

BRIEFING ON WHY AND HOW TO ADDRESS OVERDOSE IN GLOBAL FUND PROPOSALS

For people who inject heroin and other opioids, overdose is an urgent issue. The Global Fund to Fight AIDS, Tuberculosis and Malaria supports overdose prevention and response activities.¹ This brief offers advice on ways to make the case—both to your Country Coordinating Mechanism (CCM) and in your Global Fund proposal itself—that overdose matters for the HIV response.

Global Fund has indicated that the types of activities it supports include:

1. Peer and staff training in overdose prevention
2. Strengthening overdose responses, including legislative and policy reform where needed
3. Low-threshold provision of the opioid overdose medication naloxone to people who use drugs and through emergency services.

OVERDOSE AMONG PEOPLE WHO USE DRUGS

Overdose is a well-documented major cause of death among opioid users and is an issue for stimulant users as well. A survey in Russia found that 59 percent of injection drug users had experienced an overdose, and 81 percent had witnessed one.² In northern Vietnam, a study found 43 percent of injection drug users had experienced a nonfatal overdose in their lifetime.³ But drug users can and do respond to overdoses that they witness: nearly a third of respondents in a study in Bangkok, Thailand, had experienced an overdose, while 68 percent had witnessed one, and the majority responded by performing first aid or taking the victim to the hospital.⁴ Other drug users are the people most likely to be present at the scene of an overdose, so providing them information and tools to respond can result in lives saved.

THE GLOBAL FUND SUPPORTS NALOXONE TO REVERSE OVERDOSE

Guidance: The Global Fund's Harm Reduction Information Note for People Who Inject Drugs explicitly indicates that it does fund overdose prevention, including naloxone.

Solid overdose programming includes: Information and tools to prevent, recognize, and respond to drug overdose. It may also include advocacy for policies to support programs.

The Global Fund has a record of funding this work: Such support has included overdose prevention and response programs with the provision of naloxone in Kyrgyzstan, Georgia, Kazakhstan, Tajikistan, Russia, and Macedonia.

WHAT IS NALOXONE?

Naloxone is a safe, highly effective antidote to opioid overdose. It binds to the same receptors in the brain that receive heroin and other opioids; it "kicks out" the opioids and reverses the respiratory depression that leads to death from overdose. Naloxone cannot get you high and has no potential for abuse. Naloxone is not a controlled substance, though in many countries it does require a doctor's prescription.

Naloxone is on the World Health Organization's *Model List of Essential Medicines*.

For more information about naloxone and how it works, see *Take Home Naloxone: The Right to Survive Overdose* at <http://bit.ly/oql8jt>.

¹ The Global Fund to Fight AIDS, Tuberculosis and Malaria. 2013. *Harm Reduction for People Who Use Drugs: Information Note*. Available online at www.theglobalfund.org/assets/0/495/557/1634/12d74f72-a50a-45b7-aae2-8b2e2d783a1a.pdf.

² Sergeev B, Karpets A, Sarang A, Tikhonov M. 2003. "Prevalence and circumstances of opiate overdose among injection drug users in the Russian Federation." *Journal of Urban Health* v. 80, n. 2. p. 212-219.

³ Bergenstom A, Quan VM, Nam LV, et al. 2008. "A cross-sectional study on prevalence of non-fatal drug overdose and as-sociated risk characteristics among out-of-treatment injecting drug users in North Vietnam." *Substance Use and Misuse*, Vol. 43: 73-84.

⁴ Milloy M, Fairbairn N et. al. 2010. "Overdose experiences among injection drug users in Bangkok, Thailand." *Harm Reduction Journal* 2010, Vol. 7, Issue 9.

