HSC Public Health Agency

Take Home Naloxone Programme

Annual report on the supply and use of Take Home Naloxone to reverse an overdose

April 2019 – March 2020

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1 Introduction

Naloxone is an opioid antagonist, which temporarily and rapidly reverses the effects of heroin and other opioids. Naloxone has been used world-wide for many years to reverse opioid overdoses in emergency settings by ambulance crews and other healthcare professionals.

Following overdose by heroin injection, death typically occurs within 1 to 3 hours, limiting the window of opportunity to intervene. Most drug overdose deaths occur in the company of others, with up to three-quarters of overdoses being witnessed by others. Therefore supplying "Take Home Naloxone" and training to people within the opioid using community can be an effective lifesaving intervention.
(http://www.prenoxadinjection.com/drug/use_naloxone.html)

Take Home Naloxone is a Prenoxad Injection (naloxone hydrochloride 1mg/1ml solution for injection) which is licensed for emergency use in the home or other non-medical setting for the reversal of respiratory depression induced by opioids. It is injected intramuscularly and can be administered by anyone in an emergency overdose situation.

Since 2012, the Public Health Agency (PHA) has funded a Take Home Naloxone programme, which aims to supply Take Home Naloxone packs to those at risk of opioid overdose.

The programme is coordinated by the Public Health Agency, with support from the Health and Social Care Board. Packs are supplied by staff within individual Health and Social Care Trusts, the Prison Service and voluntary sector drug treatment services. Service User representatives have also played a major role in providing advice, support and training.

The PHA currently funds Extern to provide opioid overdose response training (CPR and administering Take Home Naloxone), to enable appropriate individuals to provide the training to those at risk. This training programme was evaluated in 2014-15 and the evaluation described feedback on the training as "universally positive". (*GILLIAN SHORTER, TIM BINGHAM, 'Service Review: Take Home Naloxone programme in NI. Consultation with service users and service providers', [Report], Public Health Agency, 2016)*

2 How the Take Home Naloxone Programme works

Supply of naloxone is made by staff from Community Addictions Team within each Health and Social Care Trust, and/or by staff in community drug treatment services such as Low Threshold and Drug Outreach.

On 1st October 2015, legislation changed to allow staff working in Drug Treatment services / needle exchanges to supply naloxone even if they have no medical or nursing status. *(https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone)*

Staff supplying naloxone provide training to the recipient in how to use the naloxone. The service user receives either one or two naloxone packs and is advised on how to get replacement supplies if they use their naloxone, or if it goes out of date.

Staff may only make supplies of naloxone to individuals, and so cannot supply packs to an organisation (e.g. a hostel or housing provider). Naloxone can be supplied, however, to "any individual working in an environment where there is a risk of overdose for which the naloxone may be useful"; accordingly, naloxone can supplied to staff of any organisation who come into regular contact with opiate users.

3 How information is collected

The information collated in this report is taken from forms submitted to the Public Health Agency by staff within five Health and Social Care Trusts and the community drug treatment services that supply naloxone. In most cases the PHA requests only minimal information on supply so that clients cannot be identified. This means that while the number of times naloxone is supplied to clients is provided to the PHA, the number of individual clients supplied cannot be extracted from the data. When naloxone is resupplied to someone who has used it to reverse an overdose, the PHA requests additional information about the overdose, in order to build a better picture of how naloxone is used and its impact in reversing overdose.

4 Patients supplied with naloxone 2019-2020

The figures provided in this report are based on forms completed by service providers and received by the Public Health Agency. Figures are not included for occasions when naloxone was supplied but forms were not received by the PHA (e.g. if the service user did not want their details recorded). The number of occasions on which naloxone was supplied may therefore be higher than those recorded here.

The number of times naloxone has been supplied has decreased this year for the first time since the programme began. Between 1st April 2019 and 31st March 2020, 1,321 packs of

naloxone were supplied, a decrease of almost 1% on the previous year (see Table 1). This is due to the significant efforts that went into ensuring that those working with opiate users (e.g. hostel staff) were supplied with naloxone in 2018/19.; these staff did not need to be resupplied in 2019/20 unless they had needed to use their naloxone to reverse an overdose. Consequently, although the number of service users supplied with naloxone continued to rise this year, the overall number of packs distributed fell slightly.

