



PROJECT DESCRIPTION

Call for Proposals/European Programme	<p>European Commission – JUSTICE PROGRAMME; “DRUGS POLICY INITIATIVES”</p> <p>Call for Proposals “Supporting initiatives in the field of drugs policy JUST- 2016- AG-DRUGS”</p>
Priorities of the call for proposals	<p>It aims at funding transnational projects in the area of EU drugs policy. Projects must address at least one of the following priorities:</p> <p>1.- To promote practical application of drug-related research, and, in particular, addiction research with a view of addressing current challenges and new threats;</p> <p>2.- To support civil society organisations by reinforcing their: (i) advocacy function, (ii) capacity to make a difference at the local level and (iii) best practice sharing methods.</p> <p>3.- To further expand the knowledge base and develop innovative methods of addressing the phenomenon of new psychoactive substances.</p>
Summary of the proposal: Brief description and objectives	<p><u>Study about the presence of substances of medical prescription in drugs- induced deaths (methadone or hypnotics and sedatives), for the elaboration of strategies aiming at reducing the number of deaths that involve treatment substances</u></p> <p>The European Monitoring Centre for Drugs and Drug Addiction has warned about the increasing overdose risk that means the simultaneous consumption of opiates and benzodiazepines, which results in the high presence of prescription substances in cases of deaths by acute reaction to drugs, mainly methadone and psychotropic drugs. In Andalusia, in 45.4% of the deaths notified in 2013, a combined presence of methadone and benzodiazepines was detected (having consumed, or not, other substances) and this was the most prevalent combination. Those deaths in which benzodiazepines (n=128, 65.3%) were detected had a high presence of methadone (69.5%) and cocaine (43.8%), followed by antidepressants (27.3%) and alcohol (26.6%).</p> <p>On the other side, in a 76.1% of deaths in which methadone was detected (n=117, 59.7%), benzodiazepines were also present. Besides, the average of substances consumed in methadone-related deaths was 3.0 (DT=1.1). Therefore, the substance most commonly combined with methadone was benzodiazepine, followed by cocaine and antidepressants (23.1%).</p> <p>Benzodiazepines were the substances more involved in deaths (65.3%). This data is consistent with the warning of the EMCDDA about the high presence of benzodiazepines in drugs-induced deaths (EMCDDA, 2015), with detected percentages of 72% in Scotland and 88% in Finland. EMCDDA states that the acquisition of benzodiazepines for misuse can come from different sources, including a diversity of medical prescriptions from different care networks. EMCDDA recalls, amongst possible responses to reduce deaths by overdose in Europe, the need to make efforts to coordinate and inform the medical staff to avoid multiple prescriptions. This warning is especially important for people under treatment with opiate substitutes due to the increasing overdose risk involved in the simultaneous consumption of opiates and benzodiazepines.</p> <p>On the other hand, suicide risk with prescribed substances increases between people with dual pathology under treatment. The action is referred to the next priority of the Call JUST-2016-AG-DRUGS:</p> <ol style="list-style-type: none">1. To promote practical application of drug-related research, and, in particular, addiction research with a view of addressing current challenges and new threats;



	<p><u>OBJECTIVES:</u></p> <ul style="list-style-type: none">- Describing the socio-demographic profile of people deceased due to acute reaction to drugs that had ingested psychoactive medication in previous moments to their deaths, comparing it with the profile of people deceased due to acute reaction to drugs that had not ingested psychoactive medication.- Analysing the care situation of people deceased due to acute reaction to drugs that had ingested psychoactive medication in previous moments to their deaths- Identifying risk factors for drugs-induced deaths related to the single or concurrent use of psychoactive medication.- Analysing the structure, functioning and coordination systems of care networks dedicated to people with drugs dependency problems in participant countries, in order to identify good practices for reducing the number of deaths, such as control of multiple prescription, approaches to dual pathology and the risk of suicide, approach to continuity of assistance when imprisonment and when releasing... Reduction of the risk of deviation of substances for non-therapeutic purposes. <p><u>METHODOLOGY:</u></p> <p>a) Retrospective study of deaths due to acute reaction to psychoactive medicines between 2011 and 2015 in Andalusia (and other participants). Variables of the study:</p> <ul style="list-style-type: none">- Gender- Age of death- Substances consumed immediately before death (percentage of drugs-induced deaths in which previous consumption of hypnotics and sedatives or methadone is detected; combinations of substances consumed).- Signs of suicide.- Carrying out treatment for drug addiction: never fulfilled, discharged or dropout (date of discharge or abandon), performing treatment (time in treatment since last admission, date of the last appointment attended)- Prison: imprisoned at the time of death/released in the last month/not imprisoned- Adscription to a Methadone Treatment Programme at the time of death: time in the programme, prescribed dose at the time of death, dispensation pattern (daily, weekly, fortnightly, monthly)- Methadone treatment completed in last 6 months: end date and type of discharge.- Prescribed hypnotics or sedatives and support network that prescribes it (drugs network, mental health, primary care, private doctor...)- Diagnosis of dual pathology- Mental Health Network monitoring <p>b) Comparative analysis of health care networks dedicated to people with drugs addictions problems in participant countries. Forms for recording descriptive information of health care networks will be developed. Forms will be elaborated from the point of view of their organisational structure and of the coordinating mechanisms with other existing support networks in the same area. At the same time, forms for the description of the operation of methadone treatment programmes will be developed in each participant country (prescription and dispensation modalities). There will also be forms for information about drugs attention in penal institutions, paying special attention to the time of release.</p> <p>The goal is the identification in each participant country of good practices for the reduction of the risk factors of death by acute reaction to prescribed or deviant psychoactive substances identified through the retrospective study.</p>
Description of the Lead Partner	Agency of Social Services and Dependency of Andalusia (ASSDA), is a public agency of the Regional Government of Andalusia, and it is attached to the Regional Ministry of Equality and Social Policies



(Applicant organization)	(RMESP). The Agency has specific legal personality and full legal capacity to act and fulfill its objectives, management autonomy and its own assets and treasuries. ASSDA works around 3 main themes: (1) Dependency attention and promotion of personal autonomy, (2) Attention to Drug Addictions and Inclusion, and (3) Social Attention
Profile of the searching Partners	We are searching for Public bodies, Universities and other entities interested in the issues described above.
Estimated Budget /co-financing rate	To be determined. EU Grant of 80%; Min. EU grant accepted by the call for proposals: EUR 250.000 (Proposals under this amount will be rejected)
Duration of the Project	24 months
Deadline for expression of interest	12 September 2016. But as soon as possible.
Deadline for the submission of the project	18 October 2016
Contact data	coord.accionexterior.cips@juntadeandalucia.es