AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.
Te Tūāpapa Tarukino o Aotearoa

New Zealand Drug Foundation

Preventing overdoses in Aotearoa

An overdose prevention plan for New Zealand

Drug overdoses have been growing rapidly over the last decade.[1]

Between 2013 and 2021, there was an almost five-fold increase in the number of fatal overdoses in Aotearoa.

Overdose deaths are largely preventable, meaning that in 2021, roughly every two days, a New Zealand family suffered an avoidable loss of a loved one.

[1] Coronial data provided to NZ Drug Foundation in response to an OIA request.
Further details are available from: https://www.drugfoundation.org.nz/news-media-and-events/overdose-report-2017-2022

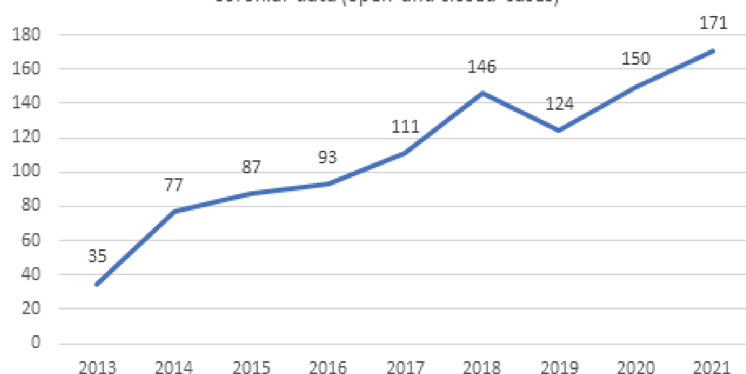
Prioritising overdose responses in Aotearoa

Māori are disproportionately affected by drug harm and fatal drug overdose in New Zealand. In the five years between 2016–2021, Māori drug overdose rates were almost twice as high as those among people of European ethnicity (5.7 vs 2.94 per 100,000 people over the age of 13). These rates were also disproportionately high among Pasifika people (4.07 in 100,000).

New Zealand's rate of drug overdose is similar to that of Australia (6.6 drug-induced deaths per 100,000 people)[2]. Those figures led the Australian Government to roll out overdose prevention centres and the widespread distribution of naloxone, a life-saving medication used when someone overdoses on opioids.

While opioids and benzodiazepines are implicated in a large proportion of overdoses, illicit synthetic cannabinoids are the third most overdosed substance in Aotearoa.

Our actions must address the current drivers of fatal overdoses, as well as improve our preparedness for large-scale drug supply contamination.



Who's at risk of an overdose in Aotearoa?

Anecdotal data suggests that a large proportion of fatal overdoses in Aotearoa are among people being prescribed the active substance, with some overdoses occurring when people combine this substance with other prescribed or illicit substances or with alcohol. This suggests that interventions aimed at preventing fatalities should take place both in healthcare settings and in the community.

Synthetic cannabinoids have also contributed to at least 57 deaths in Aotearoa in the last five years, so services and policies must respond to the health needs of those who use those substances. Furthermore, the unpredictability of unregulated drug markets with globally increasing rates of contamination with ultra-potent opioids, means that all people who use illicit substances are at risk of opioid overdose.

Overall, people who are at risk of an overdose in Aotearoa include:

- People who use prescription opioids, especially those who use other depressant substances (e.g. benzodiazepines) or alcohol.
- People who use opioids obtained illicitly, whether from diverted legal supplies or illicitly manufactured substances.
- People who use other psychoactive substances, including MDMA, cocaine, methamphetamine, or synthetic cannabinoids due to unpredictable risk of contamination.

[2] Australian Institute of Health and Welfare. (2023). *Alcohol, tobacco & other drugs in Australia.* https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/health-impacts

Preventing overdoses in Aotearoa

There are actions that we can take to reverse the trend and prevent overdose fatalities in Aotearoa. These require strategic action, collaboration and learning from evidence. These actions fall under five major categories depending on the area of the system where change is required.

