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Participant experiences and views of the UNODC/WHO 'Stop Overdose Safety' (S-O-S) project

UNODC
United Nations Office on Drugs and Crime

World Health Organization

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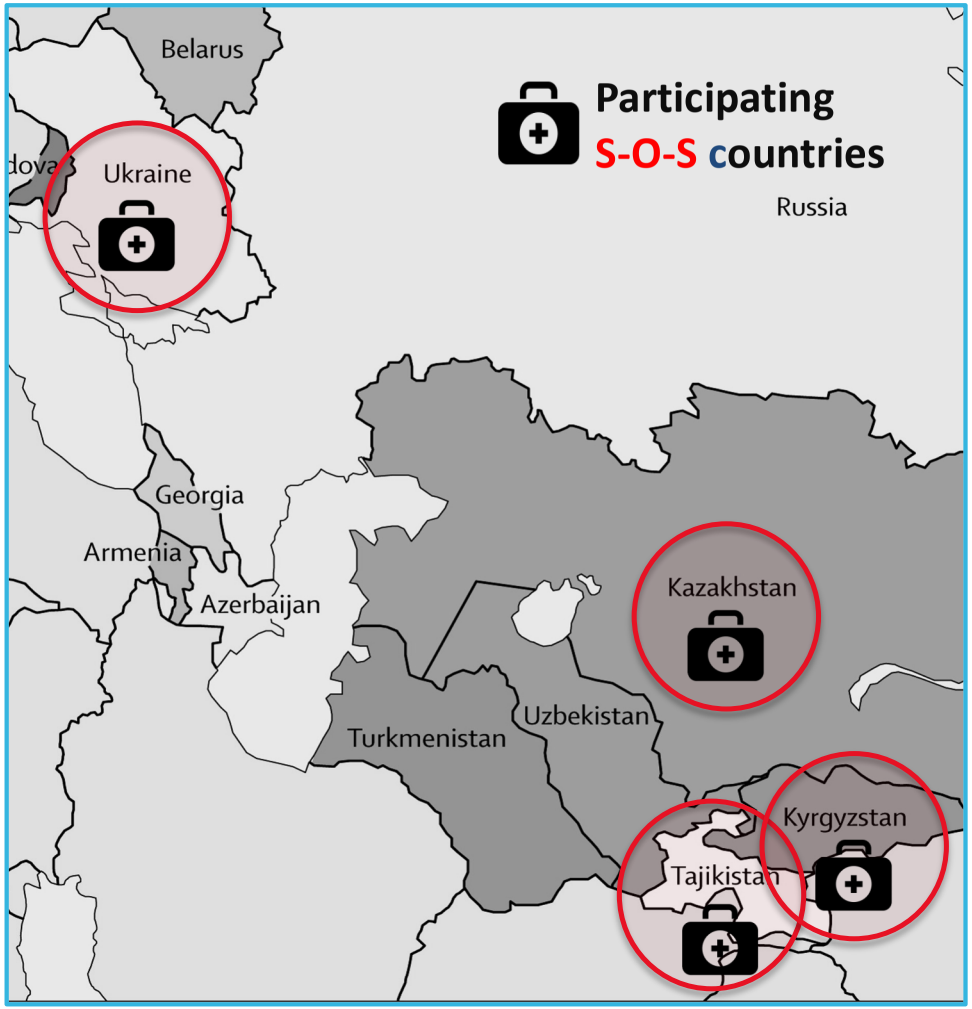
Background

- Injection drug use in Eastern Europe / Central Asia among highest worldwide
- Opioids the most common drugs injected (mostly heroin)
- 21-75% have ever experienced an overdose
- Opioid Agonist Treatment (OAT) can prevent opioid overdose but access challenges
- Naloxone (& respiratory support) can reverse the effects of OD - access limited

(Gilbert et al., 2018; Lunze et al., 2014)

Stop Overdose Safely S-O-S



Take-Home Naloxone project implemented in Kazakhstan, Kyrgyzstan, Tajikistan, Ukraine

1. Overdose response training

^14,000 participants

- How to identify an OD
- Dispelling myths re responses to OD
- How to respond to OD (call ambulance, CPR, when/how to administer naloxone)
- THN kits, and disposal strategies

2. Distribution of THN kits

^ 16,000 THN kits distributed

Project EVALUATION

Evaluation aims

- Feasibility of THN and overdose management training
- Effectiveness of training and naloxone distribution to better respond to OD

Evaluation study methods

1. Process evaluation
2. Impact evaluation via observational cohort study
3. Qualitative study – focus group discussions individual interviews to understand views and experiences of participants & implementers

Qualitative research methods

- 30 individual interviews with key informants
- 35 focus group discussions (n=257)

Kazakhstan
6 FGDs
n=57

Kyrgyzstan
10 FGDs
n=75

Tajikistan
10 FGDs
n=64

Ukraine
9 FGDs
n=56

FGDs conducted to understand:

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

FGD participants

People who use drugs, and people likely to witness an overdose (families, friends, acquaintances)
n=**176**

Health care providers
n=**81**

“Now we can save a life!”

- Reflections of lives that could have been saved
- “Miraculous power of naloxone” & skills to administer
- Secondary 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)

People who inject drugs – caring more about their health

- Ensuring someone has naloxone before using drugs
- Checking drug quality before injecting
- Less injecting alone

"Nowadays, before […] injecting we will first check who is carrying a naloxone kit and only then will [we] inject drugs."
(Ukraine)

Greater trust in health care providers (HCPs)

- HCPs more compassion/understanding
- More services stocking naloxone – a sign of respect and care
- Increased drug treatment and anti-retroviral therapy

We have higher level of trust in nurses and other medical providers … because they too participated in the training … we began to trust nurses more. There was no such trust before.
(Kazakhstan)

Drug overdose: "a sickness not a crime"

- Fear being stopped by police or interrogated for possessing naloxone barrier for not carrying naloxone kits
- Reluctant to call an ambulance
- Interrogated for carrying naloxone

I showed all the papers, it didn't help, they took me to the police department, checked my documents, that I was OST participant and a social worker. Only the bosses knew about naloxone, and only then they released me. No one else was aware of this drug.
(Kazakhstan)

I injected [and] lost consciousness. [They] threw me behind some garages and left me there. I'd probably die, but a man passing by noticed me and called the police. They arrived, called an ambulance, injected me with naloxone ... When I woke up and they told me what happened, for the first time in my life I was happy to see the police.
(Ukraine)

"Now someone cares about people who use drugs!"

- An expression that their lives matter
- Challenging stigmatised community views from "worthless" individual to one of value and importance
- Families comforted that others care about their spouse, child or family member

Although we are drug addicts, we are still human beings, aren't we? […] I used to think everyone was just waiting for us all to die. "Who needs these addicts?" But this program shows someone needs us, cares about how to save my life! […] For the first time, I felt this - respected, thanks to your wonderful program!"
(Ukraine)

Conclusions

Broad access to THN programs in low- to middle-income countries can:

- Play an important role in the prevention of overdose deaths
- Enhance the health and social wellbeing of people use opioids
- Be a mechanism for addressing widespread discrimination and marginalisation of people who use opioids
- Provide insights for policy/practice responses that focus on issues/needs of people who use opioids, especially in low- to middle-income countries

UNODC-WHO Programme on Drug Dependence Treatment and Care

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S-O-S participants of focus group discussions

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