

Who Returns for Naloxone Replacement?

A Real World Analysis of Clients Returning for Naloxone at the Kirketon Road Centre in Kings Cross, Sydney

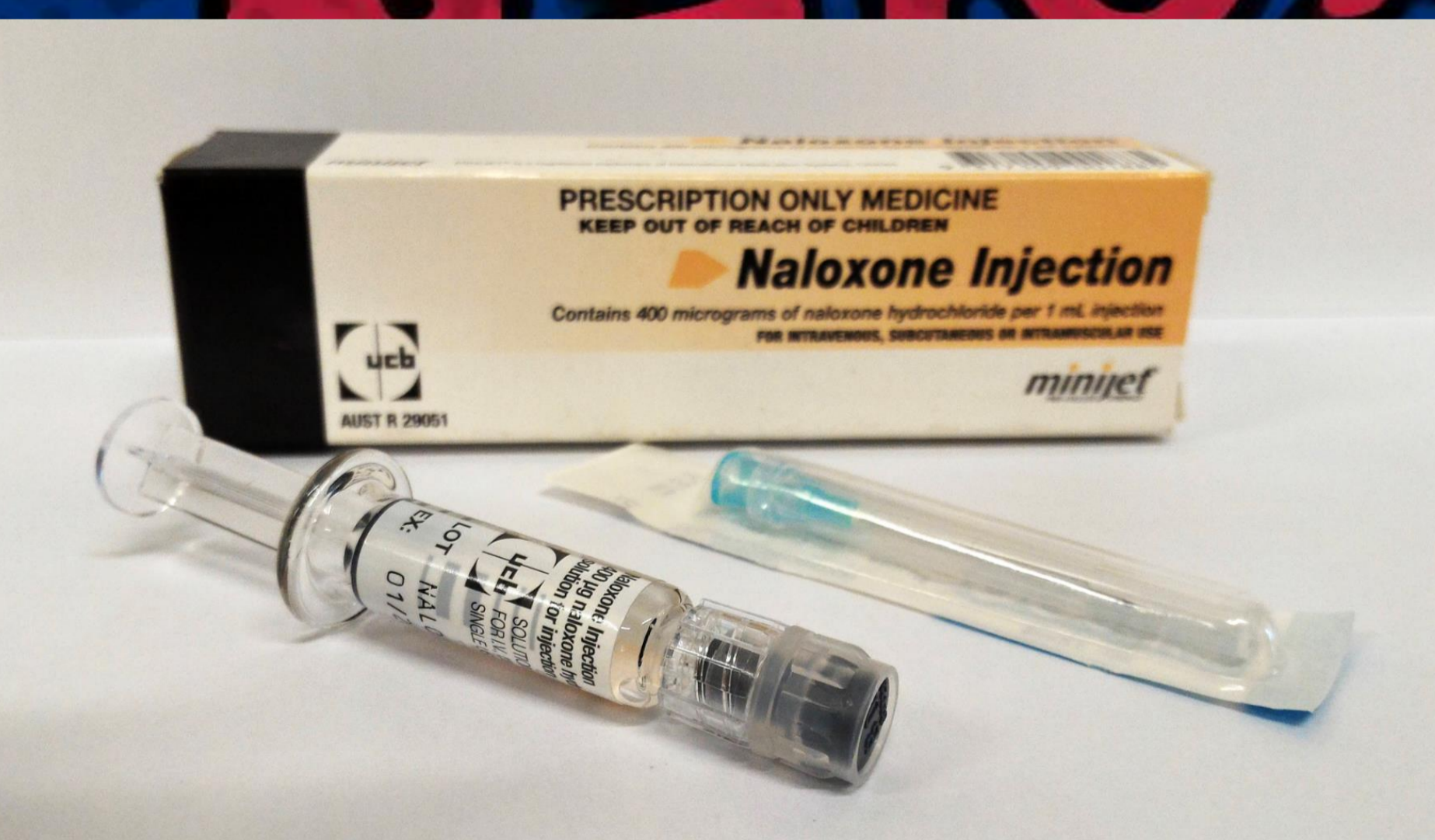
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Introduction

In 2012 the Kirketon Road Centre (KRC) and the Langton Centre undertook the Overdose Prevention and Emergency Naloxone Project (OPEN), which was the first take-home naloxone program in Australia implemented in a health care setting. Since the OPEN project ended in March 2014, KRC has continued initial prescription and subsequent replenishment of take-home naloxone as part of routine clinical practice for people at risk of opioid overdose. Clients can receive free replenishment regardless of whether the naloxone was used, lost, stolen or expired.

Aim

To describe clients participating in the naloxone brief intervention and compare which clients returned for repeat naloxone, and why they returned for replenishment.



Methods

Health care records were reviewed for all clients prescribed take-home naloxone since 2014. Those receiving replenishment have a standard assessment form completed. From these data, client demographics, reason for replenishment, and naloxone use outcomes were analysed.

Table 1: Characteristics of clients participating in naloxone brief intervention by returning for repeat naloxone, 2014-2016. (nil statistically significant)

	Return (N=59)	No Return (N=144)	All Clients (N=203)
Age in years – mean (std dev)	37.8 (9.4)	40.1 (9.7)	39.4 (9.7)
Gender–n (%)			
Male	32 (54)	90 (61)	122 (60)
Female	24 (41)	50 (35)	74 (37)
Transgender	3 (5)	5 (3)	7 (4)
Aboriginal–n (%)	15 (25)	49 (34)	64 (32)
Born in Australia–n (%)	53 (90)	122 (85)	175 (86)
Injecting drug use–n (%)	58 (100)	135 (96)	193 (98)
Years of injecting – mean (std dev)	18.4 (9.8)	21.4 (9.8)	20.3 (9.9)
Previous overdose–n (%)	18 (60)	40 (67)	58 (64)

Findings- Replenishment

Between March 2014 and August 2016, a further 203 clients have been trained in opioid overdose management and provided with 406 minijets of take-home naloxone. Demographic details of these clients are shown in table 1. Of these clients, 59 (29%) returned for 192 minijets of repeat naloxone distributed on 135 occasions. Of note, 3 clients returned more than 5 times and an additional 12 clients returned more than 3 times for replenishment.

