SYMPOSIUM: TAKE HOME NALOXONE – Recent achievements and new pathways towards universal access

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Aim: *To consider successful aspects of current take-home naloxone programs in Australia, looking forward to a nationally coherent program.*

PRESENTATION 1: Scaling up an innovative take home naloxone model to public and non-government services across NSW

Presenting Authors: Angela Matheson

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Introduction: Opioid overdose deaths have been increasing across Australia. NSW Health has responded by scaling up an innovative, recently piloted and evaluated take home naloxone model across public and non-government health services.

Approach: Since 2019, NSW Health has implemented a Take Home Naloxone Program through alcohol and other drugs services across NSW. Initially focusing on public health services, the Program is now also being implemented in non-government organisations.

Program implementation has required an authorising environment utilising regulatory and policy innovations; extensive investment in staff capacity; and support for organisational change. For participating non-government services, NSW Health also established a mechanism for supplying naloxone medicines to them. Ongoing communication with health workers, target populations and the broader community is being undertaken to build awareness of, and demand for, naloxone among people most likely to experience or witness an opioid overdose.

Results: As at June 2021, 94 public and justice health services across NSW now provide take home naloxone interventions to eligible people. 44 non-government organisations have been trained and legally enabled to supply naloxone to their clients.

Discussions and Conclusions: A diverse workforce of allied health, drug and alcohol and consumer workers is demonstrably well-placed and skilled to provide take home naloxone interventions to eligible clients to support them to prevent and respond to opioid overdoses. A range of regulatory, scope of practice and organisational change challenges were encountered. The solutions developed to address these in the NSW context will be explored, to help inform program development in other jurisdictions.

Disclosure of Interest Statement: *NSW is a participating site in the Australian Government PBS-subsidised naloxone pilot. Since March 2020, the pilot has subsidised most of the cost of naloxone supplied by public health and non-government services in NSW. NSW Health does not receive direct funding as a pilot participant.*

PRESENTATION 2: Take Home Naloxone Supply in Queensland

Presenting Authors: Tegan Nuckey

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Introduction issues: Many barriers in Queensland impede access to naloxone:

- No funding within Queensland Health to drive initiatives.
- No QLD funding for other services to supply.
- No pathway regarding approval for supply.
- Exclusion from the PBS-Subsidised Naloxone Pilot.
- Pharmacies do not have stock readily available.
- Cost of purchasing without a script.
- Resistance from GPs, Emergency Departments, and Opioid Treatment providers.
- Lack of education/awareness across sectors.

QuIHN's goal is to reduce harms associated with drug use; expanding naloxone access is an important part of this response.

Approach: To address gaps and reduce barriers to accessing naloxone in QLD we developed a THN program, adapted from WA's SASA naloxone project 2018-2020. This aims to increase naloxone availability for Gold Coast, Sunshine Coast, Townsville and Brisbane regions. QuIHN applied for Approval to obtain, possess, and use scheduled substances for non-therapeutic purposes. In March 2020 a section 18(1) Approval was received.

The program operates from QuIHN's Needle and Syringe Programs. Approval allows non-medical NSP workers/volunteers to train and supply free naloxone to people at risk of witnessing/experiencing opioid overdose.

Key Findings: From July 2020 to April 2021 QuIHN has supplied 585 naloxone doses. 41 people have returned for resupply, with no reports of adverse effects from naloxone administration.

Discussions and Conclusions: Australia needs a range of responses to address climbing rates of opioid overdose deaths.

Implications for Practice or Policy:These include ready access to naloxone, increased availability of OTP and increased attention to overdose risks in people receiving prescription

opioids. States are gradually introducing real-time prescription monitoring of targeted medications to promote supply reduction. QuIHN's THN initiative is a valuable addition to these responses, targeting harm reduction for those at high risk of overdose. Increasing coverage across all NSPs is a logical next step once regulatory and funding issues are addressed.

PRESENTATION 3: TAKE HOME NALOXONE PILOT IN TASMANIA

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Issues: Naloxone has always been available in Tasmania - either on prescription from a doctor, subsidised by the Pharmaceutical Benefits Scheme (PBS), or supplied from a community pharmacy through a PBS prescription, or over the counter from a pharmacist (unsubsidised). However, until recently, this availability was not widely known. The cost of naloxone, even under the PBS, is prohibitive for most people.

As part of its response to COVID-19, the Tasmanian Government funded a trial of free take-home naloxone through Needle and Syringe Program (NSP) outlets across Tasmania. The trial took place from 1 July 2020 – end February 2021, to coincide with the Commonwealth-funded national pilot (taking place in NSW, SA and WA), which has since been extended to 30 June 2022.

Approach: Amendments to the Tasmanian *Poisons Regulations 2018* enable naloxone to be supplied to a person deemed at risk of opioid overdose by a certified NSP worker at a permitted premises.
The Tasmanian Department of Health developed documentation and worked closely with NSP workers to establish the trial. Training was provided through the Penington Institute. Naloxone was provided in the form of the intranasal spray, Nxyoid.

