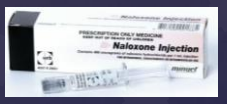
"Top-down, Bottom-up" Peer-based Responses to Opioid Overdoses.

Overdose Prevention and Management (OPAM) & WA Peer-administered Naloxone Project.



Peer-based projects in action…

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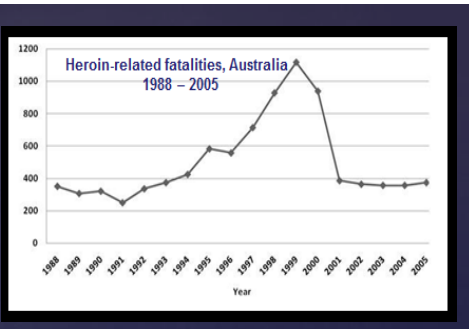


OOPs (Opioid Overdose Prevention scheme, mid-to-late 1990s) utilised peer-workers and volunteers who worked in hospital EDs and outreach settings, providing support and delivering prevention and first aid education to people who had recently experienced or witnessed an accidental overdose.

The Drug and Alcohol Office (DAO) initiated the Drug Overdose Prevention Project (DROPP) in response to the high rates of overdose during the mid-to-late 1990's. DROPP supported the development of strategies and initiatives which focused on responding to overdose and reducing related harms associated with drug use, including opiates, amphetamines, prescription medications, alcohol, ecstasy (or other 'party drugs').

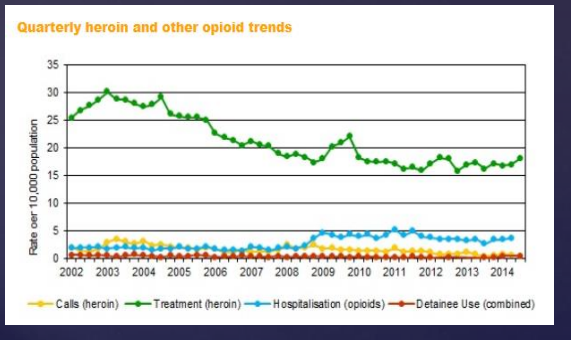
At this time the Overdose Strategy Group (OSG) was convened to;

- Assist in the direction of developing and monitoring overdose prevention strategies in WA.
- Ensure broader learning and experience gained from overdose strategies is taken up and passed on to relevant agencies and individuals.
- Ensure collaborative links are fostered with a wide range of key stakeholders.

Today the OSG is convened & chaired by the WA Mental Health Commission (MHC), (following the amalgamation of the DAO and the MHC in 2015).

The OSG is an interagency collaboration of;

- The Mental Health Commission, Workforce Development Branch.
- Next Step Specialist Drug and Alcohol Services.
- Performance Monitoring and Evaluation.
- Communicable Disease Control Directorate - Sexual Health and Blood-borne Virus Programs, WA Department of Health, (SH/BBVP).
- St John's Ambulance Association.
- Curtin University (National Drug Research Institute, NDRI).
- WA Police.
- Department of Corrective Services, (DCS).
- WA Substance Users' Association, (WASUA).
- WA AIDS Council, (WAAC).



The OSG aims to be responsive to current opioid trends, monitoring and providing advice on opioid overdose and its prevention, based on qualitative, quantitative and anecdotal data, concerning opioid availability, purity and harms in Western Australia, to inform the OSG's work.

As a result of the OSG and interagency collaboration, WA has developed and implemented a range of strategies over the last five years to reduce the occurrence of opioid-related fatalities, including;

- Data collection and monitoring of trends.
- Distribution of overdose warning information to opioid users via fit pack labels, drafting appropriate media responses.
- Overdose Prevention and Management (OPAM) program for opioid and amphetamine users.
- Naloxone education programs to peer opioid users and significant others, provision of naloxone hydrochloride for "lay-person" administration.

This workshop aims to explore a range of top-down and bottom-up approaches to opioid overdose based on the collaborative model utilised in Western Australia.

- Participants will be encouraged to consider how they may implement strategies in their own jurisdiction.
- The benefits of peer-based strategies and challenges encountered in their implementation will be explored.
- What have we have learned after 6 years of WASUA and MHC collaboration peer projects in WA.
- At the end of the session there will be an opportunity for Q&A with the presenters.

Why use Peer-Educators?

In order for brief education sessions to be effective, they must convey information that is timely and succinct, immediately relevant to the target's needs, realistic and achievable, understandable and appropriate to the target audience, and credible to that audience.

