



Harm reduction in times of emerging synthetic opioids in Europe: Time for another round of innovations?

Case study from the Netherlands

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Context: Netherlands

Country

- Small country in Western Europa
- High income country, welfare state



Drug policy

- Drug policy reforms since 1970s
- A home of harm reduction in Europe
- elaborate infrastructure drug services
- harm reduction well developed, main focus at high risk (injecting) drugs use



Drug situation :

- Relative high recreative drug prevalence
- Limited high risk behavior and low heroin/injecting and related harms



Context: synthetic opioids

- Globalisation and technology completely changed drugmarkets
 - Synthetic opioids are lab produced opioids that have similar effects than opium/morfine/heroin
 - Examples: fentanyl, carfentanyls, nitzazenes
 - Other depressants: xylazine, medetomidine, BMTPS,

- Opiate and overdose crises in North America
 - Recent researchpaper: USA 2005-2020, 625.000 fatal overdoses, 1 every ten minutes
 - NYC now : 1 overdose every 4 hours

- How well are other countries prepared for synthetic opioids?

Synthetic Opioids preparedness in Netherlands

- **October 2024: research commissioned by the Ministry of Health to assess preparedness and draft recommendations**
- **Conducted by Trimbos-institute (which also lead a EU project on preparedness in Europe)**
- **Concentrate on recommendations for the health domain**

- **Quick scan**
 - Literature review
 - 13 interviews with internal experts
 - Interviews/focusgroups with 54 national experts
 - November 2024 - finalisation May 2025

Findings 1: SO in Europe

- Market transformations reporting in all countries
- No singular SO trend in Europe
- Various (sub)regional trends
- 4 major trends:
 1. Full scale SO market (eg Baltic region)
 2. Cluster outbreaks in heroin and 'benzodiazepine' market
 3. Slow and steady increases of opioid use and incidents among new generations of opioid users
 4. Hardly synthetic opioids reported

Netherlands in last trend: 4 cases of nitazene hospitalisation in 2024

Findings 2: Netherlands scenarios?

6 scenarios for SO (nitazenes) in the Netherlands

1. Nitazenes demand
2. Adulteration in heroin market
3. Adulteration in benzo/downer market
4. Adulteration in illegal pain medication market
5. Adulteration in other substances
6. Introduced in prison setting

6 risk groups for SO (nitazenes) in the Netherlands

1. homeless people
2. extended pain medication group
3. people in prisons
4. migrants from regions with higher SO prevalence (e.g. Baltic region)
5. Younger recreational users (selfmedication, anxiety relief, recreational users of designerbenzo's, new generation of opioid use)
6. miscelenous (psychonauts, 'off the grid' subcultures etc)

Findings 3: conclusions

- Increased vulnerabilities (more substances, more populations, more motives)
- Decreased protective factors (eg pressure on social care services, scope of harm reduction services)

Key conclusion:

- National system to respond to drug-related health incidents:
 - Fit for now,
 - but not adequate not for more complex diverging drug trends,

Recommendations for the Netherlands:

- All elements and the entire system needs to address gaps and needs

a fatal nitazene incident, March 2025 in Amsterdam, online bought



Recommendations (draft), The Netherlands

Urgent Actions

1. **Coordination**
 - More central coordination
 - Single Point of Contact
 - Regional and local preparations
 - Capacity building
2. **Monitoring and signaling**
 - Sentinel system
 - More consistent notification of incidents and seizures
 - Strengthened forensic/tox research
 - Scale up drug testing
 - Improvements death register
 - Additional monitoring instruments (syringe residue, waste water etc)
3. **Early Warning**
 - Quicker assessment
 - Clear communication (Red Alert and ongoing info)
4. **Response**
 - Intensify overdosis prevention
 - Broaden availability naloxon
 - Scale up and broaden drug checking

Long term

5. **Care**
 - Increase low threshold care (outreach, s
 - Increase low threshold treatment (criteria, medication)
 - Digital realtime overdose warning instrument (app)
 - Support for people addicted to pain medication
 - Continue medical care and treatment in prisons
6. **Prevention**
 - Address painmediction
 - Campaigns on online medication buying
7. **Research**
 - More insight in riskgroups 'pain medication' and 'designer-benzodiazepines'
 - Other scenarios: eg local SO production

Recommendations. Where is harm reduction?

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Implications for Harm Reduction on synthetic opioids in NL: also serious gaps need to be addressed

New substances, new consumer groups and new motives request additional steps in harm reduction

1. Harm reduction services widened to **other substances, risks and harms**
 - Non-prescribed pain medication,
 - Wide range of other sedative medication ('downers')
 - Fake medication
2. Harm reduction services introduced in **other settings**:
 - Prison settings, online environment, rural areas
 - Other populations: pain medication group, recreational use of new benzodiazepines, new generations of opioid users?
3. Harm reduction approach connect with **wider issues**:
 - pain medication group
 - recreational use of wide range of substances (e.g. new benzodiazepines)
 - mental health (relief of anxiety, stress)
 - culture of consumerism and instant gratification

Conclusion

- **Synthetic opioids in Europe: different trends with different scenarios and different levels of risk/harms,**
- **-> different responses, but each scenario requires more harm reduction,**
- **Preparedness Scan in Netherlands shows that:**
 - **even in a well-developed drug policy country: many gaps exist in the response system**
 - **illustrates areas where harm reduction is currently not covering the (upcoming) needs**
- **Time for the next level of innovation**



Thank you for your attention

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