

Take Home Naloxone Programme

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

April 2018 – March 2019

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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.

[\(\[http://www.prenoxad injection.com/drug/use_naloxone.html\]\(http://www.prenoxad injection.com/drug/use_naloxone.html\)\)](http://www.prenoxad injection.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.

[\(<https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>\)](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 be 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 from forms submitted to the Public Health Agency by staff within the 5 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.

4 Patients supplied with naloxone 2018-2019

The figures provided in this report are based on forms received by the Public Health Agency. Figures are not included for occasions when naloxone was supplied but forms were not received by the PHA. 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 increased year on year since the programme began. Between 1st April 2018 and 31st March 2019, naloxone was supplied on 1,332 occasions, a 65% increase on the previous year.

Period	Number of times supplied
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
Total supplied	3145

5 Take Home Naloxone packs used to reverse an overdose

During the period between April 1st 2018 and March 31st 2019, Naloxone was administered on 240 occasions and in 92% of these cases the patient survived.

Period	No. times has a pack been used to reverse an overdose	No. cases in which patient survived
April 2012-March 2013	<5	<5
April 2013-March 2014	<5	<5
April 2014-March 2015	16	15
April 2015-March 2016	34	31
April 2016-March 2017	59	47
April 2017-March 2018	127	121
April 2018-March 2019	240	221

In 155 cases, the person who overdosed was male, in 77 cases they were female, and in 8 cases gender was not recorded.

34 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 95 cases the use of other drugs (besides heroin) was reported; in 90 of these cases the patient survived.

Where the use of other drugs was reported, the most common other drugs were benzodiazepines (41% of cases where other drug use was reported) and Pregabalin (28% of cases where other drug use was reported)

Where patients had taken two or more drugs, other drugs were reported to have been taken in the following numbers of cases:

Table 3: Number of cases where substances additional to heroin had been taken, by substance. 2018-19	
Substances taken	No. of cases
Benzodiazepines	55
Pregabalin	37
Alcohol	15
Other opioids*	13
NPS	7
Cocaine	3
Methadone	2
MDMA	1

* Includes fentanyl, codeine, dihydrocodeine and oxycodone

Contact with emergency services

In 145 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 (18) where the overdose patient died, the ambulance service was reported as having been called in 8 of these cases.

6 Conclusion

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 in collaboration with the strong partnership that has made this service possible.