We propose these actions below:

1 | Services to prevent overdose

No single intervention alone is likely to prevent all overdose deaths – to prevent drug overdoses caused by psychoactive substances, a range of services are needed.

We know that one of the key predictors of a fatal overdose is having a prior non-fatal overdose. Therefore, effective interventions should be targeted at and tailored to the needs of those with a recent history of overdose.

Using evidence-based methods to reduce exposure to illicit or diverted supply of opioids can be very effective at reducing the risk of fatal overdose in a proportion of cases where opioids are involved.

Below is a list of interventions that are likely to prevent opioid and non-opioid overdoses in Aotearoa:

1. **Establish an Overdose Prevention Centre pilot in Tāmaki Makaurau.** This would help assess the feasibility of a long-term programme and ensure people at risk of overdose have access to services that improve their safety as well as offer linkage to treatment if desired.
2. **Pilot a non-fatal overdose response service.** Overseas, the most successful interventions are peer-led, which increases the level of trust and credibility among those with near-fatal overdose. In addition to a near-fatal overdose which should trigger an automatic referral to this service by attending team or hospital staff, clients could be referred to the service if high risk of future overdose is identified by other health or social services (e.g., poly-drug use, recent start of injecting practices or others). An effective mobile intervention has been successfully implemented in Glasgow (Scotland) and could be reproduced in Aotearoa in a cost-effective way.[3]
3. **Establish programmes to improve primary and secondary care practices around appropriate pain management and opioid prescription.** This could minimise the risk of dependency and prevent overdose with prescription drugs. All prescribers should be trained and supported to titrate (adjust) dosing of opioids and benzodiazepines to enable clients to safely discontinue or maintain a stable dose.
4. **Expand access to opioid substitution treatment (OST) across Aotearoa.** Ensure availability of low-threshold-of-entry and non-punitive services that can also offer Medically Assisted Treatment with flexibly prescribed potent opioids when appropriate.[4] Policies should support low-threshold OST access through primary care and in rural areas.
5. **Establish a model for supervised consumption in supported housing.** Research shows that 'turning a blind eye' or abstinence-only policies increase the risk of fatal overdose.[5]

[3] More information about the Glasgow mobile overdose response service is available from: https://www.turningpointscotland.com/news/turning-point-scotland-champions-overdose-response-success-on-international-stage/

[4] Heroin-assisted treatment is an effective modality for a subset of clients for whom methadone therapy is not suitable. Studies consistently show improvement in health and quality of life compared to methadone-based treatment, as well as beneficial effects of disengagement from criminal activity. EMCDDA. (2012). *New heroin-assisted treatment Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond.* https://www.emcdda.europa.eu/publications/insights/heroin-assisted-treatment_en

[5] Bernadette Pauly, Bruce Wallace & Katrina Barber (2018) Turning a blind eye: implementation of harm reduction in a transitional programme setting. *Drugs: Education, Prevention and Policy*, 25:1, 21-30, DOI: 10.1080/09687637.2017.1337081

2 | Surveillance and systems design

Effective overdose response is impossible without timely data on drug supply changes, as well as fatal and non-fatal overdose patterns. At the moment, there is no national mechanism for overdose surveillance to guide our response.

1. **Establish an Overdose Prevention Taskforce** comprising of health agencies, criminal justice system, civil society, and lived and living experience representatives and empower the group to make binding recommendations to the health system and enforcement agencies. The Taskforce must have access to real-time data including prescription, ambulance, emergency department and toxicology data.
2. **Expand the USED (Unidentified Substances in Emergency Departments) programme** for early detection of new psychoactive substances – experience shows that the programme can detect new substances faster than customs seizures or drug checking data.
3. **Establish an Overdose Mortality Review Committee** to make enquiries into coronial data and identify points of contact where meaningful preventative action can be taken.
4. **Engage meaningfully with communities of people who use drugs** to inform the design and delivery of all programmes and services.
5. **Sustainably resource surveys to provide information about drug consumption, behavioural patterns of use, and harms experienced** to appropriately respond to the changing practices in the communities at risk of drug overdose.[6]