PEERS RESPONDING TO OVERDOSE⁵

Harm reduction programs are training drug users to understand overdose risk factors, and are working to address structural factors that can lead to increased incidence of overdose. Furthermore, studies have shown that drug users are willing and able identify overdose and respond appropriately. In at least 15 countries, harm reduction programs have begun tackling overdose by providing response training to drug users and their families, and giving them naloxone to use in an emergency. Many programs are already showing results, recording overdose reversals among participants and overall reductions in overdose deaths in the same period.⁶

While training laypeople to recognize and respond to an overdose with naloxone is the ideal, in some settings, legal barriers—such as laws restricting who can perform injections—stand in the way. Programs have responded creatively by finding other ways to increase naloxone access while advocating to change restrictive policies. Solutions include ensuring emergency rooms and ambulances have naloxone and understand how to use it, and equipping outreach workers with naloxone and a motorbike to respond to emergency calls.

WHY SHOULD HIV/AIDS SERVICES FOR PEOPLE WHO USE DRUGS INCLUDE OVERDOSE PREVENTION AND RESPONSE EDUCATION?⁷

- Overdose is a leading—and in some cases the number one—cause of death among people who inject drugs living with HIV in many countries (and in many countries, drug users make up the largest proportion of people living with HIV).⁸
- HIV infection puts people who inject drugs at greater risk of fatal overdose. Though this association is not fully understood, biological, behavioral, and structural factors may contribute.⁹
- Overdose prevention services connect people who use drugs to other basic services like HIV prevention, drug treatment, and primary health care. By addressing the priorities of drug users, HIV prevention services may expand coverage and more

OVERDOSE PREVENTION IN HARM REDUCTION

Essential tools: Naloxone (typically two 1mL doses per participant trained) and muscle syringes (a thicker needle, usually 22 gauge and 3cm or longer that can easily be injected into the upper arm or thigh).

Essential information: Tips on recognizing opioid and other overdoses; information about the response, including rescue breathing, recovery position, calling for help, and how to use naloxone; strategies for preventing an overdose in the first place.

Training: Staff, peer educators, program participants, and their families.

Staff needs: Peers or drug users can conduct naloxone trainings; you may need to work with a doctor or pharmacist to prescribe naloxone, depending on the regulations in your country.

OVERDOSE PREVENTION AS EMPOWERMENT

As one overdose survivor in Hanoi, Vietnam put it, “Before I cared about nothing... I thought being a drug addict and having HIV meant my life was worth nothing. But after I was saved [with naloxone], I felt like I was

⁵ For more information on training drug users to respond with naloxone, see Saucier R. 2011. *Stopping Overdose: Peer-based Distribution of Naloxone*. Available online at http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/naloxone-20110324.

⁶ Ibid. See also, Walley AY, et al. 2013. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: Interrupted time series analysis. *BMJ*. Available online at: www.bmj.com/content/346/bmj.f174.

⁷ For further explanation and citations, see Curtis M., Dasgupta N. 2010. *Why Overdose Matters for HIV*. Available online in English, Russian, and Chinese at http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/why-overdose-matters-20100715.

⁸ IHRD. 2008. *Harm Reduction Developments 2008: Countries with Injection-driven HIV Epidemics*. New York: International Harm Reduction Development Program (IHRD) of the Open Society Foundations, p. 11.

⁹ Green TC, McGowan SK, Yokell MA, Rich JD. 2011. “HIV infection and risk of overdose: A systematic review.” Manuscript under review.

effectively fight the HIV epidemic.

- Overdose prevention empowers people who use drugs and who have or are at risk for HIV—including overdose responders and survivors.
- Overdose may exacerbate HIV-related disease, as nonfatal overdose is associated with disease sequelae that can worsen with HIV infection, or may lead to HIV-related complications. Conversely, respiratory illnesses common among HIV-positive people can further put drug users at risk of overdose death following opioid-induced respiratory depression.
- Many of the same policies (such as incarceration) that increase risk of HIV infection among injection drug users also increase the risk of overdose. Therefore, structural interventions to address overdose also impact HIV risk.
- Most surveys among people who use drugs reveal that overdose is a serious concern, and that they are eager to participate in overdose training programs.

