Naloxone use and access in patients presenting to MMUH ED with drug overdoses

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INTRODUCTION

An escalation in drug overdose presentations to MMUH has been observed in recent years, with the emergence of new potent synthetic opioids underpinning the urgency of addressing this trend. Harm reduction through education and increased naloxone access is key to mitigating morbidity and mortality associated with opioid overdoses. The WHO recommends people likely to witness opioid overdoses should have access to naloxone and training in its administration [1]. Recent Irish data suggests most naloxone administered prior to emergency services or hospital attendance is by service provider staff (94%), with peers comprising a much smaller proportion (3%) [2]. People who use drugs (PWUD) and their peers should be prioritised for naloxone training. A proactive and opportunistic harm reduction intervention during hospital attendance for drug overdoses is planned by the MMUH Inclusion Health team in conjunction with local advocacy group UISCE to increase naloxone training and access. A review of drug overdose presentations was conducted to inform and optimise this intervention.

METHODS

A retrospective review of presentations to MMUH where naloxone was given pre-hospital between July and November 2023 was conducted. The route of naloxone administered and by whom, substances leading to overdose, patients' current accommodation status, and whether they remained in hospital during the Inclusion Health team working hours to avail of the prospective intervention was recorded.

RESULTS

- There were 105 presentations to MMUH ED between July and November 2023 where naloxone was administered pre-hospital for suspected opioid overdoses
- 50 had taken opioids and 50 had taken benzodiazepams, with 61 cases of polysubstance use identified
- In 66 cases, naloxone was administered by emergency services, 21 by service providers/hostel staff, and 8 patients received naloxone from both (Figure 1)
- The majority of pre-hospital naloxone administered is given intramuscularly (IM) (Figure 2)
- Of the 105 presentations, the accommodation status of 15 patients was unknown, 33 were people with homes, 9 resided in long-term supported homeless accommodation (LTA), 21 in temporary supported accommodation (STA) and 13 in private emergency accommodation (PEA) (Figure 3)
- 13 individuals were homeless and not currently accessing emergency accommodation (NFA) and 1 person was in IPAS (International Protection Accommodation Services)
- 71 presentations (67%) overlapped with the Inclusion Health working hours (Figure 4)

