

Awareness of and attitudes to naloxone (Narcan®) among a sample of people who inject drugs in Melbourne, 2013



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Introduction

- Fatal and non-fatal opioid overdose (OD) is a serious public health issue. On average, paramedics in Melbourne reverse three non-fatal heroin ODs each day with naloxone (the opioid antagonist that reverses the effects of heroin overdose).
- Arguments for increasing naloxone availability to people who inject drugs (PWID) and their peers and families, commonly referred to as 'take-home' naloxone (THN) programs, were first made in the 1990s. THN programs have been implemented successfully in many countries around the world including Germany, England, and the USA.
- Previous research has shown that most Australian PWID have positive attitudes to THN and are willing to participate in related training. Despite some confusion remaining around appropriate first-aid responses to opioid OD, improvements in responses to heroin OD by PWID in Melbourne have also been found over time.
- In 2012, the I-ENACT program commenced in the ACT—the first THN program implemented in Australia. Some other jurisdictions quickly followed suit, but THN for PWID in Victoria finally became available in August 2013.
- We describe awareness of and attitudes towards THN among the 2013 Victorian Illicit Drug Reporting System (IDRS) sample (N=150).

Methods

- Structured interviews were conducted with a convenience sample of 150 PWID in June, 2013, across six sites in Melbourne. Eligible participants were those who reported injecting drugs at least monthly during the past six months and who resided in Melbourne during the preceding 12 months.
- Six questions measured awareness of and attitudes towards naloxone and THN in particular.
- Response frequencies were generated using Stata version 11.

Results

- Participants' demographic and heroin use characteristics were similar to Victorian IDRS participants in previous years.
- 83% reported heroin use and injection in the past six months.
- 57% reported a lifetime heroin OD, while 15% reported an OD in the past year.
- Thirteen (9%) participants reported receiving naloxone from an ambulance paramedic during the preceding 12 months.

Table 1. Demographic and heroin use characteristics of participants, Victoria, 2013

	N=150
Median age in years (IQR)	41 (34-46)
Male (%)	106 (70.7)
English spoken at home (%)	142 (94.7)
Australian born (%)	130 (86.7)
Indigenous (% n=144)	20 (13.9)
Married/de facto or regular relationship (%)	55 (34.7)
Unstable accommodation (%)	61 (40.7)
Median grade at school completed (IQR)	10 (9-11)
Unemployed (%)	135 (90.0)
Median weekly income (IQR)	\$350 (\$250-\$415)
Prison history (% n=149)	95 (63.8)
Currently receiving OST (%)	76 (50.7)
Heroin injected most, past month (%)	103 (68.7)
Heroin use/injection, past six months (%)	124 (82.7)
Lifetime heroin OD (%)	86 (57.3)
Heroin OD, past year (%)	23 (15.3)
Received naloxone at last heroin OD, past year (%)	13 (8.7)
Ambulance attendance at last heroin OD, past year (%)	13 (8.7)

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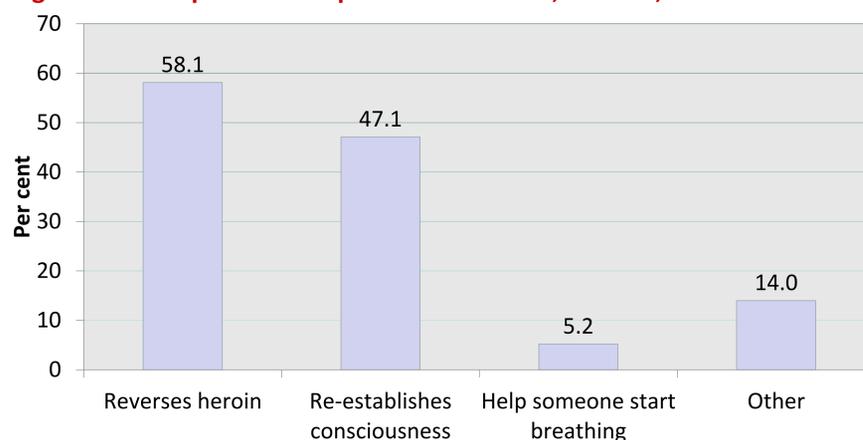
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Awareness of naloxone

- Almost all participants (91%) had heard of naloxone. These participants (n=136) were asked to describe naloxone, with responses shown in Figure 1 (multiple responses allowed).
- Responses in the 'other' category (n=19) tended to refer to the unpleasant effects associated with heroin withdrawal, and included comments such as "wrecks your taste", "a rude awakening", "horrid, wake-up effects" and "gives them a big headache".

Figure 1. Participants' descriptions of naloxone, Victoria, 2013



Attitudes to naloxone

- Most participants either strongly supported (63%) or supported (23%) a THN program.
- Participants' preparedness to use naloxone if availability was expanded to PWID and peers/family is detailed in Table 2.

Table 2. Participants' preparedness to use naloxone, Victoria, 2013

	N=150
Carry naloxone on your person if trained in its use (%)	116 (77.3)
Administer naloxone after witnessing someone OD (%)	128 (85.3)
Want peers to give you naloxone if you overdosed (%)	129 (86.0)
Stay with someone after giving him/her naloxone (%)	128 (85.3)

- Table 3 shows participants' reported current responses to OD.

Table 3. Participants' current responses to OD, Victoria, 2013

	N=150
Turn victim on side (%)	76 (50.7)
Mouth-to-mouth CPR (%)	74 (49.3)
Call 000 (%)	144 (96.0)
Stay with victim (%)	78 (52.0)
Other remedies (i.e., ice, shower, slap)	34 (22.7)

Discussion

- Almost all participants had heard of naloxone: over half reported that naloxone reverses the effects of heroin and almost half reported that it re-establishes consciousness.
- The majority were in favour of THN programs, with most reporting preparedness to use it appropriately if they were trained in its use. Importantly, most participants reported being in favour of their peers administering it to them in the event that they overdosed.
- OD training programs should continue to counter the focus on the undesirable effects of naloxone and challenge participants' beliefs regarding the use of other remedies as a response to heroin OD. Clarifying first aid responses may also be beneficial.
- The sample does not represent all PWID in Melbourne.

Conclusion

- With appropriate training in OD management and naloxone administration, PWID in Melbourne show readiness to actively participate in THN programs.



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