INTEGRATING NALOXONE INTO EXISTING HARM REDUCTION PROGRAMS

Integrating naloxone distribution into existing harm reduction programs, particularly needle syringe programs, is easy. Here's why:

- Such programs already reach the drug using population that would benefit from naloxone distribution.
- Such programs already do education and training to staff and clients on safe injection and could include overdose prevention and response with naloxone.
- Naloxone distribution could increase the reach of existing harm reduction programs because they are empowering

reborn, and I realize how precious life is."

NALOXONE IN ROUND 10 PROPOSALS: HIGHLIGHTS FROM KYRGYZSTAN AND MACEDONIA

Kyrgyzstan¹⁰

Kyrgyzstan's proposal adeptly uses available data to justify the inclusion of naloxone provision:

"According to the database of Republican Bureau of forensic-medical examination in the city Bishkek and Chuiskiy Region, more than 100 drug users are dying every year because of overdose of drugs. The official database on overdose is often not reliable; existing harm reduction projects have pointed out that overdose is the main cause of death among their clients. Longstanding international practice shows that programs to prevent overdoses by providing [naloxone] in MLSS [needle and syringe exchange programs], not only reduce the mortality rate among [IDU] and [IDUs] living with HIV, but also attract new customers to programs to exchange syringes, increasing their effectiveness. While receiving a lifesaving medication, [IDUs] will be motivated to attend prevention programs more often and, therefore, will be involved in other harm reduction services. Within the confines of the present round, through [needle and syringe exchange] in the civil and in penal sector [naloxone] will be provided for up to 8,000 [IDUs] (30% of the total assessed number) per year."

Macedonia¹¹

Macedonia's proposal does not provide much support to justify inclusion of overdose prevention or naloxone provision. Yet Macedonia has set targets for Behavioral Change Communication and Information, Education and Communication such as:

"285 IDUs and 215 professionals in total will be trained on principles of overdose during Y1-Y5 and a total of 15,000 leaflets on the prevention of overdose produced and distributed by the NGOs and clients."

Naloxone is also specifically mentioned in the section of the proposal for budgeted pharmaceuticals:

"The budgeted pharmaceuticals (Peginterferon alfa-2a, Ribavirin and Naloxone) for the needs of the R10 HIV proposal were estimated in accordance with the available market prices in the country."

¹⁰ http://www.theglobalfund.org/grantDocuments/KGZ-R10-HA_Proposal_0_en

¹¹ http://www.theglobalfund.org/grantDocuments/MKD-R10-HA_Proposal_0_en

for the community and provide a service that opiate users really want.

INFORMATION TO MAKE THE CASE FOR OVERDOSE RESPONSE WITH NALOXONE

Global Fund proposals approved in the past that included support for overdose prevention have not gone into extensive detail to justify why naloxone is needed, or to explain how it will be operationalized. (See previous page.) It is important, however, to give reasons for the inclusion of overdose response with naloxone in your proposal, and to be prepared with the necessary justifications, evidence and costs, in case you are asked for more information. Below are recommendations for what information and supporting materials to gather to make the case for naloxone and to plan an effective overdose response with clear targets.

Include National Data.

- Such as:
 - ✓ Total number of people who use drugs, and the number who use opioids
 - ✓ The number of overdose deaths in your country, and how this ranks compared to other causes of death, especially among young people
 - ✓ Total number of HIV positive people
 - ✓ Proportion of HIV infections related to drug use
 - ✓ What proportion of deaths among people with HIV were the result of an overdose
- If you're missing data, gather information from countries where the drug use and socio-economic situations are similar to yours.¹²

Supply Supporting Information.

- Investigate if surveys or research has been done in your country on overdose experiences. Look for information such as:
 - ✓ What proportion has seen a fatal or nonfatal overdose?
 - ✓ What proportion has experienced a nonfatal overdose themselves?

Cost Out Various Components for Budget Calculations.

