The Challenge:
Deaths in the UK from opioid overdose are among the highest in Europe. Naloxone is an effective medicine to treat the results of opioid overdose and is regularly given in the pre-hospital and emergency setting. It has the potential to save lives and is increasingly being accepted as a valuable intervention in efforts to reduce overdoses and drug-related deaths.

In 2009, the Welsh Government began a programme of work to distribute ‘Take Home’ Naloxone (THN). Paramedics in the Cardiff and Vale area of Wales were trained to offer and supply THN kits to opioid users they treated in the community for opioid overdose.

The Research:
This feasibility study aimed to determine if it is practical for paramedics to supply THN kits to opioid users they have treated and have subsequently recovered from their overdose.

The study also aimed to establish whether this could be developed to support a large, multi-centre trial involving other UK ambulance services. The 12-month study involved volunteer paramedics in the Cardiff and Vale, who were randomly allocated to receive training in provision of the intervention.

Following recovery from an overdose patients were asked whether they had heard of THN and whether they would be interested in receiving a brief training package and THN kit. The study’s aim was to follow-up as many subjects as possible and to gain their views of the concept of paramedic supplied THN.

In addition, the work aimed to gather views of paramedics on the training they received and the principle of providing THN to opioid users. Information and data was gathered through paramedic training evaluation forms and focus groups. The study also sought to gain the views of participants through follow-up by telephone and/or postal questionnaire and focus groups.

The Results:
The research team studied the information and data and the results showed that 215 opioid-related incidents were attended during the one-year period, exceeding the number estimated. Of these around a quarter of patients were eligible to be offered a THN kit by paramedics.

Initial findings suggest paramedics supported the principle of paramedic supplied THN. However, follow-up of patient participants who agree to take part in the study and receive a THN kit was challenging. The main barrier to this was the availability of mobile phone numbers. As an alternative to gathering participant views the researchers sought the views of non-participants and arranged two focus groups through drug service providers.

The findings from this study suggest it is workable and practical for paramedics to supply THN kits to patients they have treated for an opioid overdose. This concept also appears to be supported by the views of paramedics and opioid users involved in the focus groups.

The Impact:
This study has provided much-needed evidence on the feasibility, clinical and cost-effectiveness of THN provision by paramedics, which is seen as crucial to inform the development of policy and practice.

For more information visit http://bmjopen.bmj.com/content/4/3/e004712.full

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