



Burnet Institute

Medical Research. Practical Action.

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

Professor Paul Dietze, Director, Behaviours and Health Risks
Program, Burnet Institute, Melbourne, Victoria, Australia.

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

Acknowledgments

Program and Project participants

Members of national research and training teams

Burnet Institute: Paul Dietze, Thi Nguyen, Filip Djordjevic Long Nguyen

Tajikistan: Dzhonbek Dzhonbekov, Makhbatsho Bakhromov

Ukraine: Tetiana Kiriazova, Olena Chernova, Sergii Shum, Sergii Dvoriak

Kazakhstan: Assel Terlikbayeva, Yelena Rozental, Meruert Nurkatova

Kyrgyzstan: Daniil Nikitin, Tatiana Musagalieva, Venera Dzhanuzakova, Alisa Osmonova, Almaz Asakeev, Sergei Bessonov, Aibar Sultangaziev

WHO: Dr Vladimir Poznyak, Dr Dzmitry Krupchanka, Dr Saltanat Moldoisaeva, Dr Tasnim Atatrah

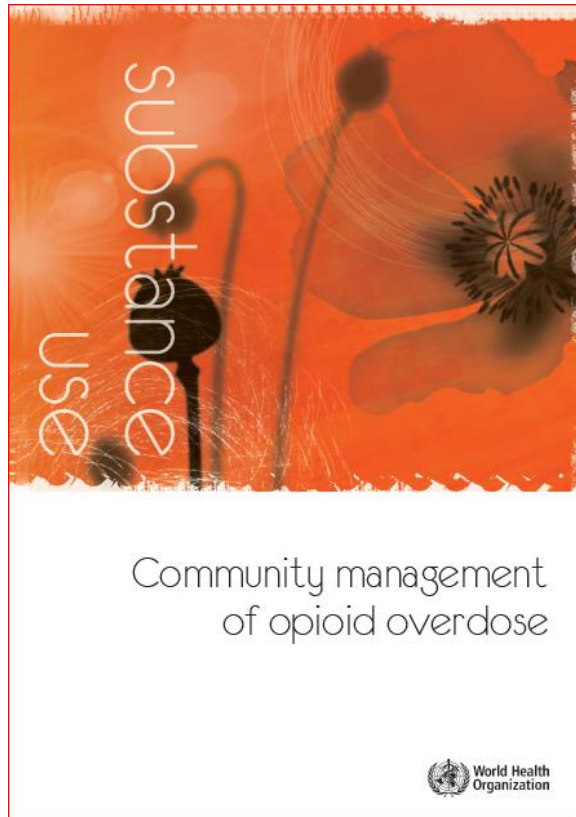
UNODC: Dr Gilberto Gerra, Giovanna Campello, Anja Busse, Gulnur Bolyspayeva, Dr. Wataru Kashino, Kubanychbek Ormushev, Vohidova Mutabara, Alphy Pullely

Kings College: Sir John Strang, Dr Rebecca McDonald

Scottish Drugs Forum: Kirsten Horsburgh

Funding: Bureau of International Narcotics and Law Enforcement Affairs (INL)
United States Department of State

Background: WHO Guidelines on Community Management of Opioid Overdose (2014)



No.	Recommendation
1	People likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose.
2	Naloxone is effective when delivered by intravenous, intramuscular, subcutaneous and intranasal routes of administration. Persons using naloxone should select a route of administration based on the formulation available, their skills in administration, the setting and local context.
3	In suspected opioid overdose, first responders should focus on airway management, assisting ventilation and administering naloxone.
4	After successful resuscitation following the administration of naloxone, the level of consciousness and breathing of the affected person should be closely observed until full recovery has been achieved.

Stop - Overdose - Safely

90%

of the relevant target groups
will have received training in
overdose risk and emergency
management

90%

of those trained will
have been given a supply
of emergency naloxone

90%

of those who have been
given a naloxone supply
will be carrying the
naloxone on them or
have it close to hand

