

Signposts and Best Practices: Preventing and Responding to Overdose

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Introductory Comments

This document is the result of *The Rome Consensus Europe Seminar: Drug Prevention, Treatment and Harm Reduction: Scaling-Up of Red Cross-Red Crescent Best Practices* which was held in Rome from 13-15 December 2009, hosted by Villa Maraini with the cooperation of the Italian Red Cross, and supported by the European Commission. The aim of the Seminar was to identify some of the best practices on drug policy currently in place in Red Cross-Red Crescent National Societies in Europe for use within the broader network of the Movement.

Signposts Identified

The aim of this document, and two related documents on preventing drug use amongst youth and other vulnerable groups, and drug treatment in prisons, is to outline signposts for moving towards a humanitarian drug policy within the Red Cross-Red Crescent Movement. Discussions at the Rome Seminar led to a decision to use the term 'signposts', which provided a strong and tangible sense of moving towards these ongoing goals which the more commonly used 'benchmarks' did not.

These documents overview existing best practices in the three focus areas addressed by the Seminar: prevention targeting youth and other vulnerable groups; overdose prevention and response; and drug treatment in prisons.

European, International, and Red Cross-Red Crescent Best Practices

Insights are provided into the best practices identified by international bodies such as the European Union and other international organisations (including the United Office on Drugs and Crime and the World Health Organisation). To facilitate the sharing of knowledge between Red Cross-Red Crescent National Societies, the documents also highlight some of the best practices established by National Societies, drawing on the presentations and the results of the working group sessions at the Rome Seminar.

Serving as a set of reference tools, the three documents aim to enable Red Cross-Red Crescent National Societies to draw on existing best practices as identified by the EU, other international organisations, and their fellow National Societies. This will enable National Societies to establish effective programmes in each focus area.

European Union Best Practices

The **EU Drug Strategy** for 2005-2012 attaches great importance to the prevention and reduction of drug-related harm. It emphasises:

- opioid substitution treatment
- needle and syringe exchange programmes to target the spread of infectious diseases.

The **EU drugs action plan** for 2009-12 proposes ensuring access to harm reduction services in order to reduce the number of drug-related deaths in the EU.

In its 2009 Annual Report on the state of the drugs problem in Europe, the **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** noted that the national drug strategy in twelve countries includes a dedication to the reduction of drug-induced deaths. The United Kingdom has a specific action plan to reduce drug-related harm, which sets out specific actions for the prevention of drug-related deaths. Thirteen countries, on the other hand, have no specific strategy.

The provision of **awareness raising, prevention and education about overdose risk** is available in most EU countries, but with varying scope and intensity.

- Ten countries report specific materials that aim at helping families of drug users to recognise and manage drug overdoses. In eight countries, such materials are available for police officers; and in seven countries, they have been developed for prison staff.
- Other target groups include workers of drugs agencies, ambulance personnel accident and emergency staff, as well as immigrants from Russian-speaking countries and the Roma population. The number of countries where materials for several target groups are available, however, is limited, and not all materials are accessible nationwide.

Specific training courses on overdose responses are provided either in individual or group sessions. Drug users are informed about:

- overdose risks, including decreased tolerance after periods of abstinence
- the effects and risks of polydrug use, in particular concomitant alcohol use
- the risks of using drugs when alone
- skills in first aid.

It is estimated by national experts that in seven countries a majority of problem drug users received some overdose response training in the last 12 months, while in ten countries only a minority received it, and in a further six countries (Belgium, Latvia, Austria, Poland, Romania, Slovakia) only a few problem drug users received this type of instruction. Overdose response training is not available in Estonia and Hungary.

Other International Best Practices

At the international level, preventing and responding to overdose situations is increasingly recognised as a significant aspect of harm reduction. Strategies and best practices for preventing and treating overdose are identified by a number of international organisations, and are also regularly discussed in academic journals.