Table 1: Number of times naloxone was supplied, by year	
April 2012-March 2013	139
April 2013-March 2014	163
April 2014-March 2015	188
April 2015-March 2016	247
April 2016-March 2017	271
April 2017-March 2018	807
April 2018-March 2019	1,332
April 2019-March 2020	1,321
Total supplied	4,466

5 Take Home Naloxone packs used to reverse an overdose

During the period between April 1st 2019 and March 31st 2020, Naloxone was reported to have been administered on 180 occasions and in 91% of these cases the patient survived.

Table 2: Number of times naloxone has been reported used to reverse an overdose, and number of cases in which patient survived.			
	No. times a pack was used to reverse an overdose	No. cases in which patient survived	% survived
April 2012-March 2013	<5	<5	
April 2013-March 2014	<5	<5	
April 2014-March 2015	16	15	94%
April 2015-March 2016	34	31	91%
April 2016-March 2017	59	47	80%
April 2017-March 2018	127	121	95%
April 2018-March 2019	240	221	92%
April 2019-March 2020	180	163	91%

In 111 cases, the person who overdosed was male, in 63 cases they were female, and in 6 cases gender was not recorded.

23 of the overdose patients were reported as having recently come out of prison, and/or were reported as having recently had detoxification treatment.

Drugs taken

In 96 cases (53%) the use of other drugs (besides heroin) was reported; in 87 of these cases the patient survived. Those who did not survive were all male; all but one of these had used either pregabalin, benzodiazepines, or both along with heroin. The other patient who did not survive had used both heroin and a new psychoactive substance.

Where the use of other drugs was reported, the most common other drugs were benzodiazepines (66% of cases where other drug use was reported) and pregabalin (23% of cases where other drug use was reported)

Where service users had taken other drugs at the same time as heroin before overdosing, the other drugs they were reported to have been taken are listed in Table 3.

Table 3: Number of cases where substances additional to heroin had been taken, by substance.
2019-20

Substances taken	No. of cases
Benzodiazepines	63
Pregabalin	22
Alcohol	14
Other opioids*	5
NPS	5
Cocaine	1
Methadone	2

* Includes fentanyl, codeine, dihydrocodeine and oxycodone

This shows the same pattern as the figures for 2018-19, with benzodiazepines being reported as the most common drug other than heroin, followed by pregabalin and then alcohol.

Contact with emergency services

In 121 cases the ambulance service was contacted. Where reasons were given for not calling the ambulance service, the reason most commonly given was the patient had made a good or full recovery and it was felt that an ambulance was not needed. In a small number of

cases other reasons were cited, including the patient refusing an ambulance, not wanting the “hassle”, or being afraid of police coming.

In those cases (17) where the service user did not survive, the ambulance service was reported as having been called in 8 of these cases.

6 Training

A total of 227 people were provided with relevant opioid overdose training through the PHA funded training service delivered by Extern in 2019-20. 46 of these successfully completed the Training for Trainers course; the others, the Naloxone Administration course. All trainees received a supply of naloxone upon completing the training. Those completing the Training for Trainers course were staff from drug services who will be able to provide naloxone to service users and train those service users in its administration.

7 Conclusion/Future plans

Based on the analysis of the use of naloxone, it is clear that the service is an important lifesaving intervention. The PHA will continue to monitor the need for naloxone and the effectiveness of its provision in collaboration with the strong partnership that has made this service possible.

The drop off in provision of naloxone to those working in environments where there is a risk of overdose suggests that the significant efforts to supply naloxone to those working in settings such as homelessness services in 2018/19 had been successful in reaching a high percentage these staff, and most staff working in services such as homeless hostels now have access to naloxone The short shelf life of naloxone though (naloxone has a maximum shelf life of 3 years from the date of manufacture), means that these staff will need to be resupplied within 3 years. The need to inject naloxone is still, however, a significant barrier for many people. The PHA is planning to pilot the provision of naloxone as a nasal spray; it is hoped that this will increase the number of professionals working in environments where there is a risk of overdose who will carry naloxone. The PHA will also seek to widen direct access to naloxone for service users by piloting provision of naloxone through Community Pharmacies.