

Key Interim Findings - Independent evaluation of the 'Implementing Expanding Naloxone Availability in the ACT (I-ENAACT)' Program, 2011-2013

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Introduction

Naloxone is a prescription (schedule 4) drug in the ACT 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) and ACT Health Directorate, 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 will initially run for two years.

The program involves comprehensive overdose management training and the supply on prescription of 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

An independent, external evaluation of the program is underway to assess implementation fidelity and participants' experiences of the program. The evaluation will contribute new knowledge about the implementation of expanded naloxone availability in the ACT context.

The evaluation aims to answer three key questions:

1. Can naloxone be used appropriately by people in a non-medical setting within the ACT context?
2. Does the program result in successful overdose reversals?
3. Does the program have any unintended consequences, either positive or negative?

Key interim findings:

- Data from a total of 140 program participants was available for analysis in the interim report.
- Participants' overdose identification and response knowledge, particularly their knowledge about naloxone, was higher after the completion of training than before training.
- All reported overdose reversals (n=23) using program-issued naloxone were successful.
- Participants displayed a good knowledge of overdose identification and response and were able to administer naloxone in a non-medical setting.
- The glass vials in which naloxone was initially distributed posed some minor risks in terms of breakages and cuts; however these difficulties will be alleviated as naloxone is now distributed in pre-loaded syringes.

- Approximately 50% of overdose responders interviewed called an ambulance. The importance of ambulance call-outs in overdose situations needs to be further elaborated on in program training.
- An additional positive outcome includes the participants' experience of empowerment.

Data collected to date indicate that the ACT take-home naloxone program has achieved key objectives in relation to the recruitment and training of participants in overdose response. In relation to the first two evaluation questions listed above, there was evidence that participants can be trained to administer take-home naloxone in appropriate circumstances. Importantly, participants' overdose identification and response knowledge, particularly their knowledge about naloxone, was higher after the completion of training than before training. The evidence also shows that the program resulted in successful opioid overdose reversals. An unintended consequence of the program was that participants reported a sense of empowerment and positive emotional impacts associated with program participation. These are all key indicators of program success.

However, there is also opportunity for modification to further enhance program effectiveness. The finding that an ambulance was only called in half the overdose events, although consistent with overseas experience, has been acknowledged and even more work is being done in the naloxone training to encourage overdose witnesses to call an ambulance, even when the overdosed person has been revived.

The interim evaluation shows the effects of the ACT take-home naloxone program to be overwhelmingly positive. The final evaluation of the program will examine outcome data in more detail and consider key issues related to the remaining evaluation questions specified above. A report on the final evaluation will be available at the end of 2014.