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## Take-home Naloxone

reducing drug deaths

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## What is Naloxone?

Naloxone is a chemical compound that reverses the effects of opiates such as heroin. It has been used in clinical settings as an emergency treatment for opiate overdose for 40 years. In the USA and Europe, Take Home Naloxone programmes have been linked with reductions in drug deaths of up to 34%.

A dose of Naloxone may be effective for around 20 minutes but the patient will require expert medical attention as there is a risk that the overdose will 'return'. Naloxone will work only for drugs in the opiate/opioid family – it is **not** effective for overdoses of other drugs such as cocaine.

## How can Naloxone help reduce the number of drugs deaths?

Naloxone can play a major role in preventing deaths – especially if it can be administered to someone in overdose as early as possible. To maximise the impact of Naloxone on drug deaths, it is necessary to have Naloxone available at the scene of the overdose *before* specialist help arrives. This means that Naloxone has to be available to members of the community for emergency use.

## Who can administer Naloxone?

Until 2005, only medical staff, including paramedics, were permitted to administer Naloxone. However, the Medicines and Healthcare Products Regulatory Agency (MHRA) changed the regulatory framework to allow **anyone** to administer Naloxone in an emergency situation, with the intent of saving life.

## Supply of Naloxone

Naloxone is controlled as a Prescription Only Medicine (POM). It is prescribed by doctors, on a named patient basis only, to those deemed to be at risk of opiate overdose.

In 2009, the Minister for Community Safety asked the National Drugs Death Forum to form a working group to produce a National Patient Group Directive (NPGD). Patient Group Directives (PGD) allow Naloxone to be prescribed by appropriately qualified nurses and pharmacists which would ease the development of Take Home Naloxone programmes throughout Scotland

The NPGD will be published in August 2010. It is up to local Health Boards to adopt this as the basis for prescribing arrangements in their areas. They can make local adaptations to the NPGD as they see fit.

## Take-home Naloxone (THN) programmes

Typically, THN programmes involve the prescription of Naloxone to people at risk of opiate overdose, accompanied by a compulsory training session. Programmes also provide training for others, including friends and family, in Naloxone administration.

THN programmes exist in several countries, in many US states where they are long established and in parts of England and in Wales where the Welsh Assembly has taken a lead in the development of a national programme.

Since 2007, pilot THN programmes have been established in Greater Glasgow and Clyde, Highland and Lanarkshire health board areas. With the development of the new NPGD all health board areas should now be developing Take-home Naloxone programmes.

## **Outstanding Issues - Maximising the effectiveness of Scotland's Take Home Naloxone programmes**

### ***Increasing the number of people supplied with Naloxone***

Naloxone will only impact on drug death figures significantly if a "necessary proportion" of opiate drug users have access to Naloxone – maybe 25% of opiate drug users. Nothing approaching this level of prescribing has been achieved in the Scottish pilots, yet. Ways to promote the training and remove barriers to accessing Naloxone prescription require to be developed.

### ***Increasing the number of people who can administer Naloxone***

Training in Naloxone administration should be provided for people in contact with opiate users – workers, friends, family etc. This will include how to identify people at risk, how to identify and respond to an overdose and how to administer Naloxone as well as aftercare.

### ***Training for Emergency Services contact staff***

999 emergency call handlers and NHS 24 staff need to be trained in what advice to give to people administering Naloxone.

### ***Clarification on legal issues – storage and possession***

Storage of Naloxone supplies by services on behalf of service users presents legal concerns. This is of particular relevance to residential services, including those working with the homeless. Such services are likely to require full, authoritative briefing and legal reassurance on the legality and safety of Naloxone.

Police could develop protocols for dealing with people who are found in possession of Naloxone kits. People should not be regarded as under suspicion (of drug possession, for example) merely because they are found to be in possession of a Naloxone kit.

### ***Adequate resourcing***

Naloxone supply will be an on-going commitment and require resourcing. Naloxone has a two - three year 'shelf life'. Any commitment to prescribing should also involve a commitment to re-supplying after the sell-by date has been reached. A dose costs under £10.

### ***Resolution of on-going technical issues***

At present, Naloxone is supplied in various formats and doses. None of these products are wholly satisfactory for several reasons, including ease of use. A more satisfactory product may become available as demand increases.

## Scottish Drugs Forum and Naloxone

Scottish Drugs Forum (SDF) welcomes the creation of the national PGD for Naloxone as a crucial contribution to the development of a nationwide Naloxone programme in order to reduce drug-related deaths.

SDF has a long-standing interest in this area, having invited leading UK drugs expert Professor John Strang to present on Naloxone at the National Drug Related Death conference in **2005**, which was organised by SDF on behalf of the Scottish Government.

Building on this work, SDF instigated local multi-agency work on the potential for Naloxone intervention in Glasgow and in **2006** produced a discussion paper on Naloxone programmes which was approved by Glasgow City Council's Addiction Planning Implementation Group. SDF subsequently produced proposals for a Naloxone pilot programme having led a multi-agency fact-finding trip to the Chicago Recovery Alliance, USA.

SDF contributed to the development of the resulting Take-Home Naloxone pilot by NHS Greater Glasgow and Clyde. The pilot began in **February 2007**, reaching 300 drug users, families and staff. SDF provided significant training support, delivering training in overdose prevention and Naloxone administration.

In **2008**, SDF produced an evaluation report on the Glasgow Naloxone Pilot for Glasgow Addiction Services and Greater Glasgow and Clyde DAT approved an ongoing programme in Glasgow and roll out across the whole of Greater Glasgow and Clyde NHS area.

SDF was a member of the Lanarkshire Naloxone Pilot Working Group and supported the pilot's approval at the ADAT in **2006**.

In **2009** and **2010** SDF organised highly successful Scottish Parliament Cross Party Group on Drugs and Alcohol meetings on Naloxone.

### Further information

If you have any need for further information about Naloxone or related issues you should contact: Scottish Drugs Forum, 91 Mitchell Street, Glasgow G1 3LN.

**Tel:** 0141 221 1175      **Email:** [enquiries@sdf.org.uk](mailto:enquiries@sdf.org.uk)

### See also:

- Strang, J., Darke, S. *et al.* (1996) *Heroin overdose: the case for take-home Naloxone?* British Medical Journal, 312: 1435
- Welsh Assembly Government *Guidance and Training Protocol for the Development of the Introduction of Take Home Naloxone* March 2010
- [http://www.exchangesupplies.org/conferences/NCIDU/2009\\_NCIDU/presentations/danny\\_morris.html](http://www.exchangesupplies.org/conferences/NCIDU/2009_NCIDU/presentations/danny_morris.html)

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