

# **TAKE-HOME NALOXONE SURVEY: USAGE, AVAILABILITY AND PREPAREDNESS TO USE DIFFERENT NALOXONE DEVICES**

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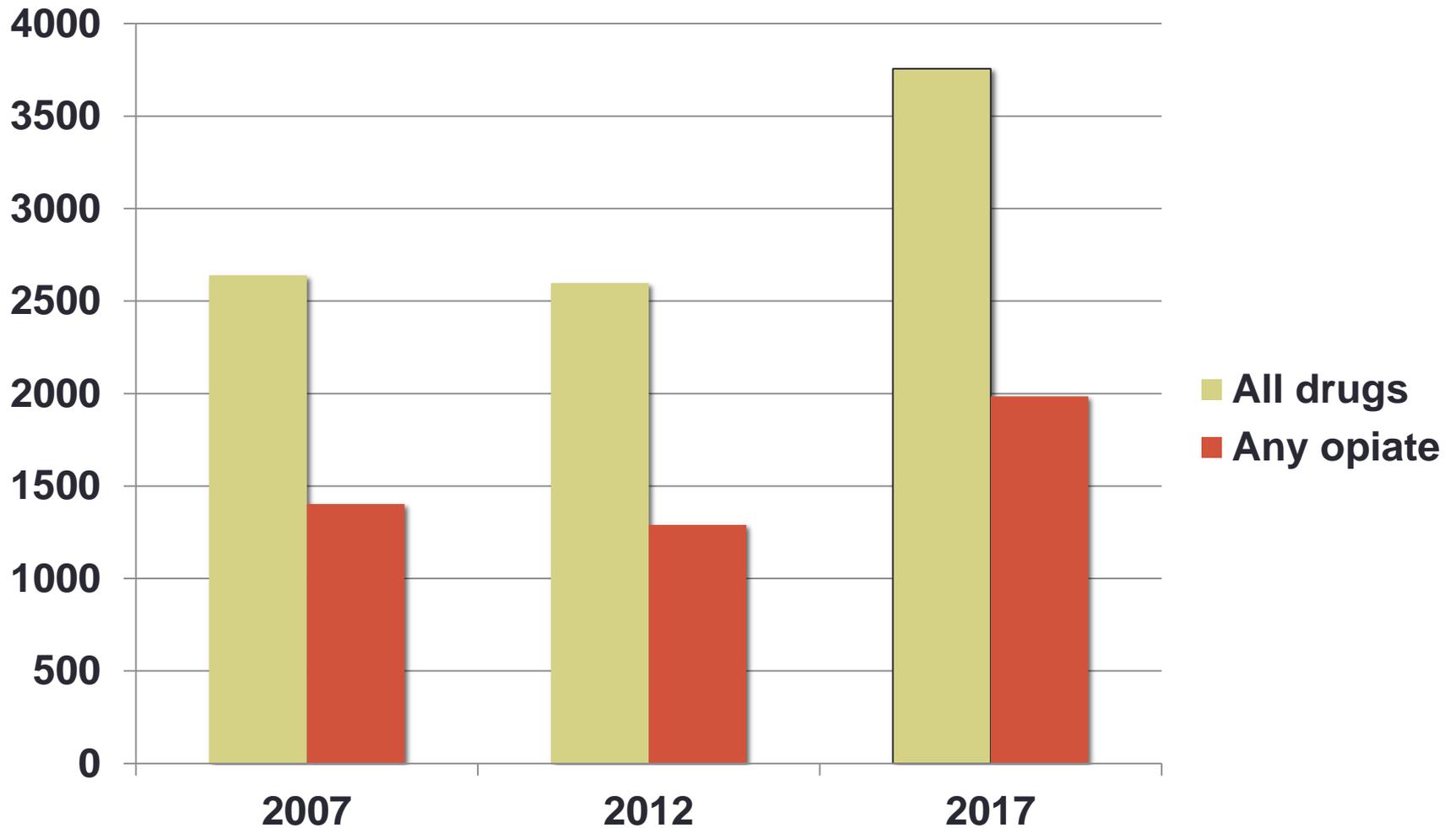
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# Drug-induced deaths: England & Wales



# Take-home Naloxone

- Naloxone is an opioid-receptor blocker that antagonize the actions of opioid drugs. It reverses an opiate intoxication.
- People likely to witness an opioid overdose should have access to naloxone and be instructed in its administration (*Community Management of Opioid Overdose, WHO 2014*)
- Take-home naloxone programmes are found to reduce overdose mortality (*McDonald, R., & Strang, J. (2016). Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. Addiction, 111(7), 1177-1187.*)

# Naloxone Devices



# Aim is to explore:

- Supply, carriage and availability of naloxone
- Naloxone administration and overdose management training
- Experience and confidence in using naloxone
- Preparedness to use different naloxone devices (ampule with separated syringe, pre-filled syringe without needle attached, single-device nasal spray)

# Methods:

- Exploratory, cross-sectional survey in a community drug and alcohol treatment service in London
- 109 participants were recruited from February to May 2018: 65 opioid users, 8 family members and 36 treatment staff
- Questionnaire specifically designed for this survey
- It took approximately 10 minutes to complete the survey.

