

● ● ● ***Training the trainers? Does it
work with opioid overdose
management and naloxone
administration?***

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Background

Opioid overdose has a high mortality

Can be reversed by overdose management & naloxone administration

Training empowers clinicians & they can extend this training to drug users/carers

Priority for Government, drug service providers, users and carers

Ambulance
Breathing
recovery position
NALOXONE

Rachel was found dead in May 2000 at a bedsit in Exmouth in Devon, kneeling with a syringe clutched in her hand.





NALOXONE SAVES LIVES

- In 2003: 1300 recorded DRD's in England, 536 (41% heroin & morphine)
- Most overdoses are:
 - Witnessed
 - Residential dwellings
 - Preventable
 - Users/Carers willing to intervene
- Proposed by Strang (1996)
 - overdose training & take home naloxone to users for emergencies
 - increase availability in prisons, police & ambulance services

Ambulance

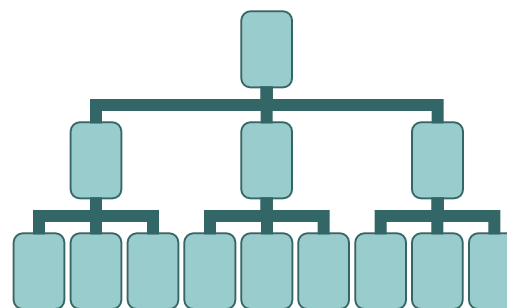
Breathing

recovery position

NALOXONE

Aims

1. Evaluate clinician's knowledge/confidence on opioid overdose management and administering naloxone pre/ post training
2. Test the efficiency of the 'cascade method' for disseminating training



3. Identify barriers to implementing training

Ambulance

Breathing

recovery position

NALOXONE



Methods

Design:

Repeated-measures pre/post training – FU 1 yr

Sub-set of clinicians interviewed to identify barriers

Participants:

Clinicians from 6 Addiction services across England.

Intervention:

Opioid overdose and naloxone administration training session

Measurements:

Self-completed questionnaire recording overdose knowledge, confidence, barriers to implementation.

Ambulance

Breathing

recovery position

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Training Intervention

- Risks of overdose
- Recognising an opiate overdose
- Management of an opiate overdose
- How to administer naloxone

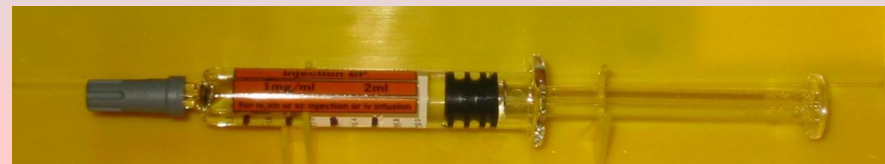
Ambulance

Breathing and airways

recovery position

+ NALOXONE

Ambulance
Breathing
recovery position
NALOXONE





RESULTS



Ambulance
Breathing
recovery position
NALOXONE



Knowledge

- 77% thought administering naloxone appropriate after opioid overdose
- Significant proportion of clinician unsure whether giving stimulants, injecting saline, shocking with water & walking victim were appropriate actions
- Mean number of correctly identified actions
- Pre-training was 7.1 (± 2.3)/11
- Post Training 8.7 (± 2.3)/11

