

Peer-to-Peer Distribution of Naloxone

VERSION 2

P2PN

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

Vision Statement

Promoting the health and defending the rights of people who use drugs in Europe.

Network Principles:

EuroNPUD operates to the same principles as the International Network of People who Use Drugs (INPUD) reflecting our shared vision and aligned strategic approach:

- Pro drug user rights
- Pro self-determination
- Pro harm reduction and safer drug use
- Respecting the right of individuals to take drugs
- Anti-prohibitionist
- Pro equality

Aim

To ensure that Europe respects the rights of people who use drugs and supports the health of people who use drugs with science-based and rights compliant harm reduction, drug treatment and healthcare services both domestically and around the world.

Objectives

- To enable people who use drugs to be meaningfully involved in the design, delivery and review of drugs policy and practice in Europe.
- To support drug user organisations to mobilise together across Europe to promote the health and defend the rights of people who use drugs.

Donors

EuroNPUD acknowledges the support of the Robert Carr Fund for the development of the original resource and their Exceptional Opportunity Funding (EOF) which funded the update of this Technical Guide building on lessons from the COVID-19 period.



Executive Summary

The key argument for Peer-to-Peer Naloxone (P2PN) is that it is highly effective at driving the distribution of take home naloxone (THN) through the privileged access that provides for the multiple entry points needed to reach both the treatment and non-treatment populations.

As the case studies in this Technical Briefing show, peer educators and drug user activists bring a momentum and commitment to the roll out of THN that supports the strategic objective of saturating peer networks with naloxone and the supporting knowledge to manage opioid overdose.

This second edition of the Technical Briefing provides further descriptions of Peer-to-Peer Distribution of naloxone (P2PN) and particularly its application in the COVID-19 pandemic from Portugal, Slovenia and Canada. These showcase the ongoing innovation and value of P2PN in reaching out to people who use opioids even through the constraints of lockdown and restricted services.

THN programmes provide access to people who use opioids and those delivering services to this population. P2PN provides for additional strategies and outlets for reaching ensuring that people most affected by overdose have increased access to naloxone.

Dedication

This second and updated version of the EuroNPUD Peer-to-Peer Naloxone Technical Briefing is dedicated to tens of thousands of lives lost to overdose since the first edition of this technical briefing. The lives of our families, our friends, our loved ones, our neighbours. Our school mates, our children, our travel buddies, our locals, our workers, and our peers. It is for them that we mourn and it for them that we keep fighting.

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What is naloxone?

Naloxone is an opiate antagonist which works by displacing opioids from their receptor sites. naloxone can reverse the effects of opioid overdose if administered within a short period following opioid overdose. When administered intramuscularly the onset of action is between 2-4 minutes. naloxone typically wears off in 30-90 minutes and the person can stop breathing again unless more naloxone is available. When someone accidentally overdoses and opioid drugs are involved, their breathing can be compromised and this can lead to their death. naloxone can help restore the breathing, ideally 'buying time' before an ambulance arrives.

In its basic form, naloxone is available in a 0.4mg glass ampoule. naloxone is available in several other forms. Prefilled syringes with 5 x 0.4mg doses of naloxone (Prenoxad) and the nasal form of naloxone containing 1.8mg (Nyxoid), both have a European license. Drug user activists traditionally favour the prefilled injectable form as it allows their peers to be brought back in stages from an opioid overdose reducing the chances of triggering deeper and more uncomfortable withdrawal symptoms. This is more likely with the single larger dose of naloxone involved in nasal administration.

A new nasal naloxone product (Ventizolve) has been introduced on the market which addresses these concerns, by offering lower dose in a resealable container with two inhalers, each containing 1.26 mg naloxone.

Needles for intramuscular administration (usually 23 gauge 1 ¼ inch / 0.60mm x 32mm blue fitting) are also provided alongside the naloxone to support take-home distribution. Normally two amps and sets of injecting equipment will be distributed as sometimes it can take more than one dose of 0.4 mg of naloxone to reverse the effects of opioid related overdose.



Naloxone



Ventizolve



Prenoxad



Nyxoid

Methodology for Developing the Technical Briefing on Peer-to-Peer Naloxone Distribution

The original version was written by Mat Southwell based on a desktop review and interviews with drug user groups.

For the second briefing, EuroNPUD Executive Members, John Melhus and Lynn Jefferys, developed 3 new case studies with a specific focus on the impact of peer 2 peer naloxone during the COVID-19 pandemic. Interviews were conducted over Zoom over a period of several months with key focal points. A new desktop review was undertaken drawing learning from EMCDDA, Global Drug Policy Index, Global State of Harm Reduction 2022 and several research papers cited at the end of this briefing.

Context for Peer-to-Peer Naloxone

Overdose is the leading cause of preventable death among people who use drugs and opioids were found in an estimated 74 % of fatal overdoses reported in the European Union. It is estimated that 0.34 % of the EU population, around 1 million people, were high-risk in 2020. The amount of overdoses in the EU have been rising and last available figures from the EMCDDA show that there was a 3% increase between 2018 and 2019.¹

What is Peer 2 Peer naloxone (P2PN)?

Peer-to-Peer Naloxone is a specialist form of Take Home Naloxone (THN). People who use opioids are trained to reach, peer educate and equip their peers with naloxone.

