

An update on take-home naloxone knowledge amongst people who inject drugs

New analyses show that the uptake of take-home is increasing in Victoria.

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Based on a full publication: Dietze PM, Stare M, Cogger S, Nambiar D, Olsen A, Burns L, et al. Knowledge of naloxone and take-home naloxone programs among a sample of people who inject drugs in Australia: Variations across capital cities. *Drug Alcohol Rev* 2018;37(4):457-63

THE ISSUE

Naloxone is an opioid antagonist that is a safe and effective agent for reversing the effects of opioids such as heroin and morphine. It has been widely used in emergency medicine for responding to opioid overdose for over 40 years.¹ Since 2012 it has been made available to non-medically trained people through take home naloxone (THN) programs where people are trained in opioid response including the use of naloxone.² However, uptake among key target groups such as people who inject drugs (PWID) has been piecemeal across the country.³

WHAT OUR PREVIOUS WORK FOUND

Professor Dietze and colleagues working in the National Drug and Alcohol Research Centre’s Drug Trends team analysed data from a survey of PWID conducted annually in Australian capital cities as part of the Illicit Drug Reporting System (IDRS).

The results showed that:

- Most participants had heard of naloxone and THN programs in particular but that this knowledge varied across states and territories.
- There were large increases in knowledge of THN in Victoria between 2013 and 2015 as fledgling programs (Harm Reduction Victoria’s DOPE and Pennington Institute’s COPE) were developed and implemented.
- Almost all participants who had heard of take-home naloxone were keen to undertake a program and would carry naloxone.
- Significant gaps remained in terms of penetration and coverage of take-home naloxone.

The 2018 update for Victoria

- There has recently been a significant investment and expansion of THN programs operating in Victoria. In addition to the ongoing work of the DOPE and COPE programs there has been new funding allocated to subsidise the operations of THN programs in selected services. In light of this we have conducted a preliminary examination of any changes apparent in the findings from subsequent iterations of the IDRS in Melbourne, detailed in the following Table.

	2013 (n=150) %	2014 (n=147) %	2015 (n=133) %	2016 (n=164) %	2017 (n=124) %	2018 (n=148) %
Heard of naloxone	91	94	98	96	93	93
Heard about THN programs	17	52	71	65	70	79
Done course*	0	40	44	45	62	53

*of those who reported having heard of THN programs

- Almost all of the PWID sampled through the IDRS had heard of naloxone and an increasing percentage reported that they had heard of THN programs being available and this figure peaked at 79% in 2018.
- The percentage of those who had heard of THN programs being available who had been trained and had naloxone increased through to 2017 but then decreased slightly into 2018.

CONCLUSION

- Knowledge of THN programs amongst PWID sampled in Victoria continues to increase. However, work needs to continue to encourage PWID to participate in THN programs available to them.

POLICY IMPLICATIONS

- Continued work is needed to expand and enhance efforts at distributing THN among PWID in Melbourne.
- Further work is needed to help determine whether specific groups of PWID or areas should be targeted for THN.

Funding:

Drug Trends is funded by the Australian Government under the Drug and Alcohol Program.

References:

1. Boyer EW. Management of opioid analgesic overdose. *N Engl J Med* 2012;367:146-55.
2. Lenton S, Dietze P, Olsen A, Wiggins N, McDonald D, Fowle C. Working together: Expanding the availability of naloxone for peer administration to prevent opioid overdose deaths in the Australian Capital Territory and beyond. *Drug Alcohol Rev* 2015;34:404-11.
3. Dietze PM, Stare M, Cogger S, et al. Knowledge of naloxone and take-home naloxone programs among a sample of people who inject drugs in Australia: Variations across capital cities. *Drug Alcohol Rev* 2018;37:457-63

