

Sustaining take home naloxone (THN) since 2012: A review of THN provision between 2020-2023 from the Kirketon Road Centre, a primary healthcare setting in Kings Cross, Sydney

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Introduction and Aims: Take-home naloxone (THN) has been an integral part of the Kirketon Road Centre's (KRC) harm reduction framework since 2012. We analysed THN service provision between 2020-2023 and reviewed changes in client demographics, staff role and program sustainability.

Method: A review of the THN program between April 2020 and December 2023 was completed using routinely collected data. We examined number of THN occasions of service, type of naloxone distributed, whether it was an initial supply or replenishment, healthcare worker role (who provided THN), and gender and age of clients.

Results: A total of 1313 THN trainings and distributions occurred between 2020-2023. Number of trainings and distributions decreased 2020-2022 (451 to 241) with an increase in 2023 (275). Over the four years, initial provisions of THN decreased (49%, 2020; 38%, 2023) and replenishments increased (51%, 2023; 62%, 2023). The age and gender of clients was stable. A notable change was in the role of staff distributing THN. In 2020, Health Education Officers (HEO, 46%) and nurses (46%) equally provided THN whereas by 2023 substantially more HEOs had provided THN (HEOs 79%, nurses 12%).

Discussions and Conclusions: There is high lifetime prevalence of opioid overdose among people who inject drugs. Despite some fluctuations in THN provision the program has been successfully sustained over four years. We saw a transition of provision of THN from clinical to non-clinical healthcare workers. 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.

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Implications for Practice or Policy: Healthcare workers in health education roles in community, outreach, and Needle and Syringe Program (NSP) settings have increased opportunity to engage with people at risk of opioid overdose and are well-placed to provide THN.