
Workshop:

**A roadmap for overdose prevention
policies: where do you fit?**

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Introductions

Workshop Objectives

- Providing tools for advocacy to change public policies that impact on the lives of people who use opioid drugs
- Examples of policy developments enabling naloxone availability
- Discussion of next steps for workshop participants countries/venues

Why get involved in policy advocacy?

- Many policies affect PWUDs:
 - Criminalization of drugs and drug users
 - Lack of access to medical and social services
 - Lack of access to essential medications
 - Opioid Replacement Treatment: buprenorphine, methadone, heroin, morphine, naloxone

Why get involved in policy: To Save Lives

- "Overall between 99,000 and 253,000 deaths were estimated as being attributable to illicit drug use; most of those deaths, which could have been prevented, were fatal overdose cases among opioid users."
- World Drug Report, United Nations Economic and Social Council Report of the Secretariat, 12/12

What policies do you want to work on in preventing overdose deaths?

- Many, but some are more effective than others
- Prevent misuse of opioids through controlling supply, prescription and information
- Treat opioid addiction: opioid maintenance treatment
- Safe consumption/injection facilities
- **Prevent overdoses from becoming fatal:** recognizing and acting on overdoses in progress, including the role of naloxone
- Laws preventing fatalities by protecting OD reporters from criminal arrest and prosecution

Gather Evidence and Support

- Published papers on successful outcomes
- Regional/local demonstration projects
- Medical societies/associations' support
- If not possible, influential individuals

International Support: UN Resolution on Overdose

Resolution: Promoting measures to prevent drug, in particular opioid overdose

Encourages Member States to include effective drug overdose prevention and treatment elements in national drug policies ... including the use of opioid receptor antagonists such as naloxone;

Requests the UNODC & WHO, circulate best practices on drug overdose treatment and emergency response and to provide advice, guidance and capacity-building on preventing mortality from drug

2012

International Support: Endorsed by WHO

- Listed as an Essential Medication
- Naloxone distribution at drug treatment centers recommended as best practice WHO 2009
- Joint WHO-UNODC Guidance: **Opioid overdose: Preventing and reducing opioid overdose mortality 2013**

The importance of opioid maintenance and preventing mortality

- Maintenance treatment lowers very high mortality (and morbidity) dramatically
 - Opiate-Dependent Patients on a Waiting List for Methadone Maintenance Treatment Are at High Risk for Mortality Until Treatment Entry. Peles E, Schreiber S, Adelson M. *J Addict Med* 2013 7;3:177-182
 - Grönbladh L, Öhlund LS, Gunne LM. Mortality in heroin addiction: impact of methadone treatment. *Acta Psychiatr Scand* (1990) 82:223-227
 - Caplehorn JRM, Dalton MSYN, Cluff MC, Petrenas A. Retention in methadone maintenance and heroin addicts' risk of death. *Addiction* 1994 89:203-7.
 - Clausen T, Anchersen K, Waal H. Mortality prior to, during and after opioid maintenance treatment (OMT): a national prospective cross-registry study. *Drug Alcohol Depend* 2008;94:151–157

The importance of opioid maintenance in preventing overdose deaths

- Prospective study of opioid dependent patients applying for methadone treatment in Norway
- 3,789 subjects followed for up to 7 years
- Clausen Drug Alc Dep 2008

Results

	Pre-treatment	In treatment	Post-treatment
Total mortality Odds ratio	1	0.5	1.43
Total overdose Odds ratio	1	0.20	1.40
Percent of deaths due to overdose	79%	27%	61%

