

Experts welcome new guidance on take-home opiate antidote

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Writing in *The BMJ* this week, Professor John Strang from the National Addiction Centre, Institute of Psychiatry, Psychology & Neuroscience (IoPPN) and the South London and Maudsley (SLaM) NHS Foundation Trust, and a group of international colleagues, welcome new World Health Organization guidance recommending that patients, families and other non-medics who may come into contact with heroin addicts should carry the drug naloxone, an antidote for opiate overdose. The authors say that while more research is vital, the move will help save lives.

An estimated 69,000 people worldwide die from opiate [overdose](#) each year. Of nearly 3000 drug related deaths registered in England in 2013, more than half (56%) involved opioids. Last month, Scotland (the first country to introduce a national programme to provide [naloxone](#)) released results showing a marked reduction in [opioid overdose](#) deaths among

people just released from prison (a particularly [high risk](#) group) from 9.8% (193/1970) in 2006-10 to 4.7% (18/383) in 2013.

Based on research from the National Addiction Centre at the IoPPN, the new guidelines recommend training in emergency resuscitation after an opioid overdose – including giving naloxone - for both medical and non-medical first responders.

Schemes to make naloxone available are being implemented around the world, explain the authors. Scotland's national take-home naloxone programme began in 2011, with Wales's scheme starting the same year. City and state schemes have recently started in parts of North America, Europe, and Australia. Various countries have also clarified the legal status of resuscitation actions by members of the public, including administration of naloxone, with the intention of saving life.

Reports of lives saved are plentiful. However, research on its impact on the number of deaths from overdose is scarce, say the authors.

So how should this innovative approach be taken forward?

Any patient known to be at high risk of death from overdose should carry emergency naloxone, they suggest, "especially at times when contact with treatment or care is associated with transient increased risk."

Settings in which people are known to be at high risk (probation hostels; homeless shelters) need naloxone, while critical periods of time (after prison, detoxification, residential rehabilitation, and hospital discharge) need specific attention, they add.

Naloxone also needs to be available to families and peers, hostel staff, police officers, and firefighters.

Further studies need to be done alongside investigations into optimal dose, comparative routes of administration, and exploration of better mechanisms for wider use of naloxone, say the authors. "These studies are vital, but they must not delay implementation. While we dither, people will die from overdose," they conclude.

More information: John Strang, Sheila M Bird, Paul Dietze, Gilberto Gerra, A Thomas McLellan "Take-home emergency naloxone to prevent deaths from heroin overdose" published in *The BMJ*
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