

Overdose Prevention and Intervention

Expanding Naloxone Availability in the ACT (ENAACT) Committee

Terms of Reference

March 2011

1. Background and Rationale

Opioid overdose is a continued and substantial contributor to death, disability, and injury among individuals who misuse opioids in the ACT. Since 2000, reduced heroin availability has drastically reduced the number of fatal and non-fatal heroin overdoses in Australia.¹ However, this period has also seen a substantial increase in the number of prescriptions for pharmaceutical opiates, such as MS Contin and Oxy Contin. The diversion of these pharmaceutical opiates, and their use in conjunction with other depressant drugs, such as alcohol, benzodiazapines, and heroin are leading to an increase in the number of opiate-related overdoses in Australia.² This trend is evidenced by a substantial increase in the number of ambulance call-outs to drug overdoses in recent years. In 2009, the ACT Ambulance service attended more than 120 heroin overdoses³.

If warnings of an influx of heroin into Australia over the coming years⁴ prove to be warranted, fatal and non-fatal opioid overdoses are likely to increase. Consequently, it is in the interests of the community and ACT Government to implement strategies to reduce opioid overdoses now, so that they can be evaluated and refined before the number of overdoses increases further.

2. Expanding Naloxone Available as an Opioid Overdose Intervention

Since the 1990s, there have been repeated calls from researchers, public health professionals, advocates, and user groups to initiate programs allowing potential overdose witnesses access to Naloxone for use in instances of heroin overdose. The argument for expanding the availability of Naloxone as an opioid overdose intervention stems from findings that show that:

- People who inject drugs commonly experience overdose;
- Overdoses are often witnessed by people who can respond;
- Peers, family members and others can successfully respond to assist in the management of overdoses among people who inject drugs; and,
- Peers and family members are keen to respond to overdoses if they occur.

Naloxone (Narcan ©) is an opiate antagonist used specifically to reverse the effects of opioid overdose. It is widely used in Australia and internationally by paramedics and emergency room staff in cases of suspected opioid overdose. It is usually administered intramuscularly. It has no psychoactive effect, is not a drug of dependence, and therefore, is not a substance which is likely to be diverted or misused.

An Australian review of the literature on potential overdose witness administered Naloxone was undertaken by Lenton and Hargraves in 2000.⁵ They concluded that making Naloxone available to potential overdose witnesses showed promise in

reducing the number of fatal overdoses as part of a comprehensive overdose response.

The Australian National Council on Drugs, in a series of position papers addressing heroin-related overdose, supported these claims and nominated a number of options to increase the availability of Naloxone⁶. One of these options was: “Distribute Naloxone widely, for use by injecting drug users and their peers, families and friends.” However, due to the rapid decline in the number of heroin-related deaths since 2000, such attempts were not pursued.

3. Purpose of Expanding Naloxone Availability in the ACT

The primary aim of expanding Naloxone availability in the ACT is to reduce 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 to potential overdose witnesses in the ACT;
- Reduction in opioid overdose through overdose prevention education.

Additional expected benefits include a reduction in costs to the ACT health system through a reduction in ambulance call outs and a reduction in hospitalisation as a result of opioid overdose.

4. Community Support for Expanding Naloxone Availability in the ACT

This initiative would be the first in Australia to distribute Naloxone to potential overdose witnesses with the intention of making it a fixture of the response to the harms caused by opioids. Ensuring the support of the ACT community for the program is important. There is support from General Practitioners and heroin users in the ACT to participate in a program to expand availability of Naloxone.

Making Naloxone available to potential overdose witnesses is consistent with an Australian culture of resuscitation and first aid. Increasing the availability of Naloxone in the community is analogous to the introduction of public access defibrillators through Project HeartStart Australia⁷ or supplying persons with an allergy an epi-pen for use in case of an allergic reaction. Individuals should be promoted to act in ways that save lives, even when such actions incur some risks. The risks, in the case of Naloxone, are minimal.

