

Best Practices for Take-home Naloxone Programs



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Background

- Syringe service programs (SSP) pioneered community-based naloxone distribution through overdose prevention and naloxone distribution (OEND) programs.
- SSPs are ideal settings for OEND because their staff are culturally competent in providing services for people who use drugs
- By 2019, 94% of SSPs across the USA had incorporated OEND services into their program, a sizeable jump from 56% in 2013.
- OEND programs have evolved organically, though not systematically
- Defining and implementing best practices for OEND services within SSPs is critical to ensure a productive climate for implementation

Objective

- To identify and define best practices for OEND delivery at SSPs grounded in practice-based evidence
- To prioritize best practices for SSPs to focus on

Methods

- Modified Delphi approach to develop a set of best practices for OEND delivered at SSPs
- The Delphi approach is an iterative communication process designed to critically examine a particular topic with a diverse group of experts
- Two experts (MD-S and EW) developed an initial set of best practices.
- These experts had 20 years of experience with OEND and SSPs and had published an implementation guide.

Delphi Participants: Round 1

- Twenty-seven experts
 - 12 people in leadership positions at SSPs
 - 7 people who were current SSP participants
 - 6 people who work in health departments
 - 2 researchers
- Diverse locations across the US, representing people working in rural, urban and suburban areas.
- \$50 remuneration for providing expertise

Round 1 Interviews

- One hour, in-depth qualitative interviews
- Review each of the initial best practices and grouping of them into three domains
- What are your thoughts on these best practices?
- What other best practices would you add?
- Which best practices do you not agree with?
- What changes would you make to these best practices?
- What changes would you make to the grouping of best practices?

Analysis of Round 1 data

- The study team met to review the feedback and incorporate it into the next draft of best practices.
- The study team utilized an inductive analysis approach to aid in the understanding of the data through the development of summary themes and categories from the raw data.
- The study team reviewed and discussed the responses and collectively made decisions to
 - Add or remove a best practice,
 - modify the existing language of a best practice,
 - divide them into more than one best practice, or
 - move them into a different category.
- A consensus decision-making process was used. There were no situations where experts provided completely opposing or irreconcilable views on with regards to a best practice.

Round 2 methods

- Emails were sent instructing participants to review the revised best practices document and reply as follows:
- Provide wording or language suggestions for each of the specified best practices;
- Inform the research team if they found that a previous suggestion had not yet been sufficiently incorporated into the best practice, and
- Assign a priority score of 1, 2 or 3 to each of the Best Practices.

Priority Score definitions

- 1: Best Practice is critical, should be focused on now and will have the highest impact at reducing opioid overdose deaths in the community;
- 2: Best practice is important, should be focused on soon and will have a medium amount of impact at reducing opioid overdose deaths in the community;
- 3: Best practice is less important, should be focused on later and will have less impact at reducing opioid overdose deaths in the community

Results

- 16 of 19 original best practices were modified
- One best practice was added: “Only essential data are collected.”
- The mean priority scores assigned by participants to each best practice ranged from 1.17 to 2.17

Ranking of Best Practices: Top 11

1. Naloxone is Accessible
2. Needs-based naloxone distribution
2. Sufficient Naloxone Supply
2. Low Threshold Services
2. Naloxone at No Cost
6. Program is Grounded in Harm Reduction Principles
7. Naloxone Saturation
8. Involvement of People who use Drugs
9. Proactive Engagement
9. Needs-based Training
9. Lay Person Naloxone Team

Ranking practices 12-20

- 12. Anonymous Service Delivery
- 12. Only Essential Data are Collected
- 14. Training of Trainers
- 15. On-site Overdose Protocol Established
- 15. Overdose Response Education Materials Offered
- 17. Outreach and Marketing Conducted
- 17. Option to Choose Naloxone Administration Modality
- 17. Support for Vicarious Trauma
- 20. Support for Burnout

Discussion

- These best practices can be used as a resource for SSPs to understand and improve their implementation quality.
- Top five priorities were related to easy and consistent access to ample naloxone.
- The other best practices had more to do with
 - Staff training and support,
 - Culturally appropriate services,
 - Being grounded in harm reduction.
- Support and training for burnout and vicarious trauma were deemed important but ranked last

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Questions?

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