

Burnet Institute

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**UNODC-WHO MULTI-SITE STUDY ON COMMUNITY
MANAGEMENT OF OPIOID
OVERDOSE, INCLUDING EMERGENCY NALOXONE
S-O-S – Implementation & Evaluation**

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Disclosures

- Investigator-driven funding from Gilead Sciences Inc for work related to hepatitis C treatment and an untied educational grant from Indivior for work related to buprenorphine/naloxone
- Unpaid member of an Advisory Board for a Mundipharma intranasal naloxone product

Stop - Overdose - Safely

WHO-UNODC Multisite Study implementation study on community management of opioid overdose (2016-2020)

Aim: explore the feasibility and impact of community management of opioid overdose, including the use of naloxone in participating countries through the implementation of Take-Home-Naloxone (THN) with a focus on people likely to witness opioid overdose



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May-Dec 2016	Jan 2017 - Jan 2019	Jan 2019 - Jan 2020	Jan 2020 - June 2020
Assessment Phase	Preparatory Phase	Implementation Phase	Evaluation Phase
<ul style="list-style-type: none"> • Governmental support • Key-stakeholders meetings • Study protocol development • Identification of national counterparts 	<ul style="list-style-type: none"> • Situational analysis/site visits • Finalization of study protocol • Ethics approval(s) for the study • Development of training materials • Trainings of national partners 	<ul style="list-style-type: none"> • OOD training and dissemination of naloxone • Coordination of data collection • Monitoring and evaluation 	<ul style="list-style-type: none"> • Data analysis • Development of national and international reports • Dissemination of results • Assuring sustainability and scale up

Monitoring and evaluation

- **Feasibility** of THN and training on OD management
- **Effectiveness** of training to better respond to OD

Methodology

- **Process evaluation**
- **Focus groups**
- **Key informant interviews**
- Training data
- **Observational cohort study**

Implementation

Table 1: Program implementation measures for the S-O-S project across project countries

Program dimensions	Overall	Kazakhstan	Kyrgyzstan	Tajikistan	Ukraine
N Level III Trainers trained	224	110	54	20	40
N Witnesses trained	14,263	3,055	4,578	4,000	2,630
% female witnesses	24.9	20	27.5	23	33.3
% opioid consumers	70.2	79	89	73	86
% peers/family members	14.8	12	9	17	12
% health workers	9.8	9	2	10	2
N kits distributed	16,278	3,700	4,578	4,000	4,000
N Refill kits requested	1,328	776	422	537	115

Qualitative research methods



FGDs/individual interviews to understand:

- Use of skills, knowledge & naloxone kits
- If/how S-O-S initiative impacted people's lives
- Barriers and enablers of implementation
- Future ideas and recommendations

Conducted by
National Research
Partners b/w
Aug 2019-Apr 2020

	 Kazakhstan	 Kyrgyzstan	 Tajikistan	 Ukraine	
Focus Group A Immediately post intervention	5 FGDs n=46	5 FGDs n=37	5 FGDs n=35	4 FGDs n=28	community members 157
Focus Group B 3-5 months post intervention	1 FGD n=6	5 FGDs n=37	5 FGDs n=30	5 FGDs n=28	
Individ. interviews 0-5 months post intervention	n=15	n=10	n=10	n=10	service providers and key informants 130
TOTAL number of participants	n=67	n=84	n=75	n=61	

“Now we can save a life!”