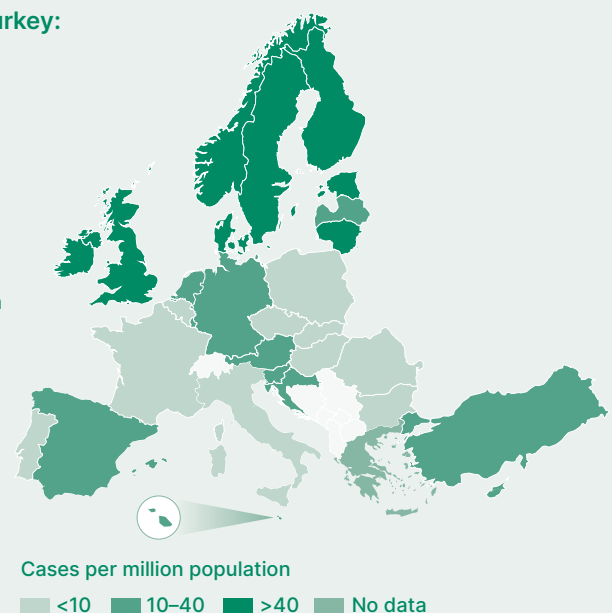
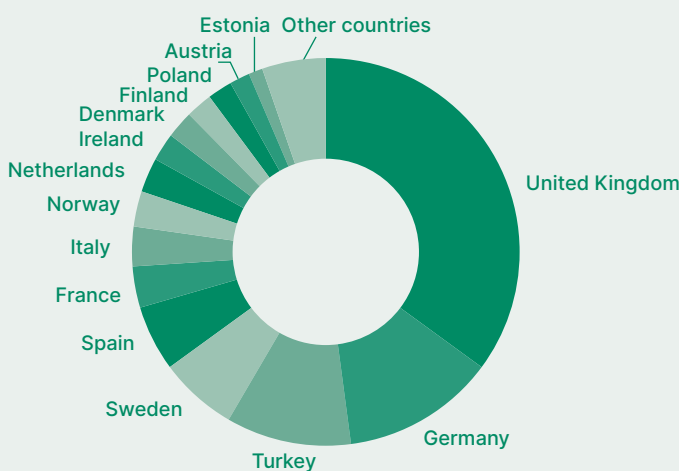
The key argument for P2PN is that it is highly effective at driving the distribution of THN through the privileged access that provides for multiple entry points needed to reach both the treatment and non-treatment populations.

People who use drugs can be engaged by drug service providers in the distribution of naloxone in two different ways:

- Engaged as volunteer peer workers attached to a harm reduction services 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.

As the case studies in this technical briefing will show, peer educators and drug user groups bring a momentum and commitment to the roll out of THN that supports the strategic objective of saturating peer networks with naloxone and the supporting knowledge to manage opioid overdose.

Drug-induced deaths in the European Union, Norway and Turkey: total number and mortality rates among adults aged 15-64



Note: Data for 2017 or last year available. Only countries accounting for more than 1 % of the deaths are named in the chart.

Legal Environment in EU and Neighbouring Countries

In 1995 England and Germany became the first countries to distribute naloxone to people who use opioids.

According to EMCDDA in 2020, 10 EU countries including Norway and UK,² have implemented national, regional, or local THN programmes (see map below) and laws have changed through the years in many EU states enabling legal and easier access to naloxone. Recent research³ has proven that THN programmes are found to reduce overdose mortality and have a low rate of adverse events.



Critically, THN programmes have created the conditions required for the peer-to-peer distribution of naloxone (P2PN). Peer educators can be registered as volunteers of local drug services or work through a drug user group so they are empowered to cascade out the distribution of P2PN by providing training and/or brief interventions before distributing naloxone to their peers.

EuroNPUD recommends that regulations are framed to allow drug user groups to distribute naloxone on a peer-to-peer basis.

Privileged Access

P2PN makes use of people who use drugs' privileged access into their own communities. Peer educators are able to enter and interact in drug using venues as trusted members of the local drug supply system. Importantly, when peer educators are active people who use drugs, they have access to spaces where people buy and use drugs.

All peer educators regardless of the drugs they use, or their drug using status, can draw on their privileged access to work with people who use drugs. However, direct living experience of opioid use and engagement in the spaces where people buy and use opioids provides critical insights and access.

Even where there are not formal drug user groups, people who use drugs naturally cooperate together in informal mutual aid networks. People who take on spontaneous community caring roles, often go on to be strong peer educators and peer workers.

Internationally drug user groups have also worked autonomously to distribute naloxone and deliver peer education through peer networks when politicians have been too slow to act.

Whereas prohibitionist drug policies seek to isolate people who use drugs from the spaces and cultures of drug use, harm reduction strategies like P2PN treat the social contexts of drug use as crucial resources for intervention. Such programs make use of the expertise, experience, and social connections gained by people who use drugs through their living experience. In revaluing the experience of people who use drugs, naloxone facilitates a number of harm reduction goals.⁴ It also supports a sense of community and individual and collective self-worth founded in defending the most fundamental of human rights principles – the right to life.

P2PN Case Studies from original technical briefing

Wiltshire Users Forum - England UK

The Wiltshire Scheme was initiated in 2006 by Mick Webb who was the Service User Coordinator leading the Wiltshire Users Forum (WUF)⁵. It was a pioneering approach that was a forerunner of the formal THN regulations in the UK. The Wiltshire scheme saw a community leader working with professional partners to demonstrate the potential of P2PN pushing the bounds of existing laws.

Once the peer-led training had been completed, the prescriber would give the course graduates naloxone to take home. However, on other occasions, the doctor filled out prescriptions retrospectively with the personal information of the course graduates who were provided with THN on an outreach basis. The training was often delivered opportunistically to individual or small groups of people who use opioids.

