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

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)

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

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

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