

'It can save your life, that's all I know'. Barriers and facilitators for engagement in take home naloxone for people receiving Opioid Substitution Treatment in regional Australia: an explorative study

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Introduction and Aims: Engagement in take home naloxone (THN) programs by people receiving Opioid Substitution Treatment (OST) is low. This is despite methadone being a significant contributor to opioid overdose deaths (1). Our aim was to explore barriers and facilitators for this patient group to engage in take home naloxone.

Design and Methods: A descriptive qualitative design using semi-structured interviews was used to gain insight into naloxone use of people engaged in an OST program in regional Australia. Thematic analysis was used to identify themes in data.

Results: Eleven participants were interviewed, eight had previously engaged with THN. Barriers to THN included limited knowledge and understanding, lack of information and not personally experiencing an overdose. Facilitators included having a traumatic experience of overdose, knowledge and understanding of THN and overdose, having THN is empowering, and expanding THN programs.

Discussions and Conclusions: Significant barriers were identified to OST patients deciding to accept THN. Support for the expansion of THN programs is desired and widespread peer distribution is seen to be the key to success. This study has identified that prior traumatic experience of overdose facilitates acceptance of THN and being offered THN was the most important factor in engagement. Less clear is how to engage people who have not had a traumatic experience.

Implications for Practice or Policy: To ensure access for people with prior traumatic experience of overdose, naloxone must be available in as many places as possible. Expansion of peer education and distribution of THN may increase accurate understanding of naloxone and risks amongst people who do not interpret themselves as at risk of overdose.

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References

(1) Penington Institute. Australia's Annual Overdose Report 2020. 2020.