



emcdda

Factsheet DENMARK

This factsheet is part of the EMCDDA [Take-home naloxone – topic overview](#)

General information	Geographical coverage	66 local municipalities providing opioid substitution treatment (OST).
	Type of Intervention	Initially a pilot study, followed by two 3-year project periods (2013-2015; 2016-2018) and a nationally coordinated take-home naloxone programme (2020-2021)
	Starting year	2010
	Settings	Low-threshold setting; in-patient rehabilitation-, treatment- and substitution treatment centers. General approach; to train drug-users and bystanders to reverse an overdose - in cooperation with local staff.
Regulatory challenges	Prescription	The regulatory framework is demanding a structured training system to provide delegation of naloxone by the prescribing doctor.
	Distribution	The rules on delegation from a medical doctor are not changed.
	Administration	N/A
	Barriers	The main obstacle to a broader diffusion of naloxone is the high price per THN-unit, and the frame of delegation and the overall responsibility of the medical doctor.
Medication	Product(s) used	Prenoxad® ; Narcan®; Nalscue® in different phases of the project. Since 2018: Nyxoid ®. (It is planned to also use Ventizolve in the future, a nasal product currently on the brink of being marketed: https://myhealthbox.eu/da/ventizolve-126-mg-nasal-spray-solution-in-single-dose-container/5161922)
	Application	* nasal * both: <i>Prenoxad applied with nasal atomizer; during the first phase 2013-2016 the trained people were instructed to give the 5th dose of prenoxad i.m.</i>
	Content of THN Kit	From the pilot project: ready to use nasal application tool (Narcan®) * off-licence nasal application tool * pre-filled syringe with needles (Prenoxad®) * re-fill questionnaire * first aid instructions, e.g. emergency telephone number, ABC * other: <i>certificate, action card, data card prenoxad</i>
	Number of doses per kit	Number of doses needed to reverse 1 overdose
Distribution, refill and post-training monitoring	Distribution of THN	From the project, Copenhagen: * on-site at low threshold agencies * on-site at outpatient treatment centers * to clients of OST programmes * in prison setting/on release * <i>re-fill provided from local trainer upon the reporting of the use</i> The new nationally coordinated project will focus on outpatient OST clients.
	Mandatory training	Yes
	Content of training	From the project, Copenhagen: * recognising overdose symptoms * overdose management * aftercare procedures, including admitting the patient to the care of professional treatment * cardiopulmonary resuscitation (CPR) training * effects of naloxone * possible adverse reactions to naloxone * possible risks and benefits of THN-programme * application of naloxone * how to store naloxone * legal aspects

		<ul style="list-style-type: none"> * practicing of the skills trained * other: <i>implication of acting as the doctors assistant after training: certificate, action card, data card</i>
	Training format	<p>From the project, Copenhagen:</p> <ul style="list-style-type: none"> * brief training in low-threshold or waiting settings (up to 15 min.) * standard training with structured teaching session: 1 hour + number of sessions: 1 * advanced training: 4 hours + number of sessions: 1 * refresh sessions provided * other: <i>brief training will be possible under the new interpretation of the rules</i>
	Content of questionnaire for refill	<p>From the project, Copenhagen:</p> <ul style="list-style-type: none"> * reason for re-fill * description of the drug emergency/ situation * ambulance involved * outcome of emergency * <i>new delegation of naloxone to helper</i>
	Post-training monitoring	<p>From the project, Copenhagen</p> <p>Yes</p> <ul style="list-style-type: none"> * interview or questionnaire when THN programme client returns for re-fill * systematic follow-up with all THN recipients * independent evaluation of each project <p>The nationally coordinated project foresees follow up with a short interview of trainers one month after the training course and a longer interview after 3-4 months focusing on barriers in the implementation of naloxone training.</p>

Performance and resources	Inception and training development	<p>Estimates done by the pilot projects:</p> <ul style="list-style-type: none"> *health professionals: 1700 hours/ year * physicians: 400 hours/year * agency staff: 40 hours/year <p><i>for coordinating unit only</i></p>			
	Implementation and monitoring	<p>Estimates done by the pilot projects:</p> <ul style="list-style-type: none"> *staff: 1900 hours/year * update of training material: 37 hours/year * post-training monitoring: 100 hours/year * administration: 40 hours/year * <i>drafting final report</i> 			
	Price of THN kits	<p>The pharmacy price for a unit (1 ml ampoule) with 0,4mg/ml naloxone hydrochloride solution for injection/infusion is 11 EUR. The Narcan pack contains 20 units (78EUR), Nalscue contains 9 units per pack (22 EUR) and the Prenoxad syringe (35 EUR) contains 5 units, thus price per unit varied between 2,50 EUR-7,00/11,00 EUR. Depending on the product, several units may need to be used to reverse an overdose.</p>			
	Source of funding	<table border="0"> <tr> <td>Programme</td> <td> <ul style="list-style-type: none"> * integrated part of the general budget of the facility * specific national funding * <i>local governments releases staff to project</i> </td> </tr> <tr> <td>Training (if different)</td> <td> <ul style="list-style-type: none"> * specific national funding </td> </tr> </table>	Programme	<ul style="list-style-type: none"> * integrated part of the general budget of the facility * specific national funding * <i>local governments releases staff to project</i> 	Training (if different)
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Additional information	<p>Project reports, evaluations and scientific papers</p> <p>No official project reports are available yet from the nationally coordinated project.</p> <p>Thylstrup B, Hesse M, Jørgensen M, Thiesen H. One opioid user saving another: The first study of an opioid overdose-reversal and naloxone distribution program addressing hard-to-reach drug scenes in Denmark. Harm Reduct J [Internet]. 2019;16(1):1–9. Available from: https://link.springer.com/article/10.1186/s12954-019-0328-0</p> <p>Earlier reports on pilot and project phases:</p> <p>Report 1: Thiesen H, Rasmussen LH, Kjaer J. Forsøg med distribuering af Naloxon til stofafhængige til forebyggelse af opioid-overdosisdødsfald [Evaluation of a trial to distribute naloxone to people who use drugs to prevent opioid overdose deaths] [Internet]. Copenhagen; 2013. Available from: https://sundhedsteamet.kk.dk/sites/sundhedsteamet.kk.dk/files/overdosisrapport_2013_2.pdf</p> <p>Report 2: Thiesen H. RED LIV - En evaluering af forebyggelse af opioid-overdosisdødsfald med NALOXON [RED LIV - An evaluation of opioid overdose prevention with NALOXON] [Internet]. Copenhagen; 2016. Available from:</p>
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	<p>https://sundhedsteamet.kk.dk/sites/sundhedsteamet.kk.dk/files/redliv_rapport-2016_1.pdf</p> <p>Report 3: Thiesen H. Projekt med distribuering af naloxon til stofafhængige til forebyggelse af opioid-overdosedødsfald. 2016 -2018 Afrapportering og faglige anvisninger [Naloxone distribution project for people who use drugs to prevent opioid overdose deaths. 2016-2018 Re [Internet]. Copenhagen; 2019. Available from: https://sundhedsteamet.kk.dk/sites/sundhedsteamet.kk.dk/files/red_liv_2016-2018_afrapportering_og_faglige_anvisninger.pdf Instruction video: https://vimeo.com/400180290</p>
Training materials	
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