

‘Take-Home Naloxone’ research: challenges in documenting actions and measuring benefits

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Remembering those who have died ...

You were my brother, my sister
You were my mother, my father
You were my son, my daughter
You were my friend, my neighbour

ThINC-3



31 August 2021



Maudsley Hospital and the National Addictions Centre light up for International Overdose Awareness Day 2021

International Overdose Awareness Day is a global event held on 31 August each year to raise awareness of overdoses, reduce the stigma of drug-related deaths and acknowledge the grief felt by families and friends. We are marking the date by lighting up the Maudsley Hospital and National Addictions Centre in purple.





Candle Light Vigil



**International Overdose
Awareness Day**

Join us

**Thursday
31 August 8pm**

Steps of the
Bethlem Museum
Bethlem Hospital
BR3 3BX

Time to
remember
Time to act



NHS

South London and Maudsley
NHS Foundation Trust



Declarations (personal and institutional)

- NHS provider (community & in-patient); also NGO/3rd sector Phoenix House, Lifeline, Clouds House, KCA (Kent Council on Addictions).
- Dept of Health, NTA, Home Office, NACD, EMCDDA, WHO, UNODC, NIDA.
- Dialogue and work with pharmaceutical companies re actual or potential development of new medicines for use in the addiction treatment field (incl re naloxone products), including (past 3 years) MundiPharma, Camurus, Accord, Pneumowave and trial product supply from Camurus and Pneumowave.
- SSA (Society for the Study of Addiction); UKDPC (UK Drug Policy Commission), and two Masters degrees (taught MSc and IPAS) and an Addictions MOOC.
- Work also with several charities (and received support) including Action on Addiction, and also with J Paul Getty Charitable Trust (JPGT) and Pilgrim Trust.
- Patron of DrugFAM; historical links with Action on Addiction.
- The university (King's College London) registered intellectual property on a buccal naloxone formulation, and JS was named in a patent registration by a Pharma company as inventor of a novel concentrated naloxone nasal spray.

Scope of today's talk

1. We must ask the challenging questions – to defend achievements and to improve the intervention.
2. What is 'Take-Home Naloxone'?
3. We must do the 'undone science'.
4. *'Mappa naloxoni'*.



What is 'Take-Home Naloxone'?

- It's obvious, we all know – but do we?
- The medication? (and what to do with it? And when?)
- The teaching and conferring confidence and competence?
- The engagement and empowerment?
- The context and location? ('home'?)
- The scope? (The naloxone? Rescue breathing? Ambulance? Aftercare? Therapeutic window?)

What gets in the way of wider Take-Home Naloxone?

- What are the essential ingredients? Is it simple? Or a complex intervention?
- What are the uncertainties? Legal obstructions? Public attitudes? Professional attitudes? Lack of funding?
- Naloxone on-person carriage - why is it so poor? What might make a difference?
- Different strategies and different contexts - prohibition zones; hostile countries;
- Understanding opposition - the probability of shared concerns.

The need to document evidence of benefit from THN

- We *know* that naloxone works on an individual level, but why so difficult to see impact at a population level?
- What should we measure? And from whom and how?
- What adverse effects could we imagine? Can we look for them? Can we prevent them?
- What research designs can be planned to effectively capture impact?

Tomorrow's Take-Home Naloxone innovations

- What might be possible with Apps?
- Could wearables improve safety and protection? *
- Might new antagonist formulations be different? (Nalmefene?)
- Tomorrow's new products (e.g. multi-dose kits of nasal and injectable, other routes of administration) *
- Tomorrow's types of distribution? (e.g., naloxone by post, pharmacy distribution, drone delivery, etc.) *
- And more!

Could Take-Home Naloxone 'components' be improved?

- The naloxone - different approaches to dose, form, route, pack quantity?
- Ideal versus good enough - how much does skilful delivery matter? Expiry date - how much does it matter?
- Emergency care - what is the objective? Waking for safety? Or opioid full reversal? Immediate or gradual?
- What is the time-period of THN relevance? First half-hour versus 12 hours?
- Post-recovery aftercare - is post-rescue a therapeutic window? An intervention opportunity?
- The training - minimal versus comprehensive; competence; breathing-only, or full CPR? Is refresher training necessary?

Thank you