The Wiltshire Scheme benefited from the expert advice and backing of a highly committed local GP Dr Gordon Morse who was the specialist prescriber and key partner with Mick. Dr Jenny Scott an academic pharmacist with a specialist interest in drugs from Bath University also advised the project. This together with the policy support of the Joint Commissioning Group gave the partners the confidence to stretch the legislation to allow for P2PN before it was strictly enabled by the legislation. They considered the ethical imperative to save lives and the resulting need for a flexible interpretation of the rules and assessed that the police or professional bodies would not see any public interest in sanctioning the scheme and particularly the prescribing GP.

WUF's initial low-cost pilot only cost £247, which was the cut price negotiated for the initial box of 50 units of naloxone. Mick remembered 3 reversals being achieved in the first 3 months of the scheme.



The Wiltshire scheme saw a community leader working with professional partners to demonstrate the potential of P2PN pushing the bounds of existing laws.

Scottish Drugs Forum Glasgow Scotland UK



Peer educators distributed over 1300 units of naloxone in the North- East district of Glasgow in the first 11 months of the scheme.

Scotland has the highest rate of opioid-related deaths in both the UK and across Europe. Take Home Naloxone (THN) programme was introduced in 2011. The Scottish Drugs Forum (SDF) had been advocating for THN and was subsequently commissioned to coordinate the national programme in Scotland. Staff working in community drug services and the Scottish Prison Service were the primary focus of a 'train the trainer' model across the country.⁶

In 2015 new regulations allowed for drug service volunteers to distribute naloxone. Steven Kerr and Jason Wallace were interviewed in Glasgow about the P2PN programme. The scheme was delivered as part of a peer support project with people who use opiates. People were offered access to THN after taking part in a one-hour training or a brief intervention in the administration of naloxone.

Peer educators distributed over 1300 units of naloxone in the North-East district of Glasgow in the first 11 months of the scheme. This was more naloxone than distributed through professional partners in the preceding year. This highlights the ability of peer programmes to saturate drug using networks with naloxone using privileged access to equip and build the capacity of people who use drugs to manage opioid overdoses.

The peers highlighted the personal value of being a volunteer in terms of learning and applying specialist expertise, building a sense of self-worth, and gathering transferable employment skills. SDF peer leaders stressed the importance of working in a supported and supervised environment, which avoided putting undue pressure and demands on a volunteer still engaged in their own personal change journey.⁷

Lambeth Service Users Forum, London UK

Lambeth Service Users Forum (LSUF) is a service user initiative funded through Lambeth's drug and alcohol service provider consortium, which is led from South London and Maudsley (SLaM), which is part of the National Addictions Unit.

LSUF is led by an Executive with representatives from the various peer-based initiatives including recovery and self-help groups, opioid agonist treatment (OAT) consumer advocacy, community led monitoring, drug user representation, and peer-led harm reduction initiatives. Martin "Cuca" McCusker leads LSUF peer education and community harm reduction initiatives. This includes delivering THN training sessions, benefiting from Professor John Strang's academic and policy leadership on naloxone in the UK.

Cuca became registered as a National Health Service (NHS) volunteer, which enabled him to distribute naloxone under the new 2015 regulations. Delivering P2PN through the NHS ensured a systematic approach with a clear protocol defining work processes and reporting requirements. In addition, competencies were defined for volunteers setting out the skills and abilities needed to perform their role. The protocol also sets out clear standards for safe storage which is an important issue.

Cuca became registered as a National Health Service (NHS) volunteer which saw empowerment to distribute naloxone under the new 2015 regulations.

Lee's Rig Hub Minnesota USA



Lee Hertel's one-person harm reduction service was called Lee's Rig Hub. Lee had privileged access as a member of the drug using community. Lee's trusted status allowed him to equip his peers with harm reduction equipment and advice. Over a six-year period the participants of Lee's Rig Hub flooded the state of Minnesota with more than 60 litres of naloxone⁸. In 2014 the number of fatal opioid overdoses in Minnesota dropped more than 22% from the previous year. That was also the year the state of Minnesota passed an expanded naloxone access and Good Samaritan law, which mandated all first-responders to carry naloxone and allowed any state resident to administer it regardless of medical training.

Lee's privileged access allowed for an incredibly low threshold service where naloxone amps are distributed with the same ease as condoms, needles or injectable water ampules. This was enabled by donations of naloxone from other partners in the USA.

Lee is motivated by his community commitment and passionate belief in the principles and practices of harm reduction. The consistent peer feedback about Lee's Rig Hub confirmed the life-saving impact of this P2PN distribution among people who use drugs in Minneapolis.

