

# SAVING LIVES: COMMUNITY-BASED NALOXONE INTERVENTIONS IN MYANMAR'S BATTLE AGAINST OVERDOSE DEATHS

## Authors:

Lin TH<sup>1</sup>, Kyaw YH<sup>1</sup>, Shwe Yee N<sup>1</sup>

<sup>1</sup>Asian Harm Reduction Network

## Background:

Globally, drug overdose (OD) is a significant cause of death, particularly among people who inject drugs (PWID). Myanmar has an estimated 300,000 drug users, with over 93,000 PWID. In Myanmar, PWID encounters the challenges of fearing arrest and lacking access to Naloxone, prompting them to resort to ineffective traditional practices and in extreme cases, face fatal consequences.

## Description of model of care/intervention/program:

The Asian Harm Reduction Network (AHRN) operates 20 harm reduction services in remote, conflict-affected, border, and mining areas, providing overdose (OD) prevention and management to PWID through Drop-In-Centers (DIC). This includes health education and Naloxone distribution by healthcare professionals in both facility and community settings. Outreach workers, peers, and gallery owners were also trained to offer Naloxone although non-medical staff are not authorized to administer it in Myanmar.

## Effectiveness:

Over a three-year period (2019-2023), there were 2,205 reported overdose cases, with 2,075 effectively managed through Naloxone injection. Among the 2,075 overdose cases who were resuscitated outside of AHRN facilities, the majority (60%, n=1,245) were administered naloxone by community preventive workers, outreach workers, and peers. Fewer proportions, 31.23% (648), received treatment from facility-based medical personnel, while 7.37% (153) were aided by owners of shooting galleries and drug dealers (1.40% were missing care provider data). This data suggested that most of the individuals who recovered probably had improved health-seeking behaviors, and stronger connections with community prevention workers. This notion is supported by the analysis using a two-by-two table, where the Pearson Chi-square test showed a marginally significant association between recovery and care provider ( $X^2=6.1834$ ,  $P=0.045$ ).

## Conclusion and next steps:

It is evident that the OD prevention and management interventions through facility and community-based, can avert death from OD. Community-based Naloxone provision proves to be effective and accessible for PWID. Moving forward, AHRN will advocate for health authorities to officially endorse community-based Naloxone provision through outreach and peer networks.

## Disclosure of Interest Statement:

AHRN receives funding from Access to Health Fund (AHF), The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and U.S. Agency for International Development (USAID). Funding agencies had no involvement in data collection, analysis, and interpretation of findings.