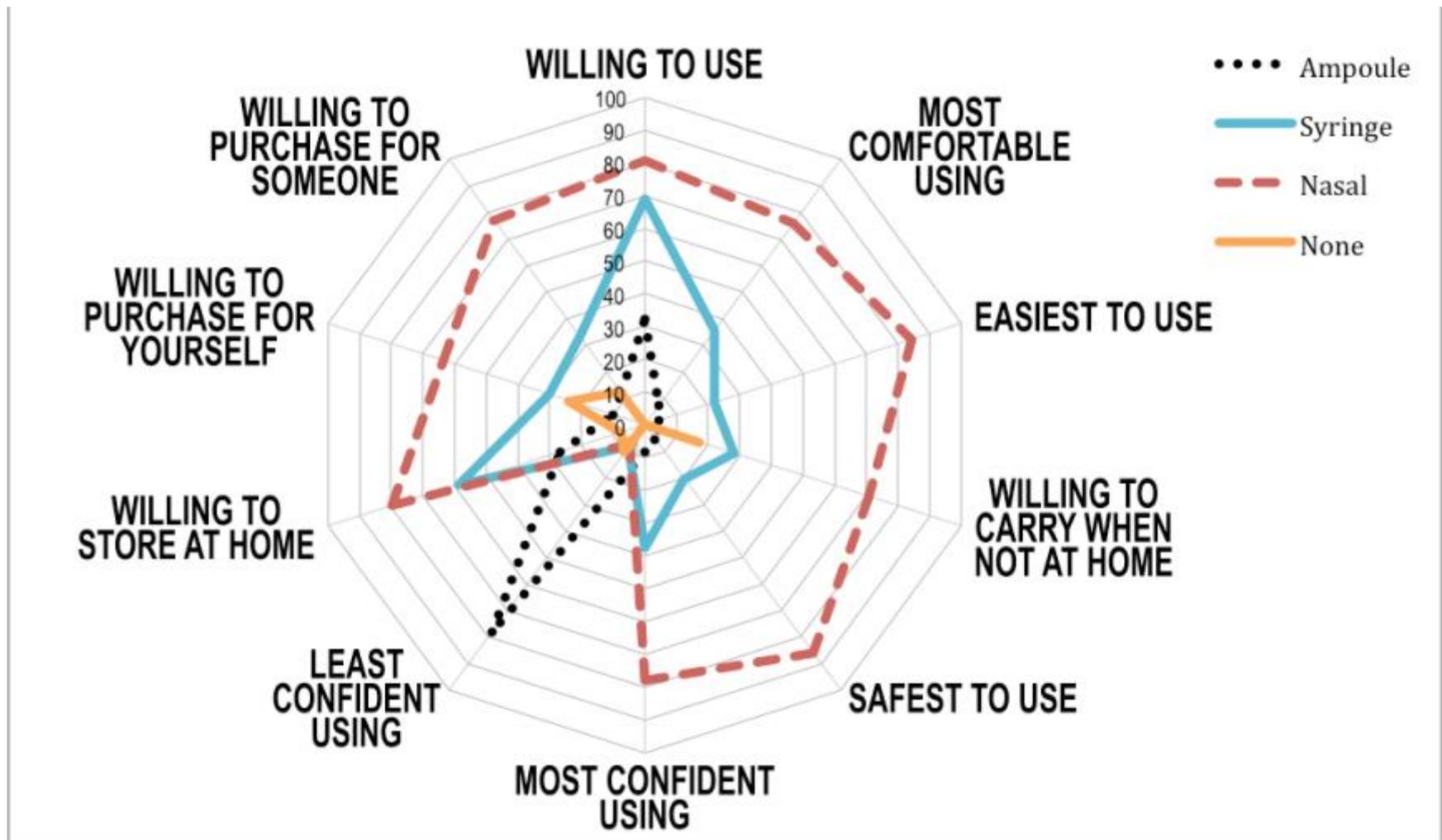
# Results: Availability and training

<b>Naloxone supply</b>	<b>85%, n = 55 opioid users</b>
	<b>75%, n = 6 family members</b>
<b>Naloxone carriage</b>	<b>4%, n = 2 opioid users</b>
	<b>17%, n = 1 family member</b>
<b>Naloxone availability on a site where using drugs</b>	<b>74%, n = 37 opioid users</b>
	<b>83%, n = 5 family members</b>
<b>Trained in the use of naloxone</b>	<b>74%, n = 48 opioid users</b>
	<b>88%, n = 7 family members</b>
	<b>92%, n = 33 treatment staff</b>
<b>Trained in giving small naloxone doses</b>	<b>77%, n = 36 opiate users</b>
	<b>71%, n = 5 family members</b>
	<b>91%, n = 29 treatment staff</b>

# Results: Naloxone usage

<b>Witnessed overdose</b>	<b>80%, n = 52 opioid users</b>
	<b>0% family members</b>
	<b>56%, n = 20 staff members</b>
<b>Confidence in administering naloxone (scale 0 not at all – 10 fully confident)</b>	<b>8.4 opioid users</b>
	<b>5.5 family members</b>
	<b>7.5 treatment staff</b>
<b>Administered naloxone</b>	<b>19%, n = 12 opioid users</b>
	<b>0% family members</b>
	<b>22%, n = 8 treatment staff</b>
<b>Able to decide if 2<sup>nd</sup> dose is needed</b>	<b>79%, n = 51 opioid users</b>
	<b>63%, n = 5 family members</b>
	<b>81%, n = 29 treatment staff</b>

# Results: Devices preference



# Conclusion

- High level of naloxone **acceptability**.
- *Barriers of naloxone uptake?*
- Actual **carriage** of naloxone is minimal but majority of respondents reported that naloxone is **available** when using.
- Majority **trained** in using naloxone but some respondents don't know if / when **2<sup>nd</sup> dose** is needed.
- *Effective training curriculum and training model?*
- *Which steps were taken when witnessing overdose?*
- Opioid users and treatment staff **witnessed overdose** but not family members in our sample.
- **Different naloxone devices** are available.
- Strong support for **nasal spray** but naloxone syringe remains relevant.
- *Actual impact of nasal spray remains unclear.*