Therefore; a Committee of key stakeholders has been established to lead the process of establishing a program to expand Naloxone availability in the ACT.

5. Purpose of the Committee

The purpose of the Expanding Naloxone Availability in the ACT (ENAACT) Committee (the Committee) is to provide expert guidance and support to develop a program to expand Naloxone availability in the ACT.

6. Committee Term

The Committee will begin in November 2010 and be wrapped up based on the determination of Committee members.

7. Committee Activities

The Committee activities could include:

- Developing an expanding Naloxone availability in the ACT proposal to be submitted as part of the ACT Budget 2010/11 consultation;
- Developing a potential program model, design and implementation plan to expand Naloxone availability in the ACT as part of community opioid overdose prevention and intervention strategies; and identifying and implementing actions to progress this;
- Engaging with the ACT Government and additional stakeholders to identify resourcing;
- Identifying and engaging with stakeholders who could inform / be involved in the Committee and / or program;
- Activities will be conducted in accordance with a communication strategy that may include media activities.
- There is agreed means of communication, including the need for discussion of information at meetings prior to making information public. Committee discussions are confidential to the Committee unless other agreements are made.
- Coordinate communication with key stakeholders regarding the development of the program and Committee progress including:
 - ACT ATOD sector and inter-state ATOD services interested in the area;
 - ACT community members;
 - ACT Minister for Health;
 - Alcohol, Tobacco and Other Drug Strategy 2010 - 2014 Evaluation Group;
 - ACT Health;
 - Australian National Council on Drugs;
 - Alcohol and other Drug Council of Australia;
 - Australian Injecting and Illicit Drug Users' League (AIVL);
 - Anex; and,
 - Other identified stakeholders.
- Participate in other activities as determined by the Committee and through consultation with stakeholders.

8. Membership

Membership of the Committee is made up of individuals and organisations with expertise in the field, including:

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

9. Chair

The Alcohol Tobacco and Other Drug Association ACT (ATODA) will act as chair of the Committee.

10. Meeting Frequency and Venue

Meetings will be held at bimonthly on an as needs basis (to be determined by Committee members). Meetings will be held at 350 Antill St, Watson (ATODA office). Alternatively members can participate via teleconference. Dial in details for participants that require link in by teleconference will be distributed in advance.

11. Secretariat and Support

ATODA will provide secretariat and support, including the previous of meeting agenda's, minutes and other papers, to the Committee, the primary contact is:

Carrie Fowle
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Alcohol Tobacco and Other Drug Association ACT
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(02) 6255 4070
www.atoda.org.au

References

¹ Degenhardt L., Day C., Gilmour, S., Hall, W. (2006) The 'lessons' of the Australian 'heroin shortage'. *Substance Abuse Treatment and Prevention*; 1:11.

² Degenhardt, L., Rozbourgh, A. (2007). Accidental drug-induced deaths due to opioids in Australia, 2005. Sydney: National Drug and Alcohol Research Centre.

³ ACT Health (2010). ACT Alcohol, Tobacco and Other Drugs Strategy 2010-2014. ACT Department of Health: Canberra.

⁴ Associate Professor Robert Ali quote from Australian National Council on Drugs Media Release March 2009. <http://www.ancd.org.au/media-releases/australia-at-risk-of-increased-quantities-of-heroin-coming-inmarch-2009.html>

⁵ Lenton, S., Hargraves, K. (2000) Should we trial the provision of Naloxone to heroin users for peer administration to prevent fatal overdose. *Medical Journal of Australia*; 173:260-3.

⁶ Australian National Council on Drugs (2001). Naloxone availability: A Secondary Position Paper on Heroin Related Overdoses. ANCD Position Paper. Canberra. Available online at: http://www.ancd.org.au/images/PDF/Positionpapers/pp_heroin_overdoses3.pdf.

⁷ St John Ambulance Australia website for Project HeartStart Australia
http://www.stjohn.org.au/index.php?option=com_content&view=article&id=37&Itemid=51