United Nations Office on Drugs and Crime (UNODC)

In its report, “Reducing the adverse health and social consequences of drug abuse: a comprehensive approach”, UNODC outlines a series of measures which could be made to reduce the harmful consequences of substance abuse:

- Reliable information and counselling on the physical and psycho-social risks of drug abuse have to be provided, including information about the risk of overdose, infectious diseases, driving problems, cardiovascular, metabolic and psychiatric disorders
- low-threshold pharmacological interventions (example opioid-agonists and antagonist drugs), not directly related to drug-free oriented programmes, but to immediate health protection, have to be easily accessible
- adequate social assistance should be provided for marginalized drug dependants
- vaccination programmes against Hepatitis should be available to all drug abusers and in all appropriate facilities
- medication and emergency kits for management of overdoses in appropriate places should be available
- needle/syringe exchange programmes for injecting drug abusers may be implemented where appropriate, under sound medical practice
- voluntary HIV counselling and testing, and antiretroviral treatment for HIV-infected drug users should be made available and accessible
- prevention and services for the management of sexually transmitted infections have to be accessible to drug abusers and particularly to those involved in sex work
- availability of measures to prevent acute consequences of stimulants abuse in the outlets of frequent abuse of these substances could contribute to the prevention of the related emergencies
- interventions in emergency rooms have to be guaranteed
- well-equipped street-workers and peer outreach workers units have to be adequately trained to contact drug abusers and dependent individuals in need of assistance.

Drug and Alcohol Findings

In a 2001 report (Overdosing on Opiates: Prevention) published by Drug and Alcohol Findings, several good practices for the prevention of opiate overdoses are outlined:

- Methadone maintenance effectively reduces the risk of overdose. Improving uptake and retention is an important way to reduce the death rate.
- Where a high proportion of heroin addicts are in touch with drug services, these might be able to make a significant contribution by providing information on the risks, encouraging users to protect themselves and others, and developing care plans based on an assessment of risk.
- Peer education and outlets such as needle exchanges could spread information about how to prevent overdose to users not in treatment.
- If they witness an overdose, heroin users should be encouraged to immediately summon emergency services in the knowledge that only in exceptional circumstances would police be called to the scene and/or make an arrest. Such reassurance is contingent on local protocols being worked out.
- The effectiveness of the help rendered by others could be greatly improved by training in overdose prevention including administration of the drug Naloxone.

Drug Policy Modelling Project

A 2006 study, “A Systemic Review of Harm Reduction”, groups overdose prevention strategies into two groups: information, training and intersectoral approaches; and peer-administered Naloxone.

Information, training and intersectoral approaches

- Provision of information: Known risk factors for overdose can be used to tailor appropriate educational and informational materials that are distributed to injecting drug users through existing services or through targeted campaigns
- Training of peers in first aid and CPR: this enables peers to assist in responding to overdose situations.
- Intersectoral: support services delivered to recent victims of overdose; and collaborations between user groups, police and emergency services to increase the likelihood that users will call an ambulance.

Peer-administered Naloxone

- The use of Naloxone is a controversial intervention and not without complexities. There are arguments that provision of Naloxone may undermine or negate resuscitation efforts such as CPR or calling an ambulance (and may hence be more risky if used in circumstances where it would be preferable to manage the airways or seek medical help). There is also some question as to whether it would lead to riskier drug use on behalf of users (knowing there is an antidote immediately available).
- However, its use is generally viewed positively. In a trial in Germany, 124 participants were provided with CPR training and Naloxone supplies, and there were 29 occasions of Naloxone use over 16 months. The use of Naloxone was judged to be the appropriate response in 90% of the cases.

Open Society Institute

In June 2009 the Open Society Institute published a guide on overdose prevention and response, particularly in relation to Eastern Europe and Central Asia. The report outlines the following steps for drug users to take to **prevent an overdose**:

- Understand your tolerance and be aware of when it might be lower (for example, when you have not been using for a while).
- Avoid mixing drugs, and mixing drugs and alcohol.
- Recognise that medications prescribed by a doctor may interact with street drugs and cause an overdose.
- Take care of your health: eat well, drink plenty of water, and sleep.
- If you have a new dealer or unfamiliar supply, use a small amount at first to see how strong it is.
- Avoid using alone: if you overdose, you want someone around to help.
- You're less likely to overdose from snorting or smoking drugs than injecting them.

