

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

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DRUG AND ALCOHOL SERVICES



## 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.
- OPEN project assessed feasibility, uptake and outcomes of OD prevention + take-home naloxone program at KRC and TLC.



## 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 goal
- 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        |
| <b>ATOP Data – last 28 days</b>        |           |
| 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.



| SESLHD PROCEDURE COVER SHEET                    |   |
|---|---|
| NAME OF DOCUMENT                                | Brief Intervention for Oversedose (OD) Prevention with Naloxone   |
| TYPE OF DOCUMENT                                | Procedure   |
| DOCUMENT NUMBER                                 | SESLHDPR443   |
| DATE OF PUBLICATION                             |   |
| RISK RATING                                     | High  |
| LEVEL OF EVIDENCE                               | HIGH 2: Partnering with Consumers and 4: Medication Safety  |
| REVIEW DATE                                     |   |
| FORMER REFERENCES                               | Not Applicable  |
| EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR | Dr Greg Stewart<br>Director of Operations, Ambulatory and Primary Health  |
| AUTHOR  | Nicholas Lintzeris, Director, Drug and Alcohol Services   |
| POSITION RESPONSIBLE FOR THE DOCUMENT           | Professor Nicholas Lintzeris<br>Director, Drug and Alcohol Services   |
| KEY TERMS                                       | Oversedose, opioid, brief intervention, prevention, naloxone, client education  |
| SUMMARY   | A procedure describing the delivery of brief interventions at SESLHD Drug and Alcohol Services targeting the prevention of opioid overdoses using ‘take home’ naloxone. |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY  
This Procedure is Intellectual Property of South Eastern Sydney Local Health District.  
Procedure content cannot be duplicated.

## BRIEF INTERVENTION

- STEP 1
- Assess: What does client already know?
- Administer *Client Baseline Questionnaire*



**BRIEF INTERVENTION OVERDOSE PREVENTION**

**BRIEF INTERVENTION INSTRUCTIONS**  
Quick guide on delivering Brief Interventions

1. Check eligibility. SESLHD DAA Service registered clients at risk of opioid overdose.
2. Introduce the purpose of the Brief Intervention. As Body scan (1-15-20 minutes).
3. Administer Section A Client Baseline Questionnaire.
4. Provide feedback, information and education to client using the Consumer Information Sheet.
5. Discuss the resources provided as part of Oversedose Prevention Kit with client.
6. Clinician providing education to complete the Section B: Clinician Checklist.
7. Client to complete and sign the Section C: Client Informed Consent section.
8. Medical practitioner to complete Section D: F. Naloxone prescription.
9. Medical practitioner or pharmacist to dispense naloxone kit.
10. Complete patient details on pre-pack.
  - Complete Section D: Dispensing Receipt
  - Complete Naloxone Pharmacy Log Book
11. If the completed Brief Intervention Form is Client Medical Record (under Medication section) and complete a Clinical Note in the electronic Medical Record.

**SECTION A: CLIENT BASELINE QUESTIONNAIRE TO BE COMPLETED BY/WITH THE CLIENT** Date: \_\_\_\_\_

1. Have you ever had training about:

|                      |                              |                             |                                     |
|----------------------|------------------------------|-----------------------------|-------------------------------------|
| Overdosed prevention | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| First aid            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Using naloxone       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

2. Please indicate:

|  |   |
|--|---|
| <input type="checkbox"/> First over naloxone prescription  | <input type="checkbox"/> Repeat naloxone prescription |
| <input type="checkbox"/> Lost or damaged medication  | <input type="checkbox"/> Expired naloxone             |
| <input type="checkbox"/> Used naloxone at overdose:  | <input type="checkbox"/> Used naloxone at overdose:   |
| <input type="checkbox"/> If yes, indicate if <input type="checkbox"/> OD reversed <input type="checkbox"/> OD not reversed | <input type="checkbox"/> Other                        |

3. Which of the following increase the risk of an opioid overdose? (TICK ALL THAT APPLY)

|   |  |
|---|--|
| <input type="checkbox"/> Taking larger than usual doses of drugs              | <input type="checkbox"/> Injecting drugs rather than swallowing, snorting or smoking |
| <input type="checkbox"/> Using again after a break from using                 | <input type="checkbox"/> Using with other substances (e.g. alcohol, sleeping pills)  |
| <input type="checkbox"/> Change in drug purity (e.g. through change in brand) | <input type="checkbox"/> Physical stress   |
| <input type="checkbox"/> Don't know   |  |

