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ONE STEP AWAY FROM MANY SAVED LIVES: GOVERNMENT ANNOUNCES NALOXONE PILOT

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ONE STEP AWAY FROM MANY SAVED LIVES: GOVERNMENT ANNOUNCES NALOXONE PILOT

The Commonwealth Minister for Health, Greg Hunt recently announced a major funding boost for alcohol and other drugs treatment and related initiatives. The package will provide $268 million for rehabilitation, research and other activities.

The Minister's announcement included a commitment of $7.2 million over two years to pilot a take-home naloxone (THN) program in Australia. Naloxone is the life-saving medicine that temporarily reverses an opioid overdose, allowing time for medical attention

"In partnership with the states and territories, a THN program will expand availability of naloxone to a range of additional settings frequently accessed by at-risk groups," the Minister said.

"The findings of this research will complement the 'on the ground' findings of the pilot, which will enable the THN model to be refined to a national rollout," the Minister said.

Penington Institute CEO John Ryan welcomed the announcement while calling for 'courage, imagination and boldness' in tackling Australia's opioid death rate. The announcement follows the September 2018 launch by Minister Hunt of Penington Institute's proposed national model for naloxone access, as reported in the *Anex Bulletin* volume 15 edition 3.

> "The national model provides an effective and workable basis to help save the lives of thousands of Australians," said John Ryan.

Concurrent with the pilot, the Commonwealth will fund Burnet Institute and the National Drug Research Institute to undertake research into the key principles and features of a nationally consistent THN model in Australia.

"It is very promising that the Government is building on the foundations of the national naloxone model, an unprecedented opportunity to prevent more unnecessary deaths."

In 2016, there were 1704 accidental deaths from drugs in Australia. Most of these deaths (1123), implicated opioids - both pharmaceutical pain medicine and heroin.

John Ryan said that naloxone is a vital medicine, but it is just not getting into the hands of those who can benefit.

"Naloxone is a remarkable treatment which can save many more lives in every corner of the country. Obviously if people cannot get access to it or can't afford it, we simply aren't going to get anywhere in preventing deaths," John said.

"We know take-home naloxone works," he said. "The first six months of a Victorian program funded by the Department of Health and Human Services – the Naloxone Subsidy Initiative – saw 1400 clients trained and 1009 packs of naloxone given out."

"What's more, clients reported 151 administrations of naloxone – that's a great number of lives saved."

Sophie Marcard

To access the Penington Institute report *Saving lives: Australian naloxone access model* visit: http://www.penington.org.au/wp-content/uploads/2018/10/Saving-Lives-Australian-naloxone-access-model.pdf

The full media release from the Commonwealth Government can be accessed at: http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2019-hunt029.htm

THE INS AND OUTS OF PILL TESTING

The controversial debate on pill testing has been reignited following recent deaths due to drug overdose at music festivals.

Some festival organisers have championed the idea of pill testing and they have the support of drug experts and even Australia's peak medical representative body. Despite this support, authorities have so far resisted ongoing calls for this initiative.

David Caldicott

Australians support pill testing

A recent study by Essential Research found the majority of the Australian public are in favour of pill testing, and Australian National University's Dr David Caldicott, says research shows that pill testing can save lives.

"We've known from 2002, from the Three Cities Study [which looked at Amsterdam, Hanover and Vienna] that where you implement pill testing at music festivals, people use fewer drugs, the quantity of drugs they consume is reduced, and the rate at which they mix their drugs is reduced. These are all dependent factors for overdose," says David.

"I don't think it's a panacea - we can't do anything for kids that get run over by cars at music festivals, or other accidents, but if we can address the issues of overdoses at music festivals, we can probably reduce deaths."

David's stance is supported by the Australian Medical Association, which put its support behind the idea as early as 2005.

Premiers not moving

However, in Victoria and NSW (the states in which many of the music festival deaths have occurred), the governments have ruled out a shift towards pill testing, with Premier of Victoria Daniel Andrews stating last year, "there is no safe level at which these substances can be taken."

New South Wales Premier Gladys Berejiklian has also expressed concerns that pill testing would give people a "false sense of security" and promote further drug use among young people.

"We do not support a culture that says it is ok to take illegal drugs, and I am worried about the number of people who attend these events who think it is ok to take illegal drugs," Premier Berejiklian told the media in 2018 following two drug overdose deaths at Sydney's Defqon 1 festival.

An opportunity to engage with people who use pills

David Caldicott, however, says that pill testing is not about encouraging people to use drugs, but rather it's a means of connecting to drug users and encouraging them to reconsider their use.

"The pill testing business gives us a currency the consumers want, in which we can engage with them and talk to them about their habits. People think that pill testing is just like a delicatessen counter, you just take a ticket and get what you want. What they don't realise is that people are also obliged to sit down for 20 minutes to talk to drug counsellors about their consumption," he says.

