Opioid overdose and naloxone access among people who recently used opioids or received opioid agonist treatment in Australia: the ETHOS Engage study

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Background: Overdose is a major cause of morbidity and mortality among people who use opioids. Naloxone can reverse opioid overdoses and can be distributed and administered with minimal training. This study estimated recent non-fatal opioid overdose and naloxone access in people who recently used opioids or received opioid agonist treatment (OAT).

Methods: ETHOS Engage (Enhancing Treatment of Hepatitis C in Opioid Substitution Settings) is an observational study of people who inject drugs in Australia. Participants self-completed a tablet-based questionnaire. Logistic regression models were used to estimate the unadjusted and adjusted odds ratio for non-fatal opioid overdose and naloxone access.

Results: Between May 2018-September 2019, 1,284 participants who recently used opioids or received OAT were enrolled (62% aged > 40 years; 35% female, 84% receiving OAT, 62% injected drugs in the preceding month). Recent opioid overdose (preceding 12 months) was reported by 7% of participants. Compared to people receiving OAT with no additional opioid use, recent use of opioids, alcohol and benzodiazepines (preceding 6 months) was associated with recent opioid overdose [OR 3.72; 95%CI: 1.64, 8.45). Lifetime naloxone access was reported by 17% of participants. Compared to people receiving OAT with no additional opioid use, recent use of opioids, alcohol and benzodiazepines was associated

with a higher odds of naloxone access (OR 2.15; 95%CI 1.30-3.53). Among people who recently injected opioids (n=776), use of alcohol and benzodiazepines was associated with an increased odds of recent opioid overdose (OR 2.76; 95%CI 1.41-5.43) compared to injecting opioids alone. Among 92 people with recent opioid overdose, 68% (n=63) had never received take-home naloxone.

Conclusions: Among people recently using opioids or receiving OAT, recent use of benzodiazepines and alcohol is associated with increased chance of opioid overdose. Naloxone coverage is low across all groups. Additional interventions are needed to scale up naloxone provision.

Disclosure of Interest Statement: JG is a consultant/advisor and has received research grants from AbbVie, Cepheid, Gilead, and Merck outside the submitted work. GJD is a consultant/advisor and has received research grants from Merck, Gilead, and AbbVie outside the submitted work. CT has received speaker fees from Abbvie and Gilead and has received a research grant from Merck outside the submitted work. PR has received speaker fees from Gilead and MSD, and research funding from Gilead. LD has received investigator-initiated untied educational grants for studies of opioid medications in Australia from Indivior, Mundipharma and Seqirus. JH has received travel, accommodation, speaker fees and WOWS support from Janssen, Lundbeck, Servier, and Invivior. All other authors declare no conflict of interest.