

Title: Findings of the implementation of ORTHN (Overdose Response with Take Home Naloxone) in NSW

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Introduction and Aims: There has been limited uptake in NSW of take home naloxone (THN) targeting opioid users. This project looked to (a) establish a 'one stop' model of service delivery (ORTHN) to disseminate THN in D&A treatment and NSP settings in 6 NSW Local Health Districts, (b) to train health workers in delivering ORTHN, and (c) to deliver 600 ORTHN interventions across participating sites, and (d) evaluate client outcomes in a subset of these.

Design and Methods: A translational research design involved consultation with key stakeholders, development and evaluation of training programs and clinical protocols (focus groups, staff surveys, pre-post training staff knowledge and attitude questionnaires), delivery of ORTHN interventions across 7 participating organisations (over 20 sites), and follow up of a subset (n=150) 3 months after ORTHN intervention, examining client knowledge and attitudes, service utilisation, overdose and health economic outcomes.

Key Findings: The ORTHN clinical protocol enabled workers in D&A and NSP settings to deliver and supply THN without pharmacist or doctor involvement, with the development of a credentialing framework (described). More than 200 workers were trained and over 520 ORTHN interventions were delivered over a 6 month period, indicating the feasibility of the model. Staff and client outcomes and perspectives, including economic modelling are presented.

Discussions and Conclusions: Brief interventions delivered by trained D&A and NSP workers are an effective approach to providing THN to at-risk opioid users attending these services.

Implications for Practice or Policy: The project demonstrated that ORTHN model of service delivery is feasible in a range of health settings and addresses barriers including the requirement of medical and pharmacy staff. This model is being expanded across services in NSW, and is informing developments in other states.

Disclosure of Interest Statement:

NL has received funding from Mundipharma for consultancy and advisory board participation regarding an intranasal naloxone formulation. NL has received funding from Braeburn and Camurus for research regarding CAMS2038 buprenorphine product. NL has received consultancy from Indivior regarding research methods. SN is a named investigator on untied education grants from Indivior and has received honoraria or had travel costs covered to deliver training on the identification and treatment of codeine dependence by Indivior. SN has participated in an advisory board for Mundipharma for an intranasal naloxone formulation. MEH has participated in an advisory board for Munipharma.