

Take Home Naloxone in NSW: The Story So Far

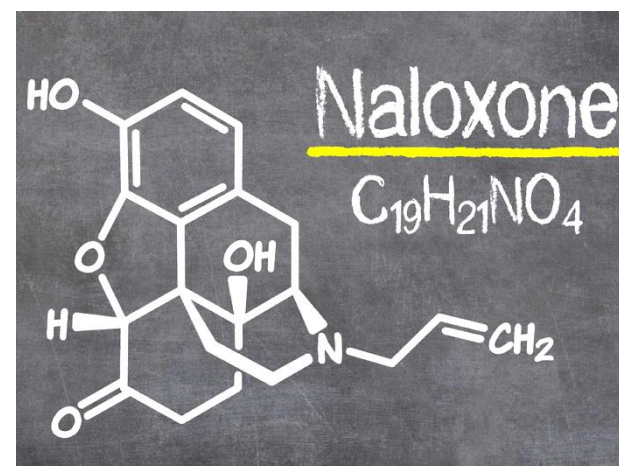
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Health
South Eastern Sydney
Local Health District

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Background: Opioid overdose

- People who inject drugs (PWID) have an annual mortality rate 17x higher than average – primarily attributed to opioid overdose.
- Opiate substitution treatment (OST) reduces but does not eliminate this risk

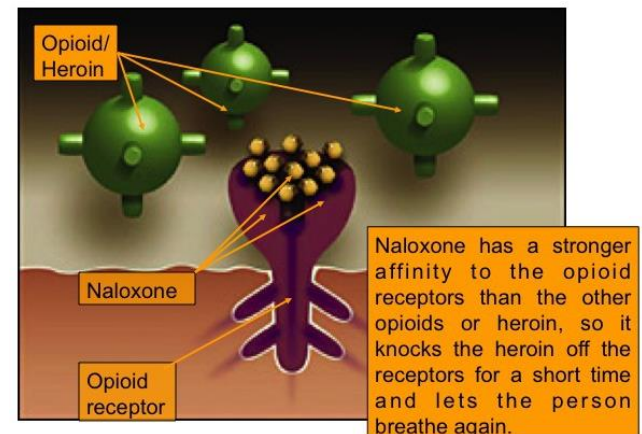


Background: Naloxone

- The medication naloxone is used to reverse opioid overdose
- Research demonstrates the effectiveness of Take Home Naloxone (THN) for preventing opioid overdose deaths
- Limited uptake of THN in Australia



Naloxone reversing an OD



Background: THN in NSW

- **OPEN** (Overdose Prevention Education & Naloxone)
 - 2011-13
 - SESLHD: KRC (1^o health care) & The Langton Centre (D&A Service)
 - Research project of feasibility THN in health services
 - 60-90 min ‘training’ workshop by health providers, with provision of OD Response Kit + THN (prescribed)



Background: THN in NSW

- OPEN
 - 89 THN interventions delivered over 15 months
 - 18 documented reversals in 45 f/ups at 3-6 months
 - Demonstrated improvements in knowledge & attitude in clients, and positive attitudes in staff
 - ‘Modest’ uptake: ‘wrong’ model of intervention.
 - Clients and staff identified need for a ‘briefer’ intervention integrated into usual care and/or available on demand.

Brief Intervention: THN-BI

- Brief Intervention delivered in 10-20 minutes
- Assess & address existing knowledge
 - Questionnaire (based on OOKS)
 - Client Information Sheet
 - Risks for OD, How to identify and respond to OD
- Provide Overdose Response Kit + Naloxone
- Opportunity for questions



RESPONDING TO AN OPIOID OVERDOSE

When is the risk of opioid overdose increased?

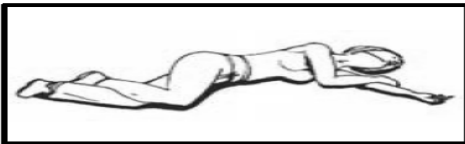
- Using again after a break with reduced tolerance (e.g. after hospital or drug-free treatment, detox, prison)
- Mixing opioids with other sedating drugs - such as alcohol or benzo's (e.g. diazepam, alprazolam).
- Using a greater amount (or purity) of opioid than usual.
- Injecting instead of other ways of using (e.g. swallowing, snorting, smoking)
- Having other health problems (e.g. a major infection, fever).
- Using alone - with no one able to call for help.

How to recognise an opioid overdose?