Canberra Alliance for Harm Minimisation and Advocacy Australia

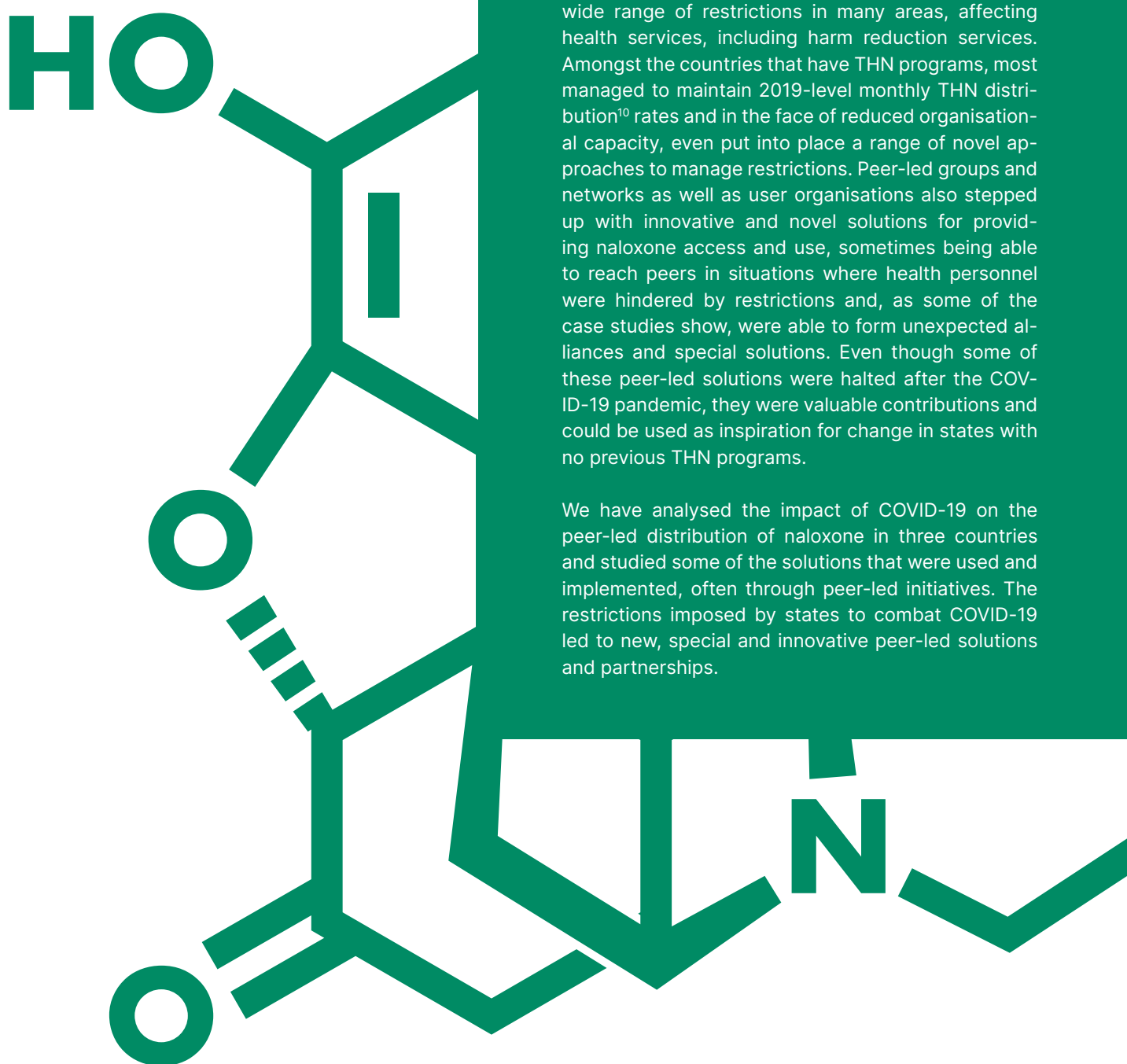
The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) is the state drug user group in Australian Capital Territory (ACT). The development of Australia's first THN program in the ACT has been an 'ice-breaker' for development of other Australian programs. As such the Canberra Scheme was the pioneer of THN in Australia and a catalyst for the other state programs. Geoff Ward from CAMHA highlighted the pivotal role of then Chief Minister of the ACT, Katy Gallagher. During the 2012 election campaign, Katy championed prison-based needle and syringe programs (NSP) so she arrived with a mandate to respond progressively to drug use.

CAHMA was funded to run a trial of peer-based naloxone training with 200 people who use opiates. A multi-disciplinary team of stakeholders were involved in the establishment of the trial. 57 overdose reversals were achieved, and the trial was evaluated positively.⁹

As a result of the success of the trial, CAHMA received funding to maintain the roll out of THN. Significantly the scheme delivered peer training and distribution through drug services, community settings, and peers' homes and paid peers for completing the training. A GP who works with CAHMA writes prescriptions for naloxone for participants at the end of the training. Kits are given out and contain harm reduction information and five 0.4 mg IM doses of naloxone. As naloxone is now dual listed and can be bought over-the-counter at pharmacies, a supply of naloxone is on hand to give out following brief interventions with people who use drugs.

CAHMA also trained practitioners in specialist drugs and related health and social care services in the management of opioid overdose and distributed naloxone to these frontline staff. The CAHMA model uses a drug user group to maintain the focus and momentum on opioid overdose management, which might not be sustained in services with multiple tasks and targets. Rather than P2PN being a bolt on to traditional harm reduction services, P2PN was at the heart of the Canberra Scheme.

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Peer-to-Peer Naloxone Case Studies - COVID-19 Analysis 2022

Introduction COVID-19 and P2PN

The outbreak of COVID-19 led to states adopting a wide range of restrictions in many areas, affecting health services, including harm reduction services. Amongst the countries that have THN programs, most managed to maintain 2019-level monthly THN distribution¹⁰ rates and in the face of reduced organisational capacity, even put into place a range of novel approaches to manage restrictions. Peer-led groups and networks as well as user organisations also stepped up with innovative and novel solutions for providing naloxone access and use, sometimes being able to reach peers in situations where health personnel were hindered by restrictions and, as some of the case studies show, were able to form unexpected alliances and special solutions. Even though some of these peer-led solutions were halted after the COVID-19 pandemic, they were valuable contributions and could be used as inspiration for change in states with no previous THN programs.