90% trained

90% supplied

90% carry

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

- Kyrgyzstan
- Kazakhstan
- Tajikistan
- Ukraine



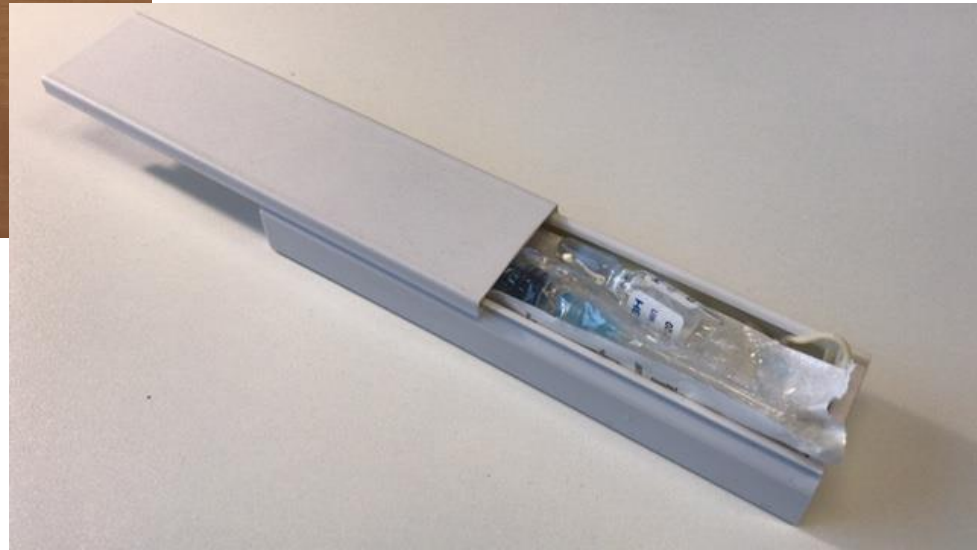
Stop - Overdose - Safely

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



<https://apps.who.int/iris/handle/10665/340497>

SOS Take-Home Naloxone kit



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

Stop - Overdose - Safely

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

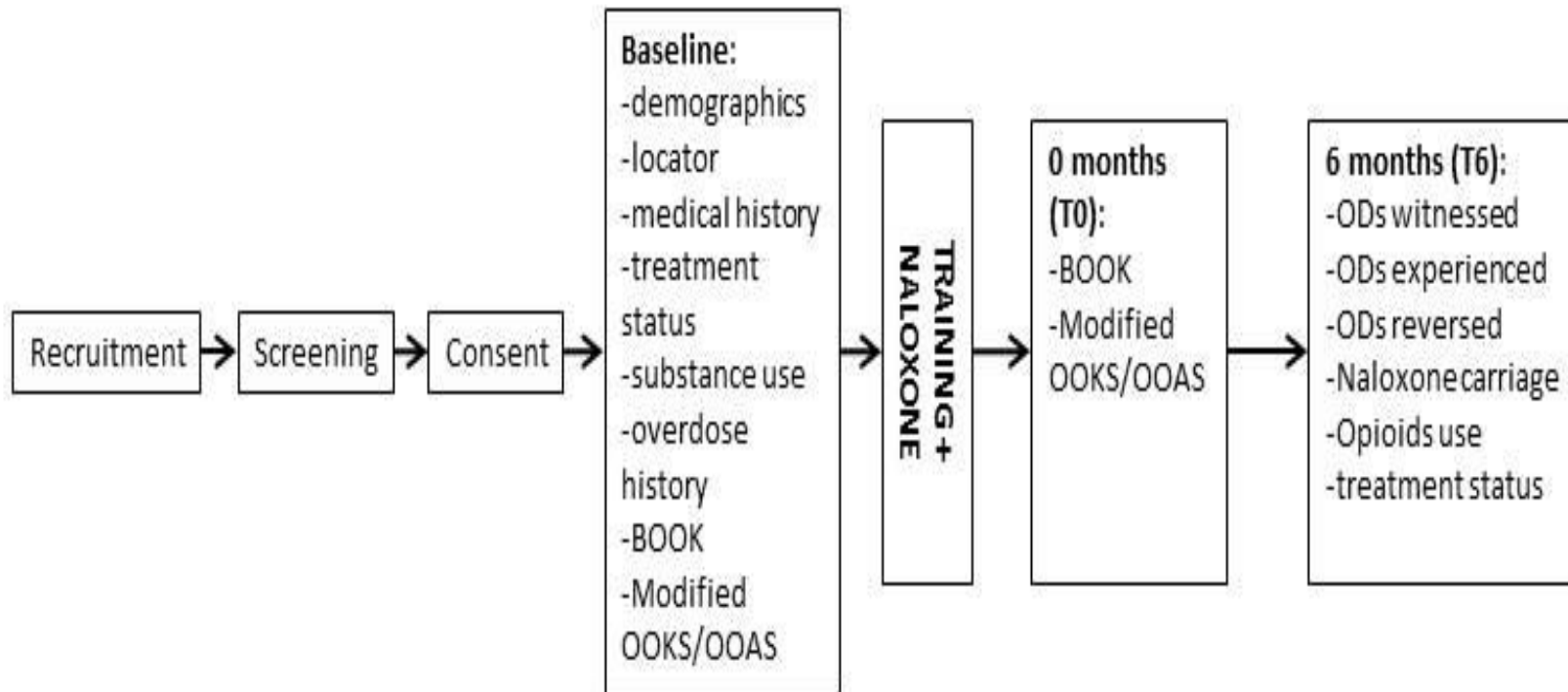
Monitoring and evaluation

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

Methodology

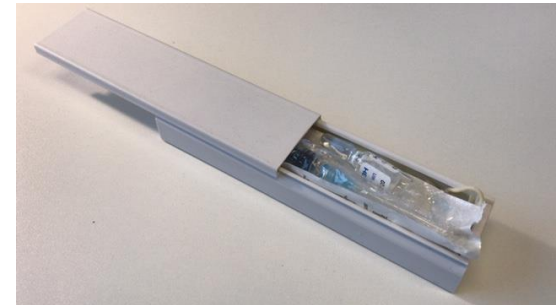
- Process evaluation
- Focus groups
- Key informant interviews
- Training data
- **Observational cohort study**

S-O-S Cohort Study



Questions for today

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



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

Stop - Overdose - Safely



UNODC

United Nations Office on Drugs and Crime



**World Health
Organization**

#SOSinitiative

#StopOverdoseSafelyInitiative

**UNODC-WHO
Programme on Drug
Dependence Treatment
and Care**

anja.busse@un.org| krupchankad@who.int

www.unodc.org

www.who.int



Burnet Institute
Medical Research. Practical Action.