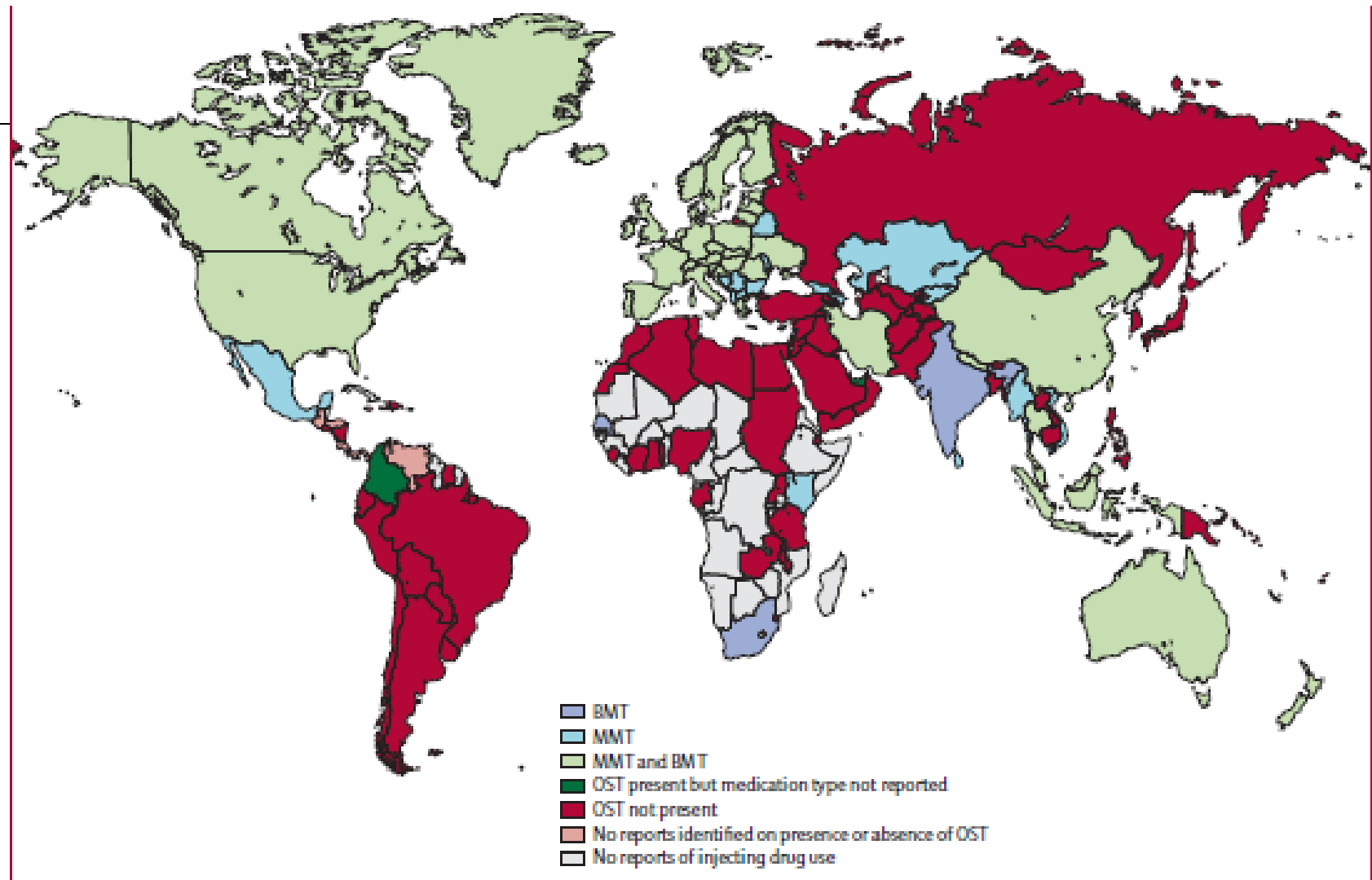


Figure 3: Availability of opioid substitution treatment

BMT=buprenorphine maintenance treatment. MMT=metadone maintenance treatment. OST=opioid substitution therapy.

Naloxone (Narcan)

- Prescribed opioid antagonist which rapidly reverses opioid related sedation and respiratory depression and may cause withdrawal
- Overdose victims wake up minutes after administration
- Displaces opioids from the receptors for 30-90 minutes
- No pleasant psychoactive effects

International naloxone availability

- Used in surgery in most countries
- Stocked in emergency setting and some ambulances in many countries
- Distributed to community members in a growing number of countries
- Over the counter: Italy

Naloxone path

1988: NGO in Italy successfully advocated for over the counter naloxone

1999: 2 USA NGOs began underground naloxone distribution

2001: Beginning of US state and city governments sanctioning distribution of naloxone

2002: Civil society distribution of naloxone in Russia and Ukraine

2012: UN resolution

Models of increasing access to naloxone

- Community prescribing/distribution to drug user and/or social networks
- Prescribing in outpatient care
 - Co-prescribing with pain medication
 - Prescribing to illicit drug users
- Increasing access among first responders
 - Include creation of new responders
- Pharmacy
 - Collaborative agreements empowering pharmacists to prescribe
 - Allow over-the-counter sales

International Naloxone Distribution Programs

- *Community-based naloxone distribution programs* exist in more than a dozen countries, including :

Afghanistan, Australia, Canada, China, Georgia, India, Italy, Kazakhstan, Kyrgyzstan, Russia, Spain, Tajikistan, Thailand, the United Kingdom, United States, Ukraine, and Viet Nam.

