



UNODC

United Nations Office on Drugs and Crime

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EACH PERSON COUNTS: UNODC WORK ON OPIOID OVERDOSE PREVENTION



Content

- Opioids overdose: Facts and challenges
- UNODC / PTRS recent work on opioid overdose
- UNODC / PTRS future plans
- Conclusions



Problem: Opioid overdose

- It is a growing **public health problem**
- **More than 70,000 people die** each year
- Worldwide **leading cause** of avoidable death among **people who inject drugs**



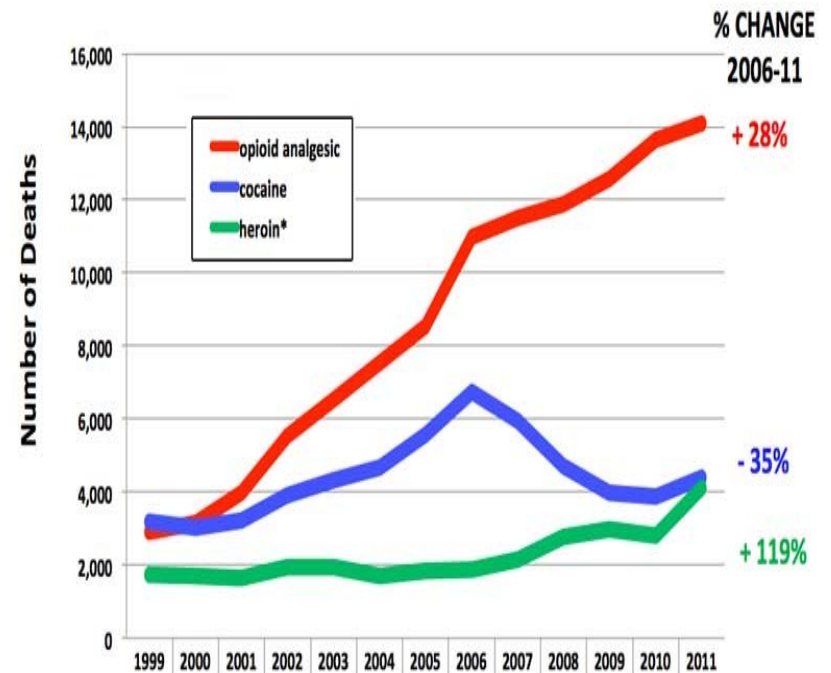
Facts & Challenges

- Nationally reported mortality **often insufficient** to estimate overdose deaths.
- Available data mostly from prospective cohort studies and national reporting systems, **largely from high-income countries.**
- **USA:**
 - **16,651 fatal opioid overdose** related to **prescription opioid analgesics**
 - **Heroin use increase in the USA**
- High rate of **non-fatal overdose: non registered.**

Opioid prescription misuse, cocaine, & heroin deaths in the United States

- Deaths from opioid painkillers now exceed all other drug overdose deaths.
- Also, there now is an increase in heroin fatalities
- The recent increase in heroin deaths is attributed to painkiller addicts who transition to a cheaper and more potent street drug.

Unintentional Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine and Heroin: United States, 1999–2011



Source: National Center for Health Statistics/CDC, National Vital Statistics Report, Final death data for each calendar year (June 2014). * includes opium

Non-fatal overdose: hidden burden

A Mother Lifts Her Son, Slowly, From Heroin's Abyss


World | Katharine Q Seelye, The New York Times | Updated: August 11, 2014 08:48 IST


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Bruce Bonauto, right, a home health aide, and Gail Morris help her son Alex, whom she has cared for since he overdosed on heroin in 2001 and very nearly died, at their home in Sparta on June 6. (Ruth Fremson/The New York Times)

SPARTA, NEW JERSEY:

When Gail Morris came home late one night after taking her daughter to college, she saw her teenage son, Alex, asleep on the sofa in the family room. Nothing seemed amiss. An unfinished glass of apple juice sat on the table. She tucked him in under a blanket and went to bed.

The next morning, he would not wake up. He was stiff and was hardly breathing. Over the next several hours, Morris was shocked to learn that her son had overdosed on heroin. She was told he would not survive.

"Everyone focuses on death because it's so dramatic, And so attention hasn't been paid to the follow-up consequences that may emerge when someone actually survives."