Peer education strategies have a number of advantages in engaging 'hard-to-reach' individuals who do not typically access mainstream health services, and peers have further advantages in delivering information effectively;

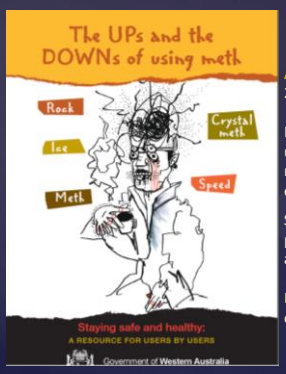
Why use Peer-Educators?

- Peers know where to find drug users, and understand the street-terminology, etiquette, and social mores of their own peer group.
- Peers are familiar with the motivations, and issues or concerns, of their own peers.
- Peers are actually there while drugs are being used and talked about. Any information they contribute is immediately relevant to whatever their peers are doing at the time they deliver it.

Why use Peer-Educators?

- The majority of illicit drug users are distrustful of drug information from authorities, and often see the same advice delivered by their peers as more credible, because it is supported by their own life-experience.
- Unlike health workers, who may only have one opportunity to "briefly intervene" with any individual, peers typically move within limited network(s) of social circles, and frequently are in a position to reinforce messages to the same audience or individual over time.

All of these factors combine to make any education delivered by peers more likely to be believed, retained and acted upon by the recipient.



Project AmPEd

Amphetamine Peer-Education Project, 2007.

Recruited current methamphetamine users, trained them in harm, reduction, First Aid, verbal de-escalation skills.

Supported these recruits to work as peer educators in their communities and within their social networks.

Project was evaluated well, (but relied on self-report).

Why use Peer-Educators?

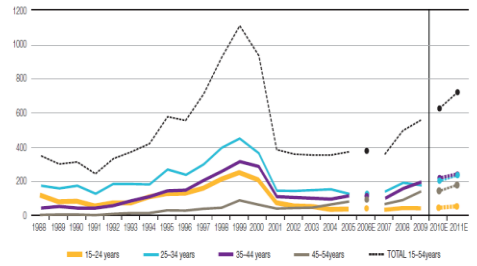
Most importantly, peers have privileged access to environments and individuals that no health worker can hope to visit, and this type of brief intervention is significantly cheaper than one-to-one client/worker interventions.

In the context of attempts to reduce morbidity and mortality due to overdoses, peer-based strategies have the potential to be *extremely* effective.

Ask yourselves;

Who is most likely to be in a position to promptly recognise and respond to an accidental opioid overdose?

Figure 2: Number of accidental deaths due to opioids among those aged 15–54 years, Australia 1988–2009



N.B. There is a break in the series in 2006, as these data were not revised, and are therefore likely to be an underestimate. We have estimated these data points using original data, then using an average of change across the 2007 and 2008 revisions. We estimated what the 2010 and 2011 final figures might be given the changes that occurred across revisions in 2008 and 2009. These figures are not yet final. 2006E, 2010E and 2011E–Estimated

Why Overdose Prevention & Management?

- More opioid users in WA reporting heroin as drug most used, and a significant increasing trend in overdose presentations.
- The overdose rate in WA began increasing in 2007. Between 2007-2009 Australia's rate of accidental opioid-related deaths increased from 30.4/million to 45.9/m.

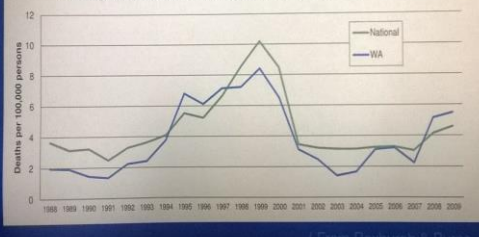
  In WA the increase was from 22.4/m to 54.8/m.

  http://ndarc.med.unsw.edu.au/project/national-illicit-drug-indicators-project-nidip
- Heroin availability and purity have been on a steady increasing trend in WA since 2009. Seizures in WA are of higher purity than in other states and territories.

  https://www.crimecommission.gov.au/sites/default/files/IDDR-2012-13-HEROIN.pdf
- Since 1991 opioid prescription in Australia (per-capita) has increased 228%. Many OD fatalities in WA involve pharmaceutical opioids, not heroin.
- Another person is present at 60% of fatal OD in WA.
- ~85% of OD fatalities in WA are "poly-drug" overdoses.

