Involving the network of drug abuse care centres of Catalonia in a take-home naloxone programme

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Drug Abuse Care Centres Network (XADC) of Catalonia

- Drop-in: 16 (10 scr)
- Mobile units: 6 (2 scr)
- Street outreach teams: 9

Drug treatment centres
- Detox units: 10
- Beds: 60

Therapeutic C. Units: 17
- Places: 332

Social rehabilitation centres:
- 30 day centres and social rehabilitation schemes
- 111 Places on rehabilitation apartments

Dual Diagnosis Units: 6
- Crisis Units: 1
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Overdose Prevention Interventions

- About 8,000 people on methadone
  - 600 people on methadone in the 11 prisons
- 13 Drug Consumption Rooms
  - More than 100,000 consumption a year (95% injections)
- Take home naloxone project

More needed:
- Other opioid drugs: Buprenorphine, heroin, …
- Stigma and discrimination
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Main Operational Aim

To achieve a high coverage of drug users trained on overdose prevention and response (OP&R)

Methodology:
1. On site and on line training for all professionals on OP&R
2. All centres were asked to draw up a protocol on OP&R
3. Every centre had to choose a key person responsible for the project implementation
4. Yearly training coverage objectives are set with services
5. A Manual to carry out the project was published
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<table>
<thead>
<tr>
<th>2009-2013</th>
<th>Starting year</th>
<th>Number services</th>
<th>Services participating</th>
<th>% participat</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRS</td>
<td>2009</td>
<td>26</td>
<td>26</td>
<td>100 %</td>
</tr>
<tr>
<td>TTCC</td>
<td>2010</td>
<td>17</td>
<td>15</td>
<td>88 %</td>
</tr>
<tr>
<td>DTC</td>
<td>2011</td>
<td>23</td>
<td>64</td>
<td>36 %</td>
</tr>
<tr>
<td>HDU/HDDU</td>
<td>2013</td>
<td>10</td>
<td>5</td>
<td>50 %</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>76</td>
<td>110</td>
<td>69 %</td>
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</tbody>
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<table>
<thead>
<tr>
<th>2009-2013</th>
<th>Professionals trained</th>
<th>Drug users trained</th>
<th>Kits distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRS</td>
<td>614</td>
<td>2049</td>
<td>4383</td>
</tr>
<tr>
<td>DTC</td>
<td>162</td>
<td>891</td>
<td>897</td>
</tr>
<tr>
<td>TTCC</td>
<td>231</td>
<td>1798</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1.007</td>
<td>4738</td>
<td>5280</td>
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</tbody>
</table>
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EVALUATION:

- OBJECTIVE
  - To measure changes in knowledge of risk factors for an overdose and actions to respond.
  - Self report of Naloxone use among people trained

- METHODOLOGY
  - A quasi experimental pre-post study with a comparison group.
  - 2 Dependent variables: 1) number of adequate and 2) number of inadequate knowledge of risk factors or actions to respond in case of witnessing an overdose
  - Independent variables:
    - Pre-Intervention Group (728) 2008-9
    - Intervention Group (220)
    - Comparison group (505) 2010-11
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RESULTS

40% of IDUs who received naloxone and witnessed an overdose had used the naloxone kit
Systematic courses about overdose prevention:

- Increase the knowledge in IDUs and a high percentage of IDUs trained use naloxone when they witness an overdose.
- Could produce that IDUs population as whole gains knowledge in terms of overdose prevention.
LESSONS LEARNED

- Awareness on overdose risk and motivation to do OP&R is still low among some Drug users and also among many professionals working in addiction treatment schemes.
- Abstinence orientated services and prisons are reluctant to provide the kit of Naloxone, even though loss of tolerance is probably the highest risk factor.
- Preloaded injectable naloxone and non injectable naloxone devices are needed (relatives, friends,...)
RECOMMENDATIONS

- In order to increase coverage and to reach the Drug users with higher risks, two changes should be considered: 1) shorter and more flexible training interventions, 2) involve peers in training
- To explore why some trained users do not use or carry naloxone with them or do not do other key actions when witnessing and overdose
- All patients on Opiate Substitution Treatment should be trained
- All drug care centres should systematically assess the overdose risks of their clients
- Prisons is the next step
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Acknowledge the commitment of drug workers

Thank you
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