We have analysed the impact of COVID-19 on the peer-led distribution of naloxone in three countries and studied some of the solutions that were used and implemented, often through peer-led initiatives. The restrictions imposed by states to combat COVID-19 led to new, special and innovative peer-led solutions and partnerships.

Country Case Study

Canada

Peer Initiatives in Lheidli T'enneh Territory, Prince George, BC, Canada

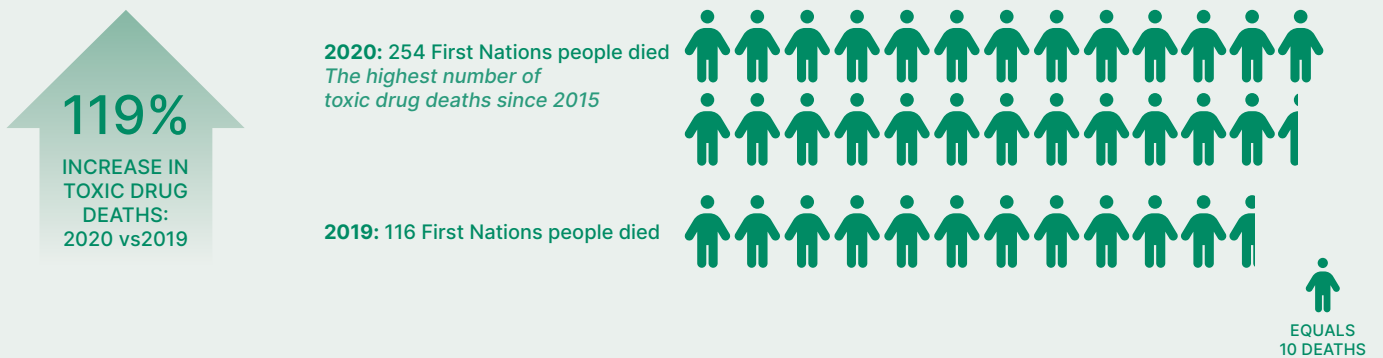
Over 10 thousand people have died from drug poisoning in British Columbia since the overdose crisis was declared in 2016¹¹. Currently, 5 people die a day from drug poisonings in British Columbia. Fentanyl and analogues have been the primary driver of overdose and are detected in 85% of deaths in the province. Prince George is the largest municipality in the Northern Health Authority region with a population of 74,000 people. With

the highest rate of urban Indigenous people in the province, the drug poisoning death rate in Prince George as of August 2022 is 84 per 100,000. Indigenous people are disproportionately affected by comorbidities associated with poverty, marginalisation, colonial trauma and systemic racism. According to the First Nations Health Authority (FNHA), First Nations people died at 5.3 the rate of non-First Nations people in BC in 2020.

First Nations in BC and the Toxic Drug Crisis¹²

January-December 2020

COVID-19 Pandemic Results in a Dramatic Increase in Toxic Drug Deaths



Naloxone Context

Canada has a national THN program, anyone who carries it can administer it and no prescription is needed¹³. In Prince George, people can access it at the UNDU outreach team and office and also through Overdose Prevention Sites like POUNDS, along with pharmacies and the health clinic. People leaving detox are provided with kits.

Stigma and discrimination affects ambulance attendance to overdose, as well as people wanting to go with ambulance to the emergency room. Some fear being tracked as people who have multiple overdoses.

Police presence at overdose can often exacerbate the situation and make people feel more unsafe¹⁴. Police will sometimes attend if there is even a slight mention of aggression, often unrelated to the person at risk.

Health Canada changed the prescription status of naloxone in 2016 to increase public access and in 2017, the *Good Samaritan Drug Overdose Act* was passed¹⁵. It applies to anyone seeking help during an overdose, including the person experiencing an overdose. It protects the person who seeks help before help arrives and also protects anyone else who is at the scene.



Drug user group approach during COVID-19

UNDU or Uniting Northern Drug Users UNDU'ing Stigma is an indigenous-led, peer-run, organisation of people with lived and living experiences that come together to empower peers and discuss challenges, barriers, and gaps.

Changes during COVID-19

Drug poisoning rates spiked in April 2020 due to restrictions and reduction of in person services.

Through peer advocacy for isolation spaces and safer supply, an MOU was signed between health and housing authorities, Positive Living North and POUNDS to provide peer support, outreach and overdose response in isolation spaces.

During the pandemic, UNDU helped house people and support their stabilisation through prescribed safer supply. UNDU continues to provide support as the restrictions from COVID-19 have eased.

The health authority advised not to give rescue breathing due to COVID-19 contamination and to prevent spread. Peers advocated and educated how important rescue breaths are and provided harm reduction methods.

Overdose response apps were promoted for people who were using alone or isolating at home and phones with credit were distributed to ensure people could call 911. UNDU distributed over 80 phones supplied through Northern Health and FNHA.

Results

Naloxone distribution increased. Prescribed safer supply was proven to help people, and work is being done to include it as an ongoing policy, beyond COVID-19 isolation guidelines, to prevent further harms from the toxic drug supply.