Not all are government sanctioned

Naloxone programs worldwide

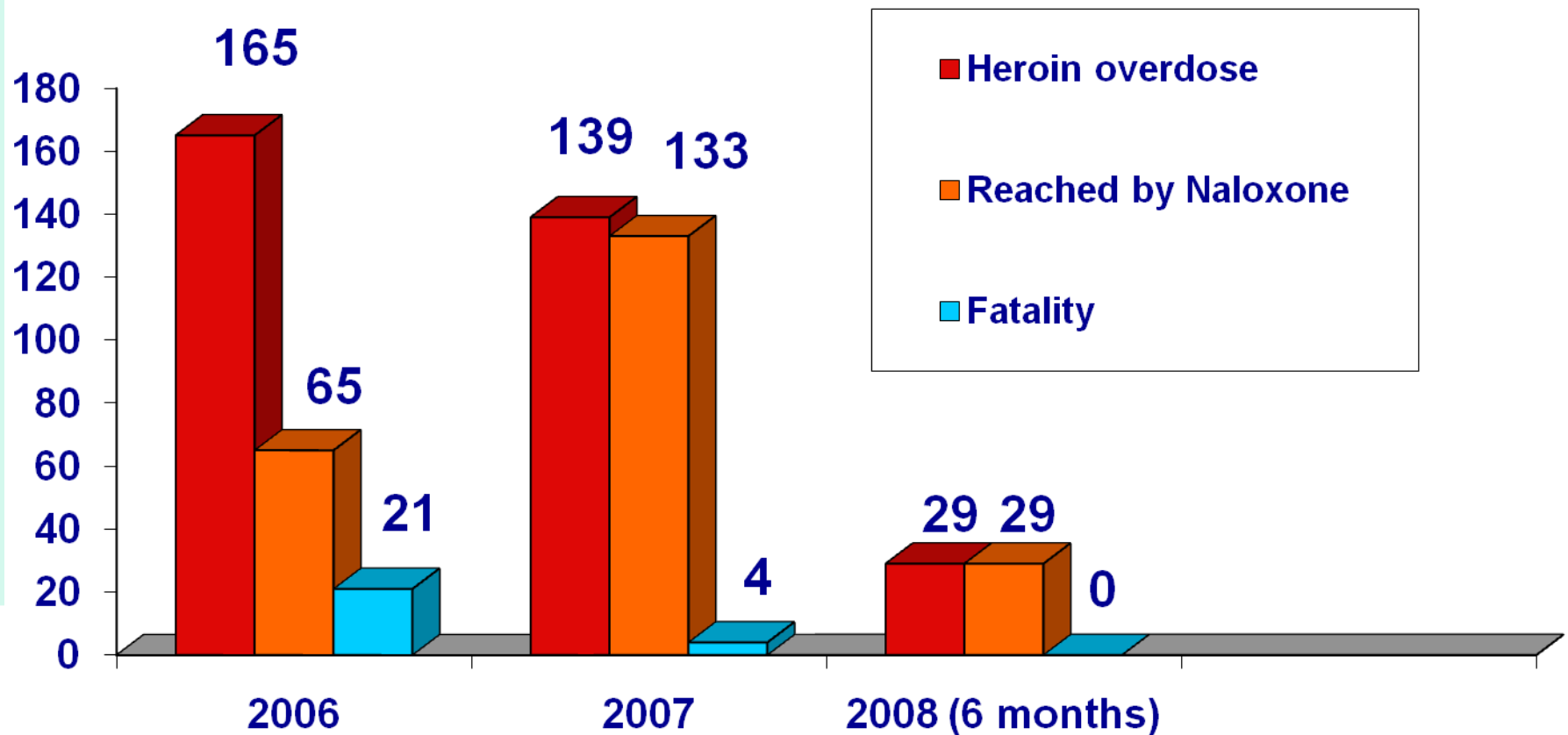


Policy: Naloxone in Emergency Settings

In Khorog, Tajikistan, a local civil society organization convinced the city to allow to distribute naloxone to ambulances, emergency rooms.

Coffin P, Overdose: A Major Cause of Preventable Death in Central and Eastern Europe in Central Asia. Eurasian Harm Reduction Network (EHRN), Vilnius, August 2008.

