

THE S-O-S INITIATIVE – STOP OVERDOSE SAFELY

S-O-S Study: UNODC-WHO multi-site implementation study on community management of opioid overdose including the use of naloxone for preventing overdose deaths

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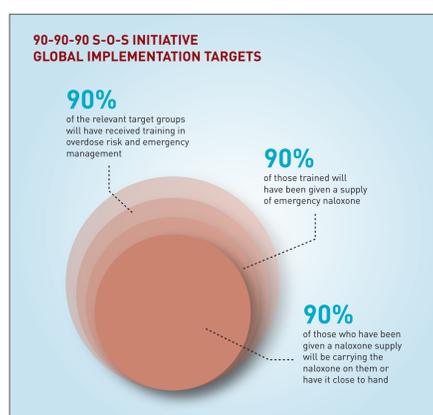
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Promoting the expanded community management of opioid overdose, the S-O-S Initiative was launched by the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) at the 2017 Commission on Narcotic Drugs. In line with 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.

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 overdoses.



A number of high-level, international policy documents provide the global policy framework for this initiative, among those:

- Commission on Narcotic Drugs resolution 55/7 on "Promoting measures to prevent drug overdose, in particular opioid overdose" (2012)

Under the umbrella of the UNODC-WHO Programme on Drug Dependence Treatment and Care and the S-O-S Initiative, a UNODC-WHO multi-site implementation study on community management of opioid overdose, including the use of naloxone for preventing overdose deaths is currently being developed and key elements of the study protocol are presented here.

S-O-S STUDY: UNODC-WHO MULTI-SITE IMPLEMENTATION STUDY ON COMMUNITY MANAGEMENT OF OPIOID OVERDOSE INCLUDING THE USE OF NALOXONE FOR PREVENTING OVERDOSE DEATHS

As part of the S-O-S Initiative and under the leadership of UNODC and WHO, a multi-site implementation study is being developed, which aims at assessing the feasibility and impact of expanding the availability and accessibility of community management of opioid overdose (including training and take-home naloxone) in at least one Eastern European site (Ukraine) and three Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan).

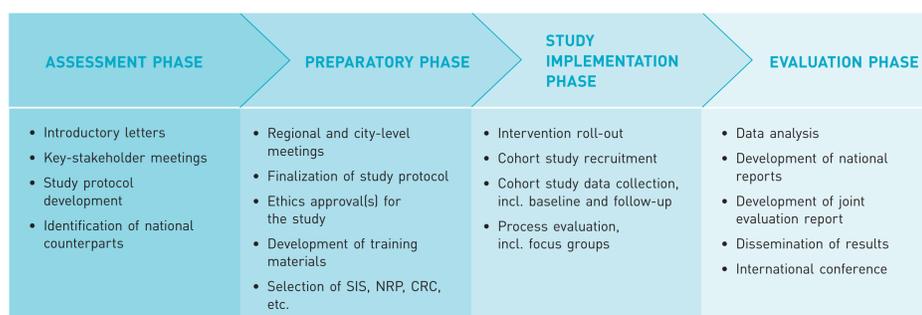
While the feasibility and effectiveness of naloxone provision for overdose prevention, through community-based strategies, have been proven mainly in studies from North America, Europe and Australia (McDonald and Strang, 2016), it is not well understood how these results translate to other regions internationally,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

METHODOLOGY

The study has a mixed methods research design, comprising two key modules incorporating elements of an implementation study and a prospective cohort study. The first module will utilize a process evaluation methodology based on the Theory-of-Change approach to complex interventions. It will mainly assess the feasibility of implementing the intervention in participating countries. The second module will focus on the effectiveness of the intervention to increase the proportion of overdoses at which naloxone is used to reverse the overdose among the number of witnessed overdoses.

The SOS study protocol has been developed and approved by the WHO research ethics review committee.

FOUR PHASES OF THE STUDY



EXPECTED OUTCOME

The study aims to produce evidence on the implementation barriers to and facilitators for community management of opioid overdose, including training sessions, outreach activities and settings that are better placed to reach people at risk of opioid overdose.

About 16,000 potential witnesses will be trained on identification and management of opioid overdose and 40,000 take-home naloxone kits will be distributed in the project countries.

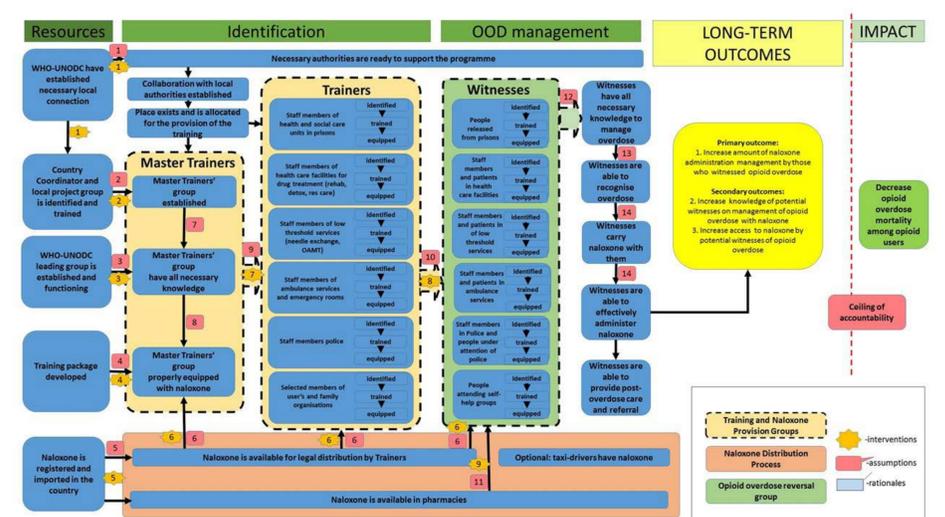
Progress to date

In close collaboration with national research partners in the project countries from March to October 2019, UNODC and WHO supported: capacity building of 160 national trainers to train potential witnesses; enrollment of 1,500 potential witnesses in the cohort study; training of 4,600 potential witnesses on identification and management of opioid overdose; and dissemination of 6,500 take-home naloxone kits.

THE FACTS

- The UNODC World Drug Report 2019 estimates the number of opioid users at 53 million, up 56 per cent from previous estimates, and that opioids are responsible for two thirds of the 585,000 people who died as a result of drug use in 2017. The number of drug-related deaths worldwide is unacceptably high and on the increase, although with significant variations in some jurisdictions.

S-O-S THEORY OF CHANGE



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:

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.

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DECLARATION OF INTEREST