A long history

Pill testing is not a new idea. It emerged in the Netherlands in the early 1990s, where it is now implemented as part of a national drug policy. The service is also routinely available in several European countries, including Switzerland, Austria, Germany, Spain and France.

Australia's first and only pill testing initiative was trialled at Canberra in 2018, with the tests finding a lethal stimulant, paint and toothpaste in some drugs. Forty per cent of participants said they would change their drug consumption after finding out that what they were taking was cut with other substances.

The ACT government announced in February 2019 they would allow a second trial of the testing at this year's Groovin' the Moo festival.

The details

Pill testing, also known as drug-checking, involves testing illicit substances to provide people who use drugs with information on the pill's content. It aims to arm individuals with more knowledge about drug composition and purity. The person can therefore make more informed decisions.

Pill testing tends to have three principal aims: preventing people from using particularly dangerous or contaminated substances, communicating messages about reducing harms and improving the person's knowledge about substances and their related risks.

Andrew Leibie

The main types of pill testing, says SafeWorks' Andrew Leibie, include home kits, on-site testing at festivals, and laboratory testing. Each type offers a different degree of accuracy, speed, and ease of use, and a compromise between each of its benefits.

Reagents, or home kits, are a quick and low-cost option and can be easily performed without specialist knowledge. However, they are extremely limited in what they can detect and are unlikely to detect impurities.

The technology trialled at Groovin' the Moo in Canberra in 2018 was a portable instrument that offers quick results but is limited in the number and concentrations of substances it can detect.

The most effective laboratory-based options, like mass spectrometry and liquid chromatography machines, are also slower, more expensive, immobile, and often require advanced training to operate.

"The pill testing business gives us a currency the consumers want, in which we can engage with them and talk to them about their habits." David Caldicott.

Different approaches to pill testing – not just at music festivals

Central lab models have been trialled in the Netherlands and Spain and allow clients to drop in or post samples of their pills several days prior to expected consumption. The results are anonymously provided online.

This model also helps to provide real-time information about potentially dangerous drugs currently circulated the streets – valuable intelligence for health, drug and law services. This information can then be communicated to people who might potentially use the dangerous drug, says Andrew Leibie.

Internationally, drug-checking is also being trialled beyond music festivals. For example, in Canada the opioid crisis has prompted a safe injecting site in Ottawa to install a mass spectrometer to test drugs for potentially lethal contaminants including fentanyl.

Health Canada's latest figures suggest the number of annual opioid-related deaths in the country has now surpassed 4,000. In Ottawa 30 per cent of overdoses involve fentanyl, according to Ottawa Public Health.

David Caldicott says that while the pill testing debate in Australia is mostly centred around music festivals, drug-checking would be more applicable to people who inject drugs.

"If you look at the burden of drug-related harm, it would be far more sensible to have it far more widely than music festivals. Festivals are really only the tip of the iceberg," he says.

"This is a multi-pronged potential intervention to reduce harm. It's quite simple really. If we can address the issues of overdoses, we can probably reduce harm."

Tom de Souza

"This is a multi-pronged potential intervention to reduce harm. It's quite simple really. If we can address the issues of overdoses, we can probably reduce harm."
David Caldicott.

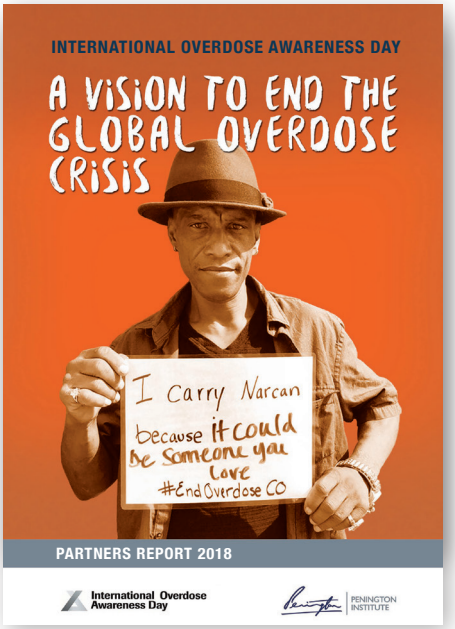
Penington Institute recently ran public education about pill testing, which can be viewed at https://www.youtube.com/playlist?list=PLBDud4l9jo1x5dLwiWUzjTMAmmmOfBxfu

FYI: LATEST REPORTS

Latest research finds the death penalty for drug offences at a tipping point

Executions for drug offences have fallen nearly 90 per cent since 2015, according to Harm Reduction International's new report, The Death Penalty for Drug Offences: Global Overview 2018.

