



of drug overdose associated with emerging patterns of polysubstance use, including stimulant smoking, and addressing the often-considerable and complex health and social problems faced by people who use drugs in more marginalised and socially excluded populations.

## **Reducing harms from evolving drug situation requires a range of responses**

Chronic and acute health problems are associated with the use of illicit drugs, and these can be compounded by factors such as the properties of the substances, the presence of adulterants and pathogens, the route of administration, individual vulnerability and the social context in which drugs are consumed. Chronic problems include dependence and drug-related infectious diseases, while there is a range of acute harms, of which drug overdose is perhaps the best documented. Although relatively rare at the population level, the use of opioids still accounts for much of the morbidity and mortality associated with drug use. Injecting drug use also increases risks, as does polysubstance use. Correspondingly, working with opioid users and those who inject drugs has been historically an important target for harm reduction interventions, and this is the area where service delivery models have been most extensively developed and evaluated.

Reflecting this, some harm reduction services have become increasingly integrated into the mainstream of healthcare provision for people who use drugs in Europe over the last three decades. Initially, the focus was on expanding access to opioid agonist treatment and needle and syringe programmes as a part of the response to high-risk drug use, primarily targeting injecting use of heroin and the HIV epidemic. Updated joint EUDA-ECDC [guidance on the prevention and control of infectious diseases among people who inject drugs](#) recommends providing opioid agonist treatment to prevent hepatitis C and HIV, as well as to reduce injecting risk behaviours and injecting frequency, in both the community and prison settings. The guidelines also recommend the provision of sterile injecting equipment alongside opioid agonist treatment to maximise the coverage and effectiveness of the interventions among people who inject opioids.

The provision of harm reduction equipment typically involves the distribution of sterile materials intended to reduce harms associated with continued drug use, and has evolved as patterns of drug use have changed over time. It is generally part of larger integrated harm reduction programmes, usually low-threshold services, and seldom a standalone intervention. Guidance is usually provided on the correct use of the items, safe disposal and less risky routes of administration. Harm reduction equipment generally includes items needed to prepare drugs for consumption, such as filters, cookers, water and also items for administering drugs, including needles and syringes, pipes and foil. Other items are provided to care for and prevent harms related to drug use, such as wound care kits to address bacterial infections from injecting and naloxone kits for responding to overdoses. Current evidence indicates the effectiveness of needle and syringe programmes and take-home naloxone programmes, while there is currently limited evaluation data regarding other harm reduction items.

In the last three decades, approaches to harm reduction have been broadened in some EU Member States to encompass other responses, including supervised drug consumption rooms and

take-home naloxone programmes intended to reduce fatal overdoses ([Figure 13.1](#)). Interventions to reduce opioid-related deaths include those aimed at preventing overdoses from occurring and those aimed at preventing death when an overdose does occur ([Figure 13.2](#)).

**Figure 13.1. Number of European countries implementing selected harm reduction interventions, up to 2024**

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