

# Saving our friends lives! Peer-to-Peer Distribution of Naloxone



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# Introduction to European Network of People who Use Drugs (EuroNPUD)



- Working across European Union with member groups in Northern, Southern, Western and Central Europe.
- Build capacity of country drug user organizations in the region.
- Representative role - sit on EU Civil Society Forum on Drugs and the Drugs Civil Society Group which connects civil society drugs/HIV networks with United Nations of Office of Drugs Crime (UNODC) Global HIV Programme
- Major focus on injecting drug use, opiates, stimulants, and opioid substitution therapy.
- Community watch dog or peer audit function with harm reduction and drug treatment services
- Human rights and drug policy reform advocates.
- Funders = Robert Carr Network Fund, ViiV and Martindales.

# EuroNPUD Naloxone Access & Advocacy Project



- Unrestricted educational grant from Martindale Pharma for activities around International Overdose Awareness Day (IOAD)
- Short notice and tight timeline
- Identifying local peer partners
- Mapping areas
- Focus group discussion with peers and families
- Mystery shopper exercise
- Discussing barriers to access for Naloxone
- Advocacy Plan

# What is Peer-to-Peer (P2P) Naloxone distribution?



- Drug users can be engaged by professionals in the distribution of Naloxone in two different ways:
  - Engaged as volunteer peer workers attached to a harm reduction or recovery agency to extend the reach and lower the threshold of services
  - Contracted as a drug user group to distribute Naloxone and support the community management of opioid overdose
- Internationally drug user groups have also worked autonomously to distribute Naloxone and deliver peer education through peer networks

# P2P Naloxone is underpinned by drug users' privileged access:



- To drug using venues
- To drug supply systems
- To formal and informal mutual aid networks
- To the drug scene at times when drugs are being brought and used
- Because peers are trusted and have shared lived experienced

# Why do we need P2P Naloxone in the UK?

- Overdose is the leading cause of preventable death among people who use opioids in the UK.
- Accidental opioid overdose related deaths are at all time high in the UK.
- We have not achieved the required saturation levels with Naloxone within peer networks despite the best efforts of professional services.
- Collated data shows that 2017 is now the year with the highest number of registered drug-related deaths since records began.
- The Human Medicines (Amendment) (No. 3) Regulations 2015 (2015/1503) was enacted in the UK. This allows Naloxone to be supplied by:
  - *Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies- a) an NHS body;(b) a local authority;(c) Public Health England; or(d) Public Health Agency.*
  - *It can be supplied to anyone in the course of lawful drug treatment services and only where required for the purpose of saving life in an emergency.*

# What are the different forms of P2P Naloxone?

- One-hour training delivered by peer educator with on-site professional dispenser.
- Variations = satellite and community based.
- Brief intervention - 10 minute street intervention with peer educator who equips the peer with Naloxone.
- Training prisoners prior to their discharge in the management of opioid overdose and providing Naloxone at the point of discharge.
- Train professional frontline staff in drug and alcohol, homeless, mental health, criminal justice, social care and other related services to be professional first responders.

# What components make up a comprehensive P2P Naloxone model?

- Peer education - importance of knowledge in preventing and managing opioid OD deaths
- Identification of signs and symptoms
- Assessment of casualty
- Calling ambulance
- Managing a casualty who is unconscious and breathing:
  - Appropriate basic life support including recovery position
- Managing a casualty who is unconscious and not breathing
  - Naloxone administration
  - Rescue breaths



# Barriers to Naloxone - Legal Environment (1):

- Fears of the police being called as part of emergency response.
- Major shift in UK from days when:
  - Drug users rolled up bodies in carpets and stuffed them in rubbish bins due to fear of prosecution.
  - Casualties were left in the street given the fear that drug using venues would be exposed.
  - Ambulance drivers would encourage drug users to write H on casualty's forehead before calling 999 given the expectation the casualties would be left alone.
- Positively, the dominant response now reported by people who use drugs (PWUD) is to call an ambulance and it is not expected that the police will normally be called.

# Barriers to Naloxone - Legal Environment (2):

- Two major legal barriers remain to calling 999 during the management of opioid overdose:
  - A drug using parent may fear the involvement of social services and the risk of their children being taken into care.
  - A drug using tenant may fear losing their homes if they are identified as an anti-social neighbour. Many tenancies have dedicated clauses that equate drug use with anti-social behaviour.

# Barriers to Naloxone - Mystery Shopper Lessons (1):

- Each area has at least one access point to Naloxone in specialist drug services and mystery shoppers were able to access Naloxone from specialist services in all areas.
- Non-specialist services referred drug users to specialist drug services but the quality of the referral was varied.
- Specialist services have struggled to sustain the intensity of the opioid overdose response beyond the initial launch phase given their multiple responsibilities and the recovery focus of services.

# Barriers to Naloxone - Mystery Shopper Lessons (2):

- Drug users sustain the majority of knowledge about the management of an opioid overdose and the administration of Naloxone. However, there is a need to repeat and reinforce learning so the response becomes second nature. Clear numbered steps and other memory aids can reinforce learning.
- Drug workers didn't work through the approved check list that comes with the product to guide their brief intervention. This meant the training was not systematic and comprehensive. In places drug workers made assumptions about the knowledge of peer volunteers.
- Drug services should have a sample or demonstration product to use for training so peers have seen the opened product before an emergency situation.

# Barriers to Naloxone - Mystery Shopper Lessons (3):

- Pharmacy counter staff and GP reception staff are poorly informed about Naloxone. However, they stand strongly by their misunderstandings and don't seek professional advice.
- Family members are most likely to access the healthcare system for advice via GPs and pharmacies.
- Stigma and discrimination puts people off from persisting to seek services in busy surgeries or pharmacies. Some mystery shoppers felt judged and unwelcome in GP surgeries and pharmacies.

# Barriers to Naloxone - Peer Advocacy Initiative:



- EuroNPUD is providing the drug users in each area with £1000 to support a local advocacy initiative to improve access to Naloxone in Liverpool, Blackpool and Burnley.
- The money can be spent to support a peer-led Naloxone advocacy initiative focused on the local area.
- The peer-led initiative will be informed by the following small group work.

# Barriers to Naloxone - Working Group:



- Supporting GP and pharmacy reception staff to be Naloxone champions
- Maintaining peer knowledge levels and reinforcing positive community norms
- Making Naloxone distribution routine for people in drug services
- Ensuring access to Naloxone prison leavers