[6] The most recent survey of a similar scope was the *2007/08 New Zealand Alcohol and Drug Use Survey* conducted, with a report release in 2010. (Ministry of Health. 2010. *Drug Use in New Zealand: Key Results of the 2007/08 New Zealand Alcohol and Drug Use Survey.* Wellington: Ministry of Health)

3 | Preparedness for changes in drug supply

Illicit drug supply can change rapidly which makes predicting overdose events very difficult. Overseas, illicitly manufactured fentanyl and other ultra-potent opioids contribute significantly to the scale of overdoses[7]. New Zealand remains vulnerable to large scale contamination of the drug supply, and we must be ready to respond quickly.

1. **We need government–level planning to ensure preparedness for mass adulteration events and rapid change in illicit supply.** This includes an ability to distribute naloxone efficiently to people at risk of poisoning.
2. **We must engage communities of people who use drugs and are at risk of overdose, to provide accurate and evidence-based harm reduction information** and develop resources that are accessible to those who may benefit from them.
3. **We need to actively dismantle stigma associated with substance use** to encourage people who use drugs and their whānau to engage with information and support, as well as services such as drug checking, OST, and overdose prevention training.

[7] O'Donnell, J., Tanz, L. J., Gladden, R. M., Davis, N. L., & Bitting, J. (2021). Trends in and Characteristics of Drug Overdose Deaths Involving Illicitly Manufactured Fentanyls - United States, 2019-2020. *MMWR. Morbidity and mortality weekly report.* 70(50), 1740–1746. https://doi.org/10.15585/mmwr.mm7050e3

4 | Opioid antagonist availability and training

Opioid antagonists, such as naloxone, or *Narcan* or *Nyxoid*, are very effective in reversing an overdose as it is occurring. They must be delivered effectively to the communities of people who are at risk of overdose involving opioids and their whānau for timely administration.

1. **Set up a national targeted naloxone distribution scheme.** Ensure opioid antagonists and training to manage an overdose are distributed in settings that are used by communities of people who use drugs and their whānau, e.g. needle exchange services, drug–checking clinics, and in outreach at events where drug use may occur.
2. **Provide naloxone to all first responders (including the Police), and enable free access at pharmacies** to all people who use drugs and those who may witness an overdose.
3. **Ensure that naloxone and information about overdose management are offered while prescribing opioids.**
4. **Develop accessible training to communities who use illicit or diverted substances** and their whānau about recognising and managing an overdose for various substances.
5. **Make easier-to-use formulations of naloxone, such as the nasal spray, more readily available to non-professionals.** These are designed to facilitate use by those with minimal training, and are strongly preferred by people who use drugs and their whānau. They are more likely to be used appropriately and quickly during an overdose under distress and time pressure.

5 | Policy responses

Policies and legal settings should enable people to seek help with addiction or when they are at risk of drug harm. Existing policies under Misuse of Drugs Act 1975 discourage people from seeking help in an overdose and further compound drug harm.

1. **Establishing 'Good Samaritan' laws.** These are provisions that remove the possibility to charge a person for drug-related offences when they were assisting someone experiencing an overdose or an adverse drug reaction. These changes in the law must be communicated to the communities of people who use drugs, so they understand they are not at risk when they call an ambulance or assist someone in an overdose.
2. **Include harm reduction programmes in criminal justice settings** and upon release from custodial settings to ensure that people with criminal history have the skills and confidence to prevent and manage an overdose.
3. **Repeal the Misuse of Drugs Act 1975 and replace it with a policy that decriminalises personal use** and establishes an evidence-based framework for regulating other substances in a risk-proportionate manner.