

Naloxone Access among an Urban Population of Opioid Abusers

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Background: Take-home naloxone is one method of curbing the mortality associated with the opioid epidemic. It is unclear if some opioid users have more access to naloxone than others.

Research Question: What is the access to naloxone in an urban emergency department (ED) and does naloxone awareness and access differ between people who abuse different types of opioids?

Methods: A convenience sample of 101 patients was surveyed in an urban academic ED, over a 6 month period (April to October, 2016). A 14 question survey was drafted, validated by a panel of medical toxicologists, piloted, and then edited for clarity. The survey was then administered to ED patients by standardized trained research assistants. Inclusion criteria: opioid abuse within the previous 3 months, age greater than 18 years. Exclusion criteria: acute intoxication and inability to consent, incarceration, involuntary psychiatric admissions, and those taking opioids as prescribed were excluded. Data was analyzed using descriptive statistics. This study received IRB exempt status.

Results: The average age of survey responders was 47.3 years old; 72% were male; 57% black, 31% white; 15% Hispanic. Current method of opioid abuse: 38% inject heroin, 72% snort heroin, 8% abuse prescription pills. When asked about naloxone, 55% had heard of it and 22% had access to it at some point.

Of the 54/101 responders with a history of injecting heroin, 76% (41/54) had heard of naloxone, and 39% (21/54) had access to it at some point. Of the 47/101 who had never injected heroin, only 32% (15/47) had heard of naloxone, and 2% (1/47) had access to it.

All 22 responders with access to naloxone had gotten it for free or from someone they knew; 7 reported use on themselves, 10 reported use on someone else. In total, 43 naloxone reversals were reported.

Discussion: Snorting heroin was the most common method of opioid abuse. However, heroin injectors had better naloxone awareness and access. Those that had naloxone reported a high rate of use. Limitations include the survey format and its single-center urban setting.

Conclusion: Naloxone distribution appears to be missing certain populations of opioid abusers.