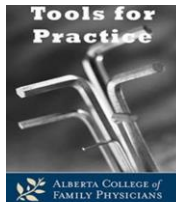


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Spread the Word: Widespread Distribution of Naloxone to Decrease Opioid-Related Deaths

Clinical Question: Does population-based or programmatic provision of naloxone kits decrease the risk of opioid-related deaths in people who use opioids?



Bottom Line: Offering naloxone kits and overdose related education for people who use opioids and their community may decrease opioid related deaths by ~7 per 100,000 population over one year. Effectiveness is likely influenced by magnitude of opioid problem in a given community and other confounders (like co-ingestions, co-morbidities, type and dose of opioid used).

Evidence:

- Randomized controlled trial:
 - 1676 inmates being released from prison were randomized to kit with single dose naloxone versus no naloxone.^{1,2} After 3 months:
 - Opioid-related deaths: 0.7% naloxone versus 0.4% no naloxone arm, not statistically different.
 - Limitations: Trial stopped early as ~66% of naloxone used on others, thus limiting individual patient analysis.
- Observational studies: pre/post naloxone program initiation:
 - Naloxone kits and overdose education provided to people who use opioids, friends/family, and social agency staff, in Massachusetts.³ After one year:
 - Opioid-related deaths in community (per 100,000): 11.6 with program, 19.0 without program.
 - Opioid-related hospital visits: unchanged.
 - Other studies found naloxone kits provided to Scottish prisoners (pre-release) or to patients attending Catalonia harm reduction centers decreased opioid-related deaths.^{4,5} Evidence limited by:
 - Improper or unknown "denominators" (number of prisoners released or Catalonian program participants).
 - Limitations: observational studies results may be influenced by other interventions (example: opioid agonist therapy prescribing).

Context:

- Every day, 2 Albertans and 11 Canadians die of an opioid-related death.^{6,7}
- Those at higher risk of opioid-related death include:
 - Previous opioid overdose.⁸

- Discharge themselves from drug treatment programs.^{8,9}
- Recently released from prison.^{8,10}
- Use higher doses of prescribed opioids.^{8,11}
- Co-ingest benzodiazepines and/or anti-psychotics.^{8,11,12,13}
- Patient level data supports the use of naloxone by non-medical personnel, emergency medical services, or in the emergency department.^{14,15}

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Authors do not have any conflicts of interest to declare.

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