Reason for replenishment was available for the dispensing of 185 minijets (96%) and include: naloxone was used to manage an overdose (31 clients, 82 Minijets, 44%), lost (36 minijets, 19%), stolen (32 minijets, 17%), confiscated (3 minijets, 2%), expired (2 minijets, 1%), or replaced for another reason (30 minijets, 16%). (Figure 1)

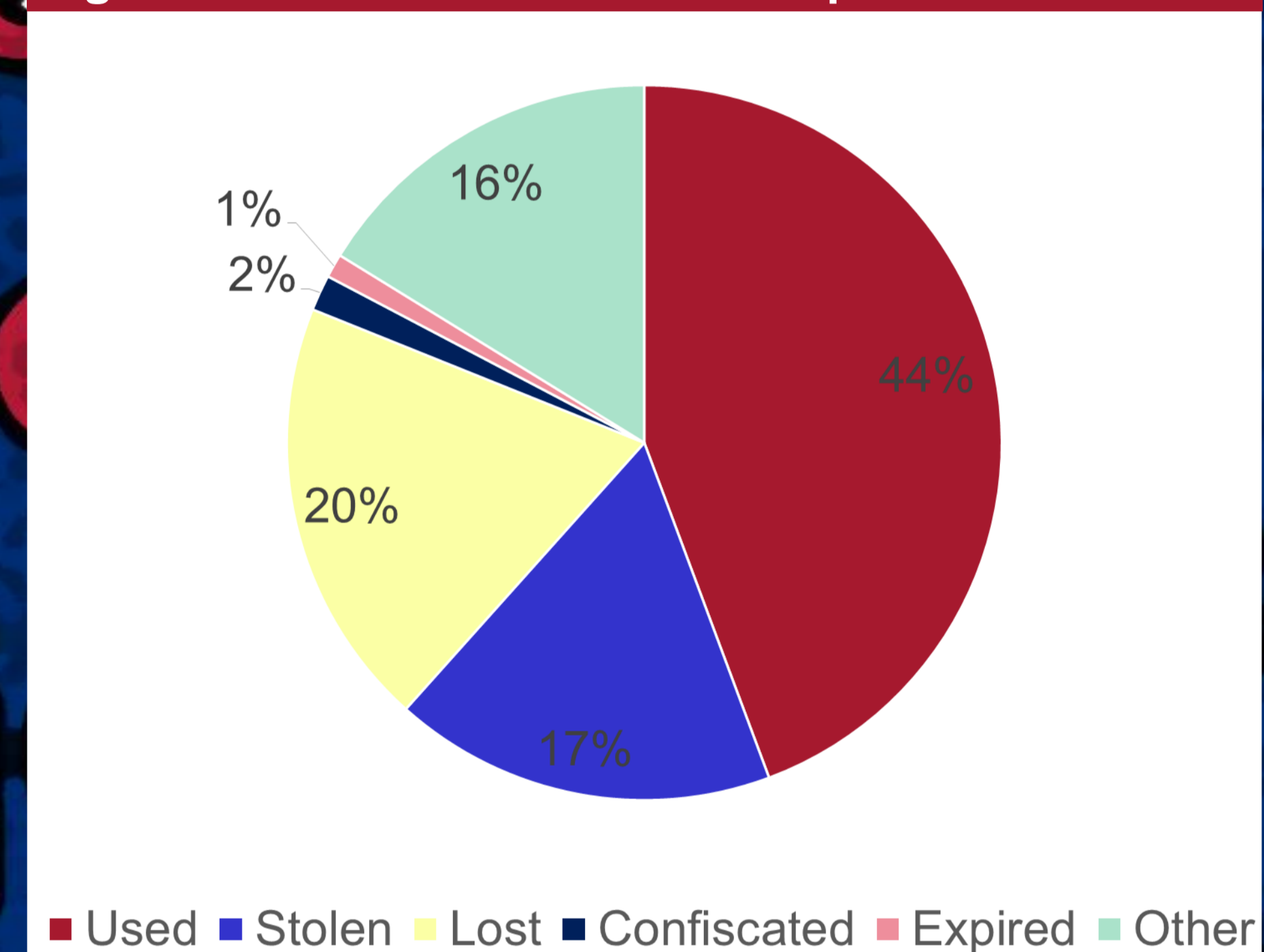
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Findings- Overdose

Data was available for 73 of the 82 minijets used during a total of 53 overdose situations. There were 33 reports of clients using only 1 minijet and 20 reports where second minijet was required. An ambulance was called on 34/53 (64%) of occasions, of which 14/34 (41%) resulted in a transfer to hospital. Seven were recorded as admitted to hospital and one death was reported. Police attended 3 overdoses.

Figure 1. Reasons for naloxone replenishment



Conclusion

The most frequent reason (44%) for clients returning for replenishment was that they had used the naloxone safely for overdose management, and reports of calling an ambulance were high (64%). However a significant proportion (38%) had either lost or had their naloxone removed against their will, and this should therefore not be a barrier to the naloxone being replaced. Some clients who returned several times have become known in their communities as providers of naloxone and overdose management and may have an important role in raising awareness and increasing availability of naloxone in the future. The provision of naloxone and replenishment to people who inject drugs should be promoted and widely available.