It also outlines measures for drug users to respond to an overdose which they witness:

- Rescue Breathing: If the person is breathing very little or not at all, the best and most important thing you can do is get oxygen into their lungs.
- Call for Help: If possible, immediately call for an ambulance or medical personnel. Professionals are the best help in an overdose situation.
- Use Naloxone if Available: Naloxone is an opioid overdose antidote. Make an intramuscular injection in the upper arm or thigh.
- Evaluate the Situation: Is the person breathing yet? Do they still need rescue breathing or another shot of Naloxone? Are they waking up? Keep monitoring the situation until the person is completely stable, and repeat steps if necessary.

Red Cross-Red Crescent Best Practices

The work of the Red Cross-Red Crescent Movement in preventing and responding to overdose reflects its commitment to humanitarian principles. Overdose is one of the most significant causes of death amongst injecting drug users: reducing the number of lives which are lost through overdose is a concrete demonstration of the Movement's guiding values.

The Movement has considerable existing knowledge on preventing and responding to overdose, and a number of National Societies already run effective and innovative programmes in this field. Disseminating this information throughout the broader Movement will enable other National Societies to learn from their peers and establish their own programmes.

Presentation and working group findings

At the Seminar in Rome, participants from several National Societies outlined their work on preventing and responding to overdose.

In the subsequent working groups, participants drew on these presentations, and the experiences of their own National Societies, as inspiration for discussion and debate. They identified key elements of an overdose prevention and response programme, the challenges which could be faced in establishing such a programme, and the unique capabilities which the Red Cross-Red Crescent Movement can bring to overdose prevention and response projects. The ideas and recommendations generated by these working groups complement the insights provided by the presentations.

Selected existing National Society initiatives on responding to and preventing overdose

British Red Cross

Ms Kathryn Clements and Mr Borry Jatta, Manager and Programme Manager of the British Red Cross's Community Based First Aid Programme, provided Seminar participants with an overview of the project and its work with drug users. The aim of the project is to "provide a targeted community based first aid project aimed at reducing the vulnerability of injecting drug users through both first aid skills and provision of Naloxone".

The British Red Cross programme includes a number of key elements:

- **Sessions with drug users:** the core of the programme is a system of two-hour sessions with drug users from the community. These cover a wide range of subjects on heroin and overdose, including information on what an overdose actually is, as well as methods to help other users in an emergency situation, such as cardiopulmonary resuscitation (CPR).

- **Training and Prescription of Naloxone:** Sessions also instruct drug users in the use of Naloxone. Naloxone is an opioid antagonist, which blocks the receptors in the central nervous system through which the effect of opioids such as heroin are transmitted. By blocking those receptors, Naloxone rapidly induces withdrawal symptoms. As well as instruction in the use of Naloxone, the sessions also prescribe it to drug users for emergency use. In the United Kingdom Naloxone can legally be administered by any member of the public for the purposes of saving a life.
- **Training and supporting outreach workers:** the British Red Cross provides training in first aid to local organisations which work with drug users, which strengthens local capacities and contributes to the Red Cross's record of supporting similar initiatives.

Challenges and Lessons Learned

As a result of the challenges faced during the implementation of this programme, the British Red Cross was able to identify a number of lessons learned which could be useful for other National Societies seeking to set up a similar initiative:

- **Time needed:** In order to develop awareness of the clients' needs, as well as trust and understanding of the effects of the programme, substantial time is required.
- **Flexibility in session format:** To maximise the usefulness of the sessions, it is necessary to tailor them to the needs of each group of clients. For instance, frequent breaks are needed to ensure attention and attendance; specific and targeted promotional messages are needed to motivate individuals.
- **Involvement of outreach workers:** Engaging proactive outreach workers to attract drug users to the sessions is useful for increasing attendance and reaching a wider circle of individuals in each session.

Through active engagement with drug users and with other agencies working to tackle drug abuse in the local area, the Community Based First Aid Programme helps to reduce the risk of overdose and strengthen abilities to respond to it. As a result of the project, 163 drug users have been trained in the use of Naloxone, the recovery position and CPR, and four lives have been saved as a direct result of the sessions.