- “Miraculous power of naloxone” & skills to administer
- “Folk remedy” myths dispelled – to revive victims of OD
- Reflections of lives that could have been saved
- 2ndary training with neighbours/friends/family
- Being able to save a life instilled a sense of worth

This is [a] very important project, because many young guys have already died of overdose and nobody in [the] community was aware of how to prevent it.
(Tajikistan)

We now know how to put a person into the right position, to check breathing and inject naloxone straight away [...] and that we should call an ambulance.
(Tajikistan)

Before this training [...] they saved people with “folk remedies”. Oh my, all those crazy things we did! Once, saving a man, they knocked out his two teeth, and his tongue was fastened with a pin to his cheek so that he would not swallow it. (Ukraine)

People who use drugs care more about their health

- Less injecting alone
- Using drugs less frequently
- Checking drug quality before injecting
- Making sure someone has naloxone before using drugs
- Drug use cessation

... after an overdose happened, I quit drugs, I wanted to live. The researcher advised to join OST program. Now I do not use drugs. If all this happened earlier, I would not have been in prison for 3 more sentences. (Kazakhstan)

Greater trust in health care providers

- Non-judgement/compassion from health care providers
- More likely to call ambulance during/after an overdose
- More services stocking naloxone – sign of respect/care
- More drug treatment & anti-retroviral therapy referrals
- More trust in some police

I lost consciousness, and a guy threw me behind some garages and left me. I would probably die, but a man noticed me. I was lucky. He called the police. They arrived, called an ambulance, injected me with naloxone ... When I woke up and they told me what happened, for the 1st time in my life, I was really happy to see the police. (Ukraine)

“Now someone cares about people who use drugs!”

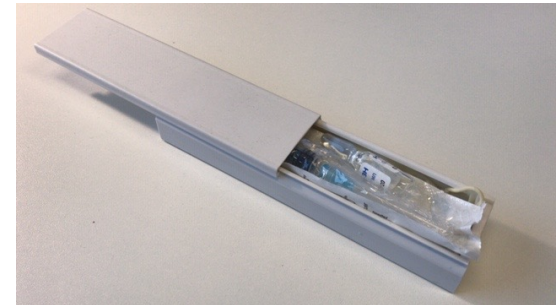
- Increased acceptance/positive community views of people who use and inject drugs
- People who use and inject drugs feeling valued/important
- Families comforted that someone now cares about their child, spouse, family member
- Families have greater understanding of issues faced by family member who uses drugs

People started to accept [...] deaths of drug users from overdose, like something usual and ordinary for our society, not worth attention and effort [...] there are people in who think people who inject drugs are not worth [being] saved. The S-O-S training helps to change these attitudes toward people who inject drugs.
(Tajikistan)

