



Strategic advocacy and the ‘time lag’: Expanding naloxone availability in the ACT

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Presentation at the inaugural annual Colloquium for the
Centre for Research Excellence into Injecting Drug Use

18 July 2011

Introduction

- ATODA – non-government and government ATOD sector peak body, sector-wide approach
- “We” inclusive, transient, evolving – many stakeholders involved over many years
- Expanding Naloxone Availability in the ACT (ENAACT) Committee – governance group to provide expert guidance and support to develop a program to expand naloxone availability in the ACT.
- Not a researcher – policy, strategic advocacy, workforce & sector development, information, coordination, support
- Focus on the past 12 months

What are we trying to do?

Develop, implement and evaluate a program to expand naloxone availability in the ACT with a view to reducing opioid overdose morbidity and mortality through:

- Increased effectiveness of interventions in opioid overdose management
- Provision of comprehensive overdose management training
- Provision of take-home naloxone by prescription to eligible participants in the program; and
- Reduction in opioid overdose through overdose prevention education.

Why hasn't a program been conducted in Australia?

Evidence & application

- Strang, J, Darke, S, Hall, W, Farrell, M & Ali, R **1996**, 'Heroin overdose: the case for take-home naloxone (editorial)', *BMJ: British Medical Journal*, vol. 312, no. 7044, pp. 1435-6. (*Note that Shane Darke, Wayne Hall & Robert Ali all Australian researchers*)
- then Lenton, SR & Hargreaves, KM **2000**, 'Should we conduct a trial of distributing naloxone to heroin users for peer administration to prevent fatal overdose?' *Medical Journal of Australia*, vol. 173, no. 5, pp. 260-3.
- then Kerr, D, Dietze, P & Kelly, AM **2008**, 'Intranasal naloxone for the treatment of suspected heroin overdose', *Addiction*, vol. 103, no. 3, pp. 379-86.
- then Lenton, SR, Dietze, PM, Degenhardt, L, Darke, S & Butler, TG **2009**, 'Naloxone for administration by peers in cases of heroin overdose', *Medical Journal of Australia*, vol. 191, no. 8, p. 469.
- and Lenton, SR, Dietze, PM, Degenhardt, L, Darke, S & Butler, TG **2009**, 'Now is the time to take steps to allow peer access to naloxone for heroin overdose in Australia', *Drug and Alcohol Review*, vol. 28, no. 6, pp. 583–85.

Today is 18 July 2011... Why is there such a long time lag?

Factors influencing the 'time lag'

- **Production and agreement of research evidence** (securing academic acceptance, delayed application)*
- **Access to evidence** (the right stakeholders knowing about the evidence, having access to it, understanding it and its potential for application)
- **Competing demands and priorities** (service delivery, policy, funding, people)
- **Availability of resources** (people, expertise and funding)
- **Leadership** (consumers, sector, political, policy, national, local)
- **Policy cycle** (identify issues, policy analysis, policy instruments, consultation, coordination, decision, implementation, evaluation)
- **Political cycle** (e.g. next ACT election October 2012)
- **Community views and concerns** (particularly the place and status of drug users and drug use)

When is the timing right? How do we decide when to have a go?

*See LSE Public Policy Group [2011], *Maximizing the impacts of your research: a handbook for social scientists*, Consultation draft 3, LSE Public Policy Group, London. p. 222

http://www2.lse.ac.uk/government/research/resgroups/LSEPublicPolicy/Docs/LSE_Impact_Handbook_April_2011.pdf

Strategic advocacy

Is there broad interest in expanding availability in naloxone?	✓
Do we have broad support? Are the right stakeholders involved?	✓
Is there evidence? Do we have access to it?	✓
Can the problem and the solution easily understood?	✓
Will expanding availability of naloxone result in improvements in people's lives?	✓
Is expanding availability of naloxone achievable?	✓
Do we have alliances? Will the program strengthen linkages?	✓
Do we have clear timeframes?	✓
Is there consumer, service delivery and grassroots support?	✓
Is expanding availability of naloxone consistent with vision? missions? policy?	✓
Will the program respond to expressed community needs?	✓

