

Peer-led opioid overdose response work and broader peer perspectives

CREIDU & MARC Symposium 2018

Sione Crawford

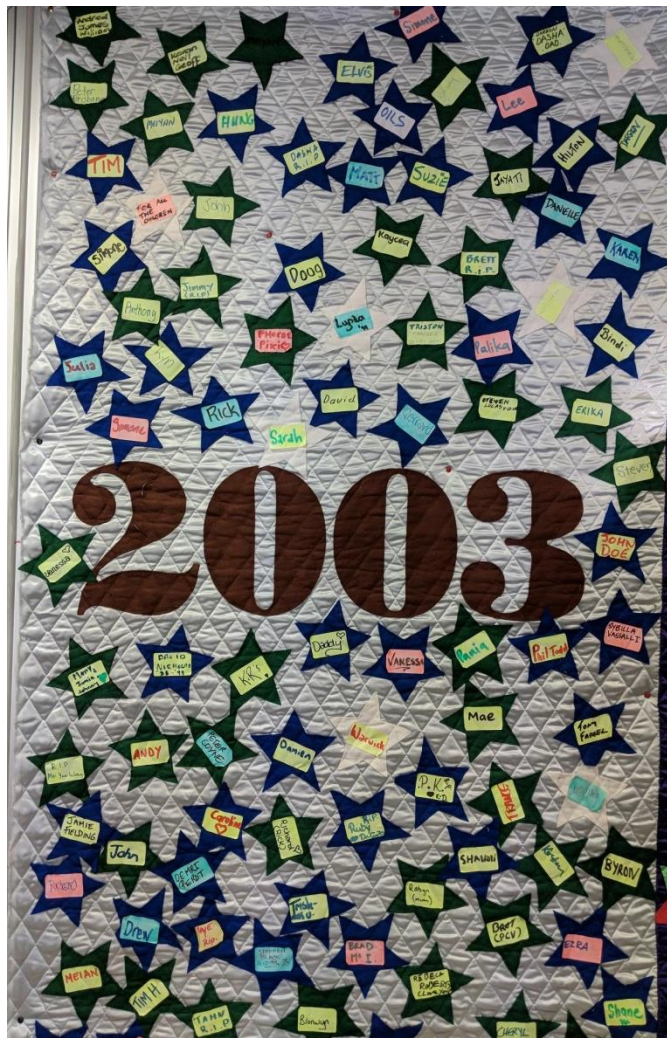


The Authentic Voice Of and For Victorian Drug Users
NOTHING ABOUT US - WITHOUT US!



Acknowledgements





20 years ago



Overdose Reversal then & now

1998

- Shared cost & shared mix
- Injection together
- Uncertain descent
- **Panic; Stress; Anger; FEAR**
- **Decision matrix**
- **Breathe, Breathe, Breathe**
- **Ambulance... Emergency**
- **Nothing good except survival**

2018

- Shared cost & shared mix
- Injection together
- Uncertain descent
- **Stress; Fear**
- **Easier decision matrix**
- **Breathe; naloxone etc**
- **No Emergency Dept visit**
- **Life continues with a non fatal lesson**

PWID & opioid overdose

- In context of illicit heroin overdose PWID still most likely witnesses
- IDRS Reported Lifetime OD:
 - VIC = relatively high
 - **Lifetime** Heroin OD: **60%** respondents cf 42% Aus
 - **Last year: 21%** cf 11% Aus
 - **Last Month: 5%** cf 2% Aus
 - Relatively low other opioid OD – 1% cf 7% Aus

D.O.P.E.

- Program that enables and empowers peers to take action within our community
- More than a medication intervention
- 3 key components—
 - **Naloxone training and provision on the spot**
 - **Overdose response before or without naloxone injection**
 - **Peer education & Community Development**

D.O.P.E.

2013 – 2018

1365 PWID trained and provided with Naloxone*

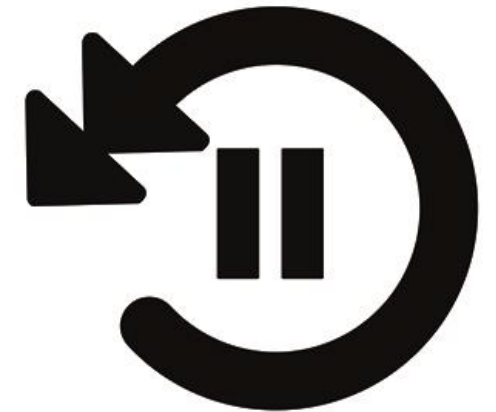
Includes in the last 12 months:

12 Brief Interventions / “one-on-one”

32 Peer Group Training sessions

= 293 PWID trained & provided w/ Naloxone

*Dwyer et al; An overview of THN programs in Australia; D & A Review 37
May 2018 + DOPE stats



D.O.P.E

DRUG OVERDOSE PREVENTION EDUCATION



Why peer programs?

Most users have multiple friends who have overdosed fatally so we are motivated

Learning to save a life is an opportunity for empowerment

Shame still attaches to overdose strongly; amplified by injecting drug use stigma

Much injecting drug use still shrouded from view – to us it is not hidden and we can speak honestly about

There are seldom textbook overdoses – peers can cut through this and tailor sessions and interventions

Access, access, access // motivation to be champions // credibility to cut through with other users

Wider perspectives

- Some key issues:
 - Naloxone is not the only response to opioid overdose – not sufficient
 - Prison and prison release
 - Stigma, shame, trauma
 - Non-heroin opioid overdose
 - Benzos & alcohol
 - Structural responses –
 - OTC costs and/or prescriptions for likely witnesses (eg family & friends)
 - provide along with every prescription of opioids – whether MATOD or pain or both
 - free and NSP provision

Thank you

- Community – Peers; Peer Networkers
- Jane Dicka; DOPE Program
- HRVic Health Promotion Team
- All services that provide Nx and training and other OD responses and let HRVic use their premises and recruit!

