

UnitingCare ReGen support for proposed rescheduling of naloxone

Summary position

UnitingCare ReGen supports the proposed rescheduling of naloxone to increase its accessibility for people likely to be the first responders to potentially fatal overdoses. Including naloxone in Schedule 3 will allow pharmacists who dispense opioids (including opioid replacement therapies) to co-dispense the drug. This is an ideal service context to increase the accessibility of naloxone to people at immediate risk of overdose and ensure that education about naloxone can occur at the point of dispensing.

As with use of Epipens in the case of anaphylaxis, peers, family members and non-medical workers are safely able to administer intramuscular naloxone, when provided with basic training.

The work of Harm Reduction Victoria (having trained over 450 people in naloxone administration since 2013, resulting in 60 reported overdose reversals) is an indicator of the potential scale of impact that increased availability could have for Australian families and the broader community.

Increasing the accessibility of naloxone to peers, family members and a wide range of service providers will save lives, support more effective treatment services and prevent the wide-reaching trauma associated with opioid overdoses in Australia.

Scope and purpose of submission

The following comprises UnitingCare ReGen's response to the [Invitation for public comment - Advisory Committee on Medicines Scheduling meeting, July 2015](#). The comments included in this submission relate to the following proposed amendment:

- 'To amend the scheduling of naloxone to include single use prefilled syringe preparations for injection containing 400 micrograms/mL of naloxone or less in Schedule 3'

Background on UnitingCare ReGen

UnitingCare ReGen has 45 years' experience delivering a comprehensive range of alcohol and other drug (AOD) services to the community. It is one of the largest providers of AOD treatment and education services in Victoria and a critical contributor to the ongoing development of evidence-based policy and practice.

ReGen's comprehensive range of services for individuals and families enables us to provide effective early education or treatment interventions where people are at risk of, or

experiencing, early stage AOD-related harms. We also provide more intensive services for adults or young people who require greater levels of support or medical care.

In recognition of the importance of building on current naloxone initiatives in Victoria and the [recent rise in opioid-related presentations](#) to its services, ReGen is currently establishing a self-funded Opioid Intoxication and Overdose Response project to support the implementation of the Victorian COPE project (see below) and increase the capacity of ReGen employees, consumers and family members to:

- Recognise the signs and symptoms of overdose, and discriminate between overdoses on different types of drugs;
- Safely administer naloxone; &
- Successfully resuscitate people who are experiencing opioid overdose.

Comments

Nearly four Australians die every day from [overdose](#).

Deaths from opioid overdose are not instantaneous. Overdose most commonly [occurs in private residences](#) and are frequently witnessed by peers or family members. An immediate response to an identified overdose has the greatest likelihood of preventing death and potential injury (due to prolonged reduction in oxygenation of the brain, muscles or other organs) resulting from non-fatal overdoses. The impacts of such injuries (particularly brain injuries) have long term impacts on people's wellbeing and the capacity of community services and the Australian health system.

There is well established [research evidence](#) demonstrating the link between delays in overdose response and subsequent fatalities or permanent injuries. Delays can be caused by witnesses' fear of police involvement when calling paramedics, lack of knowledge in identifying and responding to overdose and lack of access to naloxone.

There is a clear benefit in providing people who are likely to witness an opioid overdose with naloxone.

Peer administered naloxone programs have been [operating internationally since 1995](#). While there is not yet a base of peer reviewed, random controlled trials to confirm their effectiveness, program evaluations have consistently demonstrated their impact on reducing the risk of overdose fatalities and empowering families/peers to save lives ([Dietze & Lenton, 2012](#)). Naloxone is increasingly being carried by police, paramedics and other 'first response' services in the USA and other countries.

The first [Australian trial](#) program commenced in the ACT in 2012. In Sydney, the Kirketon Rd & Langton Centres have been running low-key naloxone programs. Sydney's Medically Supervised Injecting Centre also runs a naloxone 'take-home' program and is currently undertaking a research trial comparing the effectiveness of intramuscular and intranasal delivery.

Since the commencement of naloxone programs in Australia, there have been repeated calls to shift the perception of naloxone programs as 'trials' towards their recognition as core business for the AOD sector.

There have been positive recent developments to increase the accessibility of naloxone in Victoria. The [State Government](#) funded [COPE project](#) (implemented by the Penington Institute) to provide training and support to primary health and community organisation staff. Since commencing their self-funded naloxone peer training in 2013, Harm Reduction Victoria have trained over 450 people in the use of the drug. In that time, the organisation has reports of [60 overdose reversals](#) performed by training participants.

This tremendous outcome is one that could be replicated across Australian communities if the accessibility of naloxone is increased. Increasing the capacity of peers, partners and family members to reverse opioid overdoses and save lives will bring at least two clear benefits:

1. Keeping individuals alive to allow opportunities for them to participate in treatment services and recovery supports, rebuild their lives and contribute to their communities; &
2. Reducing family members' stress (and potential trauma) at being unable to reverse a loved one's opioid overdose.

Increasing the accessibility of naloxone to individuals, families and a wide range of service providers will save lives, support more effective treatment services and prevent the wide-reaching trauma associated with opioid overdoses in Australia.

The proposed amendment to naloxone's scheduling will be a key enabler of future initiatives to prevent opioid overdose, reduce the harms associated with the use of opioids within our communities and support improved treatment and recovery outcomes.