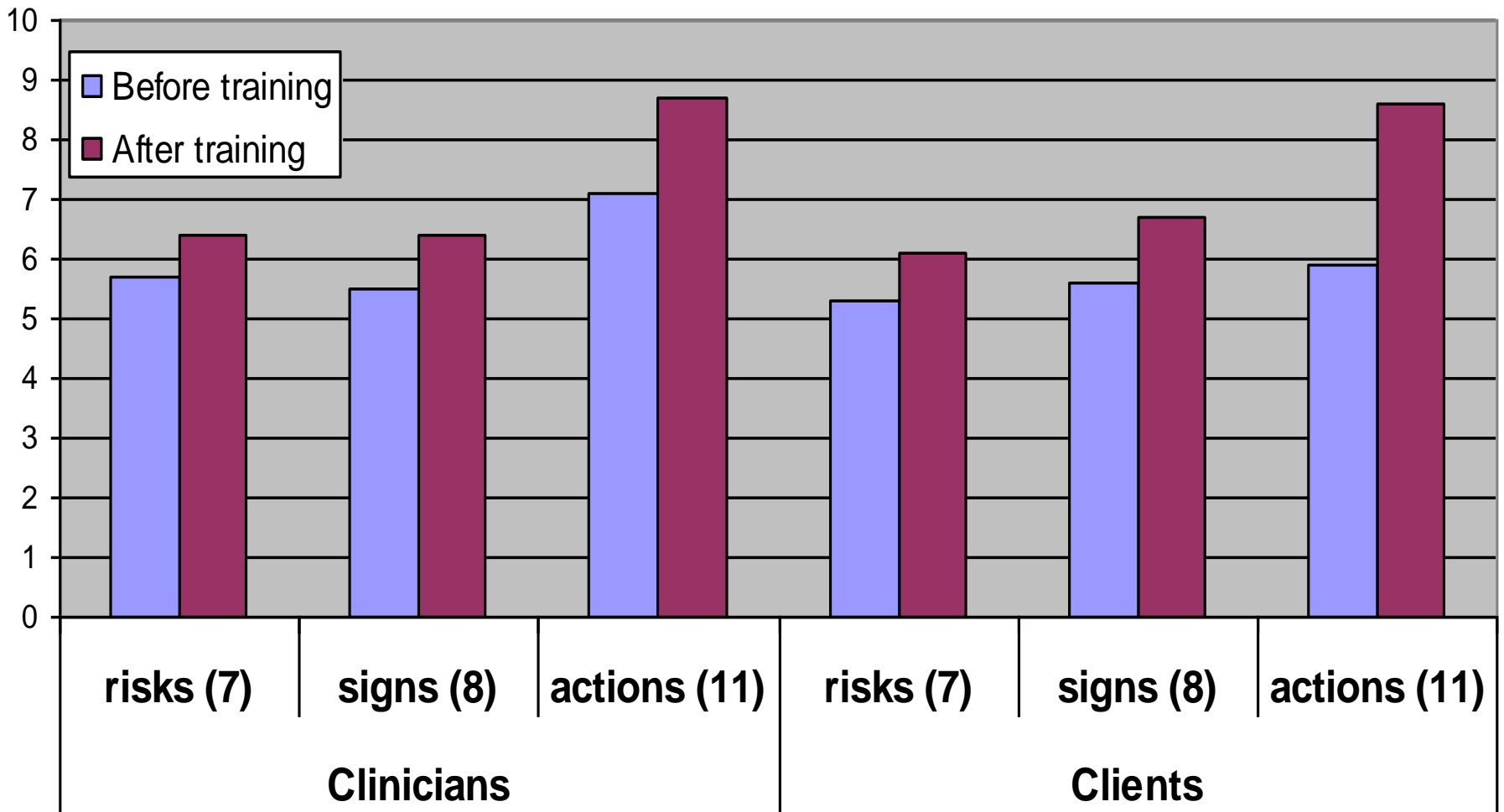
• ($Z=7.94, p<0.001$).