Recommendations

- Safe supply, including pharmaceutical and non-medicalized options, that is accessible and low barrier.
 - Recognizing peers as experts and as frontline workers in collaboration with peer-led organisations or drug user groups
 - Recognition and inclusion of people with lived and living experience as stakeholders and experts in current drug supply trends, withdrawal management
 - Workshops between peers and first responders to improve response and relationship building.
 - Sustainable funding for peer-led organisations and drug user groups.
 - Support prescribers who prescribe safer supply.
 - Peer run overdose prevention sites, including safe inhalation spaces.
 - Increased access and education around nasal naloxone
 - Nasal naloxone in lower doses
 - Provision of oxygen and oxygen training at all overdose prevention sites.
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Country Case Study

Slovenia

Resiliency of Peers in Slovenia

The last available EMCDDA Slovenia Country Drug report from 2019 reports that available data indicate an upward trend in the number of drug-induced deaths in Slovenia since 2015. In 2017, the general mortality register reported the highest number of deaths since 2007.¹⁹

Naloxone Context

Slovenia has no National THN program. Carrying naloxone is not specifically allowed by law, though it is tolerated and no one will be punished for carrying it. Peers and health professionals who are trained can administer it, and it can only be prescribed through a doctor. It is not accessible in pharmacies, even with prescription, but it's possible to get it in specialised treatment centres, or any medical doctors' office. At the moment peers can only access it through the peer-led NGO services of društvo AREAL or by travelling abroad.

Naloxone has recently been made available to first responders, but outreach workers and NGO's report that peers are reluctant and fearful of authorities when calling an ambulance in overdose situations. They report that often people will reach out to others to do this for them. When calling an ambulance, people will often not say it's an overdose, for fear of police response.

Drug user group approach

Društvo AREAL is a NGO established in 2000 and is a peer-led NGO in Slovenia. Despite political tension and the destruction of their offices they continue to persevere in pushing forth peer knowledge and expertise for their community.

Društvo AREAL have been providing naloxone in Ljubljana area, have been organising workshops on how to use naloxone to volunteers, experimenting with app based solutions for finding the closest peer who has naloxone and have also been providing food and community activities for immigrants and refugees.²⁰

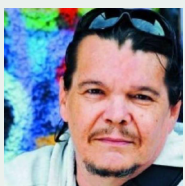
“In 2018, 59 deaths from overdose¹⁶ were reported in the country, an increase of 22 compared to the previous year. naloxone is still only accessible through medical doctors because the take-home program has not been introduced yet, although it is mentioned in the National program's Action Plan 2019-2020. People are still somewhat afraid to call an ambulance in case of an overdose. The issue of establishing safe injection rooms¹⁷ was included in the National program on Illicit Drugs 2014-2020, and steps have been taken since to make it a reality in cooperation with non-governmental organisations. Ljubljana and the Municipality of Koper are currently discussing possibilities of opening safe injection rooms.”

- Eurasian Harm Reduction Association¹⁸

Changes during COVID-19

Until recently peers in Slovenia have been accessing naloxone from countries with wider access and providing local peer access on location and via outreach.

During the COVID-19 pandemic, there was an especially tense political period in Slovenia, with almost no access to naloxone, so an unofficial agreement was set up with several taxi drivers.



“Someone can call and say that they need naloxone, the taxi driver comes

anywhere in Ljubljana within 10 minutes and brings a kit with them. At all times, a minimum of two taxi drivers trained and carrying naloxone, are on the road. 24 hours a day. Calling emergency services is still recommended, and taxi drivers and peer responders are trained to know what to tell the paramedics in terms of number of doses given and other information. From September 2020 they would carry the nasal form of naloxone. No more injections. We started this project in 2017 in the square of the ROG factory and soon expanded it with the help of taxi drivers.”

- Janko Belin

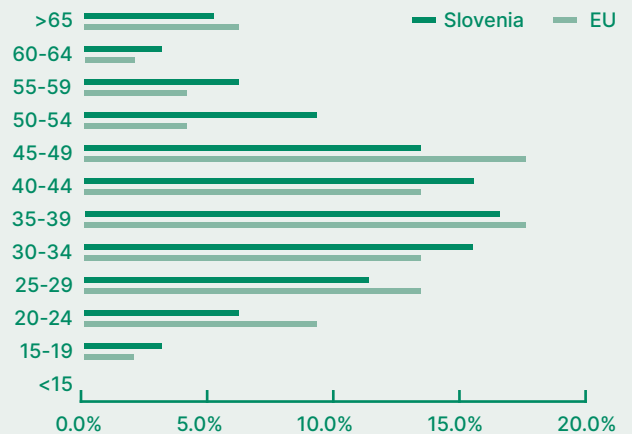
Results

This innovative peer approach enabled the NGO to distribute naloxone and reach peers within a short time, within Ljubljana. COVID-19 coincided with a period of political tension. After the general elections of April 2022, the situation is calmer. Even though naloxone is still only accessible through medical doctors, a THN program is mentioned in the National Drug program’s Action Plan 2019-2020, but as of September 2022 has not been implemented.

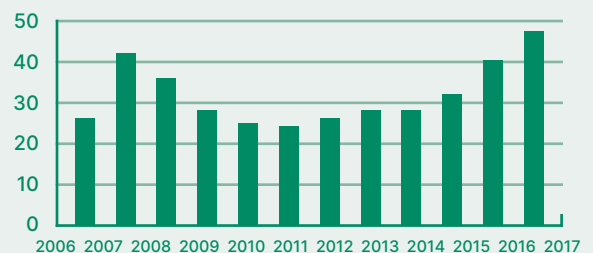
Recommendations

- The implementation of a national THN program
- Promote of peer-to-peer trainings and distribution of naloxone
- Peer-led harm reduction projects that focus on bottom-up, grassroots initiatives and do not have the barriers of stigma and fear.

Age distribution of deaths in 2017



Trends in the number of drug-induced deaths



Country Case Study

Portugal

Peer Group Community Action in Lisbon

According to the latest statistical bulletin²¹ from the EMCDDA from 2022, there was a total of 70 Overdose deaths in Portugal in 2019, which is a rise from previous years.

