

'It Can Save Your Life, That's All I Know'



Barriers and Facilitators for Engagement in Take Home Naloxone for People Receiving Opioid Substitution Treatment in Regional Australia: An Exploratory Study

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INTRODUCTION

In 2022, there were 1,654 deaths from an unintentional drug overdose in Australia¹.

Engagement in take home naloxone (THN) programs by people receiving Opioid Substitution Treatment (OST) in Australia is low, despite methadone being a significant contributor to opioid overdose deaths.

Prior to 2022, economical and logistical barriers hindered access to naloxone in Australia².

For people likely to be present at a drug overdose, the cost and fear of stigma if naloxone was requested were prohibitive³.

OBJECTIVE

To explore barriers and facilitators for OST patients to engage in THN.

METHOD & RESULTS

Eleven patients participated in semi-structured interviews. Interviews were transcribed and analysed thematically.

Barriers included

- Limited knowledge and understanding of THN.
- Lack of information from doctors and pharmacists.
- Not personally experiencing an overdose.

Facilitators included

- Prior traumatic experience of overdose.
- Prior knowledge and understanding of THN.
- Perceived empowerment of having THN.
- Increased availability of THN.
- Peer distribution of THN.



METHODS & RESULTS (CONT.)

When asked about the offer of naloxone being made by Doctors and Pharmacists providing care:

"He doesn't talk to me about that kind of stuff... It would actually be good; it would actually feel like he cares."

"Nope... Nah never, not one Doctor."

"Nope, never. Not one, not any Chemist."

DISCUSSION

Significant barriers exist to OST patients deciding to accept THN. Support for the expansion of THN programs is desired and widespread peer distribution is seen to be the key to success.

This study identified that prior traumatic experience of overdose facilitates acceptance of THN and being offered THN was the most important factor in engagement.

Key Learnings & Next Steps

1. Poor knowledge and denial of overdose risk, warrants further investigation for its impact on THN engagement.
2. Peer distribution was overwhelmingly supported.
3. Barriers to Doctors and Pharmacists initiating conversations about THN should be explored.

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