- Person is unconscious & does not respond to their name or physical stimulus (e.g. squeezing their shoulder).
- Person has blue lips, tongue and hands, cool pale skin
- Person is breathing infrequently, snoring or not breathing at all,
- 'Pinned' (small) pupils.

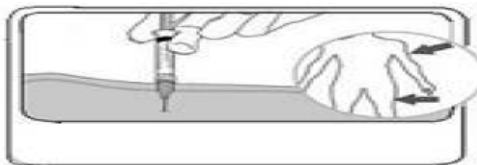
How to respond to an opioid overdose?

1. **Check the environment is safe** - clear away any uncapped needles or other sharp objects.
2. **Try to rouse the person** by calling their name or squeezing their shoulder. If no response:
3. Put them in the **recovery position**.



1. Role person on to left side
2. Tilt head backwards
3. Turn mouth slightly downwards to allow drainage
4. Check their airway and clear any obstructions from their mouth or throat
5. Listen and look for normal breathing

4. **Call an ambulance:** Dial 000 & follow instructions
5. **Inject 1 ampoule naloxone**



1. Unscrew mini-jet syringe cap
2. Screw needle into mini-jet
3. Remove needle cap
4. Insert needle into upper arm or outer thigh muscle
Needle should be at least 1cm deep
5. Push plunger all the way down to inject the naloxone
6. Note time the injection is given

6. If not breathing normally, roll the person onto their back & start '**Rescue Breathing**' until the person is breathing normally or the ambulance arrives



1. Place one hand on forehead
2. Place other hand under chin
3. Tilt head backwards to open the airway
4. Put on breathing face mask
5. Pinch off nose
6. Seal your mouth over theirs and give quick breaths



7. **Second naloxone dose:** If person is still unconscious 5 minutes after first naloxone injection, a second dose of naloxone can be given – repeat step 5.

Brief Interventions: THN-BI

- Establish local policies & procedures
- Trained workers (1-2 hr training workshop)
- Initially all done on prescription, now also done with OTC by our pharmacists

Rolling out THN-BI in NSW to date

- Formalised within NSW Health Policies & Procedures (SESLHD) and impending NSW OTP Guidelines.
- D&A Services: SESLHD, ISLHD, StVHNs
- Other health services: KRC, MSIC
- Peer based services: NUAA
- Estimated THN interventions in NSW to date: 600-700, and >80% delivered in south east Sydney!!

Translational Research Grant Scheme: THN-BI Project

Project Objectives

1. Establish capacity & deliver THN-BI to target groups at D&A, Needle Syringe and peer outreach services
2. Evaluate effectiveness and cost-analysis of THN-BI in subsample of 150 participants
3. Examine the feasibility, sustainability and scalability of the intervention across NSW Health

Translational Research Grant Scheme: THN-BI Project

1. Establish capacity & deliver THN-BI to target groups attending D&A, NSP & peer outreach services
 - Adaptation of THN-BI to local service settings.
 - Consider accreditation models to circumvent S3/S4 regulations
 - Deliver ~600 THN-BI across 5 Local Health Districts (SESLHD/StVHN, SLHD, WSLHD, HNELHD, MLHD).
 - Aiming about half in D&A settings (OTP, withdrawal) and half in NSP/outreach settings
 - Implement and evaluate training for diverse range of workers

Translational Research Grant Scheme: THN-BI Project

1. Deliver THN-BI to target groups attending D&A, Needle Syringe and peer-led outreach programs
2. Evaluate THN-BI in subsample of 150 participants
 - (a) effectiveness in enhancing OD knowledge and skills with pre & post measures;
 - (b) use of THN to reverse overdoses and related health service utilisation in the 3 months post THN-BI.

Translational Research Grant Scheme: THN-BI Project

1. Deliver THN-BI to target groups attending D&A, Needle Syringe and peer-led outreach programs
2. Evaluate THN-BI in subsample of 150 participants
3. Examine the feasibility, sustainability and scalability of the intervention across NSW Health, by
 - examine barriers and facilitators to THN, including staff and consumer feedback;
 - economic analysis of costs and potential savings to the health system arising from THN;
 - refinement of THN-BI policies, procedures and training programs informing future rollout of THN across NSW.

Governance & timelines

- 18-24 month project
- Governance
 - Core project team led by SESLHD D&A Services, Kirketon Road Centre, NUAA, USyd & NDARC
 - Project Steering Committee
 - Intervention & Research Working Groups

Thanks!



**KEEP
CALM
AND
CARRY
NALOXONE**