



The imperative of naloxone programmes Estonia and the UK

Sibella Hare Breidahl

breidahls@gmail.com

Twitter: @SibHareBreidahl

Illustration by Asharah Saraswati

Declarations (personal & institutional)

- Medical student at the University of Adelaide (2013-current)
- Previous research assistant at KCL; working on project with John Strang, co-sponsored by MundiPharma, we present selected results here (2018/2019)
- Previous consultant EMCDDA (2019)
- Current WHO intern; Department of Mental Health and Substance Use

Overview

1

Describing the barriers to naloxone programme implementation

2

Giving some examples of these in European contexts

3

Exploring the role of these in the context of three European cities where we completed study: London (UK), Tallinn (Estonia) and Narva (Estonia)

Overview of barriers

Political/regulatory

- Data on drug-related deaths inadequate
- No national strategy to reduce DRD
- Lack of advocacy for THN programmes at national/regional level
- **All existing naloxone products are 'prescription-only medications'**
- **Naloxone prescribing is limited to medical doctors/specific professions**
- Nasal naloxone not available in the country

Organisational

- No government funding available
- THN not covered by health insurance
- THN limited to emergency services/hospitals

Society/stigma

- **Research/ implementation of THN programmes not prioritised**
- **Perception that THN encourages drug use**
- Lack of awareness of THN among general population

External

- **THN is not a priority for organisers of social/health services**
- Lack of available funding and equipment to offer and perform THN trainings

Other common barriers

Price

Age restriction

Mandatory training

Only available in certain geographic areas, or at certain times, or to people registered to a practice, or who live in the practice area

