

THE S-O-S INITIATIVE—STOP OVERDOSE SAFELY

UNODC-WHO Multi-site Study on community management of opioid overdose, including emergency naloxone

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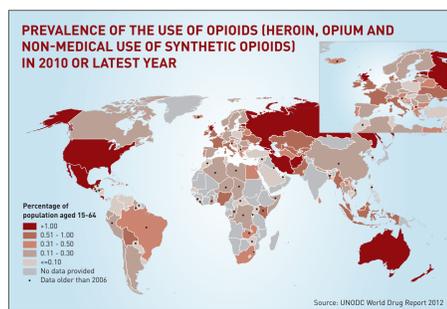
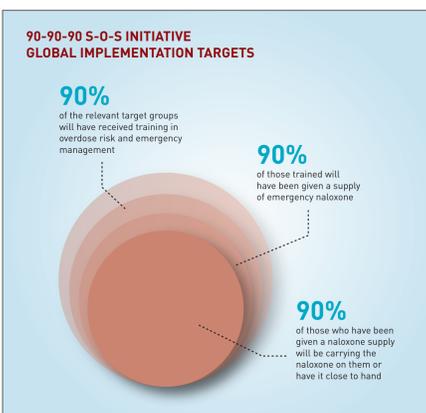
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The S-O-S Initiative, promoting the expanded community management of opioid overdose, was launched by the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) at the Commission on Narcotic Drugs (CND), 2017. In line with the WHO (2014) guidelines on "Community Management of Opioid Overdose", this initiative aims to save lives by promoting access to naloxone and the training of potential first responders (including peers and family members) in overdose management.

United Nations Member States and other stakeholders are encouraged to work towards universal coverage of opioid overdose management strategies including naloxone, as outlined in the following three targets:



This initiative aims to support Member States in their efforts to develop policy and legal frameworks for the community management of overdose approach. Moreover, it encourages broad partnerships between national governments, regional organizations, research institutes, civil society, interested funding agencies and other entities to work towards the 90-90-90 targets.

A further aim of this initiative is to mobilize and support people likely to witness an overdose in the community, with particular focus on people who use drugs, peers, as well as family members. The ultimate goal is to contribute towards reducing deaths due to preventable opioid overdose.

THE FACTS

Drug use and drug use disorders are a public health, developmental and security problem both in industrialized and developing countries. Drug disorders are associated with health problems, poverty, violence, criminal behaviour and social exclusion. Prevention and treatment of drug use disorders are essential demand reduction strategies of significant public health importance. Opioid use disorders and drug-related deaths, often from opioid overdose, are of concern in many parts of the world.

With an estimated 207,400 drug-related deaths in 2014, corresponding to 43.5 deaths per million people aged 15-64, the number of drug-related deaths worldwide is unacceptably high, yet has remained relatively stable, although with significant variations in some jurisdictions.

EFFECTIVE MANAGEMENT

In 2012, the United Nations Economic and Social Council (ECOSOC) called upon WHO, in collaboration with UNODC to provide advice and guidance, based on scientific evidence, on preventing mortality from drug overdose, in particular opioid overdose.

As a result, the WHO Community Management of Opioid Overdose Guidelines (2014) were developed, which aim to reduce the number of deaths from opioid overdose by providing the following evidence-based recommendations:

THE UNODC-WHO MULTI-SITE STUDY ON EMERGENCY COMMUNITY MANAGEMENT OF HEROIN AND OPIOID OVERDOSE, INCLUDING EMERGENCY NALOXONE

As part of the S-O-S Initiative and under the leadership of UNODC and WHO, a Multi-site Study and Implementation Protocol is being developed to assess the feasibility of community-based naloxone provision, in line with the S-O-S Initiative targets, and to assess the impact on health-related outcomes. Four project countries, with a high prevalence of opioid use, located in Eastern Europe and Central Asia, have been included in the study.

While the feasibility and effectiveness of naloxone provision for overdose prevention, through community-based strategies, have been proven mainly in studies from North America, Europe and Australia (McDonald and Strang, 2016), it is not well understood how these results translate to other regions internationally, in particular to low- and middle-income countries.

In preparation for the study protocol, assessment visits to project countries were undertaken between June and September 2016. This was followed by an Expert Group Meeting in Vienna (UNODC headquarters) in December 2016 where the draft study protocol was discussed. A Regional Meeting took place in September 2017 in Almaty, Kazakhstan with participants from Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine, and experts from King's College London and the Scottish Drugs Forum, to discuss the first steps towards implementation at country level. The participation in the implementation phase of the UNODC/WHO Multi-site Study is open to additional countries or research groups to join with their own resources.

No.	Recommendation	Strength of recommendation	Quality of evidence
1.	People likely to witness and 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.	Strong	Very low
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.	Conditional	Very low
3.	In suspected opioid overdose, first responders should focus on airway management, assisting ventilation and administering naloxone.	Strong	Very low
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.	Strong	Very low

Naloxone (N-allylnoroxymorphone) has been used in opioid overdose management for over 40 years, with minimal adverse effects beyond the induction of opioid withdrawal symptoms. It is a semisynthetic competitive opioid antagonist with a high affinity for the μ opioid receptor. It rapidly displaces most other opioids from opioid receptors and, if given soon enough, will reverse all clinical signs of opioid overdose. It can be administered via a variety of routes including intravenously, intramuscularly, subcutaneously and intranasally. It carries no potential for abuse, although high doses may lead to the development of opioid withdrawal symptoms. Although naloxone is on the WHO Model List of Essential Medicines, it is often not available on site when most needed.

GOALS

As part of a broader study, the UNODC/WHO Multi-site Study and Implementation Protocol aims to support participating countries in scaling up access to naloxone and overdose training, focusing efforts on one city.

The study will then seek to assess the effect of this effort on three levels:

1. What is the feasibility of substantially increasing access to naloxone and training in overdose management to lay people likely to witness an opioid overdose in different community settings?
This will be answered by means of a process evaluation methodology.
2. What is the effectiveness of training people likely to witness an opioid overdose and providing them with naloxone in order to respond to future witnessed overdoses, i.e. prevent deaths?
This will be answered by means of a cohort study pre/post analysis.
3. OPTIONAL MODULE: What is the impact of scaling up naloxone access and overdose management on the number of deaths in people at high risk of opioid overdose (such as those just released from prison)?
This will be answered using an ecological data matching study or another appropriate design as feasible.



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DECLARATION OF INTEREST

