

ROUTINE CARE – A BRIEF INTERVENTION FOR THE PREVENTION OF OPIOID OVERDOSES USING ‘TAKE HOME’ NALOXONE

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Introduction: Significant morbidity and mortality is associated with opioid overdose among people who inject drugs. Most opioid overdose deaths occur in settings where other people are present providing an opportunity for bystanders to potentially save a life.

This presentation describes the development and implementation of a brief intervention (BI) for the prevention of opioid overdoses using ‘take home’ naloxone into DAS, SESLHD

Approach: Incorporating lessons learnt from an earlier pilot project², SESLHD DAS developed a standardised business rule and BI using ‘take home’ naloxone in August 2014.

The BI is for clients at risk of opioid overdose including those currently using, have recently used, or are at risk of using (e.g. relapse) opioids - either illicit or prescription opioids and is considered part of care planning.

The BI is delivered by trained clinicians in a clinical session, takes approximately 15-30 minutes and has two core elements – client education and provision of ‘take home’ naloxone.

Key Findings: Since its introduction 68 OST clients have received the overdose prevention BI including “take home” naloxone. Client descriptors comparing those accessing naloxone to clients not participating in the project.

Discussions/Conclusions: Delivering a BI including “take home” naloxone as part of routine D&A treatment is feasible and acceptable to both clients and clinicians.

Implications for Practice/ Policy: The BI can be adapted for use in a range of treatment settings and jurisdictions and is an example of a sustainable response for use in policy or clinical guideline documents.

Disclosure of Interest Statement: Nil

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