

Overdose prevention and intervention: ACT leads the way

Contribution from the Alcohol Tobacco and Other Drug Association ACT regarding the work of the Expanding Naloxone Availability in the ACT (ENAACT) Committee

Opioid overdose is a continued and substantial contributor to death, disability, and injury among individuals who use opioids in the ACT and can particularly affect people recently released from prison.

The ACT is currently leading the way in developing a program to expand the availability of Naloxone (Narcan ©) to reduce and prevent opioid-related harms through the provision of a comprehensive overdose prevention program to potential overdose witnesses. This initiative has been driven by the consumer group, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), and is being developed by the multidisciplinary Expanding Availability of Naloxone in the ACT Committee (ENAACT).

What is Naloxone?

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 has no psychoactive effect, is not a drug of dependence, and therefore, is not a substance which is likely to be diverted or misused.

Expanding Naloxone availability 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.¹

What are the potential benefits to the community of expanding Naloxone availability in the ACT?

The program would build on the international evidence demonstrating Naloxone distribution programs' safety and effectiveness. A 2010 survey identified 155 programs operating in 16 U.S. states with 53 339 Naloxone kits having been dispensed and 10 194 overdose reversals reported.² None of the major concerns (e.g. unsafe administration of Naloxone,

problems with re-intoxication where longer acting opioids have been used, or more risky drug use if heroin were to be seen as less dangerous) eventuated.³ Further evidence indicates making Naloxone available to appropriately trained potential overdose witnesses such as injecting drug users, their peers and family members can be a safe and effective intervention to prevent opioid overdose fatalities.^{4,5,6}

The increased availability of Naloxone has potential benefits, in particular, for people recently released from prison.

What are the potential benefits for people exiting prison?

People with a history of heroin dependence are at an elevated risk of overdose in the four weeks immediately following release from prison. This is because of a reduced tolerance to opioids following periods of abstinence or opioid maintenance therapies. Consequently, recently released prisoners are priority groups for interventions which reduce the risk of fatal and non-fatal opioid overdose. Making Naloxone available to injecting drug users is one manner in which the risks of overdose after release from prison can be addressed.

Incorporating a comprehensive overdose prevention strategy for at-risk prisoners in the period prior to release, combined with

increased access to Naloxone among non-incarcerated injecting drug users, is likely to have an impact on the number of fatal opioid overdoses in this population.⁷

Target populations

Priority target groups identified under the program include people exiting prison; families, friends and carers; and Aboriginal and Torres Strait Islander opioid users and other opioid users.

Community support and further information

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 Australia⁸ 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.

There is growing support from the Minister for Health, ACT Health and the ACT Government. The Australian National Council on Drugs (ANCD), the primary advisory council to the Australian Government, appointed by the Prime Minister, has also called for increased availability of Naloxone.

The development of the program is currently being led by ENAACT whose membership includes CAHMA, Pharmacy Guild ACT,

ACT Division of General Practice, specific general practitioners, ACT Ambulance Service, ATODA, National Drug Research Institute, Burnet Institute, drug users, peers, families and carers, service providers and ACT Health.

For further information please contact: Carrie Fowlie, Executive Officer, ATODA on info@atoda.org.au or 02 6255 4070 or www.atoda.org.au ATODA is the peak body for the alcohol, tobacco and other drug sector in the ACT.

1 Visit www.atoda.org.au for the research evidence regarding Naloxone, including ATODA's 2011/12 ACT Budget Submission proposal.

Please see the ACTCOSS website for the rest of this article's footnotes: www.actcoss.org.au/publications/newsletter.html

ACTMHCN and the Seclusion and Restraint Review

The ACT Mental Health Consumer Network (the Network) is the peak body for mental health consumers in the ACT. Run by consumers for consumers, our aim is to advocate for services and support for mental health consumers to assist them to live fuller, healthier and more valued lives in the community. We do this through advocacy, representation, lobbying and active involvement in new developments in the mental health sector, as well as in the wider health and community sectors.

One very important example of the success and potential of the Network's Consumer Representatives program has been the involvement and leading roles of its representatives in sustained, collaborative efforts to reduce the use of seclusion and restraint in Mental Health ACT facilities since 2006. In particular, their work over the past 18 months at the weekly Seclusion and Restraint Review Meeting of the Psychiatric Services Unit of the Canberra Hospital, has resulted in cultural and systemic change and practices that are reflected in the dramatic reductions in the numbers of people being secluded in that unit from hundreds per year to just a handful currently. The work of this Review Meeting has also provided the subject matter

for the first consumer led research project in the ACT led by one of our members and former representative, Bradley Foxlewin, who also co-presented this work at the 2010 TheMHS Conference in Sydney. Since gaining that National attention, Mental Health teams from interstate have come to Canberra to dialogue with our team to learn how it is being done.

This new model of collaboration and co-leadership in systemic reform and cultural change is driven and co-lead by consumer representatives taking on new, skilled and diversified specialist roles. This model also succeeds by services valuing and embracing the need for the consumer voice and needs to be the driver at all levels of the clinical or service context, and builds in mechanisms that embrace the reflection, deeper dialogue and analysis and of skilled consumer representatives. Valuing and engaging the expertise of lived experience in this way has far reaching implications as a model that can be applied in many other mental health service contexts, whether clinical or psycho-social in the community.

For more information about the Network please visit www.actmhc.org.au