Opioid related deaths Australia & WA

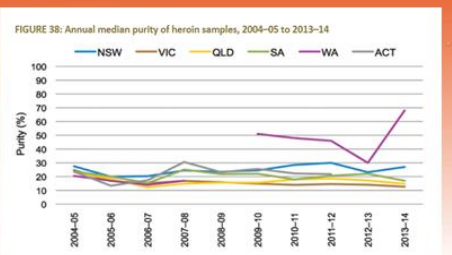
Rate per 100,000 pop. of accidental deaths due to opioids among those aged 15-54 years, Australia, WA, 1988-2009



(From Roxburgh & Burns, 2013)

NDRI

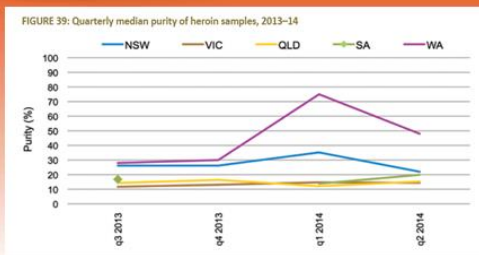
FIGURE 38: Annual median purity of heroin samples, 2004–05 to 2013–14



Government of Western Australia Drug and Alcohol Office

Australian Crime Commission (2013–14)

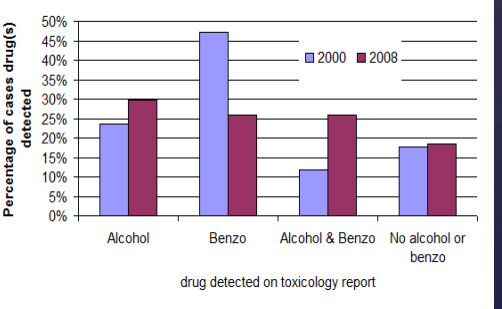
FIGURE 39: Quarterly median purity of heroin samples, 2013–14



Government of Western Australia Drug and Alcohol Office

Australian Crime Commission (2013–14)

WA fatal heroin overdoses 2000 and 2008



Overdose Prevention And Management Project, (OPAM).

Aim:

The aim of the OPAM project is to reduce the physical and psychological harms associated with illicit drug use, with a focus on preventing and managing opioid or poly-drug central-nervous-systemn (cns) depressant overdose, and on preventing and responding appropriately to amphetamine toxicity.

Overdose Prevention And Management Project, (OPAM).

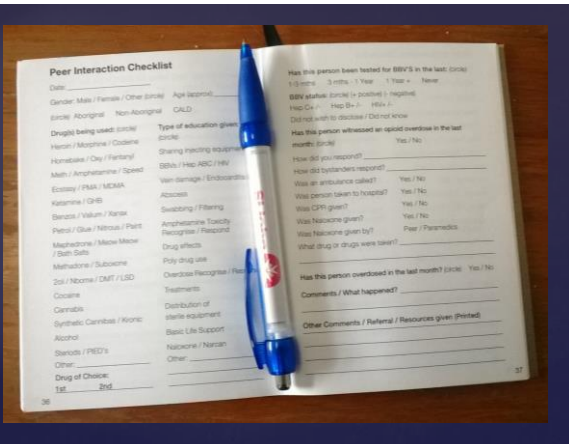
Every 6 months, OPAM recruits 8 to 15 current users of illicit opioids who are suitable candidates to be OPAM peer educators. Selected candidates are paid to attend three days of training, culminating in Basic Life Support certification, but also including education on the following topics;

- debunking myths and urban legends about avoiding, and/or responding to, overdose or psycho-stimulant toxicity.
- risk factors and the signs-and-symptoms which are specific to cns-depressant overdose and those which are specific to psycho-stimulant toxicity.
- prevention strategies and first-aid responses for reducing the risk of, or treating, cns-depressant overdose and those appropriate for reducing the risk of, or responding to, psycho-stimulant toxicity, (including responding to an individual who is experiencing psychosis).
- verbal and non-verbal techniques for effective de-escalation of situations where another person is highly intoxicated, aggressive, or suffering a psychotic episode.

Overdose Prevention And Management Project, (OPAM).

- practices of St John's Ambulance paramedics and of WA Police in responding to drug-related call-outs.
- costs of ambulance transportation, health insurance, joining St Johns, and the potential to pay bills by instalments/direct debit.
- BBVs and STIs, and an introduction to WASUA's Health Clinic, and other appropriate services.
- safer injection and filtering practices, recognising and responding promptly to abscess and other non-viral infection and injury, and other appropriate harm reduction techniques.
- cultural sensitivity and being a peer-educator, including delivering information in a non-judgemental, relevant and timely, and appropriate manner.

