



THE VOICE OF HARM REDUCTION

Overdose Edition, September 2012

International Overdose Awareness Day 2012 Update from Eastern Europe and Central Asia

International Overdose Awareness Day originated in 2001 at the Salvation Army needle exchange program in Melbourne Australia. Saddened by the loss of so many people, a staff member named Sally Finn decided to organize a memorial event. Just over a decade later, that event is now observed as International Overdose Awareness Day every 31 August in dozens of countries around the world.

There are thought to be more than 3.7 million people who inject illegal drugs (PWID) in Eastern Europe and Central Asia (EECA), the majority of

whom use opiates such as heroin. Long known as the region with the world's fastest growing HIV epidemic, EECA has born another tragedy less visibly: an epidemic of deaths from drug overdose.

Studies from dozens of countries have documented that a majority of PWID experience or witness an overdose at some point in their lives, and that overdose has become a leading cause of death among PWID. In late 2011, EHRN published [a Russian language](#) report comprehensively reviewing what is known about overdose in 12 EECA countries, including statistics, current prevention activities, and public policy. The report offers the most detailed snapshot of overdose in the region yet. Important points include:

What is overdose and how is it treated?

Most overdose deaths in EECA are caused by respiratory depression when people take more heroin or another opioid than they can tolerate, or mix it with other drugs such as alcohol, antihistamines, or psychoactive pills. Standard medical care for opioid overdose includes restoring ventilation (breathing) and administration of naloxone, a safe, non-addictive medication that quickly reverses the effects of opioids. Stimulant drugs such as methamphetamine or amphetamines more rarely cause overdose but may still cause significant harms.



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An International Overdose Awareness Day poster from the DOPE Project in San Francisco

International Overdose Awareness Day 2012 Update from Eastern Europe and Central Asia




Staff and volunteers at SPIN+ in Dushanbe, which provides overdose prevention and other harm reduction services

- **The true scale of overdose morbidity and mortality in EECA is still unknown**, but in most countries there are major discrepancies between official statistics and data produced by harm reduction organizations. A lack of consistent death reporting, emergency department record keeping, or surveillance systems leads to chronic undercounting of overdose events and a lack of data to support prevention programs. For example in Belarus, the narcological department of the Republican Center for Mental Health recorded only 11 overdose deaths among an estimated population of 76,000 PWID.

- In the four countries from which project data were available, overdose prevention projects had cumulatively **received reports of 2439 successful overdose reversals during which naloxone was used by peers**. Including projects elsewhere and recognizing that not every reversal is reported, the number of lives saved is likely even larger.

- **Three-quarters of countries reviewed had not included naloxone on their national list of essential medicines**. Access to naloxone is a problem everywhere, not only for people at risk of overdose and NGOs, but often even for

medical providers. Though international funding for overdose prevention has increased, half the countries reviewed did not have adequate funding even to sustain small pilot projects.

Great progress has been made in EECA since the first overdose prevention projects began, but some major challenges remain. Despite the scale of the problem some donors have not supported such work because they view overdose to not be related to HIV,' an idea that researchers and people working on the front lines know is not true. While visionary donors such as the Open Society Foundations and the Global Fund have provided crucial funding, they have not been able to offer financial and technical support on a scale required to address overdose region-wide. Most importantly, filling these gaps requires local harm reduction organizations and people who use drugs to step up, demanding funding and other aid for overdose prevention, but pressing forward even when adequate resources are not available. 

EHRN's Work on Overdose Prevention

Overdose Prevention Projects in EECA

Because of its safety and ease of use, many community-based projects now give naloxone and training to people at risk of experiencing or witnessing an overdose. Early examples of such projects happened in the United States, Germany and Great Britain in the 1990s. The first projects in EECA started in the mid-2000s in **Russia, Tajikistan and Georgia**. Since then, this lifesaving work has expanded to include projects in **Kazakhstan, Kyrgyzstan, and Ukraine**, with new services being planned for other countries as well. Unfortunately many of these projects are only sporadically funded and have interruptions of their naloxone supply.




Overdose is a key priority for EHRN, which has promoted naloxone access, good practice in overdose prevention services, and research on the overdose situation in EECA. In addition to the regional report described above, EHRN continued its commitment to promoting overdose prevention in several ways this past year.

To provide practical support for

local projects, EHRN published a guide on good practice in overdose prevention in [Russian](#) and [English](#). The manual includes sections on initial situation assessment, models for service delivery, issues related to naloxone distribution, and evaluation. EHRN was also very active in advocating internationally. In November 2011, EHRN organized a meeting in Geneva with staff from

WHO, UNODC, the Global Fund and several harm reduction groups in order to raise attention to the issue. Among other outcomes, WHO agreed to develop its first ever guidance on overdose prevention programming.

In early 2012, EHRN was closely involved in behind-the-scenes efforts to adopt the first Commission on Narcotic Drugs resolution on overdose (see below). 