Ambulance
Breathing
recovery position
NALOXONE

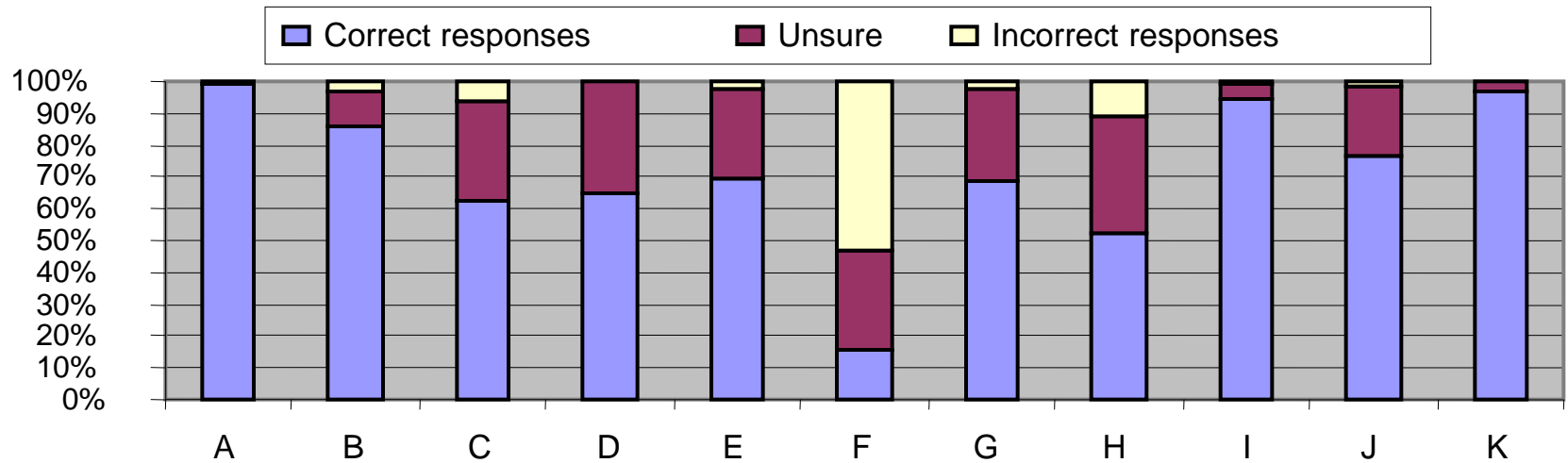
Changes in knowledge after training



***All significant at $p < 0.001$



% of Correct responses to actions taken during an overdose (Pre training) among clinicians



Actions to take with an opiate overdose

A	Call an ambulance	G	Do not shock the person with cold water
B	Stay with the person until they come round	H	Perform mouth to mouth resuscitation
C	Do not walk the person around the room	I	Place the person in the recovery position
D	Do not inject saline (salt)	J	Administer Naloxone
E	Do not give stimulants (e.g. black coffee)	K	Stay with the person until the ambulance arrives
F	Slap or shake the person		

