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

Background

In Australia, THN is typically provided at opioid clinics, needle and syringe programs, outreach programs, pain management clinics, community health centers, pharmacies and prisons. The programs are run by clients and staff from these settings. However, the availability of naloxone is not equal in all areas and this leads to a lack of access and issues with stigma.

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 (PWUD);
• 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.

Target groups

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;
• Community health agencies;
• Custodial facilities.

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.

Over-the-counter from a pharmacy

Prescribed by a doctor and collected from a pharmacy

Current state of naloxone access in Australia

People can access naloxone through the following mechanisms:

• Cost

Over-the-counter naloxone can cost up to $80. With a prescription it costs between $6.40 and $19.50.

• Lack of pharmacies stocking naloxone

Many pharmacies do not stock naloxone.

• Convoluted process

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.

Access

People who inject drugs

Friends and family of people who use drugs

People taking opioid medications

Soon-to-be-released prison inmates

Naloxone Program for Australia

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