Providing Naloxone to People Who Inject Drugs During Hep C Care Drives Up Use

The drug can quickly reverse opioid-driven overdoses.

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Providing naloxone to people who inject drugs (PWID) as part of their medical care for hepatitis C virus (HCV) drives up use of the opioid overdose reversal drug within the larger PWID community, the National AIDS Treatment Advocacy Project (NATAP) reports.

Researchers from the University of Maryland presented findings from the single-center ANCHOR study at the IDWeek meeting in Washington, DC, earlier this month. The study is assessing HCV treatment with Epclusa (sofosbuvir/velpatasvir) among PWID. Clinicians also offer participants the opportunity to receive the medication-assisted treatment with buprenorphine to treat opioid use disorder as well as pre-exposure prophylaxis (PrEP) against HIV.

The analysis presented at IDWeek included 100 ANCHOR participants, including 74 men, 93 Black individuals and 51 people experiencing unstable housing. (Because there were 100 people in the cohort, all figures regarding the group as a whole double as percentages.) The cohort had a median age of 56 years old. Fifty-nine of them reported injecting drugs at least daily, 18 reported sharing injection equipment at least some of the time and 40 report consuming alcohol at hazardous levels.

Upon entering the study, 65 of the participants reported having experienced a drug overdose, while 91 had witnessed someone else overdose and 35 had ever administered naloxone.

Overall, 66 of the study members witnessed an overdose, 65 took naloxone when it was offered to them by the study clinicians, 60 administered the drug to someone else and 54 administered naloxone for the first time.

At the 12-, 24- and 48-week follow-up visits, 17, 21 and 28 of the participants reported having witnessed an overdose since the last visit, respectively, and 12, 18 and 17 reported administering naloxone.

Among those who reported witnessing an overdose 59%, 62%, 71%, 86% and 61% reported

administering naloxone at weeks four, eight, 12, 24 and 48, respectively.

After 96 weeks of follow-up, 19 of the participants had experienced an overdose during the study, for a rate of 12.8 overdoses per 100 cumulative years of follow-up. Of those 19 people, four (21%) suffered a fatal overdose, for a rate of 2.7 overdose deaths per 100 cumulative years of follow-up.

The study authors recommended that infectious diseases physicians consider prescribing naloxone to people with opioid use disorder.

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