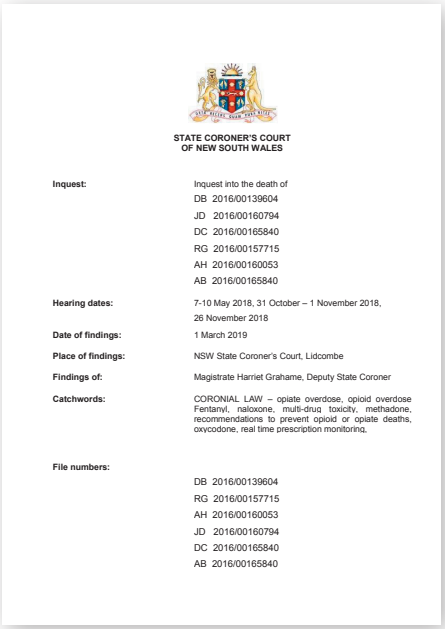
https://www.hri.global/death-penalty-drugs-2018



International Overdose Awareness Day: Partners Report released

The 2018 International Overdose Awareness Day was the most successful ever, thanks to the tireless commitment and energy of hundreds of campaign organisers around the world. This report celebrates the efforts and achievements of these partners.

https://www.overdoseday.com/wp-content/uploads/Partners-Report-2018-1.pdf



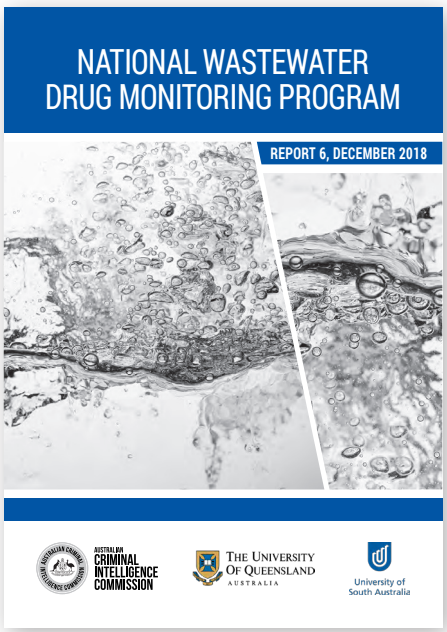
STATE CORONER'S COURT
OF NEW SOUTH WALES

Inquest:	Inquest into the death of DB 2016/00139604 JD 2016/00160794 DC 2016/00165840 RG 2016/00157715 AH 2016/00160053 AB 2016/00165840
Hearing dates:	7-10 May 2018, 31 October – 1 November 2018, 26 November 2018
Date of findings:	1 March 2019
Place of findings:	NSW State Coroner's Court, Lidcombe
Findings of:	Magistrate Harriet Grahame, Deputy State Coroner
Catchwords:	CORONIAL LAW – opiate overdose, opioid overdose Fentanyl, naloxone, multi-drug toxicity, methadone, recommendations to prevent opioid or opiate deaths, oxycodone, real time prescription monitoring,
File numbers:	DB 2016/00139604 RG 2016/00157715 AH 2016/00160053 JD 2016/00160794 DC 2016/00165840 AB 2016/00165840

NSW Coroner's report into opioid deaths calls for drugs policy rethink

This report is the decision of Deputy State Coroner Harriet Grahame released on 1 March 2019 relating to the Inquest into the deaths of DB, RG, AH, JD, DC and AB. The recommendations (from page 41) include the call for a NSW Drug Summit and better access to take-home naloxone.

http://www.coroners.justice.nsw.gov.au/Documents/Opiate%20findings%20-%20final.pdf



It's all in the wastewater!

The Australian Criminal Intelligence Commission has published the latest national wastewater analysis report on licit and illicit drug use. The ACIC say that the publication covers 56 per cent of the population (around 13 million Australians).

https://www.acic.gov.au/sites/default/files/2019/02/ww6_300119.pdf

Tristan Duncan

NALOXONE PROGRAM TAKES TO THE STREETS

Free take-home naloxone and new training initiatives in Victoria are offering those most likely to witness an overdose the power to reverse it.

The Proactive Overdose Response Initiative (PORI) operated by Melbourne's Youth Projects networks with community health services and those at-risk of encountering overdose to provide access to and training about naloxone – the opioid overdose reversal medication.

PORI project officer Tristan Duncan says the initiative is working to save lives.

"We have a lot of clients that have experienced overdose, have encountered and witnessed overdose, and unfortunately haven't had the capacity to respond to those events," says Tristan.

"The training that comes alongside naloxone equips these people with the ability to respond to overdose in a more comprehensive manner.

"We've had 24 recorded reversals and lives saved using naloxone, so we certainly see the positive effects of distributing naloxone."