Dr Nora Volkow
NIDA, Director

UNODC work on opioid overdose prevention

Resolution 55/7

Promoting measures to prevent drug overdose, in particular opioid overdose

The Commission on Narcotic Drugs,

Reiterating the commitments made in the Single Convention on Narcotic Drugs of 1961,¹ in the preamble to which the parties to the Convention expressed concern for the health and welfare of mankind; recognition that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for medical purposes; and recognition that addiction to narcotic drugs constitutes a serious evil for individuals and is fraught with social and economic danger to mankind,

Recalling the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,² which stressed the need to strengthen efforts aimed at reducing the adverse consequences of drug abuse for individuals and society as a whole, taking into consideration all health consequences, such as overdose,

2. *Requests* the United Nations Office on Drugs and Crime, in collaboration with the World Health Organization, subject to the availability of extrabudgetary resources and upon the request of and in collaboration with Member States, to collect and circulate available best practices on the prevention and treatment of and emergency response to drug overdose, in particular opioid overdose, including on the use and availability of opioid receptor antagonists such as naloxone and other measures based on scientific evidence;⁴

3. *Also requests* the United Nations Office on Drugs and Crime, in collaboration with other relevant international organizations, including the World Health Organization, as appropriate, subject to the availability of extrabudgetary resources, to provide Member States, upon request, with advice and guidance based on scientific evidence, and provide capacity-building, on preventing mortality from drug overdose, in particular opioid overdose;

4. *Further requests* the United Nations Office on Drugs and Crime, in collaboration with other relevant international organizations, including the World Health Organization, as appropriate, to include initiatives to prevent mortality from drug overdose, in particular opioid overdose, and related mental health issues as part of their drug demand reduction programming;

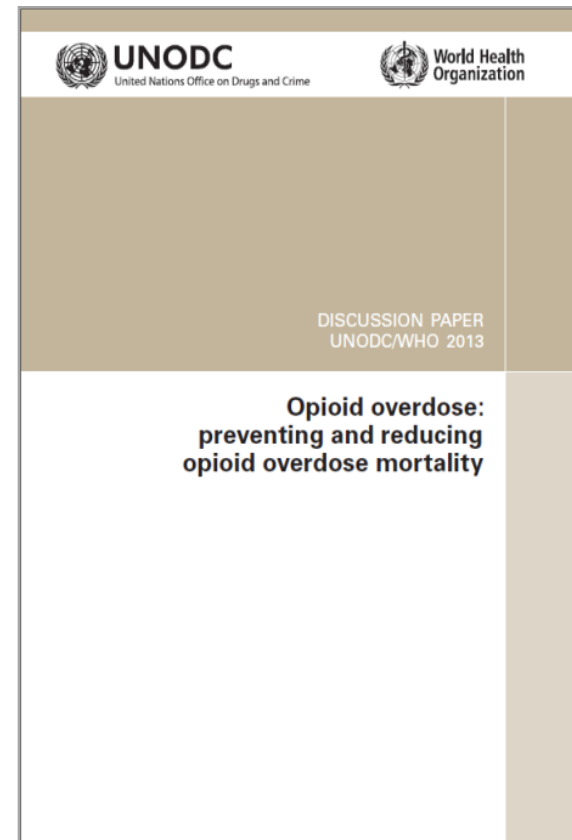


COMMISSION ON
NARCOTIC DRUGS
VIENNA



UNODC-WHO Discussion paper on Opioid Overdose

- Launched at the 2013 Harm Reduction International Conference in Vilnius
- Translated into Russian, Chinese and Arabic.
- Widely distributed during CND and to various audiences





Prevention of fatal overdose

A. Effective measures

- Reducing the availability of opioids and harmful opioid use
- Providing access to effective treatment for people with opioid dependence
- Reducing the risk of overdose upon release from prison

