

# ONE AGENCY'S JOURNEY TO INTRODUCE AN OVERDOSE RESPONSE AND NALOXONE TRAINING PROGRAM

# Challenge

#### **Opioid overdose is on the rise in Australia**

"Harmful drug use continues to be a serious public health issue in Australia with 1,808 drug induced deaths registered in 2016. This is the highest number of drug deaths in twenty years."

(Australian Bureau of Statistics, 2017)

## Barriers





## **Victoria-wide Barriers**

- Available naloxone products constantly changing (Minijet, ampoules, Prenoxad) each with its own challenges
- Confusing scheduling many pharmacists not aware they can dispense OTC
- Some pharmacists not willing to dispense naloxone
- AOD agencies unable to store and dispense naloxone directly unless they have a pharmacist onsite
- Limited funding available for naloxone supply, which is expensive to purchase, especially OTC
- Past experience of stigma and difficult relationships with service providers and pharmacists can be a barrier in accessing naloxone for many people who use drugs

# ReGen's response

As part of ReGen's commitment to harm reduction, ReGen's board & senior management team decided to prioritise the organisation's overdose response. They:

- Internally funded a 0.2 position
- Renegotiated philanthropic material aid funding to cover naloxone supply
- Established an agency-wide overdose response working group, who developed and implemented policy and procedures to support the implementation of the project

## Barriers for ReGen

- No onsite pharmacist unable to supply to service user at time of training
- No funding for naloxone supplies
- No funding for overdose response work & to embed new processes in the organisation and collect meaningful data about efficacy of response
- Varying levels of knowledge about overdose and overdose response across the agency

### Between July 2016 – June 2017 ReGen:

- Trained over 80 ReGen staff across multiple sites & trained 110 consumers and community members
- Established partnerships with local pharmacies who agreed to supply naloxone on our behalf following training
- Trained staff from a range of other organisations including AOD services, welfare services, hospitals, primary healthcare providers & mental health services
- Participated in the National Drug Research Institute (Curtin University) Naloxone study: Understanding the impediments to uptake and diffusion of take-home naloxone in Australia (Research advisory panel member)
- Participated in Department of Health and Human Services naloxone consultations
- Commented in the media on opioid overdose risks and prevention
- Conducted community and online campaigns to increase awareness of naloxone
- Produced policy submissions supporting the rescheduling and increased accessibility of naloxone

## Outcomes

Early findings suggest ReGen's work has resulted in uptake of overdose response and naloxone training from a broad range of community members.

*"I think this is such a beautiful example of staff on the floor at different agencies working together proactively with astonishing client and community outcomes.* 

I've never seen anything like it and I'm quite emotional about it.

Our clients are denigrated for their socioeconomic status, conversely this client was showered with praise and thanks (for reviving his mate with naloxone) by ambulance paramedics when they attended the scene.

I think that the fact he saved someone's life deserves to be recognised for the profound accomplishment that it is."

**Counsellor, Community Health Service** 

"One of my clients regularly uses with her next door neighbour, who is also a ReGen client – we trained both how to use naloxone.

One day when he knew she was using, he went round to check on her and found her unresponsive.

She says she definitely would have died if he hadn't found her and used naloxone on her.

**Care & Recovery Co-ordinator** 

"We train all service users who come through our youth withdrawal unit how to recognise the signs of opioid overdose and use naloxone.

It doesn't matter whether they're an opiate user or not, we think it's really important that we get that knowledge out into all their communities."

Youth Withdrawal Team Leader

"My client reported today she recently put her ReGen Naloxone training into use after she was concerned about going into heroin overdose after a stronger than usual dose.

Before she thought she was going to drop she self-administered."

Youth Non-Residential Withdrawal Support Worker

## Learnings

• Organisations need to be provided with funding and other support to invest both time and resources into projects to allow them to reach their potential and to embed best practice throughout the organisation

- An organisation needs to seriously commit to a project like this commitment has to come from all levels of the organisation, from the Board down
- This work needs an organisational champion to implement change throughout the organisation and have the passion and enthusiasm to keep pushing it
- Overdose response and naloxone training needs to be seen as core work by all the organisation not an optional add-on to what each worker sees as their role

What's next?

#### Potential future directions (dependent on funding) include:

• Strengthening ReGen's naloxone training systems to include routine provision for all clinical staff and ensure accurate data collection, monitoring, reporting and outcomes evaluation

- Establishing a regular naloxone clinic at ReGen where people can drop in at set times, get trained, and get a prescription/letter to obtain naloxone
- Expanding ReGen's naloxone training systems to other Uniting services in Victoria and Tasmania



ReGen is a founding agency of Uniting (Victoria Tasmania) Limited

Author's name:	Author's job title:			Poster publication date:
Ginny McKinnon	Senior Education, Training & Overdose Response Project Officer			October 2017
Author's organisation:	Uniting ReGen 26 Jessie Street Coburg, VIC 3058	Contact details:	03 9384 8887 VMcKinnon@regen.org.au www.regen.org.au	