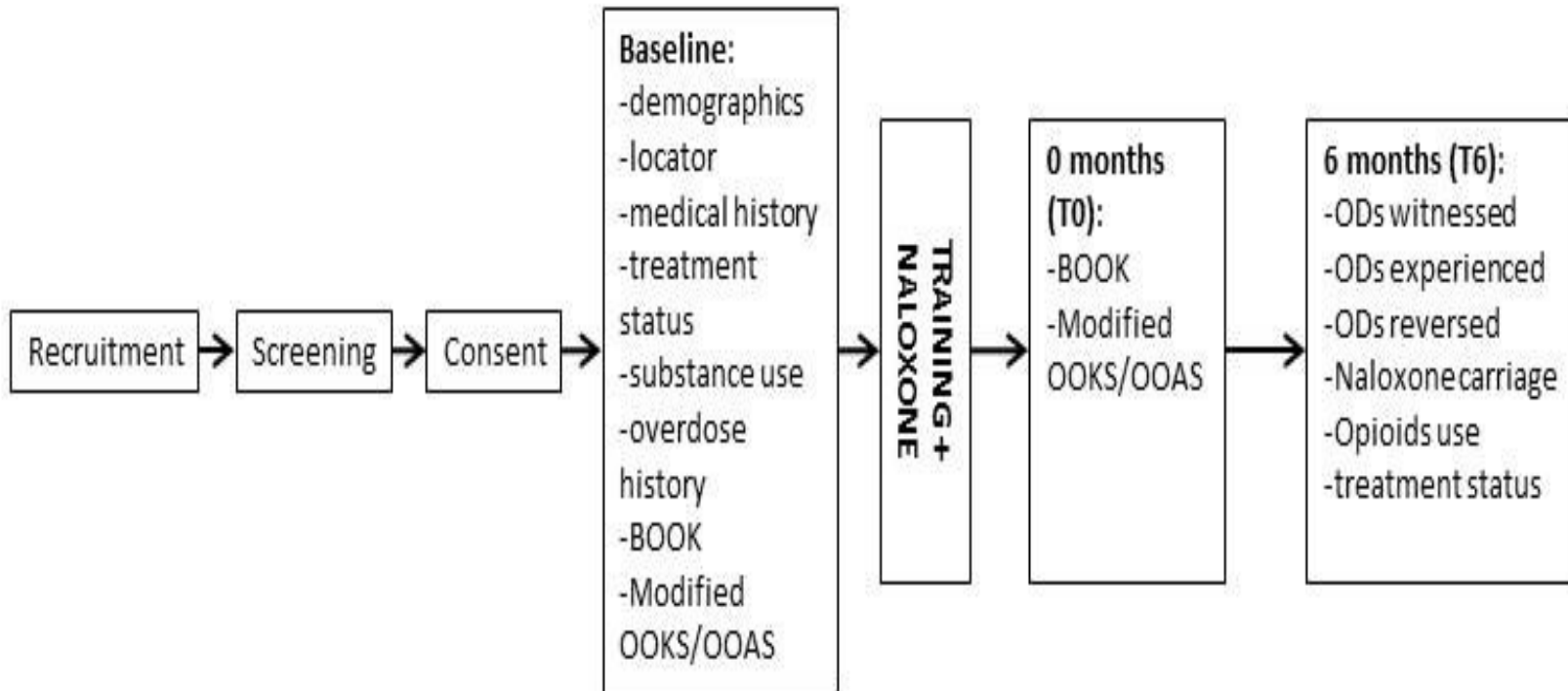
Although we are drug addicts, we are still human beings, aren't we? [...] I used to think that everyone was just waiting for us all to die. “Who needs these addicts?” But this program shows, no - someone needs us, cares about how to save my life! [...] For the first time, I felt this, I felt respected, thanks to your wonderful program!
(Ukraine)

Cohort study

1. **Do 90% of trainees use naloxone at witnessed overdoses?**



S-O-S Cohort Study



S-O-S Cohort Study – Participant Characteristics (baseline)

Characteristic	PWUD (%) n=1133	Non-PWUD (%) n=499
Mean age	40	40
Male sex	82	55
Married	25	56
Christian	52	39
High School education+	69	80
Employed (ft+pt)	51	76
Own home (owned/rented)	51	68
Homeless	14	2

Key outcomes at six months

Measure	Total (n=1388) % (95%CI)
Witness overdose since baseline	34.5 (32.1-37.1)
Overdose Response (at witnessed overdose)	(n=479)
Used naloxone at witnessed overdose (95% CI)	89.1 (86.0-91.6)
Victim survived	98.3 (96.6-99.2)
Other program variables	(n=1388)
Still have naloxone from enrolment	64.7 (62.2-67.2)
Told others about carrying naloxone	93.5 (92.1-94.7)
Carried naloxone past three days	36.5 (33.9-39.1)

Conclusions

1. THN can be implemented, **at scale**, using S-O-S protocol in these countries
2. S-O-S training protocol **works** to improve responses by overdose witnesses
3. S-O-S participants **use naloxone** at witnessed overdoses in line with expected targets

Future plans (2020-...)

- Further data analysis, dissemination of results
- Supporting sustainability and scaling-up programs in project countries
- Advocacy and promotion of opioid overdose responses in other countries and regions
- Dissemination and implementation of SOS training materials
- Integrating opioid overdose responses to existing and forthcoming technical packages and initiatives

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Acknowledgments

Study participants

Members of national research and training teams

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**World Health
Organization**

#SOSinitiative

#StopOverdoseSafelyInitiative

**UNODC-WHO
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