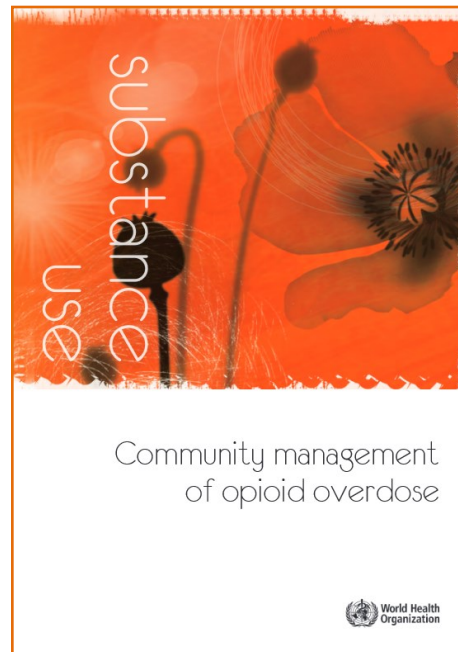


Prevention of fatal overdose

B. Gaps between existing practice and current recommendations for prevention and treatment

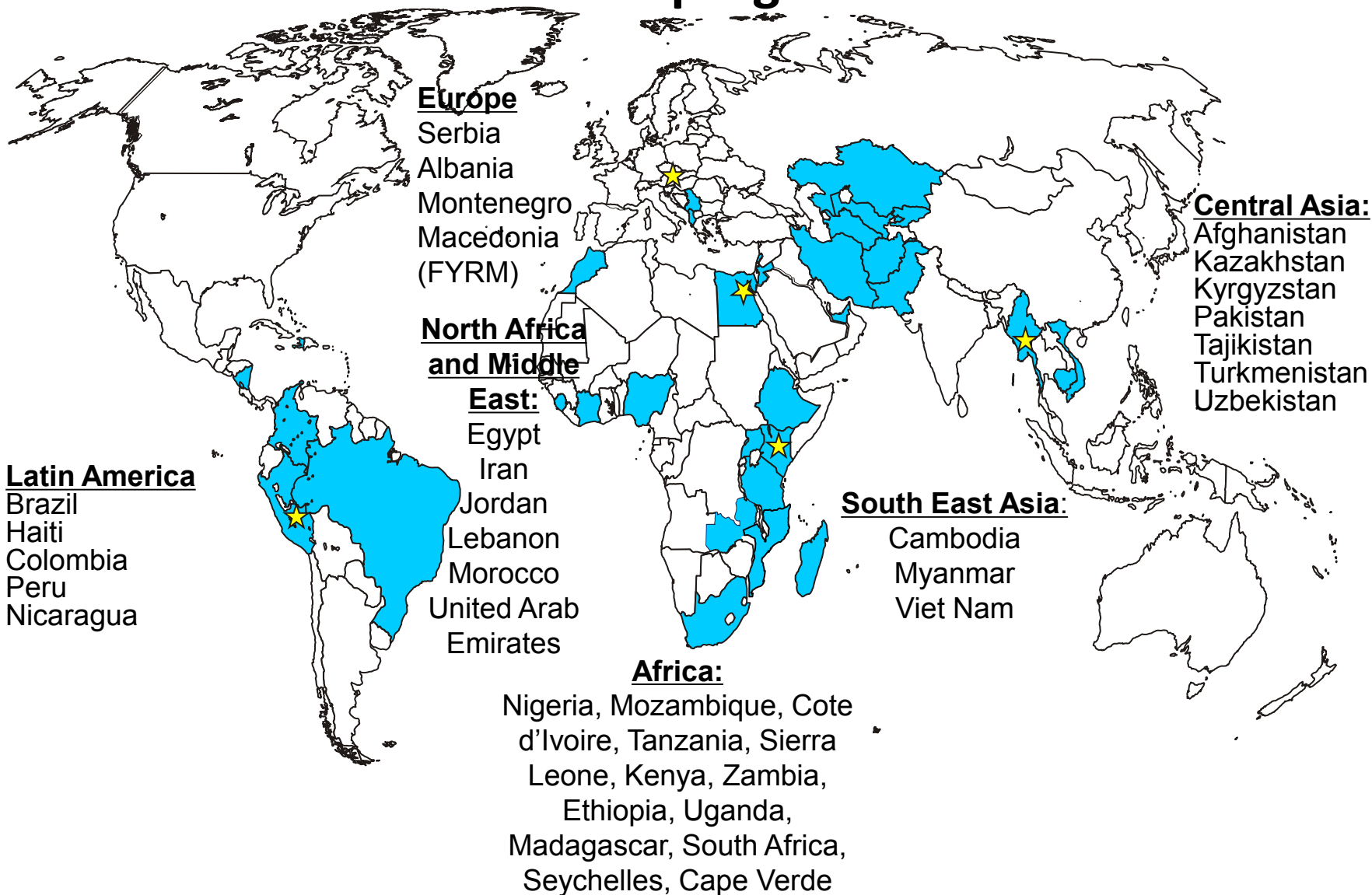
- Availability of opioids.
- Access to effective treatment of drug dependence
 - Only 42% of countries
 - < 10% of people who need tx have access
- Availability of drug dependence treatment in prisons
 - Very few countries offer tx programmes in prisons
- Effective treatment of opioid overdose
 - Naloxone not always available despite in WHO List of Essential Medicines