An overdose response kit from the United States

For organizations interested in starting or expanding overdose prevention services, the EHRN Technical Support Program can offer assistance. EHRN recently provided training on the subject in Estonia, and will soon support two projects in Russia.

To inquire about EHRN assistance, contact Marija Subataite marija@harm-reduction.org. EHRN's website also offers a complete overdose training module in [Russian](#) and [English](#).

REGIONAL HIGHLIGHTS

Regional trends

Central Asia saw many advancements in overdose prevention during the past year, including a regional project sponsored by the U.S. government to make naloxone available through pharmacies using a voucher system.

In **Tajikistan**, home to some of EECA's first overdose projects, local and international NGOs won an order from the Ministry of Health allowing harm reduction programs to store up to 500 vials of naloxone and to distribute the medication to people at risk of overdose. This development removes a major barrier to access by streamlining the process: previously many programs in Tajikistan and elsewhere in EECA required participants who had received training to then visit a separate medical institution in order to receive the naloxone.

In **Kyrgyzstan** the Republican Narcological Center organized naloxone distribution through its drug user health services with nearly USD 25,000 in support from the Global Fund. NGO advocates worked with the Ministry of Health to register naloxone for the first time, which may enable harm reduction groups to more easily access and distribute it. The NGO Attika and other local groups are advocating for partnerships with government agencies and clearer rules to allow NGOs to conduct overdose prevention services. Finally, continuing Kyrgyzstan's tradition of prison-based harm reduction services, the prison health administration is considering

ways to add overdose prevention to existing needle exchange and methadone programs.


The **Kazakhstan**-based Global Health Research Center of Central Asia continued to give overdose education and naloxone to people participating in its HIV services. In 2011 the Center took on new work to provide training on data collection and evaluation to groups involved in overdose prevention in Kyrgyzstan and Tajikistan. The Center expects to soon expand their naloxone distribution efforts from Almaty to two new NGO-based sites using a voucher model. The team is also advocating for national funding for naloxone and is publishing results from their work to show that that lay distribution of naloxone in Kazak-hstan is both safe and effective.

The Tomsk Anti-AIDS Foundation in **Russia** has reached more than 900 people who inject drugs with overdose prevention education and naloxone since November 2011. More than 650 doses of naloxone had been distributed by mid-2012, and 47 overdose reversals had been documented. Other projects continue to operate in Naberezhnye Chelnye and Chapaeusk, all with support from the Open Society Foundations. Unfortunately several other projects previously supported by OSF through ESVERO (formerly the Russian Harm Reduction Network) have closed.

Georgian NGO New Way started overdose prevention work in 2004.

They began documenting the use of naloxone distributed through their program in 2012 and recorded at least 50 reversals in Tbilisi, Kutaisi, and Samtredia by the middle of the year. Another group, New Vector, recently began distributing naloxone in Tbilisi with support from Médecins du Monde.

Meanwhile in **Estonia**, following organizing by Estonian health professionals and a training by EHRN, overdose prevention was adopted as a major priority for the country's new drug strategy. Discussions are now underway on a national HIV prevention strategy for 2013-2016, which is expected to include overdose prevention services, with projects launched in the first quarter of 2013.

For the **EECA region**, the Open Society Foundations published helpful fact sheet on peer-based naloxone access. It offers real-life examples of projects that help people who use drugs and their friends and family to prevent, identify and respond to overdose, and explains the evidence behind naloxone distribution. The fact sheet is available in Russian and English [here](#). Also very useful, the International HIV/AIDS Alliance in Ukraine, which supports a number of overdose projects in that country, produced a Russian language video on "Overdose Prevention and Reducing Risks for People Who Inject Drugs," which is available online [here](#).

BEST PRACTICE

Best Practice of Naloxone Project: New Way, Georgia

EHRN congratulates the Georgian NGO New Way with their 10-year anniversary! Created in September 2002, it is one of the first non-governmental organizations in Eastern Europe that brought attention to the issue of overdoses and launched naloxone distribution projects. Dali Usharidze, New Way's director, is happy to share lessons learned through overdose prevention programming.

New Way runs harm reduction programs in three cities of Georgia: Tbilisi, Kutaisi and Samtredia, where the drug scene is dominated by desomorphine. We lack official data on overdoses, but keep our own statistics: among 350 project clients, we register on average from 6 to 10 cases of fatal and non-fatal overdoses per month. For example, in July 2012, we recorded 7 overdose cases, 2 of which were deadly.

How does it work?

Our program consists of two main components: mini-trainings held in our office and naloxone distribution through outreach. Mini-trainings are organized at least four times a week for 3–4 project clients who are given two vials of naloxone each after the training. Outreach activities and training sessions are conducted by our staff members, most of them our ex-clients.

Proof of effectiveness

We document all cases of overdose reversals reported by outreach workers. On average, the project helps to save five lives per month.



Dali Usharidze, New Way's director

This July, for instance, two people were saved by the trained project clients who administered naloxone, two more overdose cases were reversed with naloxone by a social worker who reacted to an urgent phone call, and another drug user was saved by a relative who knew where his naloxone vials were stored. From January 2012, we have started to record client returns to receive a naloxone refill. About 10% of trained clients come back for a refill within a month following training.