- Depending on the interventions you decide to include, the proposal may cover:
 - ✓ naloxone (often less than 1USD per dose, but differs significantly from one country to the next)
 - ✓ muscle syringes
 - ✓ costs for developing appropriate overdose prevention and response educational materials (Information, Education and Communication materials)
 - ✓ costs to conduct trainings and develop training materials (Behavioral Change Communication)

SOME INDICATORS ON NALOXONE TO INCLUDE IN PROPOSALS

- ✓ Number of naloxone ampoules distributed
- ✓ Number of overdose reversals with naloxone
- ✓ Number of harm reduction staff and clients trained in overdose prevention and response with naloxone

¹² See, for example, Eurasian Harm Reduction Network. 2008. *Overdose: A Major Cause of Preventable Death in Central and Eastern Europe and Central Asia*. Available online at http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/overdose_20080801.

- ✓ costs to conduct advocacy for policy change to increase access to naloxone for the drug-using community

Learn More About Overdose and the Recommended Response.

- Learn the basics about overdose prevention and response at http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/overdose_20090604.
- Get evidence for the effectiveness of peer-led responses to overdose at http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/naloxone-20110324.
- Read about the extent of overdose in Eastern Europe and Central Asia at http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/overdose_20080801.
- Ask the Open Society Foundations to send you resources in English, Russian, or Chinese.

Use the Global Fund Harm Reduction Information Note.

- This document can serve as an excellent reference tool for your CCM and proposal writing team. Find it at www.theglobalfund.org/assets/0/495/557/1634/12d74f72-a50a-45b7-aae2-8b2e2d783a1a.pdf.

Reference “Why Overdose Matters for HIV.”

- This publication can help bolster the link between overdose and HIV when writing your country proposal. Find it at http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/why-overdose-matters-20100715

PROMOTING PEER DISTRIBUTION OF NALOXONE: CASE STUDY FROM KYRGYZSTAN

The Global Fund has supported naloxone procurement in a number of countries, including Ukraine, Macedonia, Georgia, Tajikistan, Kyrgyzstan and Kazakhstan. While it supports the purchase of naloxone, and in its guidance note specifically promotes ‘low-threshold provision of naloxone to people who use drugs’, in many contexts legal barriers—such as laws restricting who can perform injections—stand in the way of implementing low-threshold programs, like those that distribute naloxone through harm reduction NGOs. How the naloxone provision is implemented depends on the legal and policy environment of the country in question.

For example, Kyrgyzstan currently has funding from the Global Fund through its Round 10 proposal to procure \$25,000 worth of naloxone a year, but national legislation does not allow for NGOs to distribute medicines that require a prescription, like naloxone. In 2013 however, NGO distribution became legal in Kyrgyzstan, representing a major advocacy victory for naloxone supporters in the country. Before 2013, Global Fund-procured naloxone distribution was only through government-run narcological centers that drug users were unlikely to frequent for various reasons including fear of being registered as a drug user, and the need for special papers to access the program.

Civil society organizations working closely with drug users realized very quickly that this model would not address the epidemic of opioid overdose they were witnessing in their context. A coalition of NGOs formed to advocate for lay distribution of naloxone directly to drug users, their peers and family members. The coalition included Attika, a drug user-led NGO, Parents Against Drugs, Soros Foundation Kyrgyzstan, PSI, and the Global Health Research Center of Central Asia. Through multiple roundtables and meetings with stakeholders, the coalition presented compelling evidence to show that naloxone distribution through government-run narcological centers alone was not sufficient in reaching the drug using population and that naloxone distribution through NGOs, in partnership with the narcological centers would be the best model for Kyrgyzstan. Effective documentation of the problem and ongoing advocacy directed at decision makers was instrumental in having the leadership of the Republican Narcological Center issue a legal exemption for naloxone and allow for its distribution directly through NGOs.

This unique and a pioneering experience of lay distribution of naloxone by local NGOs in partnership with state narcological centers in charge of the Global Fund procurement can be applied in multiple settings.

The first and most important step is getting naloxone into your Global Fund proposal.