Take-home naloxone in multicentre emergency settings: the TIME feasibility cluster RCT

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain language summary

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Plain language summary

Emergency ambulance staff and doctors in the emergency department regularly administer naloxone to people who have overdosed, reversing effects of the opioid – so-called 'take-home naloxone' – to administer to others in an emergency. We don't know whether take-home naloxone saves lives.

We carried out this feasibility study to see whether:

1. we could identify a high-risk population to include in a trial to determine whether take-home naloxone reduces deaths from overdose
2. ambulance paramedics and emergency department staff could be trained, and would then give out take-home naloxone kits to drug users they see.

We included four areas in the study. We randomly selected two for distribution of take-home naloxone to patients at risk of or following an overdose by emergency department clinicians and local ambulance paramedics.

We attempted to identify people at high risk of death from opioid overdose. We collected data about patients that were eligible and received take-home naloxone in the two intervention areas. We carried out interviews to find out about the views of patients and staff who gave out the kits.

At the start, we agreed criteria that should be met for us to recommend that a full evaluation be carried out.

We could not reliably identify people at high risk of death from opioid overdose, as deaths were rare in the population, and previous health service usage was variable. Less than half of eligible staff were trained to supply take-home naloxone (299/687, 44%), and less than half of eligible patients were given take-home naloxone (60/277, 21.7%) over 1 year. Patients were not offered take-home naloxone because staff forgot, were too busy or suspected an intentional overdose. Other patients left before receiving a kit.

Service users liked the idea of take-home naloxone kits being provided in the emergency setting but reported resistance to attending hospital following an overdose. Service providers were supportive of providing take-home naloxone in the emergency setting but reported challenges in consent and training.

Conclusion

This study found that it was not feasible to deliver or evaluate this form of take-home naloxone, using this study design, in emergency care.

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