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Local Health District

Facility: \_\_\_\_\_

BRIEF INTERVENTION:  
OVERDOSE PREVENTION

SECTION A CONTINUED: CLIENT BASELINE QUESTIONNAIRE  
TO BE COMPLETED BY WITH THE CLIENT

4. Which of the following are signs of an opioid overdose? (TICK ALL THAT APPLY)

- Deep snoring/shallow breathing
- Pin point pupils
- Lethargic/limb blue
- Loss of consciousness
- Flushing
- Don't know

5. Which of the following should be done if a person shows signs of an overdose? (TICK ALL THAT APPLY)

- Call the ambulance
- Place the person on their left side (in the recovery position)
- Give stimulants (e.g. cocaine, 'Speed', coffee)
- Inject naloxone (Narcan)
- Perform mouth to mouth resuscitation if the person is not breathing
- Put the person in bed to sleep it off
- Stay with the person until the ambulance arrives
- Don't know

6. Naloxone (Narcan) is used for:

- Reversing opioid overdose
- Reversing cocaine or amphetamine overdose (e.g. 'Speed', 'Ice')
- Reversing the effects of Day/Contra overdose
- Helping someone to get off drugs
- Don't know

7. How long does it take for naloxone (Narcan) to start having effect?

- 2-5 minutes
- 5-20 minutes
- Don't know

8. Which are the recommended sites for injecting naloxone (Narcan)? (TICK ALL THAT APPLY)

- Upper arm
- Thigh
- Buttocks
- Chest over the heart
- Don't know

## BRIEF INTERVENTION

STEP 1  
Assess what does client already know?  
Step 2

Provide feedback, information and education to client.

Examine client's responses in the Client Baseline Questionnaire. Provide positive feedback where correct, discuss incorrect responses with client. Recommend using the *Consumer Information Sheet "Responding to an opioid overdose"*

RESPONDING TO AN OPIOID OVERDOSE

1. **Check for signs of overdose**

- Waking again after a brief loss of consciousness (e.g. after treatment or drug free treatment, sleep, prayer)
- Waking quickly with other warning signs (such as alcohol or heroin) (e.g. slurred, unsteady)
- Waking in a position or posture that is not normal
- Waking in a position of slumped or slumped (e.g. slumped, slumped)
- Waking in a position of slumped or slumped (e.g. slumped, slumped)
- Waking in a position of slumped or slumped (e.g. slumped, slumped)

2. **Check for signs of overdose**

- Person has blue lips, tongue and hands, not just skin
- Person is breathing abnormally (snoring or not breathing at all)
- Person is not breathing

3. **Check for signs of overdose**

- Person has blue lips, tongue and hands, not just skin
- Person is breathing abnormally (snoring or not breathing at all)
- Person is not breathing

4. **Call an ambulance** Dial 000 & follow instructions

5. **Inject 1 ampoule naloxone**

1. Uncap the ampoule
2. Remove the cap
3. Remove the cap
4. Inject the ampoule into the muscle
5. Repeat if necessary

6. **If not breathing normally, tilt the person onto their back & start 'Rescue Breathing'** until the person is breathing normally or the ambulance arrives

1. Place one hand on forehead
2. Place other hand under chin
3. Tilt head backwards to open the airway
4. Put in breathing face mask
5. Breathe normally
6. Seal your mouth over theirs and give quick breaths

7. **Repeat naloxone dose** if person is still unconscious 5 minutes after first naloxone injection, a second dose of naloxone can be given - repeat step 5.

Naloxone is used to reverse opioid overdose (e.g. heroin, morphine, oxycodone, methadone). It takes 2-5 minutes to start working and effects last about 20 minutes.

For information on drug treatment call AODS 24 hours a day, 7 days a week on 321 8000 (Sydney) or free call 1800 422 269 for NSW regional & rural areas. NSW AODS helpline: 93022777

## BRIEF INTERVENTION

STEP 1  
Assess: What does client already know?  
STEP 2  
Provide feedback, information and education to client.

STEP 3  
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.

