

Reducing overdoses with take-home naloxone: lessons learnt from peer-to-peer distribution

Mat Southwell

European Network of People who Use Drugs (EuroNPUD)

Bath, UK



Disclosure

- Nothing to disclose

Learning objective

After this talk participants should be able to:

- **Recall the characteristics, challenges and opportunities of peer-to-peer and take-home naloxone programmes**

Introduction: opioid use in Europe



1.3 million high-risk
opioid users

Opioids are found
in **84%** of fatal
overdoses



Reversal of opioid
overdosing with
NALOXONE
can prevent
death



Naloxone
provided by
emergency
medicine and
ambulance
services since 1970

However...

research has shown that **many opioid overdoses occur in the presence of other people**

**Widespread availability of naloxone could prevent such deaths
via the implementation of take-home naloxone (THN) programmes across Europe**

Naloxone

- An **opioid-receptor antagonist** with a greater affinity for μ -opioid receptors
- Listed as an 'essential medicine' by the World Health Organization (WHO)
- Available formulations:

Pre-filled syringe with
attached needle

Pre-filled syringe with
separate needle

Ampoules

Intranasal sprays

- Depending on the formulation and context, the initial dose can vary:
 - **WHO guidelines: an initial dose of 0.4–2 mg can be used but in most cases 0.4–0.8 mg will be effective at recovering breathing in an individual**
- Can **cause sudden withdrawal symptoms** but **serious adverse effects are rare**
- Has **very low potential for direct misuse**

THN programmes

- THN programmes are aimed at **reducing opioid fatalities and improving outcomes in people who use opioids**
- Achieved by providing:



Overdose awareness education



Naloxone supplies

- Both users and individuals likely to witness an overdose are trained

A systematic review showed that THN programmes have:

- significantly **lowered opioid-related overdose fatalities**
- **decreased drug use** among participants
- **increased the willingness for HIV/HCV testing**
- led THN recipients to **train a family member or peer**
- **targeted populations with high risk of overdose**, e.g. homeless users

Key training components addressed in THN

THN training focuses on the following:



Identifying symptoms and signs of overdose



Calling the ambulance



Management of the casualty

- Unconscious but breathing – appropriate basic life support, e.g. recovery position
- Unconscious and not breathing – naloxone administration and rescue breaths



Peer education

- Highlighting the importance of knowledge in preventing and managing opioid overdose deaths

Impact of THN programmes on overdose fatalities

- Markov model was used to **estimate the impact of THN kits on people who use drugs (PWUDs) in British Columbia (Canada) between 2012–2016**
- **THN programme was shown to significantly reduce the number of overdose deaths**
- Moreover, it showed that **an earlier scale-up of THN would have significantly impacted both deaths averted and cost-effectiveness** of the THN programme

