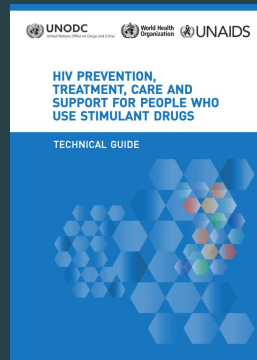
- Drug using venues
- Drug supply systems
- Friendship networks
- Marginalised communities where many drug users live
- Self-support groups

Trust

Technical Know  
How

Shared Lived  
Experience

# UN Core HIV Interventions for People who Use Stimulant Drugs 1



1. Condoms, lubricants and safer sex programmes

2. Needle and syringe programmes and other commodities

- Rapid repeated pattern of injecting requires access to enough injecting equipment
- Pipe distribution - HIV and HCV prevention opportunities for people who smoke stimulant drugs

3. HIV testing services

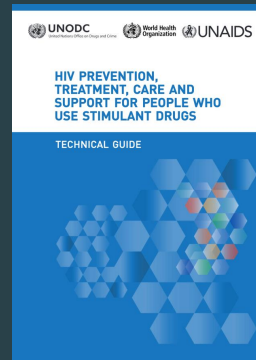
4. Antiretroviral therapy

5. Evidence-based psychosocial interventions and drug dependence treatments

- Motivational interviewing
- Brief interventions
- Contingency management
- Cognitive behavioural therapy
- Mindfulness
- Pharmacotherapies – no sanction OST, stimulant alternatives



# UN Core HIV Interventions for People who Use Stimulant Drugs 2



6. Prevention, diagnosis and treatment of sexually transmitted infections, hepatitis and tuberculosis

7. Targeted information, education and communication

- Educational materials that back up peer education
- Stimulant Health-check screening tools

8. Overdose and acute intoxication prevention and management

# Overramping or Overdose

Figure I. Management of emergency cases of intoxication with stimulant drugs

Is the person in a state of acute stimulant intoxication or overdose?

- Dilated pupils
- Excited, racing thoughts, disordered thinking, paranoia
- Recent use of cocaine or other stimulants
- Raised pulse and blood pressure
- Aggressive, erratic or violent behaviour

- Urgent call the ambulance or take the person to an emergency clinic
- Make the person drink a lot of fluid

For health-care workers:

- Give diazepam 5-10 mg orally or i.v. in titrated doses until the person is calm and lightly sedated
- During the post-intoxication phase, be alert for suicidal thoughts or actions

If the person has chest pain, tachyarrhythmias or other neurological signs:

- Transfer to hospital

Adapted from:  
WHO mhGAP intervention guide - version 2.0 (2016)



Physical restraint is high risk for someone who is overramping  
Risk of triggering panic or heart attack





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