Ambulance

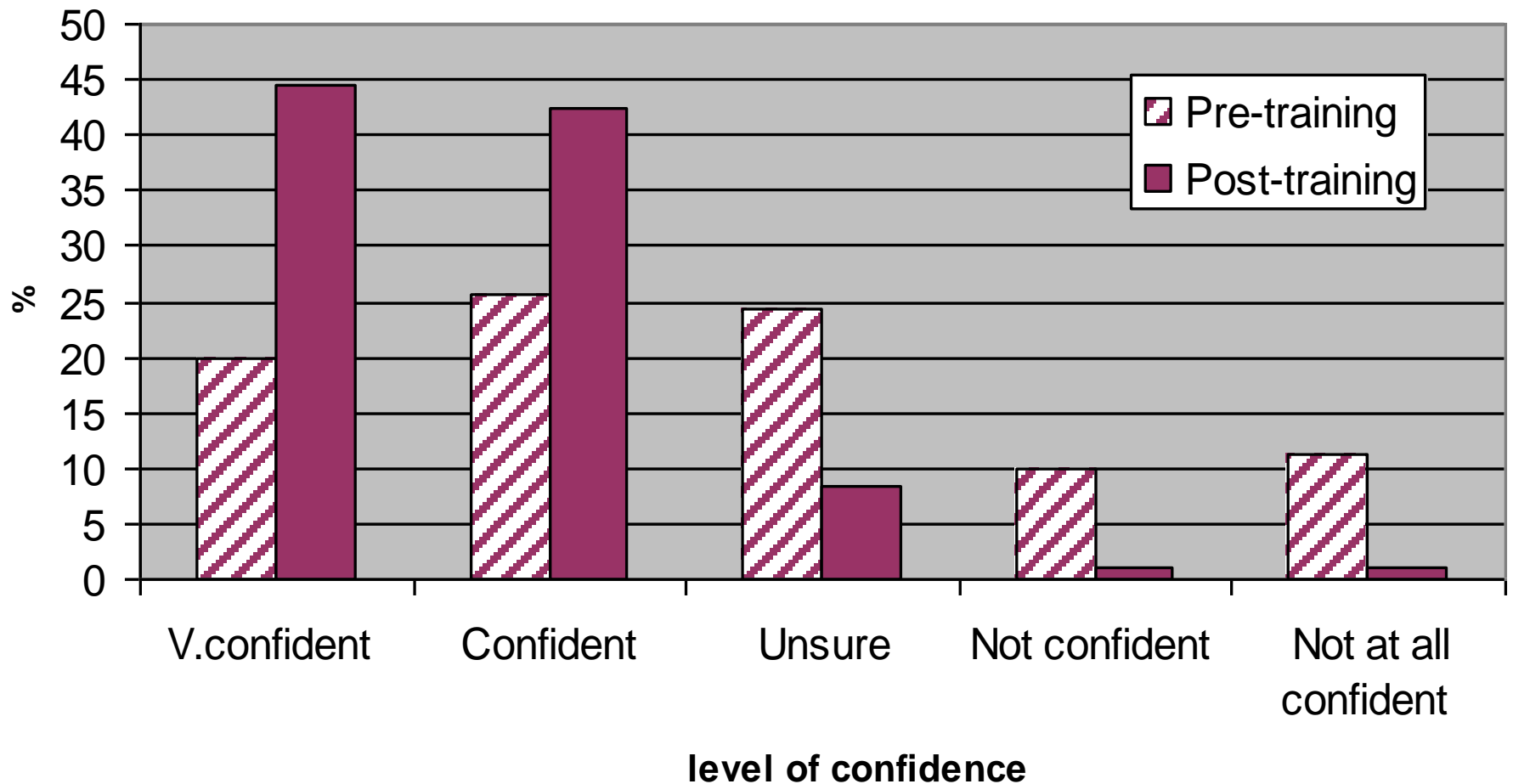
Breathing

recovery position

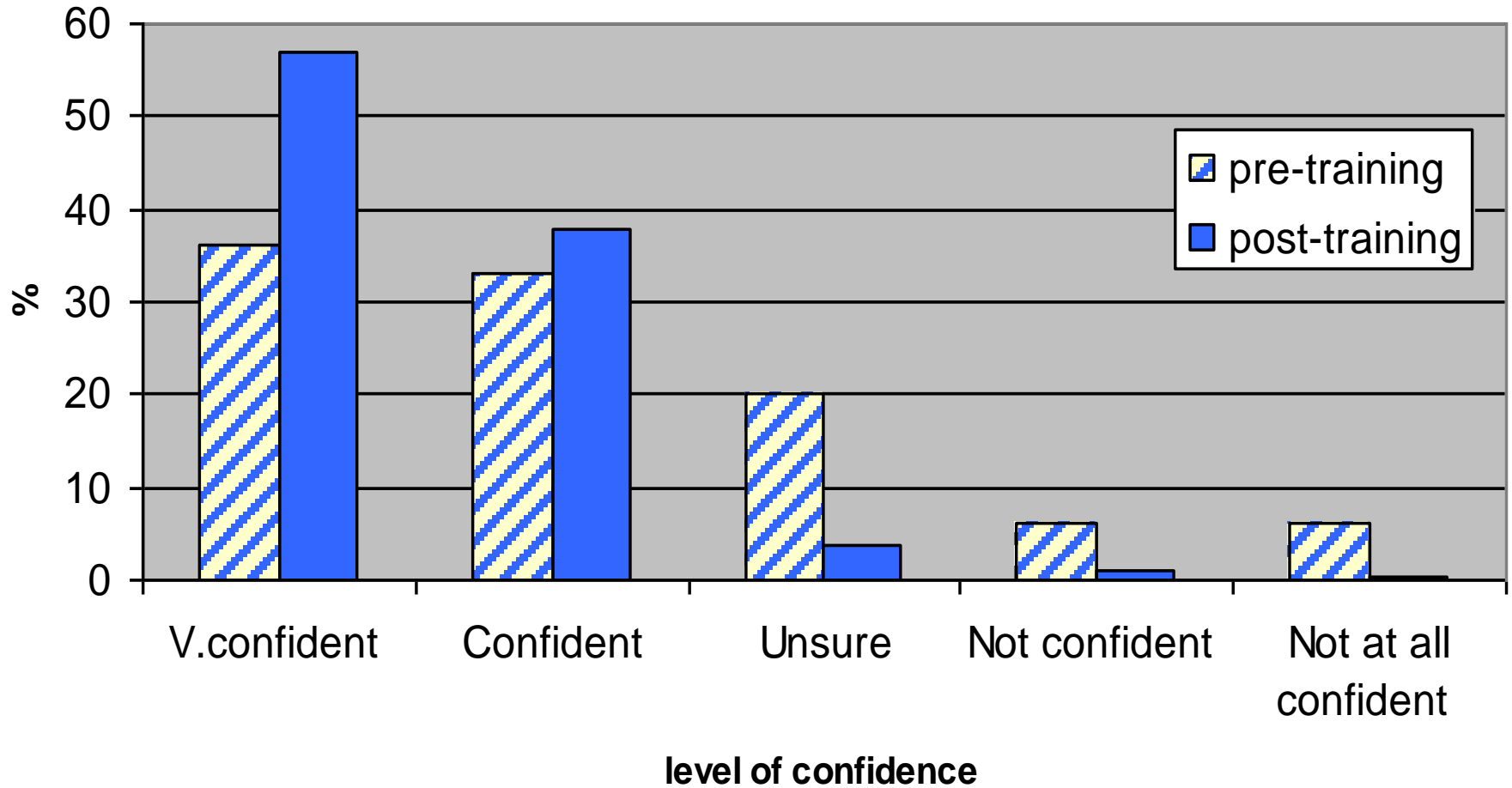
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Clinician confidence in administering naloxone