Advocacy

Our organization was founded in 2002, and two years later (2004) we started purchasing naloxone with our own money. After the project saved 23 people, we were allowed to procure naloxone through the Global Fund project. Since the start of our activities, we have provided continuous support in naloxone distribution and appropriate training. We track naloxone availability

in pharmacies and actively seek support whenever we see lack of access, like it happened in 2011.

In February 2011, we held a press conference in Tbilisi to highlight the issue of reduced access to naloxone amid a full epidemic of overdoses resulting from the use of desomorphine. The press conference stimulated a strong public response in press and social networks: it was attended by 20 journalists and filmed by 4 TV channels. After the press conference, we were filmed for an interview that was broadcast by three TV shows. Internet was full with articles on the issue, and for about two months the problem was actively discussed in social networks.

Also, we plan to strengthen our efforts in finding allies among the high-level decision makers, including the Parliamentary Commission on Medical Drugs, of which our NGO is a member. ❤️

Around the World

Commission on Narcotic Drugs Adopts Overdose Resolution

In March 2012, national delegates to the 55th session of the Commission on Narcotic Drugs (CND) unanimously adopted a resolution calling on United Nations agencies to address the global overdose epidemic. Introduced by the Czech Republic and co-sponsored by Denmark (on behalf of the European Union) and Israel, the resolution urges countries to add overdose prevention strategies to their national drug plans, and for WHO and UNODC to coordinate activities internationally. The text of the resolution is available [English](#).

The CND is the UN's international drug policy body, and is responsible for reviewing trends in drug use and trafficking globally, and overseeing compliance with international drug control treaties. While CND resolutions are not legally binding, they set the tone for drug policy developments in many countries. EHRN urges its members to cite language from the overdose resolution whenever relevant.

More than 10,000 Overdose Rescues documented by U.S. Centers for Disease Control

In February 2012, the U.S. Centers for Disease Control and Prevention (CDC), America's federal public health agency, published a review of overdose prevention projects including naloxone distribution. Based on a survey conducted in 2010, the report found that there

were 188 overdose projects in the United States which had to date trained more than 50,000 people and documented more than 10,000 successful overdose reversals with naloxone. The report is available in English [here](#).

Overdose mortality has declined significantly in many locations with community-based overdose projects. Heroin overdose deaths have dropped by nearly 40% in New York City since such projects were scaled up; similar results have been seen in Chicago, San Francisco and elsewhere. Unfortunately, as the CDC report notes, more than two-thirds of U.S. states in the highest quartile overdose mortality rate do not have overdose projects that distribute naloxone.

Research Shows Link Between HIV Infection and Overdose Risk

The amount of new research on overdose has increased dramatically in recent years, with the annual average number of scientific papers more than doubling in the past decade. One recent paper especially worth highlighting was a systematic review and meta-analysis published by Traci Green and other researchers from Brown University in the USA. The authors found that people living with HIV are 74% more likely to die from overdose than HIV negative individuals. You can read the results of the study [here](#).

HIV infection and risk of overdose: A systematic review and meta-analysis

A new article by researchers at Brown University explores why HIV seems to increase risk for overdose. This systematic review provides another important piece of evidence that HIV donors should fund overdose prevention as part of programming for people who use drugs. You can read a blog post about the article [here](#). 

Tell the Network about Your Project!

With so much energy going into overdose prevention in EECA it can be hard to keep track of where good work is happening and what it looks like. EHRN asks your help in building a record of good practice and innovative projects in our region, which we will share with all our members.

ACKNOWLEDGEMENTS

Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from across 29 countries in the region of Central and Eastern Europe and Central Asia (CEECA). Together, we work to advocate for the universal human rights of people who use drugs, and to protect their lives and health.

The Network was established in 1997 and is governed by its Steering Committee. The Steering Committee is formed of elected representatives from CEECA sub-regions and community of people who use drugs. In 2001, the Steering Committee established the Secretariat, which is based in Lithuania and carries out the programmatic and administrative activities of the Network. EHRN

holds a Special Consultative NGO Status with the Economic and Social Council of the United Nations (ECOSOC).

The Network unites over 350 institutional and individual members, tapping into a wealth of regional best practices, expertise and resources in harm reduction, drug policy reform, HIV/AIDS, TB, HCV, and overdose prevention. As a regional network, EHRN plays a key role as a liaison between local, national and international organizations. EHRN ensures that regional needs receive appropriate representation in international and regional forums, and helps build capacity for service provision and advocacy at the national level. EHRN draws on international good practice models and on its knowledge about local

realities to produce technical support tailored to regional experiences and needs. Finally, EHRN builds consensus among national organizations and drug user community groups, helping them to amplify their voices, exchange skills and join forces in advocacy campaigns.

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Become an EHRN Member:

EHRN invites organizations and individuals to become part of the Network. Membership applications may be completed online at www.harm-reduction.org/become-a-member

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