Drug Deaths per 100,000 Population (Not Age Adjusted)

Data: EMCDDA, Eurostat (2020)



Naloxone Context

In Portugal, there is no national THN program. People who are trained in the use of naloxone, including services staff and people who use opioids can carry and administer it. It is available by prescription costing €40, but people can also obtain it from doctors working in harm reduction services. Community distribution is free but not widely available as of yet. naloxone is available at harm reduction centers and at some drug consumption rooms through the regional health administration (ARS). Sometimes if the product is near expiry, services will distribute more.

People have a fear of police arriving after calling emergency services, due to cases of police brutality, which is a barrier to appropriate overdose response.

Legally speaking, naloxone is a controlled medicine, and only available to teams. Community distribution of naloxone is not official, meaning that there is no official take-home program or peer to peer distribution. Most peers don't have naloxone to distribute. Absence of law regarding naloxone distribution.²²



Drug user group approach



Group of Activists in Treatments (GAT) was founded in 2001 and is a structure of individual membership and cooperation between people from different communities and different organisations, affected by HIV and AIDS, sexually transmitted infections, viral hepatitis and tuberculosis. It is a non-governmental, non-profit organisation headquartered in Lisbon.

It advocates legal and policy changes that positively affect the health, rights and quality of life of people living with, or at risk of becoming infected.

The peer group operating for GAT during COVID-19 was to get naloxone from harm reduction services, when available and sometimes even if expired at the beginning (from April 2020 to April 2021).

Changes during COVID-19

During COVID-19, more naloxone was made available, but there was an issue with receiving expired products. Drug user groups from GAT, based in Lisbon, and CASO, based in Porto, did community distribution on International Overdose Awareness Day 2020, but the supply was not reliable. Then teams started asking the regional health authority for more naloxone, which resulted in an influx of supply that was unpredictable.

Results

- Peer innovation during the pandemic led to more people who use drugs knowing about naloxone and how to reverse an opioid overdose.
- Harm reduction teams are requesting more naloxone from the health authorities.
- Increase in peer distribution of naloxone and empowerment within the community of people who use drugs.

Recommendations

- The implementation of a national THN program.
- Extra stock of naloxone in every harm reduction team, shelter and other services accessible to people who use drugs.
- Distribution from all drug consumption sites without barriers.
- Peer to peer training and distribution widely spread with national coverage.

The Global Drug Policy Index

Country factsheet: Portugal



70/100

Overall Index
position 3 of 30 countries

N/A

- **86/100** Use of extreme sentencing and responses
- **64/100** Proportionality of criminal justice response
- **61/100** Health and harm reduction
- **68/100** Availability of and access to internationally controlled substances for the relief of pain and suffering
- **N/A** Development

Features of Peer-to-Peer Naloxone

P2PN can take a number of forms from a full comprehensive system run by a drug user group, through to P2PN being an extension to the local needle and syringe programme (NSP). It is unsurprising to find drug groups pioneering harm reduction responses to new drug trends.

A P2PN distribution model can look very similar to a professionally run THN program. A one-hour training programme is delivered by a peer trainer. At the end of the training course a professional dispenser such as a doctor or authorised pharmacist or nurse joins the course to dispense naloxone kits to graduates.

The P2PN also allows these one-hour training courses to be delivered on an outreach basis through satellite locations such as recovery groups or cafes, offender services, youth centres, community centres and peers' homes. The option of approved peer workers being authorised to distribute naloxone on an outreach basis ensures that graduates of the one-hour training are able to receive THN at the end of the course without the direct participation of an approved prescriber. The peer educator keeps a record of the peers trained and distributes naloxone to them; the peer educator records the dispensing on returning to the office.

1 DAY

Features of Peer Education Training Session on Opioid Overdose Management

CAUSES OF AN OVERDOSE

RISK FACTORS

- Mixing drugs/poly drug use (for example the risk of taking benzodiazepines to 'boost' a shot)
- Reduced Tolerance (especially post incarceration, detoxification or residential rehabilitation)
- Using Alone (the obvious inability to administer naloxone to yourself if you have lost consciousness)

COMMON MYTHS

NALOXONE SIDE EFFECTS, DOSAGE, STORAGE, ACCESS TO NEEDLE AND SYRINGE FOR AMPOULE

OVERDOSE AND DEATH PREVENTION STRATEGIES (eg: go low-go slow, risks of polydrug use and trying to use one drug at a time if possible, fix with someone nearby who can help you if needed)

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

MANAGING THE CASUALTY AS THEY COME ROUND AND OCCASIONAL RISKS OF AGGRESSION

LEGAL CONTEXT – MANAGING THE POLICE IF CAUGHT CARRYING AND/OR USING NALOXONE



The outreach delivery of P2PN is a low threshold version of THN distribution. In this case, peer workers engage people who use drugs in street or service setting. They provide access to naloxone in exchange for 5 – 10 minutes of training. The brief intervention focuses on recognising signs of an opioid overdose and how to administer naloxone. A shorter training and lower threshold ensures access to naloxone for those managing active dependency on opioids: a busy and pressured life particularly without the support of OAT.

