Under the Bridge: Impact of Non-medical Provision of Take Home Naloxone to Clients at High Risk of Overdose in Community Settings

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Introduction and Aims:

- Kirketon Road Centre (KRC) is a publicly-funded primary health service in Kings Cross, Sydney that has supplied over 400 naloxone trainings where Doctors and multi-disciplinary staff trained the client, but a Doctor prescribed the medication.
- In 2017, KRC received approval for nurse-initiated supply of naloxone, and KRC also participated in the Overdose Response and Take Home Naloxone (ORTHN) Program which crucially enabled credentialed non-medical health workers (e.g. health education officers, nurses, counsellors, NSP workers) to supply take-home naloxone (THN)
- KRC has used these non-medical models in a variety of settings, where marginalised, often homeless, clients at high risk of overdose can be engaged
- Study aim: to review the settings, demographics and number of interventions provided to assess if and where this is a useful model of care in a service with existing high naloxone uptake

Design and Methods:

- Records were reviewed of clients supplied with take-home naloxone between 1 August 2017 and 30 April 2018
- Occasions of intervention, location, and client-level demographic data were examined
- The number of clients supplied with take-home naloxone via the medical model for the 8 months prior to the study period was extracted from the clinic database

Implications for Practice or Policy:

- Provision of THN in non-clinical settings by non-medical staff should be promoted and widely available as a key strategy in responding to the rising rates of opioid overdose

Results:

- THN delivered on 242 occasions to 211 clients during the 8 month study period. 78% initial, 22% replenishment (30/month)
- In the 8 months prior to non-medical supply THN was delivered on 95 occasions to 82 clients (12/month)

Who got it?

- 58% Male
- 42% Female
- 28% Aboriginal

Occasions Occurred at Sites with No Medical Staff

53%

- 34% Outreach Clinics
- 32.5% Fixed NSP with no medical staff
- 24% Evening Street or Bus Outreach
- 8.5% Community Events
- 1% Sex-On-Premises Venue

THN training delivered by

- 28% Health Education Officers
- 26% Counsellors
- 42% Nurses
- 2% Doctors

Conclusions:

- Naloxone can be effectively delivered in outreach settings
- Non-medical staff, with appropriate training, can effectively train and distribute THN
- **THN provision in outreach settings by non-medical staff increased naloxone distribution by 2.5 fold, even in a service with historically high THN uptake**

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