

[31 August 2015]

An Australian first: Overdose antidote saves Canberrans' lives

The Australian Capital Territory's trailblazing opioid overdose management program, which makes take-home naloxone available to potential opioid overdose victims, has been overwhelmingly endorsed by an independent evaluation report.

The report, to be released by ACT Health Minister Simon Corbell on International Overdose Awareness Day, Monday 31 August, shows that take-home naloxone saves lives. Naloxone is a Schedule 4 medicine that reverses the effect of heroin and other opioid drug overdoses.

The first of its kind in Australia, the ACT program has been operating since 2011. It involves comprehensive opioid overdose management training and the prescription and supply of naloxone to eligible participants who are not health professionals.

The evaluation report makes a number of significant findings, including that program-distributed naloxone not only gives participants the ability to save lives, but to take control in overdose situations.

The report found there were 57 overdose reversals using program-issued naloxone during the evaluation period, and recommends an expansion of take-home naloxone programs Australia-wide.

What: Launch of the Independent Evaluation of the 'Implementing Expanded Naloxone Availability in the ACT (I-ENAACT) Program' 2011-2014

When: 10am, Monday 31 August 2015
(Arrivals from 9:45am, followed by morning tea)

Where: Reception Room, Legislative Assembly of the ACT, 196 London Circuit, Canberra

Speakers include Mr Simon Corbell, ACT Minister for Health; program leader Mr Sione Crawford, Canberra Alliance for Harm Minimisation and Advocacy (CAHMA); Ms Carrie Fowle, Alcohol Tobacco and Other Drug Association ACT (ATODA); and evaluation report authors Professor Simon Lenton, National Drug Research Institute, Dr Anna Olsen, The Australian National University and Mr David McDonald, Social Research and Evaluation.

“New data reveals that more Canberrans die from opioids, like heroin and oxycodone, than on our roads. Tragically many families have been touched by a drug overdose that could have been prevented,” said Ms Carrie Fowlie, Executive Officer of Canberra’s drug peak, ATODA.

“Canberra has led Australia by implementing a program that trains potential overdose witnesses in basic life support and provides take-home naloxone. Naloxone is a medicine that has just one effect: it starts people breathing again after an overdose. It saves lives,” said evaluator Professor Paul Dietze from Burnet Institute.

“The independent evaluation of the Canberra take-home naloxone program, released today by Minister Corbell, shows that the program has been a great success. Over 200 potential overdose witnesses have been trained, and program-issued naloxone has been used 57 times to resuscitate people. This is the first Australian program, and it shows us that use of take-home naloxone by lay people is an effective intervention in overdose situations,” said evaluator Dr Anna Olsen, The Australian National University.

“The findings of the evaluation, demonstrating the life-saving benefits of take-home naloxone in Canberra, have led us to conclude that take-home naloxone programs should be funded as core business for the health sector,” said evaluator David McDonald.

“The program empowers people who use opioids, and their friends and family, to respond when their loved one has an overdose. It keeps people alive until the ambulance arrives,” said Mr Sione Crawford, Canberra Alliance for Harm Minimisation and Advocacy.

“As many thousands of Australians use prescribed or illicit opioids every day, take-home naloxone should routinely be made available for anyone who uses opioids, and for their families and friends. It needs to be on hand in case of an overdose,” said Dr Marianne Jauncey, Director of the Sydney Medically Supervised Injecting Centre.

“Expanding the availability of naloxone to potential overdose witnesses should be comprehensively rolled out in all states and territories as part of Australia’s response to preventing drug-related harms,” said evaluator Professor Simon Lenton, National Drug Research Institute.

“We commend the Canberra Alliance for Harm Minimisation for delivering the program, the ACT Government for supporting evidence-based drug policy, and leading Australian drug researchers for undertaking the independent evaluation,” said Ms Fowlie.

For comment please contact the following spokespeople:

Community and drug user organisation significance and perspectives:

- Mr Sione Crawford, Canberra Alliance for Harm Minimisation and Advocacy, on 0406 755 921

Take-home naloxone program evaluation:

- Dr Anna Olsen, The Australian National University, on 0405 135 965
- Mr David McDonald, Social Research and Evaluation, on 0416 231 890

ACT policy and context:

- Ms Carrie Fowlie, ATODA, 0406 585 020

International and Australian significance:

- Professor Paul Dietze, Burnet Institute, on 0408 530 027
- Professor Simon Lenton, National Drug Research Institute, on 0417 957 910

Medical:

- Dr Marianne Jauncey, Medical Director, Sydney Medically Supervised Injecting Centre, on 02 9360 1191

Media Backgrounder

Independent Evaluation of the 'Implementing Expanded Naloxone Availability in the ACT (I-ENAACT) Program' 2011 -2014

Introduction

Naloxone is a prescription (schedule 4) drug in the ACT, and elsewhere in Australia, that is routinely used by health personnel to reverse opioid overdoses. Naloxone has a very specific action in reversing the effects of opioid overdose. It does not produce any intoxication itself and has no effect on people who don't have opioids in their system.

