How the Sydney Medically Supervised Injecting Centre has scaled-up ‘take-away’ Naloxone

William Wood
A/Nurse Unit Manager
Clinical Nurse Consultant
Our mission:
A just, fair and compassionate society in which all people are valued with dignity and respect, and are able to lead fulfilling lives.
We have the opportunity to create and share with the community.
Agenda

• Background to Sydney Medically Supervised Injecting Centre

• Drug overdose in Australia and elsewhere

• Rationale for take-away naloxone provision

• MSIC *Take-Away Naloxone Project*

• Key challenges to take-away Naloxone

• Call to action
Sydney MSIC

- First in the English speaking world, opened in 2001
- A pragmatic harm reduction health service
- Operates under license and answerable to Secretary of health & NSW Police Commissioner
- Funded with Confiscated Proceeds of Crime
- Staffed by registered nurses and health educators
Aims of the Sydney MSIC

1. Morbidity and mortality associated with drug overdose
2. Contact with marginalised IDUs – “Net widening effect”
3. Transmission of HCV and HIV
4. Public injecting and discarded equipment
Who is a typical client?

- Male
- Late thirties
- Long history of drug injecting
- **A history of drug overdose**
- Poorly connected
- Prison history
- Often homeless
- Significant mental health issues, often untreated
- History of public injecting
The facts are

- MSIC has supervised more than **930,000 injections** and managed **5,925 overdoses** without a single death.
- About **70%** of the people registered had **never accessed any local health service** before.
- There have been **ZERO fatalities** onsite since MSIC opened.
- More than **11,678 referrals** have been made, connecting people to health and welfare services.
- A total of **15,054 people** have registered to use the service.
- Each year more than **2,000 individualised nursing and support services** are provided onsite.
Agenda

• Background to Sydney Medically Supervised Injecting Centre

• Drug overdose in Australia and elsewhere

• Rationale for take-away naloxone provision

• MSIC Take-Away Naloxone Project

• Key challenges to take-away Naloxone

• Call to action

The MSIC is a harm reduction health services that prevents death & injury from OD in marginalised at risk IDU’s in a safe & non-judgemental environment.
Drug overdoses in Australia and elsewhere

- 1 person dies from a drug overdose every day in Australia
- Among heroin users, 20-40% report an OD in past year.
- Approximately 1% of heroin users die from OD for every year they use.
- Opioid drug overdose kill 100,000 people per year, globally.

Drug overdoses are common and kill many users
What are the risk factors for OD?

Identifying those at risk:

- Injecting opioids
- Recent abstinence with low tolerance e.g. exiting detox, rehab, gaol
- Poly-drug use
- Age and gender
- Co-occurring physical and mental health issues
- **Not** being on methadone and buprenorphine treatment
- Recent history of OD
- Most regular heroin users have witnessed OD

Most OD’s witnessed by others
Agenda

- Background to Sydney Medically Supervised Injecting Centre
- Drug overdose in Australia and elsewhere.
- Rationale for take-away naloxone provision
- MSIC Take-Away Naloxone Project
- Key challenges to take-away Naloxone
- Call to action

An increase in fatal drug overdose from heroin & prescription opiates is a world wide phenomena.
Rationale for Take-away Naloxone provision

• In most cases ODs are witnessed!
• Overdoses are rarely instant.
• Medical care is not always available and often drug users are reluctant to call for help for fear of prosecution.
• Naloxone is a safe & effective treatment.

Most overdoses are reversible with prompt identification & treatment with Naloxone
Take-away Naloxone: Australia

Overall approach in its infancy

Penington Institute – trial programs in VIC

- ACT – first formal program
- NSW – 3 sites including MSIC
- Slow off the mark
- Prescription only
What is Naloxone?

- Opioid antagonist drug given by injection (or IN)
- Rapidly reverses the effects of opiates
- Restores breathing
- Established use by emergency services
- Reverses effects long enough for support to arrive
- No adverse effects
Agenda

• Background to Sydney Medically Supervised Injecting Centre

• Drug overdose in Australia and elsewhere.