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BRIEF INTERVENTION:  
OVERDOSE PREVENTION

SECTION B. CLINICIAN CHECKLIST

Indicate the client has an adequate understanding of the following

- Client identifies risks for opioid overdose
- Client recognizes signs of an overdose
- Client verbalizes at least three actions in the event of an overdose (e.g. assess environment, 'Call 000', (i) check for response and breathing, (ii) recovery position, (iii) call ambulance, (iv) administer naloxone, (v) rescue breathing, (vi) stay with person until ambulance arrives)
- Client is able to identify what naloxone is, when and how to use it
- Client recognizes the time it takes for naloxone to start having effect & duration of effects

Clinician name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Clinician signature: \_\_\_\_\_  
Date: \_\_\_\_\_

SECTION C: CLIENT INFORMED CONSENT

As part of the Overdose Prevention session, the following has been discussed with me and I understand:

- the risks for opioid overdose
- how to recognize if someone has overdosed
- what to do if someone overdoses
- how to use naloxone in the event of an overdose

I agree to be provided an Overdose Prevention Kit  
 I agree to be contacted by the prescribing service and around the time of the naloxone kit's expiry date.

Client name: \_\_\_\_\_  
Client signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## BRIEF INTERVENTION

Step 1  
Assess: What does client already know?  
Step 2  
Administer Client Baseline Questionnaire  
Step 3  
Provide feedback, information and education to client.  
Step 4  
Assess suitability for naloxone prescription.  
Step 5  
Client Informed Consent.

Step 6  
Prescribe and dispense naloxone and provide Overdose Prevention Kit

Attach ADR sticker

ALLERGIES & PREVIOUS DRUG REACTIONS

DATE OF BIRTH: / /

RESOURCES

COMPLETE ALL DETAILS ON PATIENT LABEL HERE

NSW Health

MEDICATION CHART No. of

ONCE ONLY PRE-MEDICATION & NURSE INITIATED MEDICINES

| Medication                   | Start | Stop | Frequency | Route | Notes   |
|------------------------------|-------|------|-----------|-------|---|
| Naloxone HCl in Orange 100mL |       |      |           |       | Attach Needle provided to Minijet<br>Inject contents intramuscularly in the event of a suspected overdose<br>Repeat after 5 minutes if no response<br>Signed XX |

TELEPHONE ORDERS (To be signed within 24 hours of order)

| Medication | Start | Stop | Frequency | Route | Notes |
|------------|-------|------|-----------|-------|-------|
|            |       |      |           |       |       |

LONG STAY MEDICATION CHART (LMS)

THE LANGTON CENTRE

Naloxone 400microg/1mL (UCB Min-Jet) Injection Qty: 2

Attach needle provided to Minijet and inject contents intramuscularly in the event of a suspected overdose. Repeat after 5 minutes if no response.

Name: 21/08/2014 Batch: 2,544 Date: Expiry: 29/02/2016

Lang00007

KEEP OUT OF REACH OF CHILDREN

THE LANGTON CENTRE  
591 SOUTH DOWLING STREET, GURRY HILLS NSW 2010 TEL: 9332 8777

Unique dispensing number: Naloxone 400microg/1mL (UCB Min-Jet) Injection

Attach needle provided to Minijet and inject contents intramuscularly in the event of a suspected overdose. Repeat after 5 minutes if no response.

Name: 21/08/2014 Batch: 2,544 Date: Expiry: 29/02/2016

KEEP OUT OF REACH OF CHILDREN

THE LANGTON CENTRE 591 SOUTH DOWLING STREET, GURRY HILLS NSW 2010 TEL: 9332 8777

### 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

NSW Health South Eastern Sydney Local Health District

If you require further information, please contact:

The Langton Centre  
☎ 02 9332 8777

St George Drug and Alcohol Service  
☎ 02 9113 2944

This certifies that \_\_\_\_\_ 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) ☎ 000

Alcohol and Drug Information Service (ADIS)  
☎ 02 9361 8000

Family Drug Support  
☎ 1300 368 186

NUAA  
☎ 1800 644 413

### Key features

- Delivered using existing S&W and G&S resources. (Cost of naloxone S32-2 X 400mcg minijets total pack \$40)
- 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](mailto:anthony.Jackson@sesiahs.health.nsw.gov.au)

