

IMPROVING EVERYONE'S LIVES: A RAPID REVIEW OF TAKE-HOME NALOXONE FROM A PRIMARY HEALTH CARE SETTING IN KINGS CROSS, SYDNEY

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Background:

The Kirketon Road Centre (KRC) is a publicly funded primary health care facility involved in the prevention, treatment and care of HIV and viral hepatitis among people who inject drugs (PWID). With the advent of the increased scope of practice based on the Overdose Response Take-Home Naloxone (ORTHN) project in NSW, THN became standard of care of a wide range of staff working in Alcohol and Other Drugs (AOD) services. We examined our THN service over an annual period and reviewed the impact of this broadening role on staff working in the service.

Methods:

A rapid review of the THN program between April 2020 and March 2021 was completed using routinely collected data. Staff were surveyed about the THN program. Descriptive analyses were conducted.

Results:

A total of 592 units were supplied (Nyxoid 68%, Prenoxad 32%). Half (46%) of THN trainings were initial supply. Outreach was the commonest location for training (56%) with nurses (48%) and health education officers (41%) providing the majority of training. Of clients trained, the mean age was 42 years (range 19-69 years) and 58% were male. Thirty-seven staff completed the survey. Most (97%) staff agreed that THN was important to their day-to-day practice and that their engagement with clients had benefited from the program (92%). Staff overwhelmingly enjoyed their increased scope of practice and reported an improvement in their engagement and work within these communities. The majority (92%) reported that supplying THN had not negatively impacted on workload and had improved job satisfaction.

Conclusion:

There is high lifetime prevalence of opioid overdose experienced by PWID. Ensuring a wide distribution of THN in different settings by a broad range of AOD workers and peers can effectively address the mortality and morbidity that results from opioid overdose, whilst improving job satisfaction for AOD workers.

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