Responding to the CND mandate



....aim to reduce the number of deaths from opioid overdose by providing **evidence-based recommendations** on the availability of naloxone for people likely to witness an opioid overdose along with advice on the resuscitation and post-resuscitation care of opioid overdose in the community .

UNODC treatment programme countries







The Opioid Overdose prevention programme Kyrgyzstan



Background

2009

- The "Study of awareness of IDUs about some aspects of opioid overdose was conducted. A pilot project based on NSP Bishkek (FMCs №1, 3, 4 , 5, 6 , 8, 16) and (UCM 's. Tokmok, Kara Bata , p. Belovodskoe) Chui oblast (coverage -1138 ampoules 500 customers , re 56)

2010

- Mechanisms for implementing the program were sought
- Prepared the legal framework for the implementation of the project

2011

- Implementation of the project in 14 SEP (8 in Chui , 5 in Bishkek and one in Osh, one in the prison system.
- 3224 Coverage IDUs re: 640)

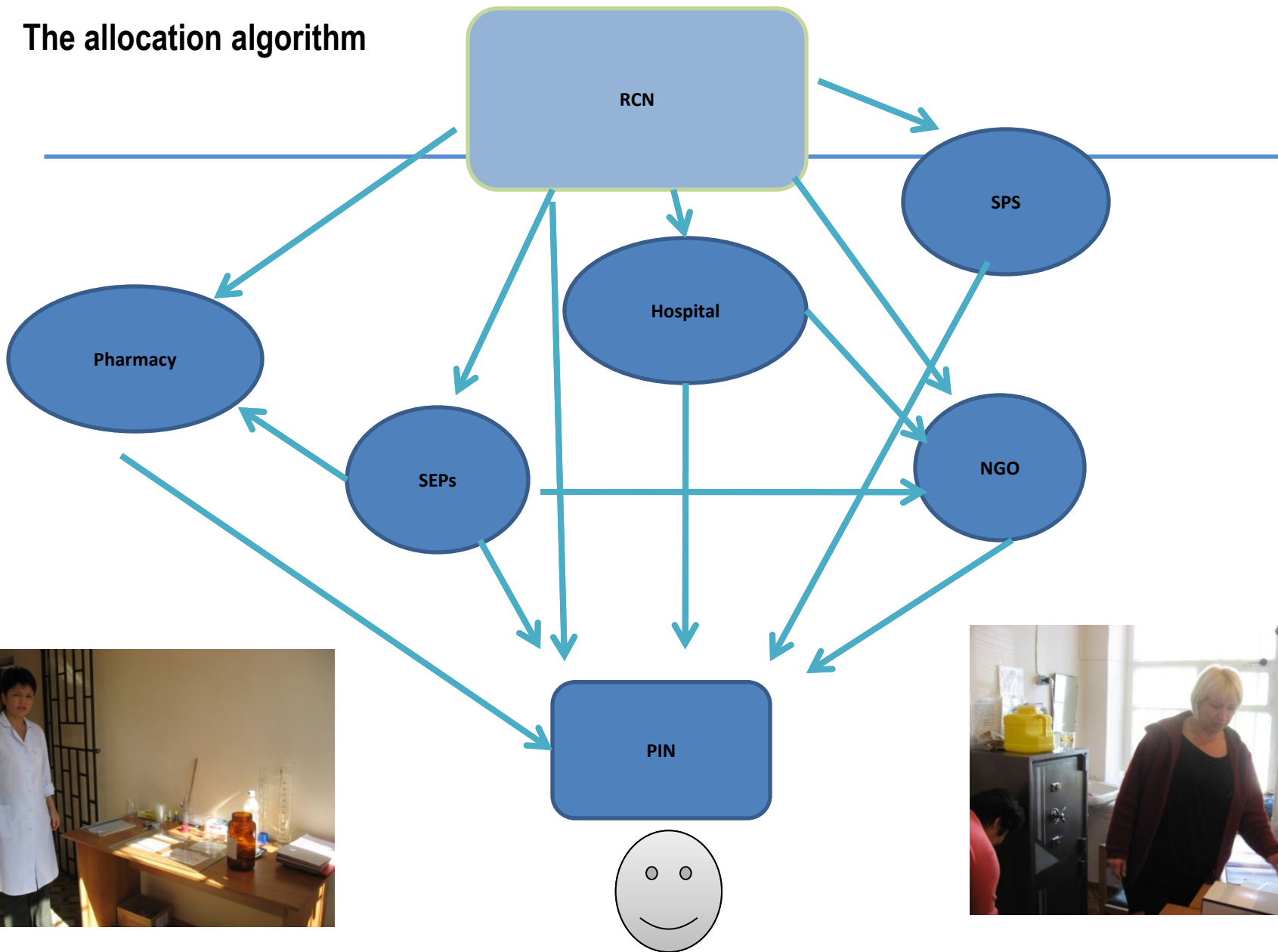
2012

- Further implementation of the program Treatnet in Bishkek and Osh
- Coverage ampoules 2200 IDUs, 5540 ampoules, re 570 people

2013

- Sales through pharmacies and NGOs : 1 sq . Coverage of more than 750 people re 154 people

The allocation algorithm



Naloxone distribution and related activities :

- Awareness raising workshops and trainings for IDUs on the signs of overdose, ways of providing first aid and proper use of naloxone.
- In collaboration with the Centre for Global Health Research in Central Asia, the NGO " Attica " and the Central Asian Harm Reduction Center (CATIC).



Naloxone distribution together with:

