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

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BACKGROUND

- Overdose morbidity and mortality remains high for opioid users
- Clients at high risk of overdose: 94% witnessed and 61% had experienced an OD
- When administered at an early enough stage in an overdose, naloxone reverses the opioid component of an overdose (even in polydrug overdoses).
- Naloxone has been demonstrated to be safe to use by trained but non-medically-qualified people and, in such circumstances, to be effective in reversing overdoses



BACKGROUND

- Internationally the response has been to expand the provision of naloxone to lay people - available in over 20 countries and available evidence indicates this approach is effective in reduce overdose death.
- In 2014 the WHO released guidelines entitled Community management of opioid overdose
- In response SESLHD undertook OPEN project established to assess feasibility, uptake and outcomes of OD prevention + take-home naloxone program at KRC and TLC.
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Key Outcomes

• Uptake

- Between July 2012 and March 2014, 78 people at risk of opioid overdose attended training and were provided with take home naloxone.
- Outcomes
 - At least 30 overdose reversals using naloxone reported by 18 participants at follow up. No deaths reported and reversals linked to naloxone.
 - Significant and mostly sustained improvements in consumer knowledge and attitude re OD prevention
- Feasibility

Key Outcomes

- Feasibility
- Uptake
 - Lower uptake than expected. Feedback indicated initial service delivery model (scheduled 60 minute) workshops was barrier to uptake
 - Clients suggested incorporating into routine practice
 - Approximate \$120 G&S cost per OD reversal

SESLHD D&A Response

- Develop of a brief intervention that is acceptable to clients.
- 15 minute brief intervention as routine care with a SESLHD D&A Business Rule.
- The BI focusses on the administration of naloxone as it primary gaol
- 100+ packs provided since August 2014 (c/w 16 packs in 21 months)



Who has been trained ?

	Total
Enrolled in Naloxone project, n	106
ATOP data available. n	80
ATOP data available, II	80
ATOP Data – last 28 days	Total
Age, mean (SD)	43 (9)
Gender, % male	57
Alcohol use, %	39
Cannabis use, %	52
Benzodiazepines use, %	37
Heroin use, %	16
Other opioids use, %	5
Amphetamines use, %	24
Cocaine use, %	1
Any injecting, %	27
Any homelessness or risk, %	19
Any violence, %	9
Arrested, %	4
Any work/school, %	12
Psychological health (0-10), mean (SD)	6.1 (1.8)
Physical health (0-10), mean (SD)	5.8 (1.6)
Quality of Life (0-10), mean (SD)	6.0 (1.8)

BRIEF INTERVENTION

- A Procedure developed and approved by SESLHD formal governance structures that
 - standardises OD Prevention intervention as part of routine clinical review and appointments.
 - standardises how education is delivered and medication provided and documented.



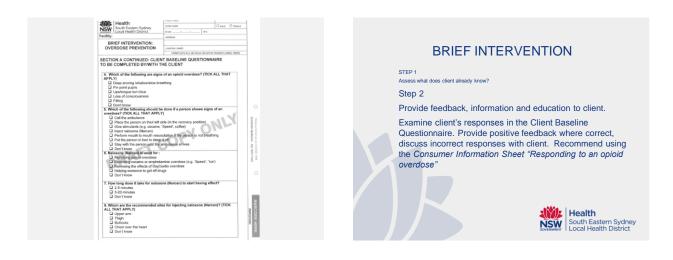
BRIEF INTERVENTION

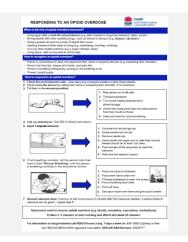
- The BI has two core elements client education and provision of 'take home' naloxone.
- The BI targets SESLHD Drug and Alcohol registered clients at risk of opioid overdose.
- Case workers and medical officers should consider a BI for OD prevention for clients at increased risk of opioid OD, either due to their patterns of substance use, current treatment, medical and social conditions.
- BI for OD prevention is considered as part of the care planning process, and included in the Global Care Plan.

KING Health South Eastern Sydney Local Health District

SESLHD PROCEDURE COVER SHEET	NSW South Eastern Sydney Local Health District	
NAME OF DOCUMENT	Brief Intervention for Overdose (OD) Prevention with Natione	
TYPE OF DOCUMENT	Procedure	
DOCUMENT NUMBER	SESLHDPR/433	
DATE OF PUBLICATION		
RISK RATING	High	
LEVEL OF EVIDENCE	NSOHS 2. Partnering with Consumers and 4. Medication Safety	
REVIEW DATE		
FORMER REFERENCE(S)	Not Applicable	
EXECUTIVE SPONSOR or	Dr Greg Stewart	
EXECUTIVE CLINICAL SPONSOR	Director of Operations: Ambulatory and Primary Health	
AUTHOR	Nicholas Lintzeris, Director, Drug and Alcohol Services	
POSITION RESPONSIBLE FOR THE DOCUMENT	Professor Nicholas Lintzeris	
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KEY TERMS	Overdose, opioid, brief intervention, prevention, natoxone, client education	
SUMMARY	A procedure describing the delivery of brief intervention in SESLHD Drug and Alcohol Services targeting the prevention of opioid overdoses using 'take home' natoxone,	

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BRIEF INTERVENTION: OVERDOSE PREVENTION N B. CLINICIAN CHECKLIST

BRIEF INTERVENTION

STEP 1 Assess: What does client already know?

STEP 2 STEP 2 Provide feedback, information and education to client.

Assess suitability for naloxone prescription. As per any medication prescription, the prescriber should be confident that the client understands the rationale for the medication, and instructions for use. See Section B: Clinician Checklist, BI ODP Form.

STEP 4

Client Informed Consent. The client is asked to provide written informed consent (*Section C, BI ODP Form*) identifying that relevant information has been discussed, and that the client is prepared to be followed up at the time of the expiry of the naloxone supplied to them.









The OD response pack

- Instructions and certification of training
- Resuscitation face mask, gloves, • sharps container, and
- two 400microgram "mini-jet" doses of naloxone hydrochloride "A fast-acting medication that reverses the respiratory depressant effects of opioids"



CERTIFICATE OF COMPLETION

Health South Eastern Sydney Local Health District

If you require further information, please contact: The Langton Centre 2 02 9332 8777 St George Drug and Alcohol Service 2 02 9113 2944

has been trained in opioid overdose management, including the use of injectable naloxone for the purpose of preventing death from opioid overdose. This medication has been legally prescribed by The Langton Centre/St George Drug and Alcohol Service.

EMERGENCY SERVICES (Ambulance) **2 000** Alcohol and Drug Information Service (ADIS) 2 9361 8000 Family Drug Support 2 1300 368 186 NUAA 2 1800 644 413

Key features

- Delivered using existing S&W and G&S resources. (Cost of
- Embedded into standard practice.
- Acceptable to clients
- Response to assessed client risk and according to competing client driven priorities.
- BI demonstrated to be transferrable to other jurisdictions.



- Hard copies of the BI are available today
- Email anthony.Jackson@sesiahs.health.nsw.gov.au

