



## **DRUG OVERDOSE IN SELECTED EURASIAN COUNTRIES**

### **Key Points**

#### **Overdose data and research**

- Drug overdose is a major source of morbidity and mortality in many Eurasian countries.
- Overdose is the leading cause of death among drug users and people with HIV in at least two of the five countries surveyed.
- Data are inadequate to confirm that any regions have less of an overdose epidemic due to problematic data collection, quality, and maintenance, stigma regarding the label of drug overdose, and lack of prioritization of drug overdose as a major health indicator.
- Piecemeal collection of overdose fatality data from local hospitals and ambulances as well as drug user surveys can provide a rapid local needs assessment.
- Overdose remains primarily due to opiates although there are increasing reports of amphetamine-type stimulants.
- Drug overdose appears to be common following treatment for substance dependence and incarceration, a trend most noted in those regions that do not provide agonist maintenance treatment with medications such as methadone or buprenorphine.

#### **Services**

- Infrastructural barriers limit access to emergency medical services, particularly in rural areas or those areas with limited vehicles and fuel.
- Even in city centers, ambulances may not carry naloxone and thus have limited tools to manage overdose.
- Naloxone is not registered in Tajikistan and Romania. While the medication is theoretically available by prescription in other countries, there are no reports of drug users accessing the medication in pharmacies.
- Several small programs provide education, rescue breathing training, and training in naloxone use to drug users, their peers, and their family members.
- When a non-governmental organization in Tajikistan began providing naloxone to ambulances and hospitals, the number of overdoses that resulted in death plummeted.
- Agonist maintenance therapy remains unavailable in Russia and Tajikistan and is likely inadequate to prevent a substantial number of overdoses in the other countries surveyed.
- Expansion and evaluation of overdose prevention programs is urgently needed.

#### **Knowledge and skills**

- Most countries train medical providers in managing overdose, although limited availability of naloxone reduces the utility of such training.
- Drug users usually manage overdoses on their own, most often providing effective interventions such as physical stimulation, but also dangerous efforts such as injecting salt water or stimulants.
- Drug users may fail to call for help, usually due to a fear of police intervention.

#### **Policy and law**

- No laws exist in the countries surveyed to support overdose prevention programs or to protect witnesses who seek medical help for a victim.
- HIV/AIDS and drug policy action plans in the European Union and in Tajikistan now address drug overdose and encourage overdose prevention planning similar to those programs surveyed herein.
- Prioritization of overdose is urgently needed, as is the identification of responsible agencies and resources to expand prevention efforts.
- Drug overdose is an injury whose prevention results in an immediate life saved. Efforts to intervene to prevent the occurrence of an overdose or resultant death could result in tens of thousands of lives saved annually in the region. Such efforts may also provide ancillary benefits including improved health surveillance, improved relationships between healthcare providers and clients, and opportunities to improve the health of drug users.

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*The Eurasian Harm Reduction Network (EHRN) is a regional network with a mission to support, develop, and advocate for harm reduction approaches in the field of drugs, HIV/AIDS, public health, and social exclusion by following the principles of humanism, tolerance, partnership, and respect for human rights and freedoms. In 2005 the organization was granted a consultative status to the Economic and Social Council of the United Nations.*