

[15 December 2011]

# An Australian First: Expanding Naloxone Availability in the ACT

Building on international evidence and being an Australian first, an opioid overdose management program that provides naloxone on prescription to potential opioid overdose victims will be implemented in the ACT. Naloxone is a schedule 4 opioid antagonist medication used to reverse the effects of opioid class drugs such as heroin, morphine and oxycodone. ACT Chief Minister Katy Gallagher will launch the program from 9:30am on Friday 16 December at the Reception Room of the ACT Legislative Assembly.

“We still have 1 death a day from heroin overdose in Australia. This program is a response and commitment from the ACT Government to address this whole of community issue. The rollout will inform our future responses in the ACT and across country.” said Carrie Fowlie, Executive Officer of the peak body the Alcohol Tobacco and Other Drug Association ACT (ATODA).

“As a community we should be promoting interventions that can save lives, regardless of people’s backgrounds. Naloxone can reverse the potentially fatal effects of an overdose, but it needs to be given within minutes of an overdose occurring, which is why it makes sense to give it to people who may witness an overdose.” said Ms Fowlie.

“Increasing the availability of naloxone in our community is akin to supplying persons with an allergy with emergency medication, like an Epi-pen, for use in case of a severe allergic reaction.” said Ms Fowlie.

“Building on international evidence, the program was developed by a multidisciplinary Committee which includes general practitioners, consumers, family members, drug treatment workers and researchers.” said Ms Fowlie.

“Naloxone distribution and training programs operate in many other countries including the UK, the US, Germany, Canada and Central Asia. In the United States there are more than 150 programs operating in 16 states with over 53,000 naloxone kits having been dispensed and more than 10,000 overdose reversals reported,” said Professor Simon Lenton, National Drug Research Institute.

“The evidence base for this intervention is growing rapidly,” he said. “Latest research shows that, over and above existing overdose prevention programs including methadone and other treatment, the more people are enrolled in programs of overdose prevention with naloxone distribution, the greater the reduction in opioid overdose deaths in the community.”

“The ACT program will contribute to this evidence base and importantly, facilitate a scaling up of the intervention in Australia as the need arises,” said Professor Lenton.

“Naloxone is widely used in Australia and internationally by paramedics and hospital emergency department staff in cases of suspected opioid overdose. Naloxone starts people breathing again in such overdose. It has no effect on people who don’t have opioids in their system.” said Dr Ingrid van Beek AM, Founding Medical Director of the Medically Supervised Injecting Centre in Sydney’s Kings Cross.

“Naloxone has no effect on people’s mood or mental state and is not a drug of dependence so is not a substance associated with misuse.” said Dr van Beek.

“We know from the overseas experiences that the prescription of naloxone to potential overdose victims and witnesses is an effective intervention in overdose situations.” she said. “The training provided in basic life support skills will also be very useful in other life-threatening circumstances, which is of course always a great investment for the community’s health more generally. The experience and outcomes of this program will also help inform the development of similar programs elsewhere in Australia.” said Dr van Beek.

“This is an important and evidence based public health program. This program will likely contribute to the prevention of heroin overdose related morbidity and mortality in the ACT, ” said Mr Michael Moore, Chief Executive Officer, Public Health Association of Australia.

“Expanding the availability of naloxone to potential overdose witnesses should be considered by all state and territories as part of Australia’s comprehensive response to preventing opioid overdoses,” said Mr Moore.

“At the moment overdoses rely ambulance services being able to get there in time to save a life.” said Mr Tony Trimmingham OAM, Founder and CEO of Family Drug Support.

“I know of family members have found their loved ones when they had overdosed and by the time the ambulance arrived it was too late. If naloxone had been available those lives could have been saved.” said Mr Trimmingham.

For further comments please contact:

- Professor Simon Lenton, National Drug Research Institute, on 0417 957 910
- Dr Ingrid van Beek AM, Founding Medical Director, Sydney Medically Supervised Injecting Centre, on (02) 9360 2766
- Mr Michael Moore, Chief Executive Officer, Public Health Association of Australia, on 0417 249 731
- Mr Tony Trimmingham OAM, Founder and CEO of Family Drug Support, on 0412 414 444
- Ms Carrie Fowlie, Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA), on 0406 585 020

For further information see:

- ACT Overdose Management Program Description (below)
- Expanding naloxone availability in the ACT Question and Answer (Q&A) document, further background and research evidence at [www.atoda.org.au/policy/naloxone/](http://www.atoda.org.au/policy/naloxone/)
- Program launch flyer: [http://www.atoda.org.au/wp-content/uploads/Naloxone\\_Program\\_Launch\\_flyer.pdf](http://www.atoda.org.au/wp-content/uploads/Naloxone_Program_Launch_flyer.pdf)

## ACT Overdose Management Program Description

Naloxone is a schedule 4 drug that is routinely used by health personnel to reverse opioid overdoses in the ACT. Consistent with developments internationally, the ACT alcohol, tobacco and other drug sector has designed a public health program to expand naloxone availability in the ACT with the aim of reducing opioid overdose morbidity and mortality.

The Expanding Naloxone Availability in the ACT (ENAACT) program involves comprehensive overdose management training and the supply, on prescription, of take-home naloxone to eligible participants who are not health professionals. People prescribed take-home naloxone will be administered it by a trained peer (usually a friend or family member) in the event of an opioid (primarily heroin) overdose.

The training will be conducted over a two-year year period with 200 participants. The training for opioid users and other potential overdose witnesses will be conducted with 10 people trained in each group. Eligible participants who successfully complete the training will be prescribed naloxone by a General Practitioner upon reaching a level of competence and assessment.

Participants will undertake in a training program, provided by Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) staff and volunteers who are 'Approved Trainers'. The training program has been adapted from international models and will involve:

- Recruitment to participate in program;
- Consent to participate in the program evaluation;
- Pre-training knowledge assessment questionnaire;
- Education/training session provided by CAHMA;
- Completion of post-training knowledge assessment questionnaire;
- Consultation with General Practitioner prescriber with pre- and post-questionnaire results;
- Consultation bulk-billed with Medicare Card;
- Prescription for naloxone issued by General Practitioner on site to eligible participants; and,
- Provision of naloxone on prescription to eligible participants.

Topics addressed in the training program will include recognising opioid overdose; risk factors for opioid overdose and responding to opioid overdose (including resuscitation techniques, calling for an ambulance and administration of naloxone).

An independent evaluation of the program will assess the implementation of the program and participants' experiences of the program. It will contribute significantly to new knowledge about the implementation of expanded naloxone availability in the ACT context.

The program will be overseen by the ENAACT Committee which includes general practitioners, drug treatment workers, consumers and family members, and researchers.

The program will commence in the ACT in early 2012.