10 MIN**Features of Brief Intervention Training before Outreach Distribution of Naloxone**

IDENTIFICATION OF SIGNS AND SYMPTOMS

ASSESSMENT OF CASUALTY

CALLING AMBULANCE

APPROPRIATE BASIC LIFE SUPPORT INCLUDING RECOVERY POSITION

NALOXONE ADMINISTRATION

LEGAL CONTEXT – MANAGING THE POLICE IF CAUGHT CARRYING AND/OR USING NALOXONE

RISK FACTORS AND PREVENTION STRATEGIES (IF TIME WITH PEER ALLOWS)

Foundational challenges of P2PN - Discussions based on original case studies

The challenge for most naloxone programmes is the ability to distribute naloxone to those facing the high-risk situation of being released from prison. Both the Canberra and Glasgow schemes successfully negotiated with the prison service so they could deliver peer education training to appropriate prisoners as part of their preparation for release. The challenge is how to distribute the naloxone to the prisoner after they have been trained, as they cannot be given the naloxone kit until the moment of release. Prison Officers cannot open prisoners' property until the prisoner is present to witness the unsealing of their property bag, which normally happens as one of the final steps prior to release.

The Glasgow Scheme overcame this barrier by prison staff stapling the naloxone kit to the prisoners' property after they had graduated from the training. This ensures that the naloxone is available at the point of release without the need to unseal the prisoner's property. The alternative was to provide graduates of the peer training course with a voucher for naloxone that can be redeemed from their local drug service on release from prison. The challenge is that many prisoners will celebrate their release with substances before they reach their harm reduction provider with the resulting risk of overdose.

The Canberra THN program was commissioned through the state drug user group. The drug user group delivered P2PN training sessions in a variety of settings from professional agencies, to community settings, to the homes of peers. The drug user group also trained the professional frontline staff to be professional first responders. As such the drug user activists became the key agents of change in the promotion of THN. The value of using peers and drug user groups to sustain the intensity of the response to rolling out naloxone was highlighted by a number of the peer projects alongside the benefits of privileged access.

Strengths, barriers and challenges in times of crisis - discussion based on new case studies during COVID-19

The COVID-19 pandemic has shown that P2P naloxone and peer involvement in the whole distribution process is essential to finding solutions that ensure that naloxone reaches those that really need it. Participants of the case study in Canada provided independent reports of peers stepping into situations where health personnel were hindered by restrictions, whilst in Slovenia, participants reported that without the participation of peer-led initiatives and new alliances, there would have been no access to naloxone at all and in Portugal, peers distributed and trained other peers in the use of naloxone.

Enabling drug user groups, organisations, outreach workers and peers to train each other as well as access online trainings on the use of naloxone in order to certify themselves to access THN, is a novel contingency plan during crisis situations. Norway, which has a THN programme for example, already had a naloxone online training course "naloxone Ninja" already in place before COVID-19 broke out, and therefore had training in place and did not have to find alternative solutions.

Peer-Led Harm Reduction Resources

EuroNPUD's range of peer-led harm reduction resources will be available to use and download on our website www.euronpud.net.

Conclusion

Drug user groups are often involved in harm reduction innovation because issues like opioid overdose directly affect our lives, and the lives of our friends and community.

Peer-to-peer naloxone (P2PN) provides an effective method of putting the life-saving opioid overdose reversal drug naloxone in the hands of those most likely to be present when a person overdoses on opioids. P2PN ensures that enough naloxone is available in the drug using community in order to provide consistent overdose reversals. Drug user groups and peer projects innovate where others are slow to act, this has become increasingly visible during the COVID-19 Pandemic. Peers have shown that they can form dynamic partnerships with harm reduction organisations and policy makers to combat opioid overdoses. An increasing number of EU states are providing THN programmes. EuroNPUD hopes that the technical information provided in this document will inspire more countries to implement wider naloxone accessibility through THN and peer distribution.

The COVID-19 pandemic has shown that P2P naloxone and peer involvement in the whole distribution process is essential to ensure naloxone reaches those that really need it. The response to the COVID-19 pandemic has shown that enabling drug user groups, organisations, outreach workers and peers to train each other as well as access online trainings on the use of naloxone in order to certify themselves to access THN, is one novel contingency plan during crisis situations. Norway, which has a THN programme for example, already had a naloxone online training course “naloxone Ninja” already in place before COVID-19 broke out, and therefore had training in place and did not have to find alternative solutions.

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Introduction to EuroNPUD Peer-Led Harm Reduction Project

The Peer-Led Harm Reduction project is a showcase of global and European best practices that are accessible, non-judgemental resources that is used by drug user groups to power the quality of their local training and advocacy.

EuroNPUD Peer-led Harm Reduction Team produces Technical Briefings that describe good practice principles and case studies and one-day capacity strengthening courses. To date the focus has been on naloxone and opioid overdose prevention and management and safer injecting and needle and syringe programmes.



P2P Safer Injecting 1 day course

EuroNPUD Peer-led Harm Reduction Series

Naloxone Saves Lives!



Opioid Overdose and Naloxone

Knowledge Test



P2P Naloxone Saves Lives 1 day Course

EuroNPUD's peer-led harm reduction resources are designed to be tailored and translated to different national contexts. The design and presentation are mindful of the fact that the target audience are drug user activists or harm reduction practitioners. The courses will normally be delivered by a training team including those with lived or living experience. Drug user trainers are able to use their personal testimony and examples from the work of drug user groups as a teaching aid within the course.




“When peers and practitioners train together, there is an exchange of lived and learned expertise that helps bust stigma among practitioners and boost the motivation of the peers.”

— Mat Southwell, EuroNPUD Project Executive and co-designer of course

“The design approach of the Peer-Led Harm Reduction courses aims for a balance of short text passages and vivid images that emphasise the material. The design champions inclusivity and demonstrates the diversity of the drug using community, with a special focus on destigmatising people who use drugs.”

— Mali Alicia Nieto Brotons, graphic designer

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