• **Rationale for take-away naloxone provision**

• MSIC *Take-Away Naloxone Project*

• Key challenges to take-away Naloxone

• Call to action

Take-away naloxone programs are now well established in many areas & have shown to be effective in saving lives by lay people who witness overdose.
When it comes to an overdose, seconds count. Prompt administration of one dose of naloxone can not only save lives, but prevent brain damage too. Brain damage occurs if the brain is deprived of oxygen. But severe overdose treatments should be administered immediately.
MSIC Take-away Naloxone Project

- Developed a Business Rule and Protocol
- Developed a Flow chart of Procedure
- Created Naloxone Packs
- Developed the Brief Intervention Tool, based on Langton Centre resource
- MOU with local pharmacy
MSIC Take-away Naloxone Project

Staff training

Development of Excel spreadsheet for recording key elements

Health promotion within the service, promoting to clients

Identification of clients with recent history of OD and those who express an interest in take-away naloxone

Training of clients  →  Naloxone dispensed onsite
Elements of the MSIC Brief Intervention

Risk factors for overdose
- mixing drugs
- reduced tolerance
- using alone

Overdose recognition
- Pin point pupils
- Cyanosed
- Blue lips
- Un-rousable
- Snoring

Actions
- Attempt to rouse
- Call 000
- Put in recovery position
- Remain with person

Preparing & administering
- IM administration of Naloxone
- Rescue breathing
- Second dose of IM naloxone, after five minutes
- Replacement Naloxone
Impact of the Project

- All MSIC staff trained in the brief intervention
- Flexibility in delivery was key
- Fastest rate of training of clients in the country!
- Brief intervention takes between 10 to 20 minutes.
- 69 clients (+10) trained and provided naloxone packs
- 12 OD reversals recorded
“What most surprised me was the level of concern expressed by clients for their fellow users and the level of empowerment and excitement they showed about saving a life.”

“Out of a conversation about recognising overdose, all these stories flooded from the client about how often they see their mates overdose and so on. It was hard to be witness to that level of pain in someone else but there was some comfort in providing the training and the packs.”

“It really showed me how much our clients really care about the well-being of their mates.”
“Thank God for the narcan pack, my mates are alive today. That was a close one.”

FROM CLIENTS

“He was fucking blue, I tell you he was out of it, the cunting ambo’s took forever, the narc brought him back.”
Key challenges going forward...

- Prescribing requirements
- Police
- Drug and alcohol services not seeing this as a ‘core responsibility’
- Fear of legal reprisal
- Resources and time
Time to scale-up in Australia – what needs to happen?

• Expansion of naloxone prescription programs – primary health services
• Reclassification of Naloxone
• Provision via NSP’s
• Embedding in drug treatment – relapse prevention, case management
• Justice health
• Family support and peer based organisations
• Nursing support and leadership
Call to action

• Naloxone **should be made more widely available**, to tackle the high numbers of fatal opioid overdoses.

• Nurses who work on the front line have a **key role** in making this part of routine care.

**It’s your move!**
Useful references

• www.copeaustralia.com.au

• http://www.who.int/hiv/pub/idu/opioid_overdose/en/

• http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/
Acknowledgements

• A big thank you to the following for your support through this journey.
  – DANA
  – Allison Salmon
  – Sarah Hiley
  – Julie Latimer
  – Rohan Glasgow
  – Marianne Jauncey
  – Clients and staff of MSIC

• And a special shout out to my incredible partner Stuart who puts up with me and did all the clever tricky PowerPoint thingies that made these slides look so awesome.
More from MSIC

MSIC Tours
Free Public tours of MSIC every third Tuesday at 4.45pm.
Call 02 9360 1191 to book one in

Training at MSIC
Identification and Management of Opioid Overdose (1/2 day)
Safer Injecting Workshop (full day)

For more info, cost and dates go to our website:
www.sydneymsic.com
Contact

William Wood
Email: wwood@unitingcarenswact.org.au
Ph: 02 9360 1191.