



Take home naloxone to reduce fatalities: scaling up a participatory intervention across Europe

14 October 2014

Session 1 Summary

Session 1: Understanding opioid overdose deaths and rationale for take home naloxone

Date/Time: Tuesday, 14 October, 13.00 – 15.00h

Type: Plenary Session

Chairpersons: John Strang, National Addiction Centre, London (UK) and Dagmar Hedrich (EMCDDA)

Paul Griffiths (Scientific Director at the EMCDDA) opened the meeting followed by John Strang (UK) who welcomed the opportunity the meeting provided to address such an important topic. He highlighted the fact that implementation of take home naloxone to reduce fatalities is an intervention that has been very slow to develop in Europe adding that this is very different from other types of drug treatment. Dagmar Hedrich (EMCDDA) outlined the objective of the session, which was to give an overview of take home naloxone as part of a comprehensive response to reduce opioid overdose deaths. She advised the meeting that it would be audio recorded and filmed and that presentations will be made available on the website after the meeting, with the agreement of presenters.

Wayne Hall (Centre for Youth Substance Abuse Research University of Queensland, Australia) gave a presentation on reducing the burden of disease attributable to opioid dependence, making use of literature reviews and methods of estimating years of life lived with disability (YLD), years of life lost (YLL) and disability-adjusted life years (DALYS). He also presented estimated contributions of opioids, stimulants and cannabis to the global burden of disease (BoD) in 2010. He highlighted the main contributors to the opioid burden of disease and suggested how it can be reduced. Finally, he highlighted specific risk factors for opioid overdose and pointed to some methods to reduce these such as: opioid substitution treatment, peer education and distribution of naloxone to opioid users, especially in post-prison, detoxification and rehabilitation settings. Further information at http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961530-5/fulltext?_eventId=login

Isabelle Giraudon (EMCDDA) gave an overview of drug-related deaths in Europe based on use of definitions and protocols developed with experts for the Drug Related Death

(DRD) key indicator to monitor DRD in 30 countries. She presented numbers, rates, trends with graphs and maps stressing that opioids are involved in most overdoses reported in EU. There were at least 6700 overdose deaths in Europe in 2013; most were premature and avoidable deaths which might have been avoided with naloxone. She added a note of caution regarding the provisional nature of the recent data presented as it is still under a validation process with National Focal Points and national experts. Comparisons between countries also need caution due to differences in methods and reporting. Further information at www.emcdda.europa.eu/themes/key-indicators/drd.



Marica Ferri (EMCDDA) gave an overview of studies on the provision of take home naloxone. Drug overdose is one of the major causes of death among young people in Europe, with recent data showing that it accounts for approximately 3.5 % of all deaths in adult males under 40 years of age. Opioids are the primary cause of lethal overdoses. Naloxone is an effective antidote to revert opioid intoxication (including synthetic opioids). As these overdoses often occur in the presence of peers or family members, programs that enable them to provide first aid and administer naloxone can save lives. The overview of studies shows that the communities implementing these programs effectively reduce the overdose mortality. Further information at <http://www.emcdda.europa.eu/best-practice>

John Strang (UK) provided an update on N-ALIVE: a randomized trial about naloxone distribution on release from prison. The N-ALIVE randomised trial started in 2012, to investigate whether heroin overdose deaths post-prison-release can be prevented by provision of take home naloxone. Most heroin overdoses are due to opiate-induced respiratory depression and are usually witnessed by drug users or family members who can intervene. The period following release from prison is a time of extraordinarily high mortality. One in 200 prisoners with a previous history of heroin injecting released from prison die of a heroin overdose within the first four weeks. Take-home naloxone is slowly being implemented in some community schemes but more scientific evidence is required. Further information at <http://www.kcl.ac.uk/iop/depts/addictions/research/drugs/N-ALIVE.aspx>

N-ALIVE trial trigger videos on Youtube:

<https://www.youtube.com/watch?v=Xbnx5Q3vZek>

https://www.youtube.com/watch?v=w_qAHdjfFUE

<https://www.youtube.com/watch?v=S4kQ3iVUFMs>

Minutes: Deborah Olszewski