Villa Maraini

Mr Giancarlo Rodoquino outlined the work of Villa Maraini, which has an extensive record of working with drug users on the streets of Rome to prevent and respond to overdose and other emergency situations.

The Street Unit

Villa Maraini's Street Unit works throughout the city, and is stationed at strategic points in Rome which drug users are known to frequent. The Street Unit uses well-equipped mobile units to undertake its activities. These units are housed in a camper van, containing:

- syringe and needle exchange and distilled water
- Naloxone distribution and information
- distribution of condoms
- on-site support talks
- professional counselling
- referrals to public health centres and drop-in centres
- provision of first aid interventions and assistance
- accommodation solutions for those who do not have permanent place to stay.

By providing these services at key points throughout the city, the Street Unit has helped to save lives and, just as importantly, has built up close, personal contact with members of Rome's drug-using community. This acts as a vital source of information, allowing Villa Maraini teams to identify users at risk and intervene where necessary.

The Emergency Unit

Villa Maraini's Emergency Unit works closely with the Street Unit to coordinate assistance. The Emergency Unit also engages closely with law enforcement authorities: this engagement leads to an effective working relationship and facilitates the Emergency Unit's activities, including:

- The provision of tailored medical assistance to drug users who are taken into custody by law enforcement services
- Supplying medical and pharmaceutical aid to individuals suffering from an overdose or in another emergency situation
- Assistance in family crises which are caused by drug addictions

The Emergency Unit is staffed by a medical doctor, a social worker (who may be an ex-drug user themselves) and a Red Cross volunteer.

Macedonian Red Cross

The work of the Macedonian Red Cross in preventing and responding to overdose was provided by Dr Elena Eftimovska, Health Coordinator at the Macedonian Red Cross.

Overdose Risk Factors

There are five key risk factors for overdose:

- **A loss of tolerance**, caused by periods of abstinence (such as incarceration), after which users may begin taking the same dose as before but with lower levels of tolerance
- **Mixing opioids** with other drugs or with alcohol
- The **variation in the strength of street drugs** can have a significant impact, especially since in Macedonia most heroin is only approximately 6% pure
- Suffering from **serious illness** such as HIV and AIDS or heart disease
- **Using drugs alone** increases the chances of an overdose, since there is no-one to initiate rescue measures

Other factors, such as age, mental health, and previous overdose experiences also contribute to increased overdose risk.

The Macedonian Red Cross has several facilities operating harm reduction programmes across Macedonia, and works with a number of other non-governmental organisations which also provide these services. Each harm reduction team comprises:

- Local coordinator
- Social worker
- Medical doctor or nurse
- Outreach worker
- Legal consultant

This provides a balanced mix of individuals who are able to address different aspects of a drug user's problems. The teams implement harm-reduction and overdose response programmes through:

- **Education and counseling:** All team members are trained to provide counseling to clients on high-risk behaviour such as needle-sharing, re-use of injecting equipment, and unprotected sex.
- **Publishing drug-related informational and educational material:** This informs drug users about the services offered by the Macedonian Red Cross, including the effect of various drugs, the risks and symptoms of diseases, and safer injection techniques.
- **Outreach:** Outreach workers from the harm-reduction teams visit drug users, providing them with sterile injecting equipment condoms and information on harm-reduction and overdose prevention. Ex-drug users are often engaged as outreach workers to provide a credible bridge to current drug users.

Individual overdose risk assessments should be carried out, particularly for those drug users who have already experienced an overdose. Specific risky behaviours should be identified and, if possible, addressed.

Challenges in the Macedonian Context

- **Insufficient centres for substitution treatment**, despite advocacy for more by the Macedonian Red Cross
- **Inadequate supplies of Naloxone**, the opioid antagonist. Although it is a registered drug in Macedonia, even the medical services do not have sufficient supplies, and its administration by a non-medical person is not legal.
- **Insufficient data collection, analysis and monitoring systems**. This makes it difficult to develop an accurate picture of drug use in Macedonia and to map the needs of drug users.