For the next 6 months, participants receive regular education and mentoring to help develop their knowledge and their skills and confidence as educators within their specific peer group(s). They also record de-identified data in a diary every time they educate their peers or respond as a first aider to an overdose, drug toxicity, or other drug-related harm.



Overdose Prevention And Management Project, (OPAM).

Between Jul 2011-Jun 2015, OPAM recruited and trained 89 peer educators. 87 remained in regular contact with the project for at least six months after their induction. At present there are 12 active OPAM peer educators.

Results recorded Jul 2011 - Jun 2015 include;

- >830 education and mentoring sessions have been provided to current opioid users.
- More than 50 reports of OPAM participants successfully responding to overdoses. More than 40 reports of successful/appropriate responses to incidents involving amphetamine intoxication or toxicity,
- Peer-designed overdose awareness resource developed and distributed.

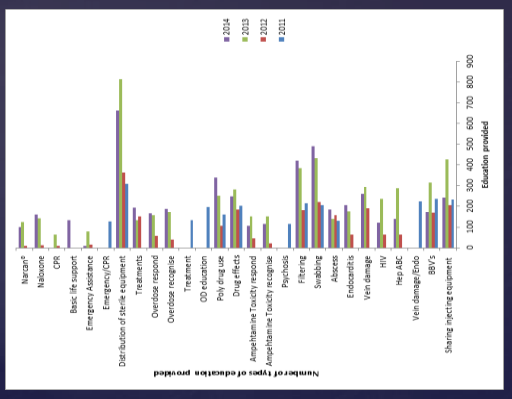
Overdose Prevention And Management Project, (OPAM).

Results recorded Jul 2011 - Jun 2015 include;

❖ >14,700 episodes of "peer-education" about avoiding and responding to overdose, safer injecting practices, sexual health, and other harm reduction strategies appropriate to the specific circle of peers,

❖ >1000 referrals to NSEP, WASUA Health Clinic, ORPACS, Drug Treatment and Referral Service, and on-referrals to drug treatment and other health/social welfare agencies.

❖ More than 500 diaries collected. Anecdotal, but "real time" intelligence on short-term fluctuations in drug purity, drug availability, and in changing drug trends or drug-using practices.



WASUA Peer-administered Naloxone Project.

WASUA Peer-administered Naloxone Project.

The Peer-administered Naloxone Project was developed in 2012, building on our experience with OPAM, and initially recruited suitable candidates through networks established by OPAM.

The project is a collaboration between MHC and WASUA, under the auspices of the Overdose Strategy Group.

Street Doctor are assessing potential candidates and prescribing the naloxone.

NDRI are conducting an independent evaluation of the project.

Naloxone "Mini-jets" are prescribed to candidates who have been trained by a St John's-accredited First Aid Instructor to;

- **recognise and respond to cns↓ OD and to**
- **safely administer intramuscular injections,**
- **and who are then assessed as competent by the prescribing Doctor.**

WASUA Peer-administered Naloxone Project.

The two-hour training session covers;

- **Risk factors of overdose;** ***what makes an overdose more likely?***
- **Signs and Symptoms of overdose;** ***how to recognise warning signs, how to recognise an overdose when it's happening?***
- **Myths and Facts;** ***about responding to overdose, and about calling an ambulance.***
- **First Aid response to overdose;** ***how to clear and open the airway, how to check for breathing, how to perform "rescue breaths" and CPR.***
- **How to give naloxone;** ***when and how to use a naloxone Mini-jet.***
- **What to do;** ***if the person recovers before the ambulance arrives?***

WASUA Peer-administered Naloxone Project.

Key training session messages:

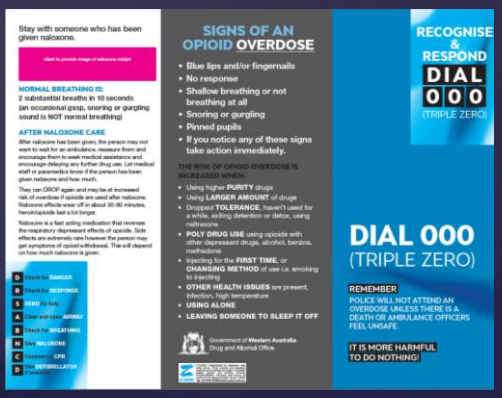
WASUA Peer-administered Naloxone Project.

Myth-busting exercise…

WASUA Peer-administered Naloxone Project.

