



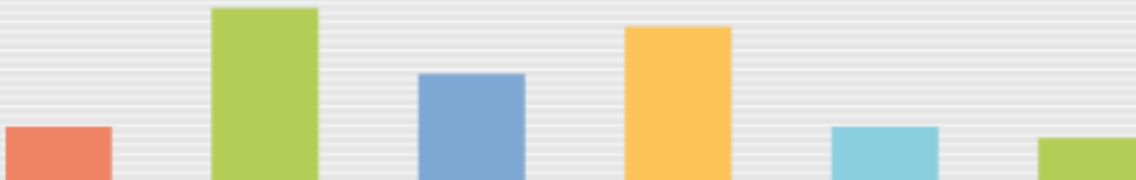
European Monitoring Centre
for Drugs and Drug Addiction

Knowledge Questionnaire on overdose and take-home naloxone (THN) – preliminary analysis of the responses from the health policy planners

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Lisbon 13.10.2020

DRD annual expert meeting



Aims and objectives

- **Introduction of the Knowledge questionnaire: Overdose and Take-home Naloxone**
- **Show preliminary analysis of:**
 - Overall knowledge of responders
 - The responses from the group health policy planners (HPP)
 - Show discrepancies between the knowledge of HPP and what is important for them to know
 - The responses of potential first responders (PFR)
 - Implications



The knowledge questionnaire

Launched 31/8/20: World Overdose Awareness Day

36 true statements in 4 thematic areas:

- **Heroin and other opioids** (7 questions)
- **Overdose** (9 questions)
- **Overdose risk** (9 questions)
- **Myths and facts about overdose and take-home naloxone** (11 questions)

Plus: demographics of respondents (place of work, country, gender and age)

Answer format: “I knew this already”
“This is new to me”



“overall an easy questionnaire”

Profile of 316 respondents to the KQ

Theme	Average number of facts already known
Heroin and other opioids	6,46 of 7 facts (92%)
Overdose	5,86 of 9 facts (65%)
Overdose risk	6,77 of 9 facts (75%)
Myths and facts about OD/NLX	9,05 of 11 facts (82%)



Responses by 48 Health Policy Planners

- Grading by 10 key-informants: “*which of the 36 facts of the survey are relevant (important to know) for health policy makers?*”
- “Important” : 8-10 key informants agree
- Percentages of “I knew this already”
- Comparison w. expected knowledge
- Where is the mismatch?

>90

60.01-
89.99

<60



Results HPP (1/4)

heroin and other opioids	HPP	HPP imp. to know
Opioids are a class of drugs that includes several substances, including morphine (a natural opioid), heroin (a semi-synthetic opioid), and synthetic opioids such as fentanyl and methadone.	100	8
The term opioids covers both medicines and illicit drugs.	100	8
Opioids work in the brain to produce a variety of effects, including the relief of pain.	100	6
Prescription medications containing opioids are often referred to as painkillers.	98	5
Opioid medications are produced in liquid and in tablet form, as implants and as transdermal patches.	85	7
Fentanyl is available in a patch, which allows the medication to be absorbed through the skin.	81	5
Street heroin is mostly sold as powder, and can be injected, sniffed or smoked.	98	5



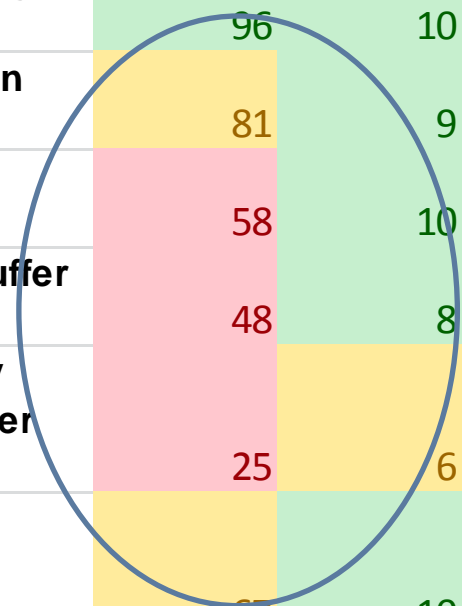
Results HPP (2/4)

