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TITLE OF ABSTRACT: Emergency Service provider perspectives of feasibility and acceptability of Emergency Services distribution of Take Home Naloxone

Introduction

Naloxone is an effective emergency antidote to opioid overdose. Increasing availability of take-home naloxone (THN) may reduce overdose deaths from heroin and other opiate drugs. We explored stakeholder perspectives of the processes, feasibility and acceptability of THN distributed in emergency settings as part of a feasibility study for a randomised controlled trial (RCT)

Methods

We conducted qualitative semi-structured interviews (12 participants) and a focus group (8 participants) with Emergency Department staff and paramedics. We transcribed interviews verbatim and used Normalisation Process Theory to guide data collection and analysis.

Results

Participants perceived emergency service provision of THN as a low cost, low risk intervention and demonstrated coherence in understanding the aims of the trial and how it related to their work practices. Paramedics in particular recognised benefits of THN as distinct from naloxone alone and valued the additional provision of training and education, compatible with 'making every contact count'. Participants reported limited opportunities for THN provision to this cohort due to low engagement from eligible patients, but perceived there to be high potential benefit for a subset of emergency service users who would not otherwise access THN. Provision of THN to patients during the trial was low due to limited numbers of eligible patients, high turnover of trained staff and recruitment pauses due to protocol changes and Covid-19. Determination of effectiveness was perceived to be challenging within a trial due to high levels of community provision of THN. There was overall support from ED and paramedic staff for the roll out of emergency setting provision of THN as standard practice, outside the confines of a trial.

Conclusions.

Distribution of THN in emergency settings appears to be feasible and acceptable for stakeholders and may widen access to THN for users not engaging with wider community drug services. Further RCTs of THN in emergency settings may be limited by difficulties in recruitment and limited opportunity to recruit new patients, where THN provision from other settings is widespread.