

DEMOGRAPHIC DIFFERENCES IN HISTORY OF OVERDOSE AND WITNESSING AN OVERDOSE AMONG NALOXONE RECIPIENTS IN KENTUCKY, USA

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Background:

Overdose education and naloxone distribution (OEND), an evidence-based harm reduction strategy, is under-utilized in United States (US) communities. OEND is most impactful when it reaches people with a history of opioid overdose or people who have witnessed an overdose. This study describes a large-scale effort to expand OEND and examines whether demographic characteristics are associated with history of overdose and witnessing overdose among OEND recipients.

Methods:

As part of the HEALing Communities Study in the US state of Kentucky, partnerships were created with 105 organizations to establish or expand OEND from July 2022 to December 2023. For each unit of intranasal naloxone distributed, partner organizations collected anonymous demographic information, personal history of overdose, and history of witnessing overdose. Multivariate models of history of overdose and history of witnessing overdose were estimated that adjusted for county and organizational type (e.g., syringe service/harm reduction program, medication for opioid use disorder program, jail).

Results:

Of 13,045 naloxone recipients, 50.1% had personally experienced overdose and 77.4% had witnessed overdose. Compared to individuals aged 35-54, individuals under age 18 (adjusted odds ratio, AOR=0.32, p<.001) and those age 55 or older (AOR=0.44, p<.001) were significantly less likely to report personal history of overdose. The odds of personal history of overdose were significantly lower for females (AOR=0.64, p<.001) than males and significantly lower for people who identified as Black (AOR=0.46, p<.001) or other racial groups (AOR=0.38, p<.001) relative to people who identified as white. Patterns of associations between demographic characteristics and witnessing overdose were generally similar.

Conclusion:

OEND implementation by 105 organizations largely reached people at risk of overdose or people who had witnessed overdose. Similar to other US studies, there were demographic differences in personal history of overdose and witnessing an overdose. Continued efforts to reach those most at risk of overdose are needed.

Disclosure of Interest Statement:

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