

## **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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### **Background:**

The Kirketon Road Centre (KRC) is a publicly-funded primary health service in Kings Cross. In 2017, KRC 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 this non-medical model in a variety of settings, where marginalised, often homeless, clients at high risk of overdose can be engaged. The aim of this study was to review the settings, demographics and number of interventions provided to assess if this is a useful model of care.

### **Approach:**

Records were reviewed of clients participating in ORTHN between 31 August 2017 and 30 April 2018. Occasions of intervention, location, and client-level demographic data were examined.

### **Outcomes:**

KRC delivered THN on 242 occasions to 211 individual clients. Among these occasions, 53 were replenishments of THN provided previously through ORTHN or KRC clinical services. 129 (53%) interventions occurred at sites with no medical staff including KRC South and Clinic 180 NSPs (n=42), nurse-led outreach clinics (n=44), evening bus/street-based outreach (n=31), a sex-on-premises venue (n=1), and community events (n=11). The median age of clients was 41 and all were currently injecting. Of 151 clients with additional demographic data, 58% were male and 28% identified as Aboriginal.

### **Conclusions:**

This study demonstrates that expanding the provision of naloxone into outreach or other settings, with training and naloxone supply delivered by non-medical staff, is both feasible, acceptable and adds additional opportunities to provide THN even in a service with a long history of medically supplied THN.

The provision of THN to people who inject drugs in these non-clinical settings should be promoted and widely available as a key strategy in responding to the rising rates of opioid overdose.

### **Disclosure of Interest Statement:**

This study presents data that is part of the ORTHN study funded by a grant from NSW Health.