Are peer programs with naloxone distribution for opioid users (in combination with first aid training) effective in reducing the numbers of drug–induced deaths?
A Systematic Literature Review

- Epidemiological and Medical Background
- Systematic Research in Medline, Eric, Psycinfo, Embase and the Cochrane Library
- Limited methodological quality of studies; only self-reported experiences, self-selection bias, low follow-up rate
- No systematic results on mortality
- One quasi experimental controlled cohort study, 12 evaluation studies, 5 overviews
- Naloxone is a safe drug to use (no effects in the absence of opioids), no reports on increased riskier use of drugs, generally no decrease in the use of emergency services, bystanders present at most ODs

Conclusions and Recommendations
- Naloxone peer programs should include identification and responds to opioid–overdoses and essential first aid training.
- Further research in form of large scaled studies is essential to monitor any negative side-effects and consequences of peer naloxone programs.
- The legal regulations when calling an ambulance to a potential overdose vary throughout Europe. Calling emergency services is an important aspect of harm reduction and possible barriers for contacting emergency services should be addressed in order to reduce drug-induced deaths.
- The legal aspects of naloxone prescription need to be addressed at a national level. Additionally, liability aspects (e. g. another person administering naloxone) should be solved before starting naloxone programs. This could help overcoming the fear of patients carrying naloxone along.

Recommendations on peer naloxone programs
Advisory Council on the Misuse of Drugs, Center for Disease Control and Prevention, Drug Policy Alliance, Open Society Foundation, Global Fund to Fight AIDS

Peer naloxone programs in Europe
Italy, Germany, Spain, Lithuania, Norway, England, Scotland, Wales, Bulgaria, Denmark, Portugal

Report on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health–related harm, associated with drug dependence, in the EU and candidate countries

- Evidence
  - Country Profiles
  - Epidemiological Situation
  - Evidence on Effectiveness of Harm Reduction Interventions (Update of Literature)
  - Systematic Literature Review on 4 topics (naloxone distribution, prison release management programs, needle exchange programs (NSPs) in prisons, interventions on the route of administration)
  - Stakeholder Consultation

- Priorities for Future Work
  - Priority A: The reduction of drug–induced deaths (e.g. peer naloxone programs)
  - Priority B: The improvement of harm reduction in prison
  - Priority C: The reduction of harm caused by drug-related infections

- Council Recommendation
  - Update of Council Recommendation?

Publications

Identification and selection of articles for peer naloxone programs

PICOS
- P Population: opioid users
- I Intervention: peer programs with naloxone distribution (in combination with first aid training)
- C Comparison: first aid training only
- O Outcome: reduction of drug–induced deaths (deaths due to overdoses)
- S Study type: studies with control group

DATABASE
- 215 Abstracts
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- 5 Reviews guidelines