Effect of naloxone on overdose death: Heroin ODs by EMS in Khorog, TJ



Policy: Yunan, China's naloxone emergency response program

- Six peers from an NGO are available by phone 24 hours a day to respond to overdoses in a geographically compact area
- From October 2008 to 2011 they have been successful in 100% of calls so far, resulting in 136 overdose reversals

Policy: New York State EMT Basic Intranasal Naloxone Demonstration Program

A physician advocated to state government health authorities for inclusion of naloxone for use by basic emergency crews

First 6 months:

- 1,295 EMTs trained
- 69 opioid overdose reversals

Expected to go statewide

Courtesy of Michael Dailey, MD

Rationale for community-based overdose prevention programs

- Overdoses evolve over 1-3 hours
- There are often bystanders
- Naloxone is a safe and effective antidote
- Witnesses may fear of arrest in seeking help
- Emergency services may be expensive or not exist
- Emergency services may not carry naloxone

New York State: many partners

- 2003: pilot planned by civil society
- 2003: State Dept of Health begins education of stakeholders
- 2004: NYC syringe exchanges collectively lobby for and received City government funding
- 2005: HRC begins SKOOP
- 2005: State law passed, taking effect in 2006

Drug Treatment

Medical Director of the Office of Alcohol and Substance Abuse Services advocated for his Commissioner to promote the initiative drawing on the positive experiences of some drug treatment programs

2011: letter entitled Opiate Overdose Prevention: An Opportunity to Save Lives

2012: A therapeutic community adopts the model – and immediately has an overdose reversal

Does naloxone make a difference?

Massachusetts, USA: 19 communities with high prevalence of fatal overdoses, 2006 – 09, were studied for effect of Opioid Education and Naloxone Distribution programs on OD death rates, compared with no intervention:

- Total of 2,912 potential bystanders trained
- 327 rescues reported (11% of kits used)
 - High rate of community distribution: 46% lower death rate
 - Lower rate of OEND: 27% lower death rate

Walley et al BMJ 2013

Cost effectiveness of Community Naloxone Programs

- **United States:** In the probabilistic analysis, 6% of overdose deaths were prevented with naloxone distribution; 1 death was prevented for every 227 naloxone kits distributed (95% CI, 71 to 716).

Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal. [Coffin PO](#), [Sullivan SD](#). [Ann Intern Med](#). 2013 Jan 1;158(1):1-9

- **Russia:** For each 20% of heroin users reached with naloxone distribution, the model predicted a 13.4% reduction in overdose deaths in the first 5 years and 7.6% over a lifetime; In probabilistic analysis, one death would be prevented for every 89 naloxone kits distributed (95% confidence interval 32 – 260)

Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal in Russian cities. [Coffin PO](#), [Sullivan SD](#). [J Med Econ](#). 2013 Jun 4.
[Epub ahead of print]

Prisons

- Get Eliza's story

Policy: Co-prescribing with pain meds

Project Lazarus: a multifaceted overdose prevention program includes naloxone with any potential risky opioid prescription

- Co-founded by civil society in 2007
- Supported by State medical board 2008
- Led to Operation OpioidSafe at US Army base 2008

Advocacy: the easier part

Overdose prevention is appealing to a wide variety of stakeholders

- USA- across the parties
- Zanzibar- opponents of methadone and syringe access
- A therapeutic community: Samaritan Village

PEPFAR and Global Fund can cover procurement of naloxone

The example of Naloxone advocacy

- Naloxone policy development- similarities and differences compared to other harm reduction policy

User advocacy

- Chicago Recovery Alliance began publicly distributing naloxone in 1996 with no permission
- Vietnam: In 2009 a user advocate brought some naloxone home from the HRI conference and saved a life

Advocacy: a challenge

- Intramuscular naloxone is affordable but there is opposition to the distribution of needles and administration of an injectable medicine
- Naloxone needs to be a higher concentration for intranasal use, an affordable source has not been identified

Common concerns

- Can one use it to get high?
- Isn't it a "safety net" promoting higher risk behaviors?
- Not enough evidence for benefit

No access to naloxone?

Lack of naloxone should not deter overdose prevention education and training

- Screening for risk of overdose and giving information: risks, prevention, recognition, calling 911 and rescue breathing CAN HELP SAVE LIVES!
- Make OD screening and training a standard of care
- Continue advocacy for OST to scale