Preventing avoidable deaths: Essentials and recommendations on opioid overdose

Pinto M., Teles S., Carvalho H., Oliveira M.J., Rodrigues C.¹
1Agência Piaget para o Desenvolvimento (APDES)

Abstract

Overdose is the leading cause of death among People who use Drugs (PUD), accounting, in Europe, for more than 3.0% of overall deaths in males under 40 years of age (Eurostat 2012). Heroin/Ts metabolites are present in the great part of fatal overdoses, and other opioids are also frequently found in toxicological reports.

In the scope of Overdose prevention in Europe – CoLating lifesaving practices work package (Euro HRN Project II) the extent of the problem and Harm Reduction (HR) measures to mitigate drug-related deaths was mapped. A comprehensive literature review on measures to reduce drug-induced deaths was also carried out, and a European group of experts on the topic was created.

Based on this, multi-level and cyclical (at different stages of overdose prevention) recommendations for overdose prevention were proposed, addressing Practice, Research and Policy. The implementation of environmental prevention measures, harm reduction measures aimed at hard-to-reach drug users (e.g. HAT, DCR), as well as harm reduction strategies by bystanders (e.g. naloxone) were also identified and addressed.

In the future, we hope to reunite practitioners, researchers and politicians across Europe to form a sustainable critical mass on overdose prevention, dedicated in saving lives.

Introduction

In spite of a positive European trend regarding overdose mortality in recent years, they still account for almost half of all deaths among intravenous heroin users, exceeding the ones associated with HIV and other diseases (UNODC, 2019). Also, in a group of mostly north European countries, overdose deaths continue to be relatively high and is increasing (EMCDDA, 2014). Thus, there are necessary additional investments both in collecting evidences and designing practices to mitigate this extensive issue.

Scope and Objectives

This work is inserted in the European Harm Reduction Network (I) - Overdose prevention in Europe – CoLating lifesaving practices. It is operationalized in work packages that hold the following objectives: 1) Facilitate networking at the European, sub-regional and national levels; 2) Map good practices and develop recommendations on harm reduction measures to prevent drug related deaths, namely overdose deaths; 3) Establish an group of experts on drug related deaths in Europe; 4) Advocate for evidence based opioid drug management models and establish models of meaningful engagement for people who use drugs and their associations around the prevention of overdose; 5) Promote innovative practices for the prevention of drug related deaths and the improvement of health for people who use drugs; and 6) Support harm reduction stakeholders from across Europe in sharing practices related to work carried out with local stakeholders.

The contents herein presented work as a response to objective 2, and were supported by the activities associated with objective 3.

Results

Together, the comprehensive literature review, the mapping process and the analyses of the group of experts allowed to identify gaps on overdose prevention at several levels: 1) Establishing a framework for multi-level strategic overdose prevention

A comprehensive framework was developed in order to support the formulation of recommendations (see Figure 1). This reflects the interrelation of interventions - at multi-level environmental levels (from individual to broader) - needed to effectively mitigate the overdose problem.

2) Overdose prevention: identifying gaps

General gaps
- Scarcity debate on a more suitable and updated conceptual definition of drug-induced deaths;
- Lack of specific guidelines in the majority of European countries.

Practic gaps
- Scarcity inclusion of environmental strategies (that consider, for example, social inequalities, poverty rates) in overdose intervention programs;
- Overdose prevention campaigns are frequently detached from comprehensive interventions and fail to involve PUD and their families;
- In some European countries, there is no access to the different substances used in OST;
- Deficient data analysis and provision of a daily based individual overdose risk assessment; insufficient assessment of mental health and life events; lack of professionals’ training on overdose management;
- Insufficient development of “opportunities” interventions by emergency and hospital staff;
- Lack of overdose training initiatives for PUD’s families/social network;
- Liason issues, mainly between emergency and drug services.

Research gaps
- Few research on socioeconomic determinants of drug-related mortality; major focus on individuals/circumstantial factors;
- Insufficient effective communication between research and policy; insufficient action-oriented and timely research to benefit policy making; lack of national research plans on overdose.

Few is known (by research) about the professionals’ knowledge on overdose risk/protective factors and management, including in the drug treatment context;
- Lack of research investments on the differentiation of risk and protective factors for slow and immediate overdose onset.

Policy gaps
- Legislation often hinders or does not regulate (legal emptiness) the provision of overdose prevention responses (e.g. naloxone distribution by bystanders; DCR);
- Insufficient involvement of PUD and their families in the decision making process concerning national drug strategies for overdose prevention;
- Lack of investment on Harm Reduction measures likely to be beneficial in the reduction of overdoses (e.g; DCR);
- Some governmental inaction on the negotiation with naloxone manufacturers;
- Constrained capacity of developing toxicological post-mortem analyses; insufficient registry systems’ standardization on data collection and report proceedings across an evidence collection of comprehensive data on the investigation of deaths.

3) Recommendations: domains and topics

A set of recommendations was designed for each of the domains and sub-domains explained on Figure 2, concerning Practice, Research and Policy.

Conclusions

Despite the extent of the problem concerning opioid overdoses in Europe, there is still a lot to do on this field, namely in the collection of evidences, refinement of practices and the improvement of policies.

Several obstacles need to be addressed, beginning with issues on the conceptual definitions, and continuing with the difficulties to accurately estimate the amount of fatal overdoses, due to limitations on mortality registries, poor liaison between services, barriers in the access to treatment, naloxone availability, assessment of mental health issues, and availability of harm reduction devices likely to be efficacious on mitigating those deaths, among several others.

Concerted efforts among several key actors – Practitioners, Researchers, Politicians – in fact is absolutely fundamental for the operationalization of the set of existing recommendations aimed at the prevention of deaths that can actually be avoided.

References

1. Eurostat data.

Downloaded from http://eurohrn.eu by [User] on [Date].