The need to challenge clients

Frontline drug and health workers say they still face barriers in distributing access to and education about the medication.

cohealth Peer Overdose Educator Natalya Kanaef, who works on the streets of Melbourne's Maribyrnong and Brimbank suburbs, says she frequently challenges many of her clients who associate naloxone with bad experiences of overdose, including stigmatisation and precipitated withdrawals.

"Experiences of naloxone, for a lot of people, have been brutal. You know, waking up to people in uniform, flashing lights. I had a client come out of an overdose and an ambulance officer said to him, 'why don't you just get off the shit', while straight away he's coming down. A lot of people associate it with those stigmas," says Natalya.

While ambulance officers frequently administer high doses of naloxone, Natalya says people could still save a live without acute side effects if they have the knowledge and capability to administer their own naloxone.

"We explain that if you use it in smaller doses, you still feel stoned half an hour later. It's about challenging people's understanding of what naloxone is. I don't think anyone is averse to saving someone's life."

While naloxone administered by overdose witnesses is a potentially life-saving emergency interim response to opioid overdose, it should not be seen as a replacement for comprehensive medical care. This means always calling an ambulance for an overdose.

Understanding what overdose looks like

Natalya says another barrier she frequently encounters is a misunderstanding of what overdose actually looks and feels like.

"Overdosing to people who have never overdosed sounds pretty scary, but for people who have overdosed, it's actually a great feeling. You're stoned and you're drifting off, and a lot of the time people don't even realise, and go 'oh, what do you mean, I was just nodding off'. People just don't even realise they've gone over," says Natalya.

"A lot of our work is saying to people, 'when you did nod off for five hours and wake up with a dead arm, that was actually an overdose'. People are becoming a lot more aware of that."

Opioid overdose symptoms include being unresponsive, pale, ashen or clammy skin, a limp body, bluish or purple fingernails or lips, vomiting or gurgling/snoring noises, an inability to wake up or speak, and slow breathing or heartbeat.

Natalya and other health and drug workers can provide people in the community with naloxone training and access at no charge, thanks to the support from PORI and the Naloxone Subsidy Initiative, introduced by the Victorian government in 2017.

Call for a wider community approach

Tristan Duncan commends the work of frontline health workers like Natalya and says a wider community approach was also vital to help stem the flow of fatal drug overdoses.

"Overdose isn't just something that is the responsibility of clients, but requires a whole community response," says Tristan.

"Part of that is upskilling sector staff and community members in naloxone training. We encourage all people - if they're working in NSP, the homeless sector, if their family members are in a vulnerable position, or even if they're just community members living in hotspots. We can offer naloxone training and also facilitate subsidised provision of naloxone."

TIPS FOR NSP WORKERS

- Don't be discouraged by an initial negative response by clients to naloxone access or training; try to understand the barriers that person may be facing.
- Encourage a soft approach to naloxone.
- Encourage the wider community to be involved in naloxone access and training.
- Try to dispel common misunderstandings of what naloxone is and what it does.
- Build relationships and rapport – this is crucial to encouraging naloxone access and training.

Tailored answers to negative responses

Tristan advises NSP workers not to be put off by negative responses to naloxone access and training, and instead to try and understand the barriers they may be experiencing.

"It's important not to be discouraged by clients who initially don't want to participate in the training. Try to work out the themes around this reluctance - what are the concerns that people are bringing up, and how can you tailor your response to some of those barriers," says Tristan.

"Take-home naloxone is a life-saving intervention, [so] it's worthwhile having conversations about it, but for some clients the advantages are not immediately clear. It's about trying to open up that dialogue and speak about naloxone in constructive and insightful ways.

"The good thing about naloxone is it opens up those conversations around drug use, around opioid use, around the risks and potential harms. It allows us to address some of those myths and concerns that individuals might have.

"It's all about working with clients to find that appropriate advice, and it can take a little bit of persistence. It's only with the rapport and the relationships that we have with clients that we're able to encourage them to take part in the naloxone initiative."

Tom de Souza

NEWS: ANEX BULLETIN TO BE MONTHLY

Following feedback from readers, the *Anex Bulletin* will now be a shorter, more regular publication. The express version of the *Bulletin* will be emailed out monthly, with up to three feature stories and breaking news.

Readers told the publishers of the *Anex Bulletin* that they would prefer a more concise publication more frequently. This reflects the fact that many readers are now accessing the *Bulletin* on their smartphones.

The *Anex Bulletin* will continue to be distributed in email format. The email will link to the website which also gives readers the option to download a pdf version.

PENINGTON INSTITUTE

Penington Institute is a community-based, not-for-profit organisation that actively supports the adoption of approaches to drug use which promote safety and human dignity.

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