

A MIXED METHODS EVALUATION OF PEER-TO-PEER NALOXONE TRAINING AND SUPPLY

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Background:

Drug-related deaths in Scotland are at their highest since records began, with opioids implicated in the large majority. Naloxone is an opioid antagonist which provides a window of opportunity for emergency services to attend and treat overdoses. In 2017 the Scottish Drugs Forum (SDF) and NHS Greater Glasgow and Clyde (NHS GG&C) developed a peer to peer naloxone distribution programme.

Methods:

This research evaluated the programme using a mixed methods approach; to assess success in distribution, and to identify strengths, challenges and potential future improvements. We analysed supply data from the National Naloxone Programme. We also carried out qualitative interviews with people who facilitated the programme (n=5), peers who worked on the programme (n=8) and people who received naloxone through the programme (n=6)

Results:

Supply data showed that the programme was responsible for an increase of 25 kits distributed per week post implementation, relative to a control area. Qualitative interviews suggested that the strengths of the service were: shared connections between peers and clients resulting in rapid and deep relationship building; ability to avoid barriers associated with stigma and distrust; and a range of other positive influences on clients. Challenges included: resistance from stigmatising service providers; risky working environments for peers; and self-inflicted pressure within peer roles. This research, working with lived experience collaborators, also produced a range of potential service improvements as well as 10 recommendations for development of future programmes.

Conclusion:

The programme model was shown to be successful, and keys to this success were identified in the evaluation, representing important learning that can be developed across Scotland. The success of the approach represents another example of why peer-based interventions must form a core part of the response to the continuing rise in drug deaths.

Disclosure of Interest Statement:

No disclosure of interest necessary.