Examples of naloxone frameworks

Italy

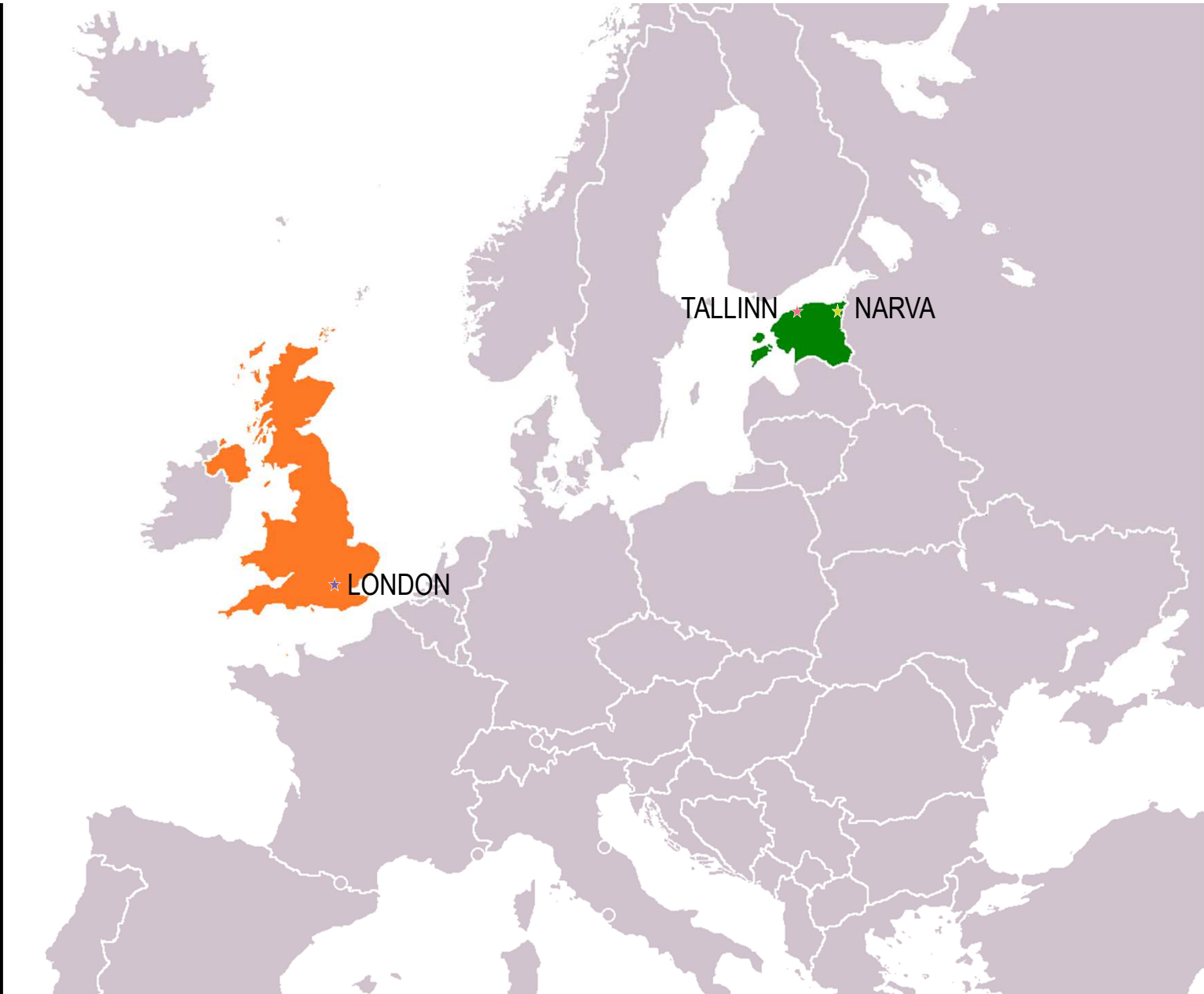
Naloxone available over the counter

Scotland

Anyone associated with a addiction service
can distribute

Estonia

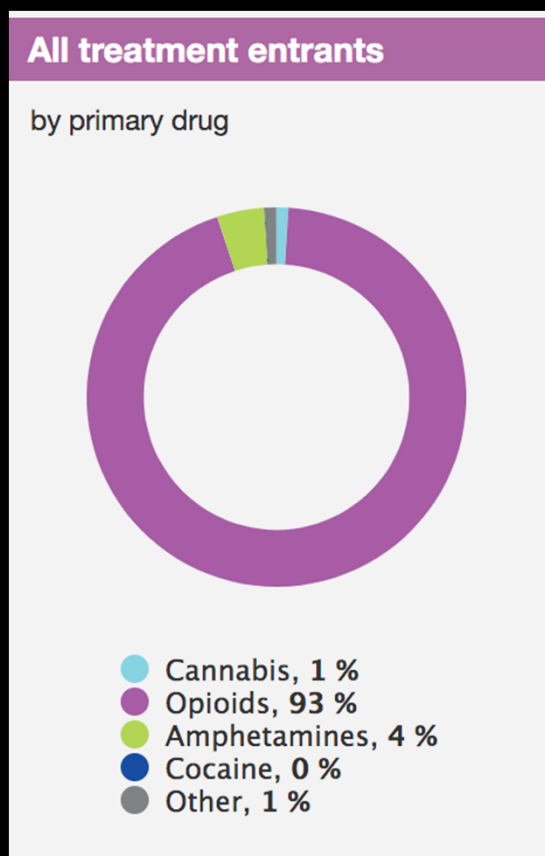
Must be prescribed by a doctor



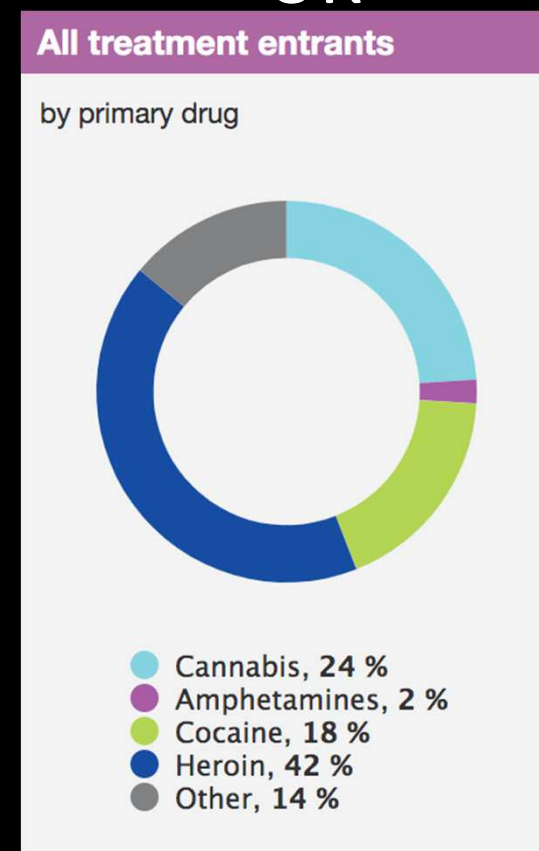
★ LONDON

TALLINN ★ NARVA

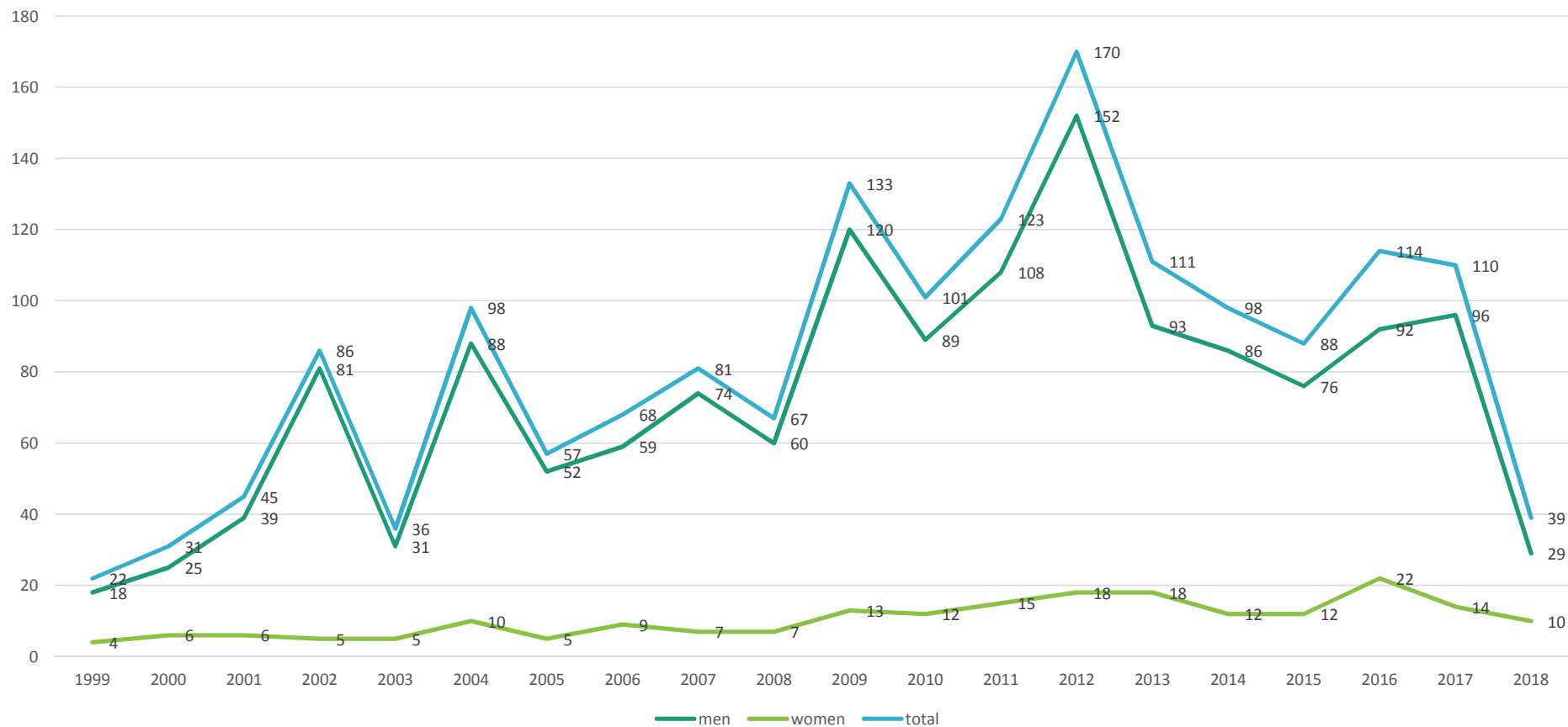
ESTONIA



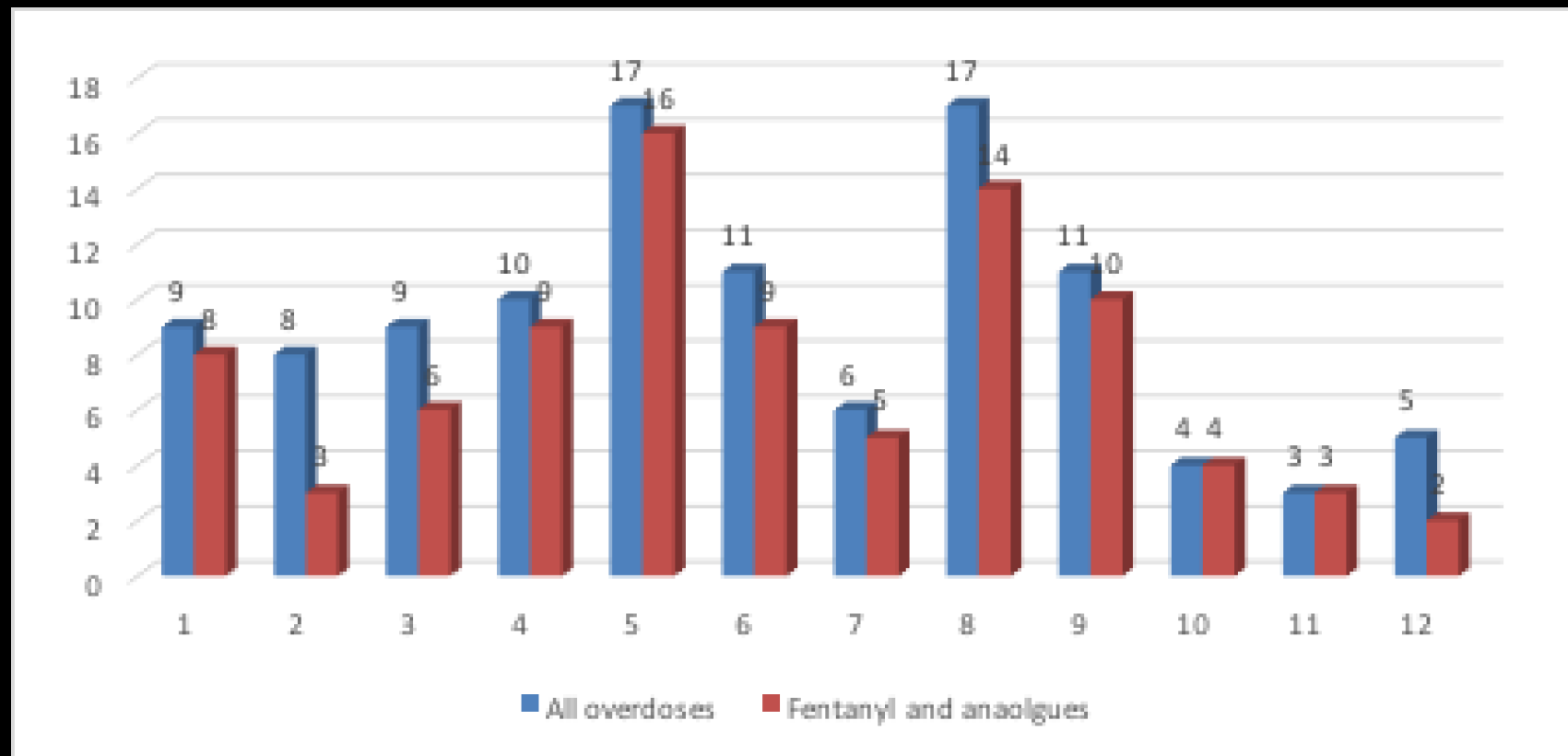
UK



Source: Estonia and UK drug reports (EMCDDA, 2019)



• **Figure 1.** *Number of deaths caused by drug overdoses 1999–2017. (Source: Causes of Death Registry 2018, NIHD) Graph courtesy of Kristel Kivimets*



- **Figure 2.** Total drug deaths in Estonia in 2018 and those involving fentanyl and analogues (NIHD 2018) .*Graph courtesy of Kristel Kivimets*
- In 2018, 59% of DRD were related with fentanyl, in 2017 the percentage was 81%. (Estonian Causes of death registry)

	Estonia N=55	London N=134
Age of first drug use (mean)	16	24
Ever had an overdose	72.7% (40/55)	41.4% (53/128)
Ever witnessed an overdose	92.7% (51/55)	74.2% (95/128)
Ever been provided with naloxone?	58.9% (33/56)	74.8% (95/127)
Trained in naloxone use	67.3% (37/55)	58.7% (74/126)
Ever reversed an overdose?	32.7% (18/55)	13.6% (17/125)

Table 1: Naloxone preparedness to use study (unpublished) selected results. Surveyed service users. Percentages shown with frequencies in brackets. Project supported by MundiPharma

Take home messages

- There are many barriers to implementing naloxone programmes and ensuring good coverage once they are implemented
- We need to advocate to remove these barriers