

TAKE-HOME NALOXONE - KEY ISSUES FOR SCALE UP AND EXPANSION INTO DIFFERENT SETTINGS

Authors:

Dietze, P., Jauncey, M., Lenton, S

Lintzeris N., Monds L, Shanahan M, M Harrod, Nielsen S, P Haber, A Dunlop, N Ezard, N Phung, P Read, R Manzie, S Lenton, M Jauncey, T Trimmingham, S Cairnduff, P Dietze. S Nielsen. N Menon, S Larney, M Farrell and L Degenhardt

Nominated Chair:

Simon Lenton

Chair's email address:

Paul.dietze@burnet.edu.au

Aim of Abstract: This symposium draws together key experts on take home naloxone in Australia in order to consider the main issues that have emerged for take-home naloxone programs as they have developed since 2012, and inform the sector of likely future directions and challenges.

The implications of changes in naloxone scheduling and naloxone form for take-home naloxone programs in Australia

Presenting Authors:

Dietze, P.¹, Jauncey, M.², Lenton, S.³

¹ Burnet Institute, Melbourne

² Sydney Medically Supervised Injecting Centre

³ National Drug Research Institute

Issues: Take-home naloxone programs have been running in Australia since early 2012. After initial has now been available for take home

Approach: We document developments in the scheduling of naloxone since 2012, including the recent re-scheduling to allow over-the-counter access to the drug (S3). We then introduce a timeline of the issues that have emerged in relation to providing access to the drug, including problems with supply and the emerging possibilities around different doses and forms of the drug.

Key Findings: Our analysis will provide a framework for providing access to over-the-counter and prescription naloxone. We will describe how supply problems may be overcome in the future with changes to the pharmaceutical companies providing drug supply and detail the developments around new dosing regimes and routes of administration.

Discussion and Conclusions: Take-home naloxone programs will need to adapt to changing circumstances around drug access and supply in order to maximise opioid overdose prevention benefits.

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PRESENTATION 1 – IMPLEMENTING TAKE-HOME NALOXONE INTO ROUTINE CARE IN DRUG AND ALCOHOL TREATMENT SERVICES, NEEDLE SYRINGE PROGRAMS, AND PEER OUTREACH SERVICES IN NSW

Lintzeris N^{1,2}, Monds L^{1,2}, Shanahan M³, M Harrod⁴, Nielsen S³, P Haber^{2,5}, A Dunlop⁶, N Ezard⁷, N Phung⁸, P Read¹, R Manzie⁹, S Lenton¹⁰, M Jauncey¹¹, T Trimmingham¹², S Cairnduff¹³, P Dietze¹⁴.

¹ South East Sydney Local Health District (SESLHD); ² University of Sydney; ³ National Drug and Alcohol Research Centre, UNSW; ⁴ NUAA; ⁵ Sydney Local Health District; ⁶ Hunter New England LHD; ⁷ St Vincent's LHN, Sydney; ⁸ Western Sydney LHD; ⁹ Murrumbidgee LHD; ¹⁰ National Drug Research Institute; ¹¹ Medically Supervised Injecting Centre, Uniting Care, Sydney; ¹² Family Drug Support; ¹³ Aboriginal Health Medical Research Centre; ¹⁴ Burnet Institute

Introduction / Issues: There has been limited provision of take-home naloxone (THN) services for the prevention of opioid overdose in NSW outside of south east Sydney and few D&A treatment services, Needle Syringe Programs (NSP), peer outreach, primary care or pharmacy settings have the capacity to provide THN. This project examines approaches to increase the uptake of THN targeting opioid users at risk of overdose, through the implementation and evaluation of a brief intervention (THN-BI) across D&A, NSP, and outreach settings across NSW.

Method / Approach: This project will establish the capacity to deliver THN-BI to opioid users in contact with D&A treatment, NSPs and peer-led outreach programs in 5 Local Health District catchment areas, spanning NSW metro, regional and rural areas. The THN-BI will be adapted to local service settings, with implementation and evaluation of training programs for workers delivering THN-BI. The feasibility, sustainability and scalability of the intervention across NSW Health will be examined, by (a) considering barriers and facilitators to THN through staff and consumer feedback; (b) an economic analysis of the costs and potential savings to the health system arising from the THN-BI; and (c) refinement of THN policies and procedures, and training programs informing future rollout of THN-BI across NSW.

Discussions and Conclusions: The project will deliver novel research findings, and develop the framework for a sustainable roll-out of THN across NSW. The implementation of this low-risk and low-cost intervention will most likely have a profound impact upon future overdose rates and related mortality in NSW, by targeting at-risk opioid users who may have difficulties utilizing user-pay models of care.

Implications for Practice or Policy: Our understanding of the implementation process, informed by this project, will produce strategies for widespread and sustainable adoption of the intervention.

Implications for Translational Research: This paper will describe the methodology for translation from research into routine practice.

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COMMUNITY PHARMACY AS A PARTNER IN NALOXONE SUPPLY

S Nielsen^{1,2}, N Menon¹, S Larney¹, M Farrell¹ and L Degenhardt¹

1. National Drug and Alcohol Research Centre, UNSW Australia
2. South Eastern Sydney Local Health District Drug and Alcohol Services

Introduction and Aims: Naloxone supply through community pharmacy has the potential to expand the reach of take-home naloxone initiatives, particularly for patient groups that may not be in contact with other services that provide take-home naloxone. The aim of this study is to examine Australian pharmacists' knowledge, confidence and willingness to supply naloxone through community pharmacy

Design and Methods: A random sample of 1317 community pharmacies was contacted by telephone and invited to participate in an online questionnaire, with n = 595 responses (45.1%). Existing questions from previous studies on attitudes towards different aspects of drug treatment and knowledge and attitudes towards naloxone were included. Logistic regression examined associations between willingness and comfort relating to the provision of naloxone under different clinical scenarios.

Results: Pharmacists demonstrated a high level of willingness to receive training and provide naloxone but low levels of knowledge about naloxone. Male gender and more years of pharmacy experience were associated with positive attitudes towards harm reduction, which was in turn associated with greater willingness to provide naloxone. More than half the sample identified time, lack of training, knowledge of state laws and lack of reimbursement for patient education and counselling as potential barriers for naloxone provision.

Discussions and Conclusions: These findings were able to inform the development of training materials at the time that naloxone became available for sale OTC in Australia. The findings confirm a general willingness to participate in the community supply of naloxone. Implementation issues with the OTC supplies will be discussed.

Implications for Practice or Policy: Due to the relatively high cost of naloxone through community pharmacy, and other barriers such as time and training, existing take-home naloxone programs are critical. Community pharmacy may offer complimentary supply channels to existing naloxone programs.

Implications for Translational Research: Current knowledge highlights how critical pharmacist training is, with most pharmacists unable to correctly answer questions on naloxone pharmacology and administration. Training may additionally address negative attitudes towards harm reduction which may further impact on success of pharmacy based naloxone supply.

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