Key Findings: 380 units of Nyxoid were ordered and distributed to NSPs across the course of the trial. 254 units of Nxyoid were supplied to clients. There were 13 reported overdose reversals.

Discussion and Conclusions: The Tasmanian Government has agreed to continue the free take-home naloxone program through NSPs.

Implications for Practice or Policy: Investigate the possibility of expanding the program in Tasmania, dependent upon the national approach.

PRESENTATION 4: First on scene, last on scene - supporting the in between

Presenting Authors: Grace Oh

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Introduction: Since 2013 Western Australia (WA) has been delivering a significant take-home naloxone (THN) program and has pioneered multiple approaches for expanding access resulting in 250 community access points for free naloxone. Endeavouring to wrap around the WA community of people who used opioids and their supports who were

embracing THN, it was imperative to target those first on scene and last on scene of opioid overdose, the Western Australia Police Force and St John WA.

Issue: WA has the highest drug related death rate in Australia for the third consecutive year.

Approach: The Mental Health Commission has been working collaboratively with the WA Police Force and St John WA to include naloxone nasal spray in frontline worker first aid kits and to carry and supply THN.

Results: On 1 July 2021 the WA Police Force Naloxone Pilot launched with approximately 200 WA Police Officers across four metropolitan business areas and one regional centre, who were trained to recognise and respond to opioid overdose and give naloxone to people at risk of overdose. The Pilot will be evaluated by the National Drug Research Institute. Within the first month of the Pilot a naloxone was deployed by a WA Police Officer to successfully reverse an opioid overdose. St John WA launched a THN program with ambulance officers trained to supply THN to patients should they refuse transport to hospital after they have been responded to by ambulance. On 29 August 2021 the Clinical Support Paramedic team commenced carrying THN, to be followed with a state-wide roll out across the entire fleet to commence on 1 October 2021, where all ambulances will carry THN, including volunteer staff.

Discussion and Conclusions: These THN programs are the first of their kind in the southern hemisphere. Findings from these innovative programs will inform the development of programs in other jurisdictions to help close the remaining gaps in take-home naloxone distribution and ensure more widespread access to this life-saving drug.

PRESENTATION 5: The impact of distributing naloxone to people who are prescribed opioids to prevent opioid-related deaths: findings from a modelling and cost-effectiveness study.

Presenting Authors: Suzanne Nielsen

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Introduction: Most research on naloxone supply has focused on people who inject heroin. In Australia, most opioid-related mortality involves prescription opioids, yet few studies have examined the potential impact of upscaling naloxone supply to people who are prescribed opioids.

Methods: We used a decision-tree model to estimate the possible deaths averted, costs (ambulance and naloxone distribution), and cost-per-life-saved for different scenarios of naloxone scale-up among people prescribed opioids in Australia. Four scenarios were compared to a baseline (no naloxone supply): naloxone scale-up between 2020-2030 to reach 30% or 90% coverage by 2030, among people prescribed either >=100mg or >=50mg of Oral Morphine Equivalents (OME).

Results: Without naloxone, there would be an estimated 7,478 [Uncertainty Interval (UI) 6,868–8,275] prescription opioid overdose deaths between 2020-2030, resulting in AUD51.9 million [49.4–56.0] in ambulance costs. If naloxone was scaled up to 90% of people prescribed >=50mg OME, an estimated 657 [UI 245–1,489] deaths could be averted between 2020-2030 (a 20% reduction in 2030 compared to the no naloxone scenario), with a cost of AUD43,600 (20,800–110,500) per life saved. If naloxone was restricted to those

prescribed >=100mg OME, an estimated 130 (UI 44–289) deaths would be averted if scaled up to 30%, or 390 (UI 131–866) deaths averted if scaled up to 90%, with the cost-per-life-saved for both scenarios AUD38,200 (UI 12,400–97,400).

Discussions and Conclusions: Scaling up take-home naloxone to reach 90% of people prescribed daily doses of 50mg OME is a cost-effective intervention that would save lives.

Implications for Practice or Policy: Although our study suggests that take-home naloxone represents a cost-effective approach to opioid overdose among people who use prescription opioids, scaling up take-home naloxone to reach this population has proven difficult. If key implementation barriers were to be addressed, scaling up naloxone could prevent considerable mortality.

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Discussion Section: Professor Dietze will draw on experience of working with the National Naloxone Reference Group to synthesise the findings and highlight the major gaps in take home naloxone delivery across Australia. The focus for audience members will be on what can be done now to expand and extend programs and how initiatives such as the Commonwealth PBS pilot will be able to be leveraged to increase take-home naloxone coverage in Australia.

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Disclosure of Interest Statement: *PD has received investigator-driven funding from Gilead Sciences for work related to hepatitis C treatment and an untied educational grant related to the introduction of a Buprenorphine-Naloxone formulation. PD has served as an unpaid member of an advisory board for an intranasal naloxone product.*