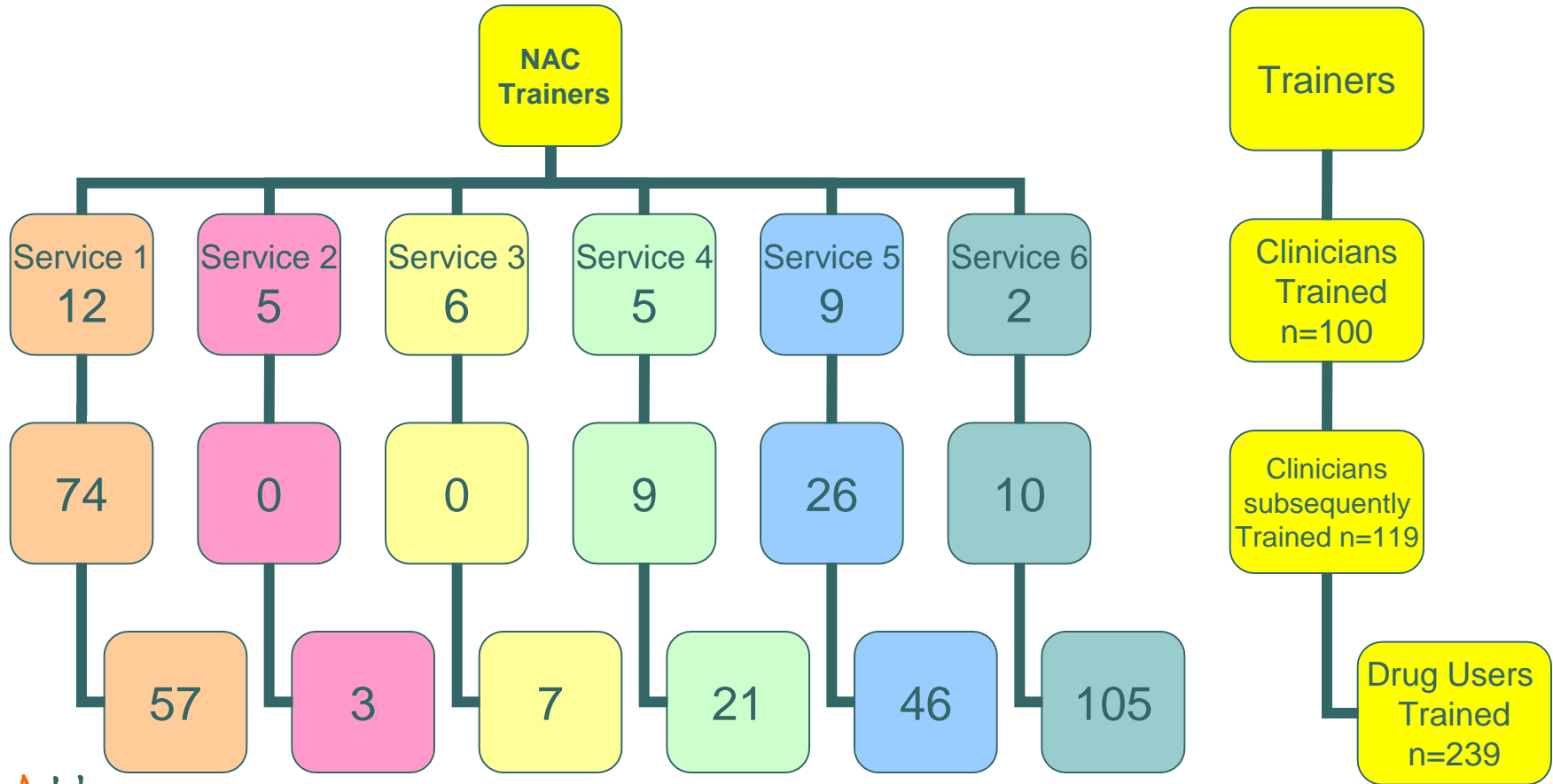
Confidence and willingness to administer naloxone improved ($p < 0.05$)



