A National Take-Home Naloxone Program for Australia

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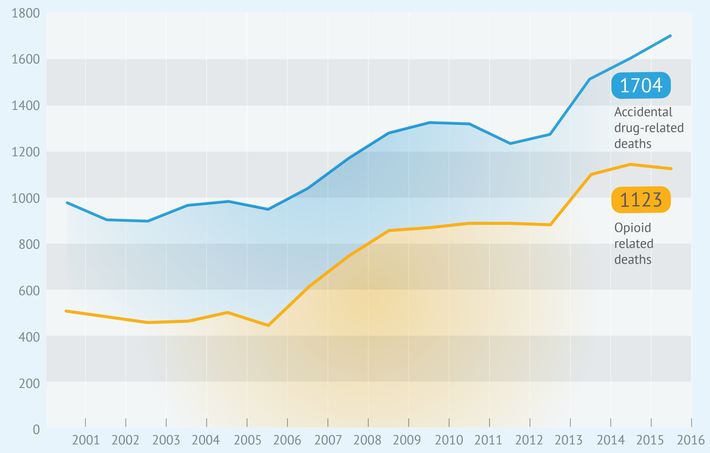
Summary

Accidental drug-related deaths in Australia are growing. Each year, more Australians die of an overdose than are killed on our roads. Most accidental drug deaths involve opioids – such as heroin, morphine, oxycodone and fentanyl. Both legal and illegal opioids carry the risk of fatal overdose and in Australia, more fatal overdoses involve legal opioids like oxycodone than heroin. However, recent data shows an increase in number of deaths from heroin.

Naloxone is a medicine used to treat opioid overdose, and while it is available for purchase in Australia, it is not easily accessible. This means that people who are at-risk or know someone at-risk of overdose are either unaware of naloxone or find it difficult to access. Consequently, not enough naloxone is 'out there' to effect rising rates of fatal overdose.

Take-Home Naloxone (THN) programs operate in several international settings, providing free naloxone to people who are likely to experience or witness an overdose. There are programs that distribute naloxone in Australia, but their coverage is limited, and naloxone is not always provided free of charge. Here, Penington Institute presents a model for an Australia-wide THN program that would ensure naloxone is affordable, accessible and available to people who need it anywhere in Australia.

Accidental drug-related deaths (overdoses) and overdoses relating to opioids
in Australia 2001-2016



Current state of naloxone access in Australia

People can access naloxone through the following mechanisms:

Prescribed by a doctor and collected from a pharmacy

Over-the-counter from a pharmacy

Background

Overdose in Australia

Overdose is a growing challenge to public health in Australia and opioids are driving this growth. The number of accidental deaths (fatal overdoses) involving opioids has increased significantly in the last 15 years. In the year 2000, illegal opioids like heroin were the primary cause of fatal overdose. This has changed, and now pharmaceutical opioids are implicated in the majority of opioid-related overdoses. The number of prescriptions for opioids being issued nationally has increased (from 10 million prescriptions per year in 2009 to 14 million now). In addition, the availability of fentanyl – a particularly potent synthetic opioid – increased when it was approved for treatment of non-cancer pain in 2006. Heroin is implicated in a significant, and growing minority of fatal overdose.

Take home naloxone

Naloxone, a medicine that temporarily reverses the effects of opioids, has been used by paramedics and in emergency settings for decades. Naloxone is safe, cannot be misused and reverses the depression of the respiratory system that opioids cause. The earlier naloxone is administered, the better.

Studies have proven that naloxone can be administered by laypeople who witness an opioid overdose. The benefits of this is that naloxone can be administered immediately, without having to wait for emergency responders to arrive. The sooner a person's breathing is restored, the better their chances of survival and avoiding complications arising from insufficient oxygen reaching the brain.

Take-Home Naloxone (THN) programs get kits containing naloxone into the hands of people likely to experience or witness an overdose. While naloxone is available through various channels in Australia, not enough people are accessing it and the rate of fatal overdose continues to rise. A national program that provides naloxone free of charge to those who need it is a critical step in addressing the growth in preventable opioid-related deaths in Australia.

Currently, naloxone is available in single dose ampoules and a pre-loaded five-dose syringe. An intra-nasal formulation (administered through the nose) has recently been approved by the TGA.

Target populations

The populations targeted for THN are not clear-cut or discreet. Many people take opioids for many different reasons, and overdose does not discriminate.

The target populations for THN are:

- people who use or inject drugs (PWUID);
- people who are taking medications containing opioids (especially those prescribed strong doses or taking them long-term);
- the friends and family of people taking opioids; and
- soon-to-be-released prison inmates with a history of substance use.

Current access barriers

Cost

Over-the-counter naloxone can cost up to $80. With a prescription it costs between $6.40 and $39.50.

Lack of pharmacies stocking naloxone

Many pharmacies do not stock naloxone.

Convoluted access

To get naloxone via prescription requires a person to see a doctor willing to prescribe naloxone, travel to a chemist that stocks naloxone and then fill their script. Each stage carries additional costs.

Lack of awareness

Low levels of awareness mean that many people who would benefit from having naloxone do not know about it.

Lack of General Practitioners (GPs) prescribing

Many GPs see drug treatment as a specialist issue or are unwilling to prescribe naloxone for fear that it will encourage further opioid use.

Stigma

People wanting to access naloxone may receive negative responses from healthcare professionals due to the stigma around drug use and overdose. Some have their requests for a naloxone prescription refused.

