

EMCDDA publish report on antidote for heroin overdose

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The first-ever substantive summary of research into take-home naloxone - a single injection that can be given by friends and family to revive someone suspected of heroin overdose - has been published today by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in collaboration with researchers from the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London.

Between 6,000 and 8,000 [drug](#)-induced deaths are reported in Europe every year, with opioids, such as heroin, found in most overdose cases. Yet with adequate intervention, many of these deaths could be prevented by using the overdose-reversal drug naloxone.

Edited by Professor John Strang and Rebecca McDonald, and with wider

co-authorship from colleagues within the National Addiction Centre at the IoPPN, the report provides both practitioners and policymakers with an analysis of the latest evidence on take-home naloxone, describing the diffusion, practice and effectiveness of the intervention.

Naloxone—a pharmaceutical drug used to reverse respiratory depression caused by opioid overdose—has been used in emergency medicine since the 1970s. Listed by the World Health Organization (WHO) as an 'essential medicine', it is traditionally available in injectable form, although non-injectable formulations of the drug are now emerging.

Research shows that many opioid overdoses occur in the presence of bystanders, who, if empowered to act appropriately, have the potential to save lives while waiting for emergency services to arrive at the scene. This has led to the emergence of naloxone as a harm-reduction measure since the 1990s, with the provision of take-home naloxone kits to opioid users and those likely to witness opioid overdoses. WHO guidelines on community-based naloxone provision were published in 2014, with input from researchers at the IoPPN.

In Europe, take-home naloxone initiatives currently operate at city level in England, Denmark, Germany, Estonia, Ireland, Italy and Norway, and at regional or national level in Spain (Catalonia) and the UK (Scotland and Wales). A number of other EU countries are also exploring the practice and considering adding take-home naloxone to the existing range of interventions to prevent drug-related deaths.

After almost 20 years of Professor Strang's pioneering research at King's, the UK government recently passed new legislation allowing take-home naloxone to be obtained without a prescription from any participating treatment centre. Professor Strang said: 'We now realise the powerful potential to save lives by pre-providing the technology (overdose management and emergency naloxone) to the peers and [family](#)

members who need to manage the overdose crisis whilst awaiting emergency medical care. Just as with management of epilepsy, diabetes, severe allergic anaphylactic reactions, and cardiac arrests, we can now prevent deaths by training and empowering this wider intervention workforce of peers and family. The challenge now is to make take-home naloxone provision possible and also to make it actually happen.'

Following on from a 2015 EMCDDA review of the effectiveness of take-home naloxone, today's report examines the case for much wider pre-distribution of naloxone. It traces the drug's historical developments, presents examples of good practice and training and considers ongoing debates on naloxone availability and legal frameworks.

'Each of the lives lost every day in Europe to opioid overdose is worth all our efforts to improve prevention and responses', said EMCDDA Director Alexis Goosdeel. 'Empowering bystanders to deliver a potentially life-saving intervention is an important step in a diversified and balanced European response to drugs.'

More information: Preventing opioid overdose deaths with take-home naloxone. www.emcdda.europa.eu/publications/take-home-naloxone

Provided by King's College London

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