

Submissions must not exceed 250 words (excluding title & authors). The document **must not** be password protected or saved as read only as this may result in your abstract failing to upload successfully. Use Arial 11 point type only. Please structure your submission using the subheadings below. If the abstract does not fit the headings, please put full abstract beneath introduction and we will remove the headings once submitted.

## **DISTRIBUTING 'TAKE HOME' NALOXONE VIA SYDNEY MEDICALLY SUPERVISED INJECTING CENTRE (MSIC) – WHERE TO FROM HERE?**

### **Authors:**

William Wood<sup>1</sup>

<sup>1</sup> The Sydney Medically Supervised Injecting Centre, Sydney, New South Wales, Australia

**Introduction / Issues:** The MSIC is a harm reduction health service where clients inject drugs under the supervision of health professionals. After 14 years of operation, approximately 5,000 overdoses have been successfully managed on-site, with no fatalities. Clients remain at risk of overdose when injecting drugs off-site, and they may be present when others overdose.

The distribution of 'take home' Naloxone for the prevention of fatal opioid related overdoses is supported by a growing body of evidence. The safety and effectiveness of this intervention for the prevention of fatal opioid related overdoses has been well established. There is now a need for Supervised Injecting Facilities to 'scale up' their engagement in its distribution.

**Method/approach:** In late 2014, the MSIC introduced a 'take-home' Naloxone project where interested clients were provided with a one on one brief intervention (BI) by a trained staff member. This included client education and prescription and dispensing of naloxone (0.4 mg naloxone hydrochloride Minijet pre-filled syringes for IM administration).

**Key Findings:** The MSIC has successfully trained 56 clients and distributed 56 'take home' packs in 5.5 months (updated figures available at time of presentation).

**Discussion and Conclusions:** There are a number of barriers to the 'scaling up' of this approach within this setting. The biggest of these is the need for a doctor to be available to prescribe. Given the safety profile of this drug, rescheduling in Australia should be considered – allowing over the counter provision as occurs in many other countries. SIFs remain a key service able to access a marginalized population most at risk and thus enable greater distribution of this life saving drug. Take home naloxone should be available from all SIFs around the world.

**Disclosure of Interest Statement:** Nothing to disclose.