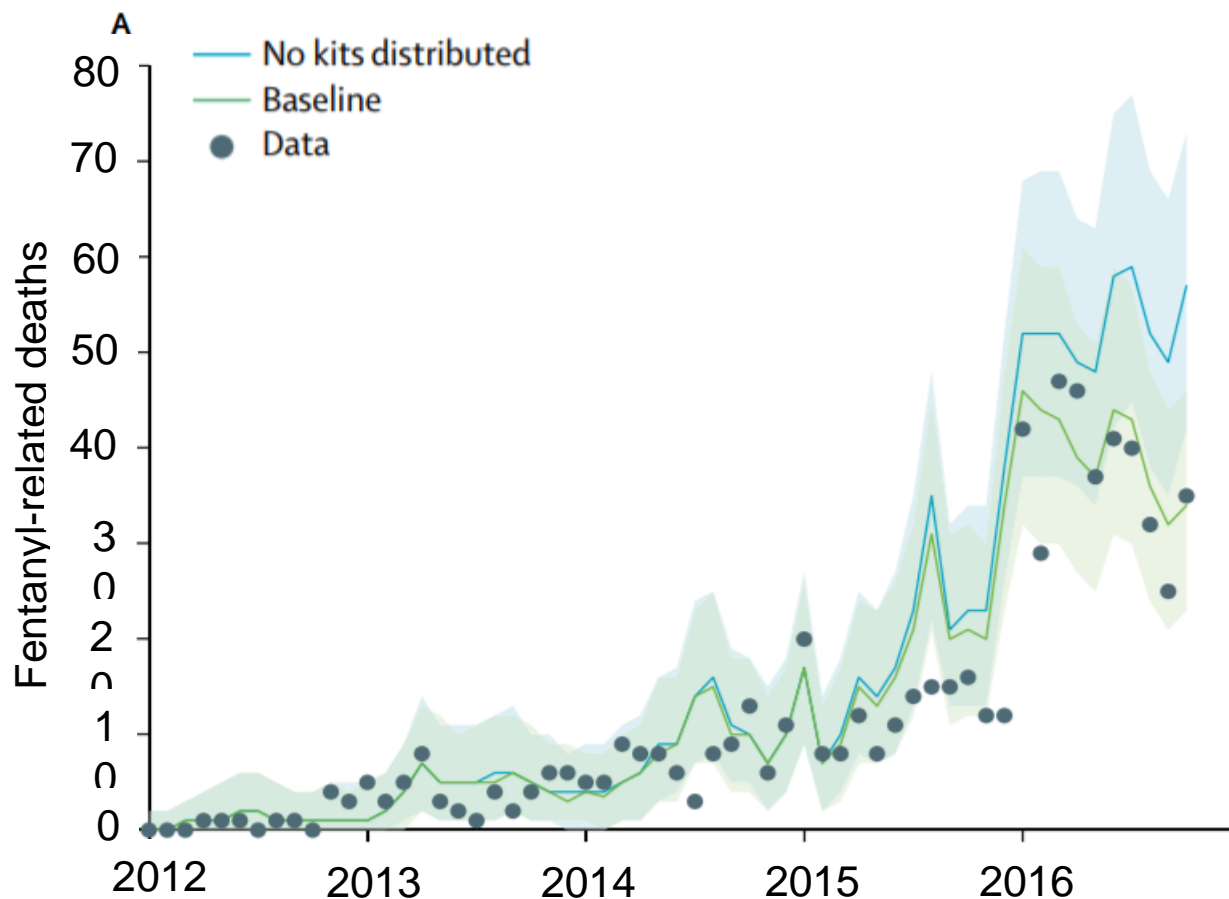


Figure adapted from Irvine MA, et al. 2018.

Irvine MA, et al. *Lancet Public Health*. 2018;3:e218–25.

Landscape in Europe: THN

In 2017, THN programmes were available in 10 European countries:

- Denmark
- Estonia
- France
- Germany
- Ireland
- Italy
- Lithuania
- Norway
- Spain
- UK

Programmes vary largely in format – some are small and time-limited pilots and others are nationwide programmes



Peer-to-peer naloxone (P2PN)

- P2PN programmes **engage PWUDs and others with lived experience of drug use in the distribution of naloxone to their peers.** Peers will either attend a training session or receive a brief intervention outreach engagement before receiving naloxone
- There are several ways in which PWUDs can be involved in naloxone distribution:

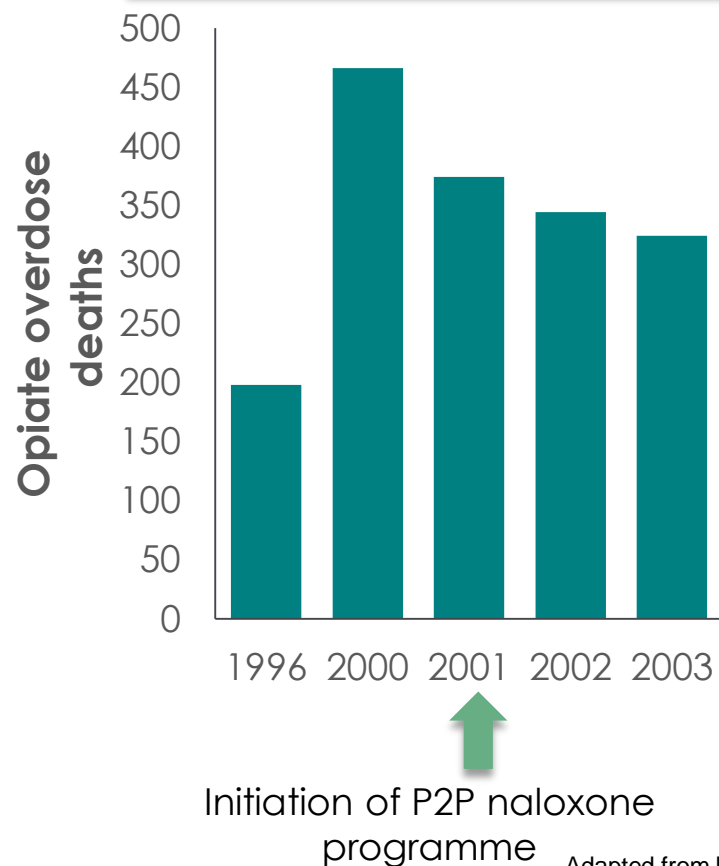
Contracted to a drug user group to distribute naloxone and support the management of opioid overdose in the community

As a volunteer peer worker attached to a harm reduction or recovery agency to reach the optimal service provision

As an individual within a drug user group which autonomously distributes naloxone and delivers peer education through peer networks

Impact of P2PN on opioid deaths

Quick-hit case study: Cook County, Chicago



Adapted from Maxwell S, et al.

