Overview of Estonia`s Drug Policy. Actions for Reducing Drug Related Deaths

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Ministry of Social Affairs
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Strategic planning on national level

• National Health Plan 2009-2020
• White Paper on Drug Policy (2014)
  – Governmental Committee on Drug Prevention
  – Expert Group
Policy and budgeting process

<table>
<thead>
<tr>
<th>WHITEPAPER ON DRUG POLICY</th>
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<tbody>
<tr>
<td>NATIONAL PUBLIC HEALTH PLAN 2009-2020</td>
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<tr>
<td>Long term objectives</td>
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<tr>
<td>(united effort of different sectors and organisations)</td>
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<tr>
<th>ACTION PLAN</th>
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<td>Long-term and yearly plan – the amount of services targeted at</td>
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<td>PWID planned for the whole country, resources budgeted</td>
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Ministry of Social Affairs

<table>
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<tr>
<th>CONTRACTING/TENDERING HEALTH AND SOCIAL SERVICES</th>
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<tr>
<td>based on service description/guideline/standard</td>
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<tr>
<td>unit cost model/budget based model/mixed approach possible</td>
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<tr>
<td>simplified procurement process (direct negotiations)</td>
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<td>3-year or yearly contracts</td>
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<td>pooling of resources</td>
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National Institute for Health Development

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<th>SERVICE DELIVERY</th>
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<td>Non-governmental organisations, health care organisations, municipal organisations</td>
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</table>
Rate of overdose related deaths in Estonia

Estimated number of people who inject drugs in Estonia is 9000.
Take home naloxone program.

Background

• In September 2013, the take home naloxone pilot program was launched in Estonia by the National Institute for Health Development (NIHD).

• The main purpose of the program is to reduce the number of fatal drug related overdoses among people who inject drugs (PWID) in Estonia. The program educates PWID and people close to them to recognize the overdose and administer naloxone to the person who has overdosed, and give first aid until the ambulance arrives.

• The provision of the service is carried out in cooperation with the health care providers and organizations providing harm reduction services in the region. Naloxone program started in Harju and Ida-Viru Counties, where the problem of injecting drug use in Estonia is the greatest.
Service structure

• National Institute for Health Development (NIHD) – national coordinator.
• NIHD signs contracts with different organisations to participate in naloxone program – different contracts for NGOs and healthcare institutions.
• NIHD procures naloxone centrally and distributes it to specific pharmacies who are then linked to service providers.
• Organisations provide trainings and naloxone, collect data on use of naloxone and report back to NIHD.
• NIHD prepares national report that is also basis for planning of the next program period.
Roles of the partners

- Non-governmental organisations providing harm reduction services (without healthcare license)
  - Provide their facilities to conduct trainings
  - Motivate clients to participate in the trainings
  - Motivate clients to invite their friends and relatives to the trainings
  - Explain why naloxone is not distributed anonymously but that all data is confidential
  - Remind about how to store naloxone, what to do when the kit has been lost or used
  - Distribute informational materials

- Licensed healthcare organisations
  - Conduct trainings for their own clients and clients of NGOs providing harm reduction services. A health care provider educates and hands over a pre-filled naloxone syringe to PWID and people close to them after they have completed the training.
  - Administer the patient lists

- Healthcare team collaborates with NGO teams to provide regular trainings and distribute naloxone in their premises (“appointed liason”).
Target group

- The inclusion criteria:
  - Person with the risk of opioid overdose
    
    _Although in the service standard it is implied that take home naloxone is recommended at persons who at least 16 years of age no age limit is enforced._
  
  - Relative of the person with overdose risk
  - Clients of the opioid substitution therapy
  - Outreach workers at the harm reduction sites
Content of the training

- Training can be individual or for group (no more than 10, usually 2-6).
- Individual training lasts between 15-30 minutes.
- Group training can last up to 1 hour.

- The knowledge acquired during the training is the following: drugs and their effects;
- how overdose occurs;
- giving first aid to a person with overdose (specific steps, practical exercises);
- how to use pre-filled naloxone syringes;
- the safe use of needles;
- infectious diseases transmitted through injection;
- what to do with the used syringe;
- Importance of always calling the ambulance.
Naloxone

The drug used in the program in Estonia is the PRENOXAD INJECTION (naloxone hydrochloride 1mg/1ml solution for injection) and contains 2 ml naloxone hydrochloride 1 mg/ml.
After using naloxone

• All cases of naloxone use are documented when person is returning the used kit or requesting a new one (without return). Worker talks with the person about what happened, how the naloxone was used and fills in a short form.

• New naloxone kit is given without repeat training base don the patient lists. Initial training is valid for 3 years.
Naloxone in prisons

From 2015 naloxone is available also in prisons.

• All inmates with history of opioid drug use are offered counselling on overdose prevention and naloxone (not compulsory).
• Naloxone kit is given to inmate upon release with personal belongings.
• Prisons regularly exchange patient lists with community based providers.
Results

From September 2013 until 31.12.2015:
• 1 336 people participated in the trainings
• 1 331 people received naloxone kit
• 299 repeat supplies of naloxone to people who have been previously trained.
Next steps

New national target:
At least 40% of people who use opioids have naloxone kits.

- “Good samaritan act”
- Simplification of the distribution – how to make naloxone over-the-counter drug?
- Increasing coverage – including police patrols in the program?
Thank You!

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