- Provision of information material (brochures, registration card, memo naloxone).
- Drug users participated in the development and design of the text.



Awareness raising

National Center on Addictions, the Center for Global Health Research in Central Asia and the NGO "Attica" .

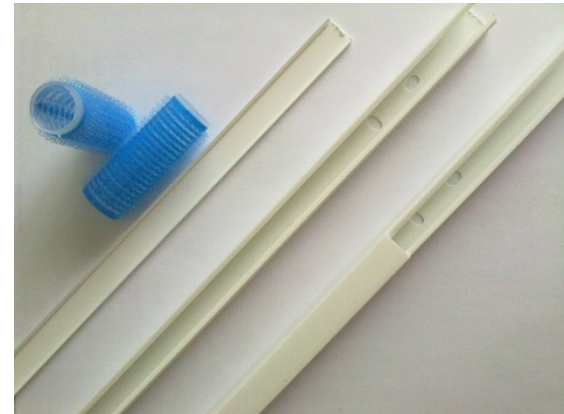
Information board with information on the use of naloxone and overdose prevention.



Connections

In collaboration with the Centre for Global Health Research in Central Asia (www.ghrcca.columbia.edu) and local NGOs "Attica" Naloxone ampoules were distributed together with plastic containers which reduce up to 40% the breaking of ampoules.

Among the most appropriate and affordable options can be called plastic cable channels, pen caps and female curlers which have better cushioning effect.





2014

- 4,500 ampules of Naloxone distributed through the NGOs: “Attika”, “Socium”, Asteria” and “Ranar” in Bishkek, NGO “Parents against Drugs” in Osh and NGO in Karakul city, Issikkul region.
- RNC progress report on opioid overdose prevention to the Board in Ministry of Health (MoH):
 - Kyrgyz Republic (2010-2011): the **Mortality from the drug overdoses in general and by gender shows a declining trend by 13%**. (Source: Republican Medico-Informational Center MoH, 2012).
 - Other mortality data sources report a reduction by 8.3 % (Republican Bureau of Forensic Medical Examination data, 2011).
- Kyrgyz Republic authorities have acknowledged that “**The reduction of the mortality from drug overdose has become a new tool of the National Drug Strategy**”, not less effective than the supply reduction, demand for drugs and harm reduction.

