



AUSTRALIAN NATIONAL COUNCIL ON DRUGS

Naloxone Availability

A Secondary Position Paper on Heroin Related Overdoses

In September 2000 the Australian National Council on Drugs released a primary position paper on Heroin Related Overdoses. The position paper outlined a number of established and innovative strategies that could significantly reduce the number of heroin related overdoses if adopted.

As a result of discussion on the strategies articulated in the primary position paper, the Council has now prepared a series of secondary position papers that provide more detail and implementation advice to governments on specific strategies in the primary position paper.

Opiate antagonists, such as naloxone (Narcan), can quickly reverse the effects of overdose and are regularly used by paramedic staff when attending heroin related overdose incidents. However, the time that can lapse between the identification and reporting of an overdose, and the treatment actually being administered by paramedic staff can significantly increase the risk of fatality or permanent injury for the victim.

Accordingly, the Council has considered a number of options that could be implemented to increase the opportunity for the timely administration of an opiate antagonist to a victim of heroin related overdose. The issues discussed and the results of these deliberations are presented below.

Options Available:

1. Ensure naloxone is available in all ambulances, and that all paramedics and medical practitioners are trained in its use.
2. Make naloxone available for use by frontline workers such as needle and syringe program workers, outreach workers, drug and alcohol workers, police etc.
3. Reschedule naloxone to allow its purchase over the counter at pharmacies.
4. Distribute naloxone widely, for use by injecting drug users and their peers, families and friends.

‘Any persons participating in a program of naloxone administration should be provided with the necessary training, and when required, an update of skills, prior to being expected to participate.’

Issues for Consideration:

- There may be a reluctance of some frontline staff, police and other persons to administer naloxone to overdose victims. In particular, there will need to be an exemption of liability given to any person administering naloxone with intention of saving someone’s life. In addition, participation in a program of administration of naloxone should be on a voluntary basis, except in the case of qualified and appropriately trained medical staff.
- Any persons participating in a program of naloxone administration should be provided with the necessary training, and when required, an update of skills, prior to being expected to participate.
- There is a concern that an increased availability of naloxone may result in less concern amongst IDU in regard to overdose and thus result in an increase in risk behaviour, such as using more than usual. This is a particular concern for programs that result in the widespread availability of naloxone.
- A greater access to naloxone may also increase the risk of recurrent intoxication and overdose, that is, persons using quickly after administration of naloxone, which has a reasonably short half-life and overdosing as effects of naloxone diminish and heroin increase
- The shelf-life of naloxone is compromised by inappropriate storage and handling. Whilst naloxone has a reasonably long shelf life in proper storage conditions (18 months+) there is concern about the widespread distribution of the product and its effectiveness without proper storage and handling.

- A number of strategies are required if the number of overdoses and fatalities are to be reduced. The widespread availability of naloxone may actually undermine other overdose strategies by heroin users becoming over-reliant on the ability of others to administer naloxone in the event of an overdose. This could be further exacerbated if the other person is also intoxicated or naloxone is seen as a substitute for calling for proper medical assistance, thereby possibly resulting in an even greater delay for the overdose victim.

- There will be a cost factor in providing naloxone and in particular the appropriate training for those involved in the program. The cost will vary with the availability option selected.

Whilst some issues are specific to a particular option outlined previously some of the issues presented are applicable to more than one of the available options.

‘...the Council recommends that naloxone be made available in all ambulances and that all paramedics are trained in its use.’

Conclusions:

After consideration of the available options and issues, the Council recommends:

1. That naloxone be made available in all ambulances and that all paramedics are trained in its use.
2. That a trial be conducted, making naloxone available for use by frontline workers such as needle and syringe program workers, outreach workers, drug and alcohol workers and possibly police, with appropriate training for all those to be involved.
3. That further investigation to assess the efficacy, issues (legal, training etc) and consequences associated with making naloxone more available (eg to families of drug users in treatment and peers), be conducted.



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‘All governments should aim to introduce a range of evidence based programs and services by 2002 if a decrease in overdoses is to occur in the next five years.’

The **Australian National Council on Drugs** is the peak advisory body to government on drug policy and service issues, that was established by the Prime Minister in March 1998. The Council is an independent body with a diverse membership that includes leading experts and representatives from the non-government sector, treatment agencies, research institutes, law enforcement, family based services, government agencies, indigenous organisations, schools and prevention and education centres.

The breadth of experience and diversity of views within the Council itself often reflects the range of views held within the community and in effect places the Council in the highly regarded position of being able to provide advice that represents the views of the alcohol and other drug field as well as the general community.

The Council is particularly focused on ensuring the non-government sector is represented at the highest levels of policy decision making, encouraging partnerships and co-operation across a range of sectors working with alcohol and other drug issues and promoting evidence based treatment options for those affected by alcohol and other drug use.

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Contact Details:

ANCD Secretariat
PO Box 1552
Canberra ACT 2601

Tel: 02 6279 1650

Fax: 02 6279 1610

www.ancd.org.au