Client confidence in administering naloxone



How successful was 'cascade method' for disseminating training?



Ambulance

Breathing

recovery position

NALOXONE

Barriers to implementing training

- Clinician time and service resources, client willingness, confidence of clinicians, and naloxone formulation issues.
- 1. Time/caseload
- 2. Clients not wanting training
- 3. Clients not attending training
- 4. Clinicians lacking confidence in training others
- 5. Naloxone formulation too difficult to assemble/administer
- 6. Concerns regarding continued funding for training

Ambulance

Breathing

recovery position

NALOXONE

● ● ● Vignette – staff use

- Client attended for needle exchange after 4pm
- Staff checked toilet cubicles before closing time (5pm)
- Found man unconscious with a syringe by groin
- Emergency assistance called
- Naloxone brought out
- Doctor administered naloxone - IM
- Client regained consciousness and survived
- Client taken by ambulance for observation

Ambulance

Breathing

recovery position

NALOXONE



The Next Steps

1. New Preparation – prefilled syringe
2. Training Carers, other professionals
3. Refresher Training
4. Alternative methods for disseminating training
5. Core Competencies for clinicians working in addictions



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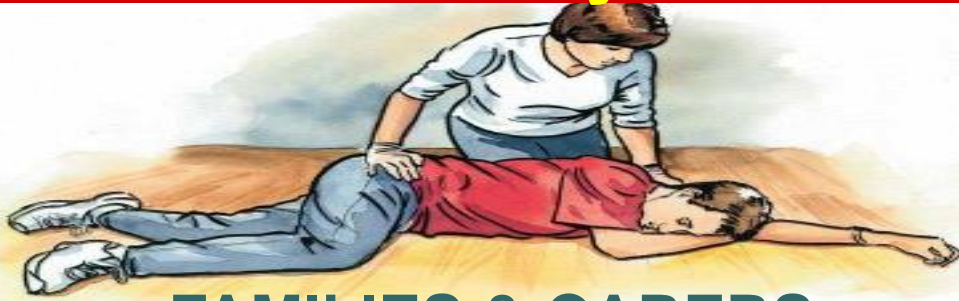
Ambulance

Breathing

recovery position

NALOXONE

Heroin overdose - would you know what to do?



FAMILIES & CARERS

Do you want to know what to do if your loved one has a heroin overdose?

Contact us for free, confidential training and access to naloxone – the “heroin antidote”

& you get paid £10

CALL

020 7848 0027

CALL/TEXT

(we will call back)

07513 820 502



EMAIL

Overdose-training@kcl.ac.uk

Training the trainers: Does it work with opioid overdose management & naloxone administration?