Accumulating international evidence since 2000 shows that providing naloxone, with appropriate training, to people who inject drugs, family members and outreach workers can lead to successful heroin overdose reversals and that it is a remarkably safe intervention with few, if any, adverse effects.

Consistent with developments internationally, on the initiative of the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), ACT Health and ATODA the alcohol and other drug sector in the ACT collaboratively designed a public health program to expand naloxone availability in the ACT, with the aim of reducing opioid overdose morbidity and mortality.

The program commenced in April 2012 and involves comprehensive overdose management training and the supply of prescription take-home naloxone to eligible participants who are not health professionals. This is similar to models for community intervention in the case of anaphylactic shock where adrenaline is administered.

Evaluation

This independent, external evaluation of the program used a mixed methods strategy to assess the effectiveness and value of the program in the ACT context with a view to providing new evidence on the feasibility of take-home naloxone in the Australian context, recommendations around the continuation of the ACT program and examination of potential expanded naloxone availability in other settings.

Based on our evaluation we find that naloxone can be safely distributed to, and successfully used by, people other than health professionals to reverse opioid overdose in the ACT community. Thus, we recommend continuation of the ACT program, and make a number of suggestions on delivery format, scope, partnerships and funding that may improve the reach and sustainability of the program. More broadly, our evaluation also uncovered a number of local and national systems issues and legislative barriers requiring attention in the consideration of expanding naloxone distribution in other jurisdictions and settings.

All suggestions present opportunities for the ACT to take a leading role in the development and practices of expanded naloxone availability and overdose prevention in the Territory and at a national level.

Key findings

1. Can naloxone be used appropriately by people in a non-medical setting within the ACT context?

Yes.

- Over 200 participants were trained in overdose prevention and naloxone administration over the period April 2012 – December 2014, and the majority of these received a prescription for naloxone.
- 18 inmates at the Alexander Maconochie Centre (Canberra's prison which hold both sentenced prisoners and those on remand) were trained in overdose prevention and naloxone administration and some of these received prescription naloxone after release.
- Participants' opioid overdose identification and response knowledge, particularly their knowledge about naloxone, was higher after the completion of training than before training. New knowledge about signs of overdose was sustained over time. Although knowledge about appropriate actions to take at an overdose declined in the months after training, this did not appear to impact on successful use of naloxone.
- Practitioners involved in delivering the program, other stakeholders who interacted with program participants, as well as the program participants themselves, were all supportive of the program and its continuation.

2. Did the program result in successful overdose reversals?

Yes.

- 57 overdose reversals using program issued naloxone were documented during the evaluation period. All reversals were successful and no serious adverse events were reported.

3. Did the program have any unintended consequences, either positive or negative?

Yes.

- Program participants reported positive emotional impacts of being involved in a community-based opioid overdose reversal. Many also described educating their peers and family members about naloxone.
- The program-distributed naloxone not only gave participants the ability to save lives, but to take control in overdose situations.

4. Should the program continue and, if so, what changes in the program and its contexts are desirable?

Based on the success of the program during the evaluation period, we conclude that it is important that it continue. The evaluation identified a range of issues that need to be considered including: minor modifications to the training workshop; expansion of the program beyond the city centre; streamlining of procurement and distribution and naloxone; consideration of legal protections for participants; monitoring of national changes to scheduling and availability; and secure program funding. Please see the full report for more details.

5. Does the program have a sound program theory and program logic?

Yes, and these are documented in the full evaluation report.

6. To what extent was the program implemented as intended?

The program was carefully designed from the outset and implemented as intended. A number of changes were made to the program during its first two years, largely responding to changes in the external environment. The most significant change was that the packaging of naloxone changed from glass vials to Minijets®.

7. What were the costs of the program in terms of financial outlays and staff time?

Total expenditure over the first two years of the program was \$75,888. The largest components were staff time for developing the program (including the training workshops) and staff time for delivering the training workshops.

8. National implications

Finally, there is considerable momentum around take-home naloxone in Australia presenting possibilities for a national approach to naloxone training and provision. There is clear national and international evidence for the wider distribution of naloxone to laypersons in order to reduce harm and death from overdose and support for take-home naloxone programs is growing in Australia. Our report indicates that take-home naloxone programs are feasible and successful in the Australian context providing the foundation for expanded approaches to naloxone provision across the nation.