

The ONE Study (Overdose and take-home Naloxone in Emergency settings): A pilot study examining feasibility of delivering brief interventions addressing overdose prevention with 'Take Home Naloxone' supply in ED settings

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Introduction and Aims: In Australia, where most opioid-related deaths are accidental and involve pharmaceutical opioids, take home naloxone (THN) programs have to date predominantly targeted people using illicit opioids in AoD and harm reduction settings. We sought to examine the feasibility of delivering THN interventions in emergency department (ED) settings.

Design and Methods: This open label pilot study was conducted across three metropolitan EDs in NSW and Victoria. Staff were surveyed regarding their perspectives around THN interventions in the ED setting prior to a 30-minute training program in delivering brief interventions using intranasal naloxone. Staff delivered the intervention to patients presenting to ED with opioid overdose (or considered high overdose risk). Medical records were reviewed to capture patient demographic and clinical information.

Results: 122 staff members (representing nursing, medical, and other health professions) completed the survey. 90.2% agreed that EDs should provide THN interventions, and 52.9% felt competent. However, 19.2% identified time constraints and 13.9% felt uncomfortable discussing overdose with patients. There were 57 patients who received THN: 71% were male and the median age was 44 (range 18-72 years). 87.8% had presented to ED with an overdose and one third of overdoses involved pharmaceutical opioids.

Discussions and Conclusions: Delivery of THN programs in the ED setting is acceptable to providers and can reach a wide group of at-risk individuals, including those who may not engage with AoD or harm reduction services. This study supports the feasibility of THN interventions in EDs and underscores the importance of addressing implementation barriers.

Implications for Translational Research: Future research should further evaluate barriers and facilitators for THN delivery in the ED setting. Staff knowledge and attitudes as well as logistical and clinical aspects of the program require further consideration. Protocols and procedures should be developed to facilitate implementation of THN across EDs.

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