- A P2PN programme was implemented in 2001 for people who inject heroin in Cook County, Chicago
- Each participating drug user was given:
 - a standardised education about overdose and naloxone
 - instructions on naloxone use
 - a 10 ml multi-dose vial of naloxone
 - a supply of syringes
 - a pocket-sized instruction card surrounding overdose recognition and treatment
 - legal documentation that medically sanctions the possession of medication
- Since its implementation:
 - **>3,500 10 ml (0.4 mg/ml) vials of naloxone have been prescribed**
 - **319 reports of peer reversal received**
 - 1 reported death

Activities involved in P2PN



Strengths of P2PN programmes

- When compared with other naloxone distribution programmes, P2P naloxone programmes have specific aspects that may make them more successful
- For example, peers have:
 - Privileged access to **drug using venues**
 - Privileged access to **drug supply systems**
 - Privileged access to **formal and informal mutual aid networks**
 - Privileged access to **drug scenes** involving purchase and use
 - **Trust** from their peers due to **shared lived experiences**
 - The ability to **deliver personalised peer education**



EuroNPUD Naloxone Access and Advocacy Project: P2PN distribution

The focus of this project is to:

1. Highlight the role of naloxone in responding to opioid overdose
2. Describe the existing response and barriers to access in the UK
3. Advocate for extended access to naloxone
4. Consider the role of P2P distribution of naloxone
5. Produce a toolkit for testing access and promoting advocacy for naloxone

Focus Group



Lessons from the focus group and mystery shopper activity (I)

Mystery shopper activity



Trained drug users from various locations (Liverpool, Burnley and Blackpool) visited local THN distributing venues, community pharmacies and general practice surgeries. Their experiences were then recorded:



- Mystery shoppers were **able to access naloxone from specialist services** in all areas
- **Non-specialist services showed poor knowledge about THN or referral paths into drug services**
- The quality of referral varied



- **Specialists services have struggled to sustain the intensity of the opioid overdose response** beyond the initial launch phase given their multiple responsibilities and the recovery focus of services

Lessons from the focus group and mystery shopper activity (II)



- PWUDs have the most **knowledge regarding the management of opioid overdose and the administration of naloxone**
- This needs to be **repeated and reinforced**



- Drug workers **did not work through the approved checklists** for the brief intervention
- Training was not **systematic and comprehensive**
- **Assumptions on peer volunteer knowledge were made** by drug workers



- Drug services should have **product samples for demonstration** within training
- This will **familiarise peers with the product** before the emergency situation occurs

Lessons from the focus group and mystery shopper activity (III)



- **Pharmacy counter staff and general practice reception staff are poorly informed** about naloxone
- They do not seek professional advice to overcome misunderstandings



- **Family members are more likely to seek advice through general practitioners and pharmacies**
- The main entry point for families seeking THN was **not equipped to promote access to THN**



- **Stigma and discrimination** has put people off persisting to seek services in busy surgeries and pharmacies
- Some mystery shoppers **felt judged and unwelcome** at these establishments

Extrapolation of lessons for the rest of Europe



THN should be integrated into induction assessment and medical review checks in OST clinics



Audit local level brief training, checklists and naloxone provision protocols



Provide a 1-hour training and brief intervention in P2PN programme



P2P distribution and administration of naloxone should be featured in all plans for naloxone distribution



Educate non-specialist staff working in key medical and community establishments, e.g. GP surgeries and pharmacies



Use peers to provide education and naloxone provisions in emergency rooms to people recovering from an overdose

Updates for peer distribution in Europe?

EuroNPUD launched two reports:

- **Peer-to-Peer Distribution of Naloxone Technical Briefing**
- **Naloxone Access and Advocacy Project Process Report**

These reports **are advocacy tools to promote the role of peer audit and peer-to-peer distribution of naloxone** through:

- **Civil society bodies**
- **European academic and monitoring bodies**
- **United Nations**
- **Country drug user groups** – these groups will also use these reports to engage their national governments to highlight the role of drug users in driving up access to THN, particularly through peer audit and P2PN

Conclusion

- THN programmes have various reported benefits to PWUDs – most importantly, in **reducing the number of overdose deaths**
- The involvement of peers in naloxone programmes **may provide greater distribution of naloxone and awareness of overdose in the drug using community**
- Despite the establishment of P2PN programmes in the UK, there are **still challenges that need to be addressed**
- Current P2PN programmes **highlight the challenges and successes involved and should be considered when establishing new programmes in Europe**

Acknowledgements