Each Naloxone Kit contains;

- 2 x Mini-jet (naloxone 0.4mg)
- 2 x 23g IM needles
- 4 x alcohol wipes (swabs)
- 2 x Face Shields (for CPR)
- 2 x pairs disposable gloves
- 1 x Sharps disposal tube
- "Stop The Drop" step-by-step guide
- Training Certificate and WASUA contact numbers
- Contact card for Evaluation



WASUA Peer-administered Naloxone Project.

WASUA Peer-administered Naloxone Project.

Qualitative benefits and testimonials:

"… I started on the worse looking guy and gave him a few breaths; naloxoned him and then the same to the second guy, it was so hectic: looking after three people all at the same time… …I don't know how I would managed three people at once if I didn't have that Naloxone on me".

"I didn't need to use the narcan. After I resuscitated her all the other people were quizzing me- saying 'you were like a doctor, how'd you learn to do that?'…I told them about the project and also the OPAM program… Now they all want to do the training too."

WASUA Peer-administered Naloxone Project.

Qualitative benefits and testimonials:

"They'd already started CPR. I assisted in DRSABCD and then gave him the Naloxone, took only a few minutes and then he started breathing again. When the ambos got there they checked him out and left."

"I hit her with the naloxone and started CPR just like you guys taught us. Five minutes after the first shot she still didn't respond. I used the second ampoule and then she came round".

WASUA Peer-administered Naloxone Project.

Qualitative benefits and testimonials:

"gave CPR while bystanders ran and got the Naloxone for me to administer it. The paramedics said we probably saved his life"

"He stopped breathing. It's weird cos I didn't panic at all- I just did what you guys taught me, cleared the airway and gave a couple of breaths, but he didn't respond. I gave him the naloxone and kept breathing for him, but almost straight away he made a big gasp noise, and a minute later he sat up."

WASUA Peer-administered Naloxone Project.

Qualitative benefits and testimonials:

"She wasn't breathing and already looked blue. I didn't have the naloxone with me, but I knew exactly what to do from what you taught me about, like basic life support.

I checked her airway was clear and started doing the breaths and she made a big gasp noise and started breathing again. She woke up just a minute or so later. I don't know what I would have done if I hadn't had the training".

WASUA Peer-administered Naloxone Project.

Qualitative benefits and testimonials:

"Thank you so much, my friend just went blue in the passenger seat of my car so I ran around and pulled him out, and I just did exactly everything you had told me to do! Like, I tilted his head and breathed 2 emergency breaths into him, injected him with the Naloxone and started the compressions, he came around within a few minutes…

…Thank you so much for letting me save my mate's life. I saved his life! I still can't believe it! I'm just so grateful!"

WASUA Peer-administered Naloxone Project.

Testimonial, St John's Ambulance Service Paramedic:

"When we attended the scene…" (the first responder) "…identified himself as a first aider and peer naloxone trained. He explained that he had been part of a naloxone training project and had been prescribed naloxone. He appeared calm and confident and gave a detailed handover…

… The first aider said he gave two rescue breaths, then administered 1 x 0.4 mg of naloxone, then called 000, then commenced CPR, followed by a second injection of 0.4 mg of naloxone. The overdosed persons breathing returned, however was very shallow…"

WASUA Peer-administered Naloxone Project.

"…We attended the call in approx. 8 minutes, ventilated the patient and administered a further 0.4 mg of naloxone….

… I was very impressed with the handover, handling of the scene and demeanour of first aider. I cannot think of anything that could improve the training this person had received.

The experience with peer naloxone was great. I had heard it was out there… …in reality who is going to see the overdose first? Other users, friends and people who hang out with people who use. We got there in time, but if they hadn't kept him breathing he probably wouldn't have made it."

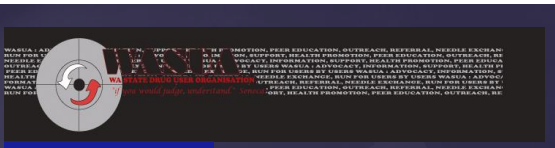
Mark, ***Paramedic, St John's Ambulance Service.***

WASUA Peer-administered Naloxone Project.

Where to from here?

Multiple delivery sites/multiple training models;

- Rolled out to new sites (Fremantle, Bunbury, Mandurah)
- In discussion with CPOP re: offer of naloxone prescription to OST patients as part of relapse prevention conversation.
- Opportunistic distribution, brief interventions?
- Delivery into Prisons. WA project approved and ready to deliver in Acacia (SERCO).
- Rescheduling of naloxone from S4 to S3, (dual listing, price concerns).
- On-line training for Community Pharmacists.
- "Recognise and Respond" DVD resources and training manuals.



WASUA

"Because sometimes, what you don't know CAN hurt you…"

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