

Sustaining naloxone distribution: A rapid review from a primary healthcare setting in Kings Cross, Sydney

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Introduction and Aims: The Kirketon Road Centre (KRC) is a publicly funded primary health care facility. With the advent of the increased scope of practice through the Overdose Response Take-Home Naloxone (ORTHN) project in NSW, THN became part of the role of a range of staff working in Alcohol and Other Drugs (AOD) services. We examined our THN service provision over an annual period and reviewed the impact of this broadening role on staff working in the service.

Method: A rapid review of the THN program between April 2020 and March 2021 was completed using routinely collected data. Staff were surveyed about the program. Descriptive analyses were conducted.

Results: A total of 592 units were supplied. Half (46%) of THN trainings were initial consultations. Outreach was the most common location for training (56%) with nurses (48%) and health education officers (41%) providing the majority of training. Of clients trained, the mean age was 42 years (range 19-69) and 58% were male. Thirty-seven staff completed the survey. Most (97%) staff agreed that THN was important to their day-to-day practice and their engagement with clients had benefited from the program (92%). The majority (92%) reported that supplying THN had not negatively impacted on workload and had improved job satisfaction.

Discussions and Conclusions: There is high lifetime prevalence of opioid overdose among people who inject drugs. Ensuring a wide distribution of THN in different settings by a broad range of AOD workers and peers can effectively address the mortality and morbidity that results from opioid overdose, and improves job satisfaction for AOD workers.

Implications for Practice or Policy: The THN program at KRC is highly successful and can be effectively integrated into a primary healthcare/AOD setting.

Implications for Translational Research: Qualitative research of clients' experience of the THN program and how to further increase access.

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