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BACKGROUND

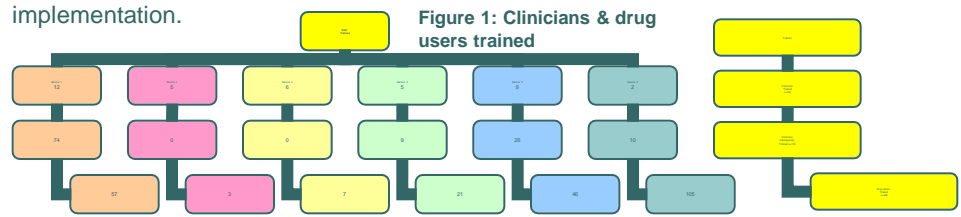
Opioid overdose has a high mortality. Overdose death can be reversed with appropriate overdose management and naloxone (opioid antagonist) administration. Training empowers clinicians when dealing with an on-site opioid overdose and they can extend this training to drug users.

AIMS

To assess change in clinicians' knowledge for managing an opioid overdose and administering naloxone following training, evaluate the 'cascade method' for disseminating training to other clinicians and drug users, and identify barriers to implementation.

METHODS

Clinicians from addiction services across England received training at the National Addiction Centre (NAC) London. Repeated-measures design evaluated knowledge pre-and-post training. Sub-set of clinicians interviewed to identify barriers to implementation. Participants self-completed a structured questionnaire recording overdose knowledge, confidence and barriers to implementation.

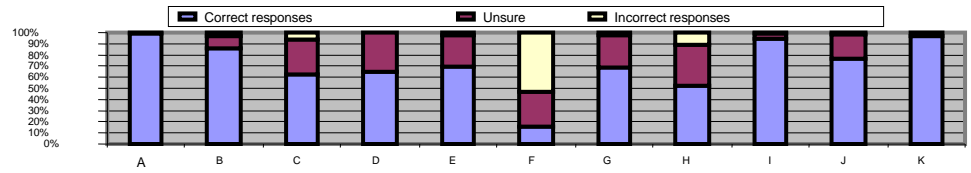


RESULTS

One hundred clinicians trained initially, who trained a further 119 clinicians (total clinicians trained n=219) and thereafter trained 239 drug users over 12 months (see figure 1 above). Mean composite score for opioid overdose risk signs and actions to be taken was 18.3/26 (±3.8). After training, clinicians demonstrated a significant improvement in knowledge increasing to 21.2/26 (±4.1) (Z=3.2, P<0.001). Confidence and willingness to administer naloxone improved (p<0.05). Barriers to implementing training were clinician time and confidence, service resources, client willingness and naloxone formulation.

Naloxone Saves Lives

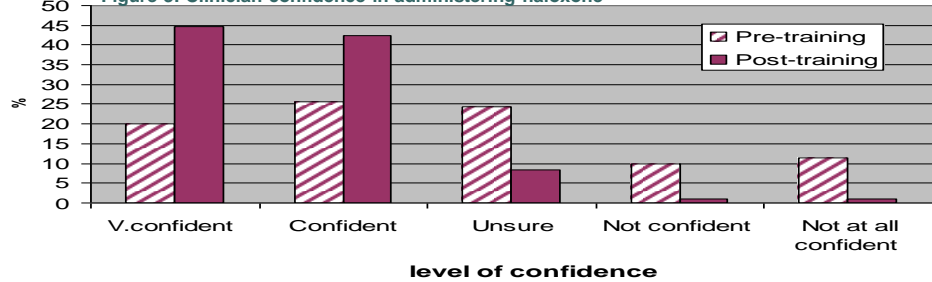
Figure 2: % of Correct responses during an overdose (Pre training)



Actions to take with an opioid overdose

A	Call an ambulance	G	Do not shock the person with cold water
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Figure 3: Clinician confidence in administering naloxone



CONCLUSION

Training healthcare workers in addictions on how to manage an opioid overdose and administer naloxone improved knowledge and confidence and was considered effective. The 'cascade method' was not successful for disseminating the training to large numbers of clinicians or drug users which may be related to clinician and service related barriers.

Ambulance
Breathing and Airways
recovery Position
+ NALOXONE





Thank You

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Ambulance

Breathing

recovery position

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