Kazakhstan

Overdose prevention activities among IDUs:

- 100 naloxone packages consisting of 1000 ampoules of naloxone and 500 copies of information materials on overdose prevention have been printed out.
- 50 packages of naloxone were handed over to the emergency station in Pavlodar.
- 50 packages to outreach workers of AIDS Centre for further distribution among IDUs.
- Anecdotal information from physicians of emergency station has already shown its positive effects.

Evaluation of effectiveness of overdose prevention activities :

• A questionnaire is being conducted among outreach workers that distribute naloxone. At the moment 19 people from 25 involved outreach workers responded. The results are shown in Table # 1:

Table #1. Results of a Qx amongst outreach workers that distribute naloxone

Indicators	
The quantity of ampoules of naloxone received by You for further distribution	520
The number of IDUs that received naloxone and informational materials from You	274
The number of IDUs that used naloxone provided by You for drug use overdose	85
Was the provided assistance effective? (Yes)	19
Did you witness drug use overdose for the last 30 days?	17

- 52.7% of total ampoules of naloxone and informational booklets, shared with outreach workers, had been delivered to IDUs.
- 16.3% of naloxone had been used for first aid in case of drug use overdose, besides it; in 100% cases the assistance was efficient and timely.
- 89,5 % of outreach workers witnessed drug use overdose for the last 30 days.



Tajikistan

- Republican Clinical Narcology Center (RCNC) in Dushanbe, Khujand and Kurgan-tube
- Heroin (injected) is the most abused drug

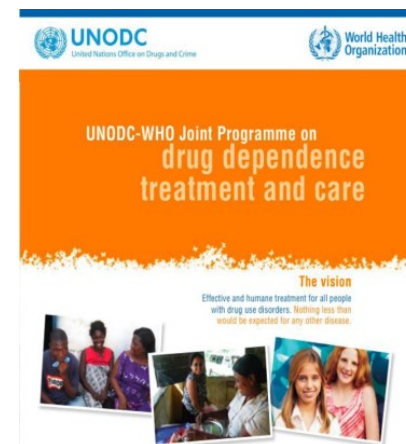
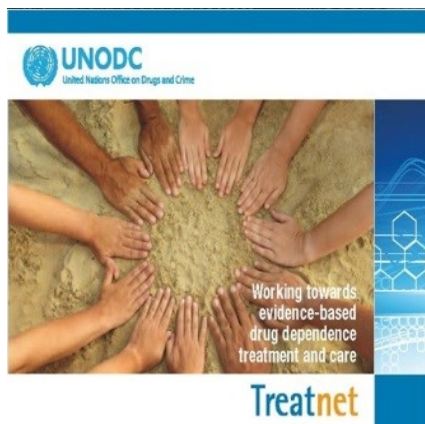
Table: The most used psychoactive substance among patients applied to the project sites over the life (by the screening results)

Type	RCNC	Regional Narcology Center Kurgan-Tube	Regional Narcology Center Khujand	Total
Heroin	80,7%	75,7%	78,5%	78,3%
Alcohol	72,8%	65,0%	58,0%	65,3%
Cannabis	68,6%	63,2%	57,4%	63,1%
Opiates	79,0%	73,0%	66,0%	72,6%
Other	0,4 %	0,0%	0,1%	0,17%

- MoH requested support to update equipment at the intensive care and reanimation unit (specially overdose cases) Republican Clinical Narcology Centre (RCNC).
- 2014: emergency treatment provided to 214 patients at the Centre’s resuscitation unit (Report of the Director of the RCNC).

UNODC Future plans

- A feasibility study for the prevention of opioid overdose at the community level in Ukraine, Kyrgyzstan, Kazakhstan and Tajikistan.
- Emphasis on the use of **intranasal naloxone** at the community level.
- Jointly implemented by UNODC and WHO in the framework of the UNODC-WHO Programme on Drug Dependence Treatment and care (GLOK32)





Rationale

- Treatment of opioid dependence reduces the risk of overdose by almost 90%
- Naloxone not always available (Despite in WHO Model List of Essential Medicines)
- Where available, Naloxone use is limited to medical staff
- Building on UNODC project Treatnet (GLOJ71):
 - Feasibility study is supporting national governments to ensure a comprehensive drug dependence treatment and care approach through capacity building.