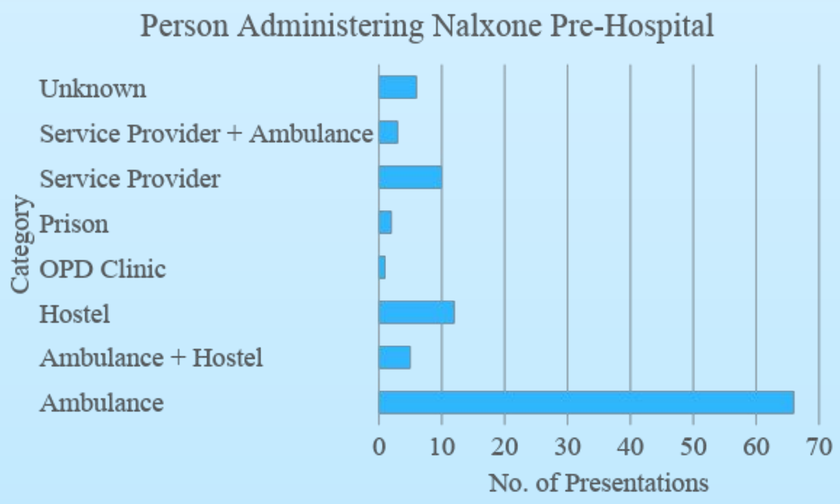

Figure 1. Person Administering Pre-hospital Naloxone

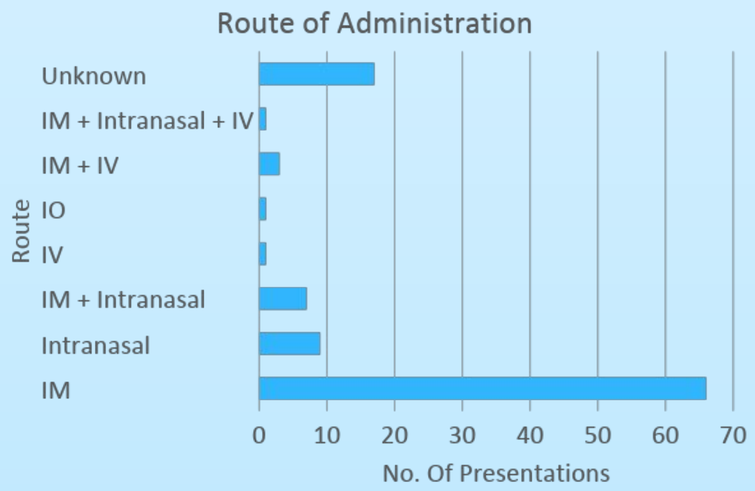

Figure 2. Route of Naloxone Administration

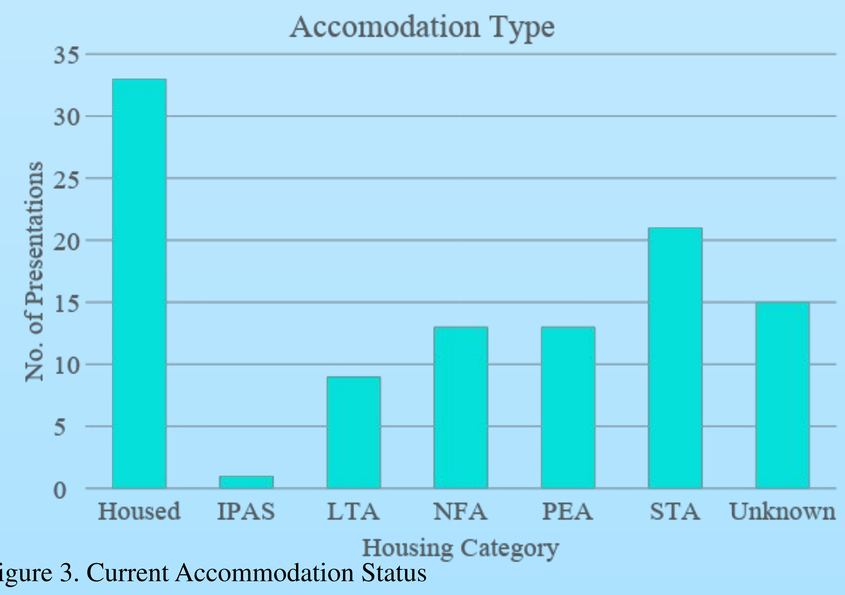

Figure 3. Current Accommodation Status

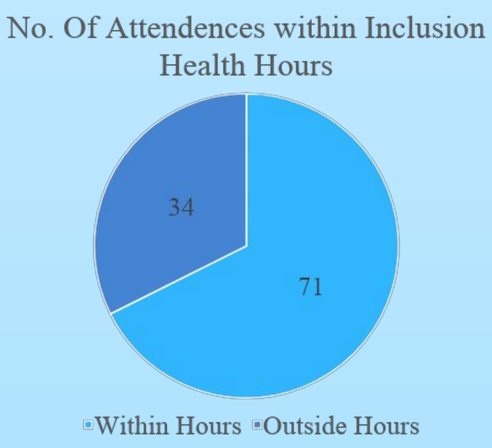

Figure 4. Proportion of substance overdose presentations where patient experience time overlapped with Inclusion Health working hours

CONCLUSION

Most pre-hospital naloxone given to those presenting to MMUH ED with suspected overdoses is administered by emergency services and service provider staff with no documented peer naloxone administration in this cohort. Only a small proportion of the patients were known to be accessing supported accommodation where staff trained in naloxone administration are likely to be on site (STAs and LTAs), underpinning the importance of peer naloxone training and access. The Inclusion Health team is well placed to deliver a harm reduction intervention to increase naloxone training and access to PWUD and their peers during hospital attendances. The information gathered in this evaluation will inform the approach in delivering this harm reduction intervention.

NEXT STEPS

The next steps in this project will be for the Inclusion Health Team Members (Case Manager and Peer Support Worker) to undergo training with UISCE, local drug harm reduction and advocacy group, in teaching others how to use naloxone. We will also formulate a pathway for referral of suitable patients to the Inclusion Health Team to undergo naloxone administration training during hospital attendances. There will be information available to MMUH staff who encounter these presentations outside the Inclusion Health working hours to signpost patients to UISCE for training and naloxone access on discharge. Funding to provide naloxone to patients will be applied for in order to optimise the effectiveness of this harm reduction intervention. The aim would be to re-audit the trends in pre-hospital naloxone use after a pilot period of this intervention (eg. 6 months) to quantify the impact of increased peer training and naloxone access.

References

[1] WHO. (2014). Community management of opioid overdose. World Health Organization. https://www.who.int/publications-detail-redirect/9789241548816

[2] HRB. (2023). Focal Point Ireland: National report for 2022 – Harms and harm reduction [Report]. Health Research Board. https://www.drugsandalcohol.ie/25259/

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