

Expanding Naloxone Availability Q & A

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A program has been designed and will be implemented to expand the availability of naloxone (Narcan[®]) in the ACT. The Expanding Naloxone Availability in the ACT (ENAACT) Committee has been driving this work. This Question and Answer document was developed by Professor Simon Lenton, National Drug Research Institute, Curtin University (s.lenton@curtin.edu.au), as a member of, and for use by, the ENAACT Committee. It is hoped that this document will raise awareness and support stakeholder engagement in this important program.

1. Is naloxone the same as naltrexone?

NO. Naloxone is a medicine that temporarily reverses the effects of heroin and other opiate drugs. So if a person overdoses on heroin or prescription opiates, naloxone can help bring them around and potentially save their life. Naltrexone is used to treat dependence on alcohol, heroin and other drugs

2. Is naloxone a new drug?

NO. For over 40 years naloxone has been used in medicine to reverse the effects of heroin and other opiates. In this capacity it has been shown to be safe, reliable and effective. In Australia, as elsewhere, naloxone is widely used in hospital emergency departments and most ambulance services as a key response to opiate overdose. Naloxone is currently only available on prescription in Australia.

3. Does naloxone cause intoxication?

NO. Naloxone has a very specific action in reversing the effects of opiate intoxication. It does not produce any intoxication itself and has no effect on people who don't have opioids in their system.

4. Didn't the 'heroin drought' solve the overdose problem?

NO. Although the availability of heroin in Australia declined rapidly in 2001, best available statistics show that about one Australian a day still dies from overdose, most involving heroin.

5. Won't people use more heroin if they think they can be revived by naloxone if they overdose?

NO. There is no evidence that making naloxone available for administration by trained peers leads to major problems in the community or increased rates of harmful drug use. But internationally there are many thousands of documented cases of naloxone being used by lay people to save people's lives.

6. Won't people be less likely to seek treatment and stop using drugs if they know that naloxone is available to help stop them dying from overdose?

NO. Experience overseas shows that including naloxone as part of overdose response training can help to engage hard to reach drug users with service agencies. By sending a message 'we care that you live' overdose prevention training including naloxone distribution can help empower users to access treatment and other support.

7. Can naloxone be administered safely by lay people?

YES. There is now a growing body of published scientific evidence that drug users, their peers, family members and other potential overdose witnesses are able to effectively manage an overdose situation and to administer naloxone when given appropriate training.

8. Are there other countries that make naloxone available to lay people?

YES. Naloxone distribution and training programs operate in many countries including the U.K., the U.S., Canada, Germany, Georgia, Russia, Spain, Norway, Afghanistan, China, Kazakhstan, Tajikistan and Vietnam. Naloxone has been available across the counter in Italy since 1995. Governments in many of these places have enacted laws to support access to naloxone outside the medical setting and protect members of the public who administer it in an overdose emergency. The experience from overseas that naloxone is a very safe and effective intervention when used by trained peers. As of 2010 there were 155 programs operating in 16 U.S. states with 53,339 naloxone kits having been dispensed and 10,194 overdose reversals reported.

9. I've heard that there is not enough evidence to support making naloxone available to lay people to prevent deaths. Is this true?

NO. Although there has not been a randomized controlled trial of the impact of the intervention on opiate overdose deaths at a population level, observational studies show that there have been reductions in overdose deaths where naloxone programs have been implemented. Indeed, this is the same level of evidence used to support many public health interventions which are not amenable to evaluation through randomised controlled trials. Importantly, there is good evidence from the implementation of programs in many countries around the world that naloxone is a safe and effective intervention when used by trained lay people and has few, if any, adverse consequences.

10. But don't most people who overdose die immediately after they inject?

NO. Research shows that most deaths occur more than an hour after last injection, and that others (such as friends or family) are usually nearby, but in most cases there is no intervention before death. Experience overseas shows that having naloxone as part of overdose response training assists those present to respond to overdose and

helps engage otherwise hard to reach populations of drug injectors to contact service agencies.

11. Don't people usually get violent when they wake up after given naloxone?

NO. Experience shows that when given smaller doses of naloxone (0.4mg) by intramuscular injection people come around more gently and are far less likely to be aggressive than when given larger dose by intravenous injection which can precipitate rapid opiate withdrawal. Being revived by someone they know, rather than a stranger in a uniform, probably also helps minimise aggression.

12. Is naloxone a 'silver bullet' for reversing opioid overdose?

NO. Whilst naloxone has the capacity to significantly improve the management of an opioid overdose, the witnesses to an overdose will still need to assess the person, call an ambulance, remove any blockages to their airway, provide rescue breathing while awaiting the naloxone to take effect, place them in the recovery position, evaluate and provide support to the person after the naloxone takes effect.

13. Is the training required very complex?

NO. Internationally, training in overdose management and naloxone administration has been conducted in a variety of settings, durations and formats. Typical components include: Review of the causes and how to prevent overdose; assessment of an overdose, necessity of calling an ambulance; overdose management including airway maintenance and rescue breathing; naloxone and its administration; post naloxone monitoring and support; and communication with ambulance and police services. Evidence shows such training increases knowledge and skills resulting in safe and effective administration of the drug.

14. What form is naloxone available in?

In an emergency situation naloxone is typically administered by injection into a muscle. It can also be provided in a device so it can be sprayed into the nostrils, but as yet this form is not readily available in Australia.

15. Is naloxone an affordable drug?

YES. Naloxone is not an expensive medicine although the cost per dose depends on the forms used. The form most likely used in Australia would be two single dose vials which would cost between about \$12 and \$25 depending on how it is dispensed. Under programs currently being considered in Australia this cost would likely be met by the program and the medication would be free to program participants.

16. Is it lawful to administer someone else's medication to them?

YES. As long as the medication is being administered to the person to whom it is prescribed, no laws are broken. Many medications are administered this way, probably the most well known being use of an Adrenaline epipen® to treat someone with Anaphylaxis reaction due to allergies. Beyond this, many Australian states and

territories also have bystander laws which provide legal protection to people taking reasonable steps to save someone's life in an emergency.

17. Some people say drug users who overdose should be left to die because it's their own fault. Is that right?

NO. Administering naloxone as part of an emergency response to overdose can help save a life. People who inject drugs are someone's child, parent, partner, friend, or workmate. They are a wide and varied group, most don't fit the stereotype and many keep their drug use private. Most aren't involved in crime, many move away from problem drug use. Some drug users experienced significant trauma in their early lives. In a compassionate society we try and save the lives of people who have come to grief, even by their own actions, be they drug injectors, drink drivers, overeaters, players of contact sports, cigarette smokers or others. All human life is precious.

18. What will the ACT program involve?

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 in groups of 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 participate 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
- 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.

19. Where can I find more information and keep up to date with the program in the ACT?

A webpage has been developed to provide information about naloxone and the program in the ACT, including the ENAACT Committee; naloxone reports in the ACT media; articles, newsletters and bulletins; reference and evidence summaries. Visit: <http://www.atoda.org.au/policy/naloxone/>

Anyone can freely subscribe to the ACT Alcohol Tobacco and Other Drug Sector eBulletin to keep up to date with local developments – just email ebulletin@atoda.org.au

For further information please contact Carrie Fowlie, ENAACT Chair & Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA) on (02) 6255 4070 or carrie@atoda.org.au or www.atoda.org.au.