overdose	HPP	HPP imp. to know
Signs of an opioid overdose include extreme difficulty in breathing, loss of consciousness, problems waking up or recovering consciousness, and sometimes blue-ish skin or lips.	90	5
The symptoms associated with overdose, including respiratory depression, can last for several hours and a death can occur a long time after the opioid was taken.	71	8
More than one third of people who use heroin have witnessed an overdose.	54	9
More than half of all overdoses happen with another person present.	44	9
Overdose is one of the leading causes of death among males aged 25 to 60, particularly in urban areas, in many EU countries.	52	10
In the past 5 years, more than 32 000 people in the EU and the UK have died from an overdose due to heroin or other opioids.	38	7
Most deaths that occur among people in the first 2 weeks after release from prison are related to opioid overdoses.	67	9
Opioid overdose deaths are due to respiratory depression.	96	3
Most opioid overdose deaths could be prevented if persons witnessing them had intervened with effective measures.	94	10



Results HPP (3/4)

overdose risk	HPP	HPP imp. to know
The risk of overdose is much higher when heroin is injected.	92	7
The combination of heroin with other central nervous depressants, notably alcohol and benzodiazepines, substantially increases overdose risk.	96	7
An increase in heroin purity may increase the risk of overdose.	98	4
Resuming heroin use after a period of abstinence, for example during imprisonment, is an important overdose risk factor.	96	10
In periods after discharge from drug treatment, the risk to die from an opioid overdose is substantially elevated.	81	9
Most overdoses occur among more experienced, older and more dependent users who combine different drugs.	58	10
Those with previous experience of an overdose are more likely to suffer a fatal overdose.	48	8
Studies show that non-fatal overdose victims attended in emergency services have a very high risk (1:12) of dying from overdose or another cause within the following year.	25	6
All opioid overdoses that occurred in supervised drug consumption facilities in Europe have been successfully reversed by trained personnel.	67	10



Results HPP (4/4)

Myths and facts about overdose and take-home naloxone	HPP	HPP imp. to know
Injecting salt water (saline solution) will not stop an overdose.	75	1
Putting the person who overdosed in a cold bath will not stop an overdose.	85	1
Injecting cocaine/crack will not stop a heroin overdose.	90	1
Making someone vomit will not stop a heroin overdose.	90	2
Naloxone is a short-acting opioid antagonist that reverses opioid overdose.	94	10
Naloxone is available as injectable solution and as nasal spray.	92	10
Medical laypersons are able to use naloxone adequately and safely in an emergency.	94	9
Even when naloxone has been administered, emergency services should be called.	92	10
The nationwide distribution of naloxone has been shown to contribute to lower mortality rates.	94	10
Nasal administration of naloxone reduces the risk of infection and is comparable to intravenous and intramuscular administration in terms of effect.	75	7
Model calculations suggest that take-home naloxone distribution is a cost-effective strategy for overdose prevention.	88	10



Summary of main discrepancies

Summarized	HPP	HPP imp. to know
More than one third of people who use heroin have witnessed an overdose.	54	9
More than half of all overdoses happen with another person present.	44	9
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Results potential first responders (PFR)

N=217 - collapsing different categories:

Staff of drug treatment centre

Staff of low-threshold harm reduction agency

Nurses

Persons who use drugs

Next-of-kin of a person who uses drugs

Police officers, Prison staff



Results potential first responders (PFR)

overdose	PFR
Signs of an opioid overdose include extreme difficulty in breathing, loss of consciousness, problems waking up or recovering consciousness, and sometimes blue-ish skin or lips.	97
The symptoms associated with overdose, including respiratory depression, can last for several hours and a death can occur a long time after the opioid was taken.	84
Opioid overdose deaths are due to respiratory depression.	91
Myths and facts about overdose and take-home naloxone	PFR
Injecting salt water (saline solution) will not stop an overdose.	84
Putting the person who overdosed in a cold bath will not stop an overdose.	88
Injecting cocaine/crack will not stop a heroin overdose.	91
Making someone vomit will not stop a heroin overdose.	94
Even when naloxone has been administered, emergency services should be called.	94



Implications

Health policy planners may need more information about:

- **what overdoses are**
- **which vulnerabilities among PWUO**
- **Data on effectiveness of THN**
- **Information on cost effectiveness**
- **(Information showing that THN is not complicated)**



Implications

Potential first responders may need more information about who is especially at risk:

- **Period of abstinence**
- **History of overdose**
- **Demographic factors: older age, long drug use career (high level of drug-related morbidity)**
- **Situational factors: injecting alone, poly-drug combinations (including benzodiazepines)**





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Thank you.


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