Results of Seminar working groups

What are the key elements for programmes to respond to or prevent overdose?

- The provision of Naloxone as a tool to counter overdose
- Training for drug users in first aid and other life-saving skills, particularly CPR
- Implementation of peer education programmes to disseminate information
- Engaging former drug users to provide credibility to outreach work
- Educating drug users in identifying the signs and symptoms of overdose
- Setting up a helpline system which would allow drug users to contact National Societies if they witnessed an overdose or other emergency situation
- A unit, with fully-trained staff, which could attend to overdose situations and provide the necessary support
- Targeting marginalised groups in outreach activities
- The involvement of governmental and non-governmental agencies (the police, medical and psychological authorities, other organisations working in harm reduction) in programmes
- A process of research, monitoring and evaluation to identify priorities and areas of concern, and assess the effectiveness of harm reduction programmes
- Multiple treatment options – a range of pathways to recovery drawing on different areas of expertise within National Societies and partner agencies, rather than a single, fixed approach.

What are the main challenges facing Red Cross-Red Crescent National Societies in establishing overdose prevention and response programmes?

- **Financial:** There are often many different projects and agencies competing for scarce resources
- **Organisational:** It may be difficult to convince other elements of the Red Cross to support overdose prevention and response programmes, particularly if harm-reduction is still viewed negatively
- **Medical:** Gaining access to Naloxone supplies may be a challenge, due to medical restrictions or insufficient understanding of the drug in the medical community

- **Legal:** The stigmatisation of drug users, and the perception of drug use as a criminal rather than a medical issue, can make it challenging to build cooperative partnerships with legal and law-enforcement authorities.
- **Access:** Gaining access to marginalised or vulnerable target groups (such as the homeless or minority groups like the Roma) increases the complexity of engaging them through outreach and informational campaigns.
- **Adaptation:** Changing trends in drug use, such as polydrug use or differing strengths of street drugs, require new strategies to be developed for responding to and preventing overdose. This requires significant financial and human resources.

What are the unique capabilities which the Red Cross-Red Crescent Movement can bring to responding to and preventing overdose situations?

- Its humanitarian background and approach: it is non-judgmental and based on respect
- A long history of providing first aid and life-saving skills
- Its reputation allows it to effectively gain the trust of beneficiaries
- Its international reach, which allows coordination across the world between National Societies, and between the Movement and other humanitarian agencies
- Its extensive volunteer network. This provides huge additional resources which can be mobilised in support of harm-reduction programmes.

Conclusions

The presentations and working groups at the Rome Seminar provided rich insights into National Society strategies, approaches and experiences to overdose prevention and response. The common elements identified in the presentations and working groups can serve as signposts for National Societies as they move towards establishing or refining their own overdose prevention and response programmes.

- **Naloxone.** Providing Naloxone to drug users is one of the core elements of many overdose prevention and response programmes. Naloxone or other opioid antagonists are an effective method of reversing the effects of overdose and are often easy to use. Although there may be challenges with providing Naloxone and training drug users in its use, it is nonetheless an effective and low-cost method of responding to overdose situations.
- **Peer education.** Enlisting former drug users to engage with current users provides credibility to harm-reduction messages. Former users have the experience necessary to fully convey the risks of overdose and the importance of effectively responding.
- **Outreach units.** Responding to drug users at risk of overdose, in their own environments, is an integral part of preventing and responding to overdose situations. Developing the capacity to visit at-risk groups, and providing them with medical, psycho-social and informational assistance, can be very effective in reducing the risks of overdose.

- **Mapping, research and evaluation.** Identifying the groups which are most at risk from overdose can be challenging. To overcome this obstacle, an extensive process of mapping, research, and evaluation can be undertaken. Working in partnership with health agencies, social services, and law enforcement, National Societies can build up a picture of marginalised and at-risk groups of drug users.

Selected Literature

This section provides a selection of some of the most useful and comprehensive documents available on the subject of overdose prevention and response.

- Best et al (2001) *Overdosing on Opiates. Part II: Prevention*. Drug and Alcohol Findings Thematic Review. http://www.findings.org.uk/docs/Best_D_18.pdf
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