Key messages

- Opioid overdose remains a significant harm in Australia, with around one person dying every day as a result of injecting opioids such as heroin.
- Naloxone is a cheap, safe and effective overdose-reversal drug that is used widely in emergency response to overdose.
- Naloxone has been distributed to peers and family of people who inject drugs (PWID) in a range of developing and developed countries with research showing that:
  - Peers and family members of PWID can be trained to recognise and respond to opioid overdoses effectively; and
  - Naloxone can be used by peers and family members to reverse the effects of opioid overdose.
- There is evidence to show that areas with naloxone distribution programs in place have lower rates of fatal overdose.
- An Australian-first overdose response program involving naloxone distribution commenced in 2012 in the ACT and needs to be replicated in all jurisdictions.
- Policy makers need to examine ways in which naloxone can be distributed within their jurisdiction and find ways to remove legislative and practical barriers to the wider distribution of naloxone in Australia.

What is the issue?

Heroin and other opioid overdose is a major cause of death and disability among people who inject drugs (PWID). Around one Australian dies from such overdoses every day and there are many more non-fatal overdoses; over 100 per month in the Melbourne metropolitan area alone. Naloxone is a safe and effective opioid antagonist drug that has been used in medicine for over 40 years to quickly reverse the effects of opioids.
In Australia naloxone is used in combination with airway management for post-overdose resuscitation by most ambulance services and emergency departments.\(^4\)\(^5\)

In the 1990s calls were made to make the drug more widely available so that people who come into contact with people who overdose would be able to respond quickly and effectively.\(^6\)\(^7\) These recommendations were made in the context of increasing numbers of heroin deaths and research that showed that responses to heroin overdose (including those by witnesses such as peers) were often inadequate.\(^8\)\(^9\)

By the year 2000 a number of naloxone distribution programs had been implemented outside Australia.\(^10\) These programs showed that peers of PWID can:

- Be trained to recognise the signs and symptoms of overdose, and discriminate between overdoses on different types of drugs.
- Be trained to administer naloxone
- Successfully resuscitate people who are experiencing opioid overdose.

Subsequent work with families of PWID has shown similar outcomes.

The impact of naloxone programs however has proven difficult to assess. Ethical and administrative barriers preclude the possibility of controlled trials.\(^3\) However, a decline in the number of overdose deaths in some of the places where programs have been implemented suggest that these programs are having impact.\(^3\)\(^11\)\(^12\) Recent evidence also suggests that areas with more people trained have reduced overdose deaths compared with areas with fewer people trained.\(^13\) This observational evidence is regarded by most as sufficient to expand the availability of naloxone, especially given that it has been so widely used in clinical practice settings.

**What future steps should be taken?**

Available evidence suggests that options for naloxone distribution should be explored and implemented in all Australian jurisdictions.

There are, however, programmatic issues that need to be explored further. Priorities include:

- **The legislative environment:** some jurisdictions have clear protection for people responding to medical emergencies that provide indemnity against prosecution – these provisions should be enacted in all jurisdictions.

- **Naloxone scheduling:** Naloxone is available over-the-counter in some countries; options to reschedule need to be pursued in Australia.

- **Delivery devices:** Most naloxone is administered intramuscularly, but there is evidence to suggest that intranasal administration is as effective. Intranasal delivery is easily undertaken and removes the risk of blood borne virus transmission.
References


2. Lenton SR, Dietze PM, Degenhardt L, Darke S, Butler TG. Now is the time to take steps to allow peer access to naloxone for heroin overdose in Australia. *Drug Alcohol Rev* 2009;28(6):583-5.


Useful resources

References 14-16 above

Australian National Council on Drugs (2001)