

Non-fatal opioid overdose, naloxone access and naloxone training: The ETHOS Engage Study

Anna Conway

Heather Valerio, Amy Peacock, Louisa Degenhardt, Jeremy Hayllar, Mary Ellen Harrod, Charles Henderson, Phillip Read, Rosie Gilliver, Janaki Amin, Michael Christmass, Adrian Dunlop, Mark Montebello, Gilbert Whitton, David Reid, Thao Lam, Maryam Alavi, David Silk, Alison D Marshall, Gregory J Dore, Carla Treloar, and Jason Grebely





Funding Source / Disclosures

Funding Source: The Enhancing Treatment of Hepatitis C in Opioid Substitution Settings (ETHOS): Engage study is funded by a National Health & Medical Research Council Partnership Project grant, including funding from New South Wales Health, Cepheid and Merck/MSD.

Disclosures: none





Background/Aims

Background: Overdose is a major cause of morbidity and mortality among people who use opioids. Naloxone can reverse opioid overdoses and can be distributed and administered with minimal training.

Aims:

- To estimate (1) recent non-fatal opioid overdose (2) naloxone access and (3) naloxone training in people who recently used opioids or received opioid agonist treatment (OAT)
- To identify factors associated with (1), (2) & (3)





Background/Aims

Background: Overdose is a major cause of morbidity and mortality among people who use opioids. Naloxone can reverse opioid overdoses and can be distributed and administered with minimal training.

Aims:

- To estimate (1) recent non-fatal opioid overdose (2) naloxone access and (3) naloxone training in people who recently used opioids or received opioid agonist treatment (OAT)
- To identify factors associated with (1), (2) & (3)





Methods



ETHOS Engage- Wave I

May 2018 – September 2019

Recruitment: 1,443 people



This analysis: 1,280 people who recently (6 mo) used opioids or received OAT

Statistical analysis: Unadjusted and adjusted logistic regression models





Results: descriptive demographics (n=1,280)





Median age 43



22% Aboriginal and/or Torres Strait Islander



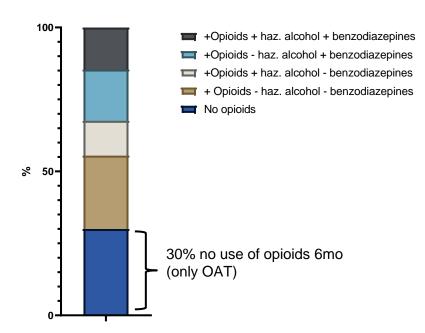
10% homeless





Results: descriptive of key variables (n=1,280)

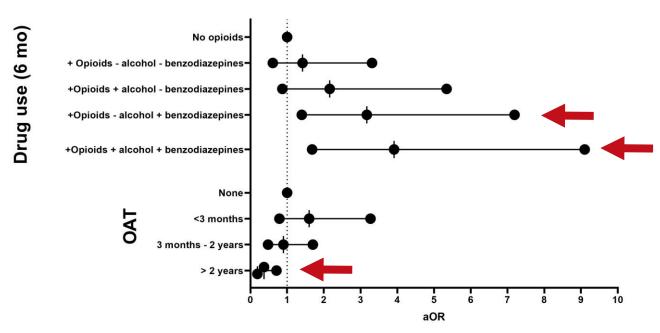
Drug use in last 6mo







Results: odds of recent non-fatal overdose (n=1,277)

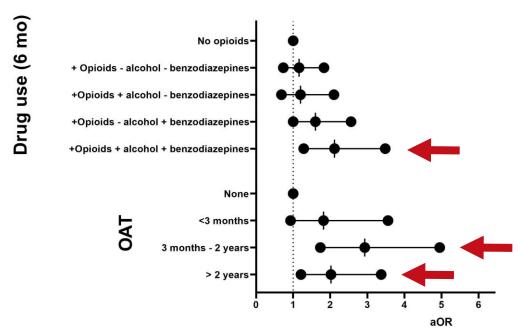


Adjusted for: gender, age, ATSI, homelessness, prison history, site location, OAT duration, frequency of injecting, stimulant use (6 mo)





Results: odds of lifetime naloxone access (n=1,277)