The research

For this model we looked at the current state of THN in Australia, examined and compared six large-scale THN programs operating internationally, and proposed a model for a national THN program for Australia.

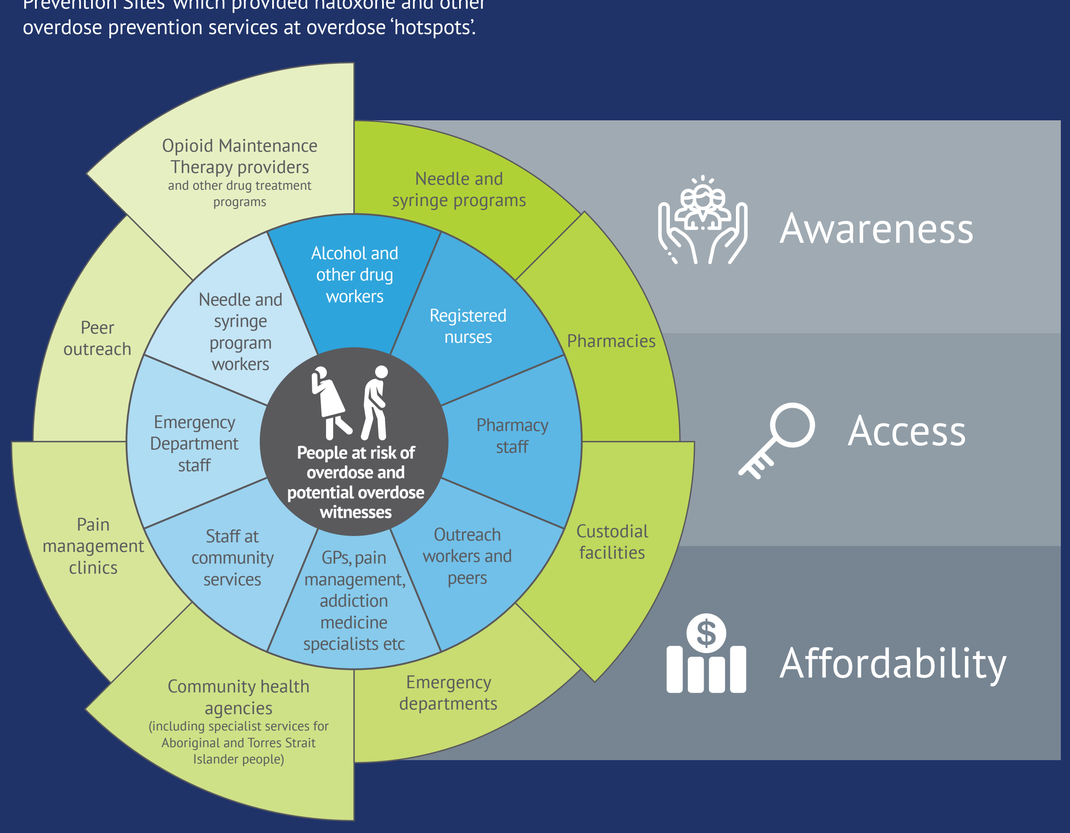
Each international setting had unique profiles of drug use and overdose that they were responding to, meaning each program had to be responsive to the local context. For example, 'Patient Group Directives were used in Scotland to circumvent dispensing restrictions; and the Ontario government approved the use of temporary 'Overdose Prevention Sites' which provided naloxone and other overdose prevention services at overdose 'hotspots'.

This resulted in a high degree of program diversity relating to operational method, type of naloxone product available, distribution points, conditions of access and funding.

Programs examined: Scotland; Wales; Ontario, Canada; British Columbia, Canada; Norway; and Massachusetts, USA.

Fifteen international experts consulted.

Three focus groups: frontline AOD workers; AOD service managers; clients of a needle and syringe program.



The proposed model

Penington Institute proposes a nationally funded and coordinated program that provides naloxone free of charge to people who need it. This includes people who inject drugs; people prescribed strong opioids; people misusing pharmaceutical opioids; soon-to-be-released inmates of custodial facilities; and friends and family of anyone using opioids.

HOWEVER, availability isn't everything. If people don't know about naloxone, they're not going to access it. So, the program includes an awareness campaign to raise awareness of naloxone generally, as well as within specific at-risk cohorts.

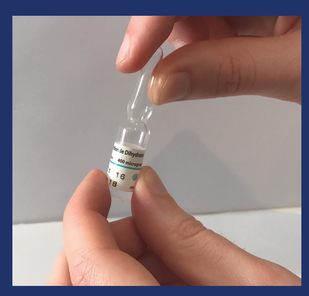
THN kits need to be available from the following outlets:

- Needle and Syringe programs (primary and secondary);
- Homeless and mental health services;
- Pharmacotherapy (MATOD) providers;
- Drug treatment programs;
- Peer outreach programs;
- Pharmacies;
- Emergency departments;
- Pain management clinics;
- Supervised injecting facilities;
- Community health agencies;
- Custodial facilities.

Staff at these facilities (nurses, alcohol and drug workers, pharmacy staff, etc.) will be authorized by executive protocols to provide naloxone directly to clients.

Distribution points should provide both injectable and intra-nasal, along with administration paraphernalia (such as syringes, alcohol wipes etc.).

Education and training should be available from all distribution points.



Funding for this research was provided by Mundipharma Pty Ltd. The research and all findings and recommendations are independent and are the work of and remain the intellectual property of Penington Institute.