

Use of Naloxone in the Management of Opiate Dependence Syndrome (2003)

Research conducted by:

The National Medicines Information Centre at St James's Hospital.

Aim:

To evaluate the effectiveness of Naloxone as an intervention in the management of opiate dependence.

Method:

A review of published literature relating to the use of Naloxone in the management of opiate dependence syndrome, and an evaluation of its use in potential treatment settings (emergency room, community setting).

Key Findings:

- Naloxone is an opiate antagonist (i.e. it reverses the effects of opiates) which has been used as an emergency treatment for opiate overdoses in hospitals for several decades.
 - In other countries, its administration by trained ambulance staff in the pre-hospital setting, resulted in fewer hospital admissions.
 - There is insufficient evidence on the effectiveness of Naloxone for take-home use by families and relatives of opiate users as a first aid measure.
 - Naloxone distribution should be one aspect of a programme that comprises 1) education on the fatal risks of polydrug use, concomitant alcohol use and injecting drugs alone; 2) the need to call an ambulance in overdose cases and 3) training in basic resuscitation techniques.
- Naloxone has been used in combination with other agents in the management of opiate withdrawal. The withdrawal syndrome occurs earlier, is more severe and resolves more quickly with Naloxone. It has also been combined with the use of buprenorphine with the aim of reducing the possible abuse of buprenorphine.
 - Key issues would need to be addressed before a programme of take-home Naloxone for emergency use could be implemented: provision of adequate training to all personnel involved - prescriber, pharmacist, distributor, patient and administrator of the drug and clarification of their legal position.

NACD Recommendations to Government:

The NACD believes that Naloxone is a drug which has much to offer within our overall response to problem drug taking. It reinforces the need to be proactive in developing an opiate overdose reduction strategy in Ireland. Since retention in a methadone maintenance programme has been shown to reduce fatal opiate overdoses, it may be difficult to target at risk groups i.e. those who do not attend clinics.