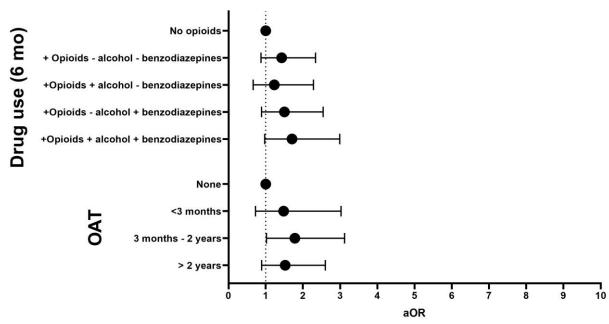


Adjusted for: gender, age, ATSI, homelessness, prison history, site location, OAT duration, frequency of injecting, stimulant use (6 mo)





Results: odds of lifetime naloxone training (n=1,277)



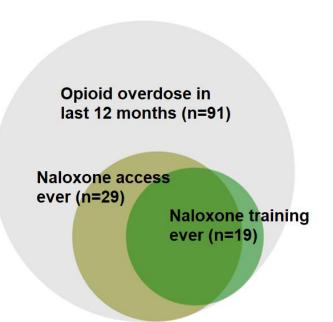
Adjusted for: gender, age, ATSI, homelessness, prison history, site location, OAT duration, frequency of injecting, stimulant use (6 mo)





Results: lifetime naloxone access/ training in people with recent overdose

Two thirds of people who report recent overdose have never accessed naloxone







Conclusions

- Recent use of multiple depressant drugs is associated with non-fatal opioid overdose
- Naloxone access higher in people with recent use of multiple depressant drugs but low across the board
- Missed opportunity to train people attending OAT services
- Overdose is a predictor of subsequent overdose (Caudarella et al., 2016; Coffin et al., 2007; Forsyth et al., 2018)





Acknowledgements

All participants who have contributed their time and data to our study, and:

NUAA

Sara Adey Rodd Hinton

Melanie Joyce

Youth Link

Needle and

Syringe

Program,

Cairns:

Astrid Carthew

Hepatitis South

Australia

Lisa Carter Carol Holly

Harm Reduction

Western

Australia

Lyn Murphy























Acknowledgements

Thao Lam

David Silk

Maryam Alavi

Alison D Marshall

Gregory J Dore

Jason Grebely

Carla Treloar

All participants who have contributed their time and data to our study, and:

Study co-authors

Heather Valerio

Amy Peacock

Louisa Degenhardt

Jeremy Hayllar

Mary Ellen Harrod

Charles Henderson

Phillip Read

Rosie Gilliver

Janaki Amin

Michael Christmass

Adrian Dunlop

Mark Montebello

Gilbert Whitton

David Reid

Kirby Institute

Indika Jayasinghe

Hannah Reid

Valerie Gleeson

Shane Tillakerante

Pip Marks

Yasmin Mowat

PSC

Nicky Bath

Emma Day

Nikitah Habraken

Kyle Leadbeatter

Clarke Scott

Jo Holden





















Acknowledgements

All participants who have contributed their time and data to our study, and:

Site Pls

Nadine Ezard David Reid Carla Gorton Michael Edwards Jeremy Hayllar

Thao Lam

Prasun Datta

Alex Wade

Michael Christmass

Sally Spruce

Vicki Cock

Mark Cornwell

Craig Connelly

Mark Montebello

Angela Cooper

Adrian Dunlop

Site coordinators

Jason Dalla Lana

Sue Shin

Connie Graf

Nadine Horasak Adele Hampson Carina Burns

Ravina Raidu

Kylie Stolzenhein

Wanda Brabender

Nargis Abram Rick Turner

Stuart Larter

Fiona Goodberg Jennifer Luksza (

Michelle Hall

Susan Hazelwood

Krista Zohrab

Belinda McClurg Kate Salisbury

Julie Markham

Jacky Talmet

Lisa Snell Elizabeth Laing Martin Clark

Justin Dorigo

Sandy Dunn

Fionnuala Smyth

Brent Fergusson Bonny Puszka

Gai Duncan

Fiona Baker

Jayde Walsh







Robert Cherry

Shikha Arawal

Rhondda Lewis

Kathy Clark

Daniel Morris

Kathy Donohue

epheid.

A better wav.

Kathy Griffiths

Julie Dyer



Kirby Institute