Rationale (2)

- Successful experiences with policies and procedures such as:
 - Naloxone distribution to **first responders** (e.g., police and firemen) and to people dependent on opioids, peers and family (likely to be present when overdose occurs).
 - Naloxone available in **pharmacies without a prescription** (low risk/high benefit of naloxone).
 - **Educating peers and family** members and providing overdose prevention education and equipment (including Naloxone).
 - **Naloxone prescribed** to the person using opioids, who then **entrusts it to someone** else.
- The feasibility study will be carried out over a time period of 24 months in four phases
- Assumes a sufficient level of political willingness and support at country level to implement the study as described



Feasibility project

Phase 1 - Preparatory phase

- Introductory letter to the authorities in each country
- Meetings with key governmental representatives and other relevant stakeholders in each country.
- Selection of national project coordinators and Selection of the technical lead consultant
- Preparation of the **draft protocol**
- Coordination meeting with representatives of all project countries to review and finalize as well as **endorse the protocol**

Phase 2 - Assessment and Training

- **Assessment** of available services and potential data sources.
- National level coordination meetings are established to monitor project progress
- **Assessment of the feasibility to register (intranasal formulation of) naloxone in each country**
- Printing of WHO Opioid Overdose Prevention Guidelines in 4 languages
- Preparation of forms relevant for the feasibility study (overdose incident report, refill form, informed consent)
- National level training of professional and paraprofessional staff, as well as families, peers and other relevant community members



Feasibility project (2)

Phase 3 - Implementation

- **Introduction of (intranasal) naloxone and 12 months implementation period**
- Intermediate monitoring visits to all 4 countries for problem solving, fidelity maintenance, quality assurance (after 6 months)
- Freezing point for all data collection and analysis (after 12 months)
- Meeting of the Project Coordinators to prepare National Evaluation Documents

Phase 4 - Evaluation and Dissemination




- Preparation of the joint **Evaluation Report**
- **International Conference on Opioid Overdose Prevention**
- Publication and **dissemination of the lessons learned.**

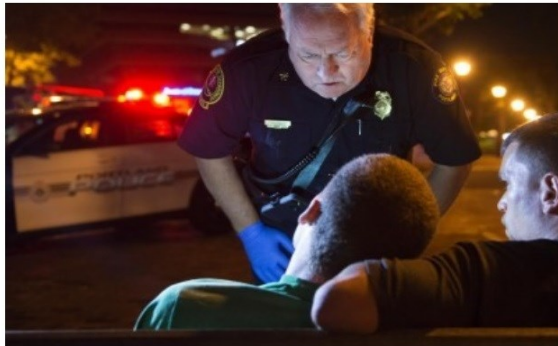
Considerations

- Political willingness and support at country level to implement the feasibility study as described



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In heroin fight, White House will push treatment






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Terry Walsh, fire deputy chief in Portland, Maine, responds to a possible heroin overdose by an 18-year-old man on July 4. (Linda Davidsori/The Washington Post)

By **Marc Fisher** August 16   Follow @marcfisher

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Considerations (2)

- Cost of Naloxone, specially intranasal
- In some countries, naloxone costs less than \$1 per dose however:
Reports of increasing prices of Naloxone

“A dose of naloxone that a participating police department had purchased for \$14.90 in August is now selling for \$34.50,” (New York Attorney General Eric Schneiderman)
December 2nd, 2014



Conclusions

- Opioid overdose is an increasing **Public Health Problem in developing countries.**
- Systematic implementation of existing recommendations can effectively reduce the high rates of overdose, but there are challenges:
 - Opioids agonist **maintenance treatment**
 - Appropriate Opioids **prescription practices**
 - **Naloxone availability**
- UNODC has supported Opioid overdose prevention projects as part of a **comprehensive Drug Dependence Treatment programs.**
- **Further evidence-based guidance** from UNODC through:
 - Piloting of various Models of Naloxone availability
 - Training
 - Implementation of opioid overdose prevention/management programmes.



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Thank you!

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www.unodc.org/treatment