Levers and opportunities

- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) - well respected, active ACT user group, led the initiative
- Strong sector-wide governance (ACT ATOD Strategy Evaluation Group, CEOs Group, Workers Group) - collegial and collaborative
- Increased focus on prison based ATOD policies and services in the ACT
- New ACT ATOD Strategy
- Chief Minister retained health portfolio
- Strong linkages between ACT government and non-government services
- Two significant issues developing concurrently (NSP in prison & naloxone)
- New peak body (ATODA operational 1 July 2010)
- ENAACT Committee (consumer led, clinicians, researchers, etc an agreed vision, established mechanism for involvement and development)
- Increased national focus and discussions (Anex, APSAD, ANCD)
- ACT sector priority for action

Consumer led collaboration

- **CAHMA has led this initiative in the ACT** (initial proposal, conference presentations, liaison, etc)
- **Governance - ENAACT Committee** (key stakeholders engaged, inclusive, mutual respect, integrity, complementing skill sets and capacity, respectful use of limited resources offered and available from stakeholders, acknowledging risks, limitations and challenges and systematically seeking to address them, etc.)
- **Evidence base** (eg. an accumulation of observational studies is suggestive of causal links between peer naloxone and overdose mortality incidence)
- **Stakeholder engagement** (researchers (Dietze, Lenton, McDonald), clinicians, ACT Government, sector, ambulance, Division of GPs, Pharmacy Guild, Aboriginal medical service, policy makers, etc)
- **Communication** (monthly reports, webpage, media, meetings, articles, Q&A, etc)
- **Solutions focused – creating a local solution**

**Not about making it difficult for governments and stakeholders,
but about making it easy (easier)**

The program

Provision of naloxone by prescription to at-risk individuals in the ACT to be administered by a peer of people who inject opioids or family member/friend in the event of an overdose.

- 200 participants over 2 years
- Training program delivery by CAHMA
- Participants taught to administer naloxone intramuscularly within a comprehensive overdose response education program
- GP conducts brief clinical and knowledge assessment - using a form that covers participants' medical history and naloxone education checklist
- Prescription for naloxone supplied by GP on site to eligible participants
- Provision of naloxone on prescription to eligible participants (inmates participating in the program will be supplied with the naloxone post-release and as part of their throughcare and discharge planning.)
- Flexible delivery settings (depending on target population)
- Evaluation component
- ENAACT Committee (program governance)

Strategic advocacy: final points

1. This isn't new

- Expanding availability of naloxone kits within our existing culture of saving lives, resuscitation and first aid (e.g. Epipen and Heartstart)
- Already used it in other settings, other medicines have successfully moved into different settings
- Part of the sector's existing work

3. Personal hooks

Mine: you are important and you matter, it matters if you live or die

- Should never be underestimated (potential positive and negative impacts)
- Can be great drivers for energy, commitment and change
- Don't need to declare – but need to be carefully balanced, acknowledged
- Importance of structures, governance, clear terms of references

The evidence will only motivate us so far...

Where to from here?

- Keep up to date through the webpage and ACT ATOD sector eBulletin (both via www.atoda.org.au)
- ENAACT Committee continues
- Q&A available
- Program and evaluation design
- Ethics application
- Working with stakeholders to identify possible funding with the ACT Government
- Goal start date: Spring 2011

Acknowledgements

Burnet Institute and the CREIDU team

ENAACT Committee members:

- ACT Ambulance Service
- ACT Division of General Practice
- Alcohol and Drug Program, Health Directorate
- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- AOD Policy Unit, Health Directorate
- Burnet Institute
- Canberra Alliance for Harm Minimisation and Advocacy
- Family and Friends for Drug Law Reform
- Justice Health, Health Directorate
- National Drug Research Institute
- Pharmacy Guild of Australia, ACT Branch
- Winnunga Nimmityjah Aboriginal Health Services

*Particularly Nicole Wiggins, Paul Dietze, Simon Lenton, David McDonald, Denise Ryan,
Tuck Meng Soo, Helene Delany*

Anex



Thank you

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