

# Annual Report on the Take Home Naloxone Programme

1 April 2022 - 31 March 2023

---

**NALOXONE**

**SAVES LIVES**

Authors	Adele Dunn, Regional Lead for Needle and Syringe Exchange Service  Wendy Montgomery, Data Analyst
Directorate	Public Health Directorate, Health and Social Wellbeing Improvement, Public Health Agency
Target Audience	Drug treatment services, pharmacy staff, health professionals working in substance use.
Publication Date	February 2024

## Contents

Section 1: Introduction

Section 2: How the Take Home Naloxone (THN) Programme works

Section 3: Current THN Providers

Section 4: How information is collected

Section 5: Data Review

Section 6: Naloxone Training Review

Section 7: Conclusion

## Section 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](http://www.prenoxadinjection.com/drug/use_naloxone.html)

Take Home Naloxone (THN) 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 PHA, with support from the Strategic Planning and Performance Group (SPPG). Packs are supplied by staff within Low Threshold Services, Community Addiction Teams 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)

## Section 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 Services and Drug Outreach.

On 1<sup>st</sup> 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 provide more than two packs of naloxone to a single recipient in exceptional circumstances.

Staff may only make supplies of naloxone to individuals, and so cannot supply packs to an organisation (e.g. 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.

### Section 3: Take Home Naloxone Providers

Between 1 April 2022 and 31 March 2023, the Public Health Agency funded the Scheme through the following providers:

**Table 1: Participating Service Provider by Trust Area in reporting period**

<b>Trust Area</b>	<b>Provider</b>	<b>Provider Type</b>
<b>Belfast</b>	Belfast Drug Outreach Team	Low Threshold Service
	Belfast Health Inclusion Service	Trust
	Extern – Belfast	Community-Based
	BHSCT Community Addictions Team	Trust
<b>South Eastern</b>	SEHSCT Community Addictions Team	Trust
	Simon Community	Low Threshold Service
<b>Northern</b>	Extern	Low Threshold Service
	NHSCT Community Addictions Team	Trust
<b>Southern</b>	Extern	Low Threshold Service
	SHSCT Community Addictions Team	Trust
<b>Western</b>	Western Consortium Provider -Foyle Haven, ARC HLC and First Housing	Low Threshold Service
	WHSCT Community Addictions Team	Trust

## Section 4: How information is collected

PHA have commissioned a new digital system for reporting Naloxone supply and resupply, the Neo360 Harm Reduction Information System for Northern Ireland. This system went live in July 2022. The figures provided in this report are based on both manual returns submitted via email and data downloaded from Neo360 submitted by staff within both HSC Trust and PHA commissioned drug treatment services.

In most cases the PHA requests only minimal information on supply so that clients can remain anonymous and unidentifiable when given the initial supply. When naloxone is then 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.

PHA is aware that there are organisations supplying Naloxone who have not completed either manual or digital returns, therefore, the figures provided are likely to be much higher. PHA is working to ensure that all naloxone providers are given training and are accessing the live digital system to report all naloxone distribution by 31<sup>st</sup> March 2024.

## Section 5: Data Review

### 5.1 Clients supplied with Naloxone 1 April 2022 – 31 March 2023

Between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023, 2,785 Take Home Naloxone packs were provided to low threshold services directly from PHA and 1,000 packs were provided to Trust services, so a total of 3,785 were funded by PHA within this timeframe. Of these packs we have received 1,331 reports on these having been supplied through the Take Home Naloxone Programme.

The data set collated across manual and digital returns is:

- 1) Recording of the dispensing of Naloxone as an initial supply or resupply;
- 2) Number of units dispensed (One single syringe of Prenoxad includes 5 doses= one unit);
- 3) If resupply, information of usage of previous unit requested, i.e. if it was used to reverse overdose, stolen, expired, lost, service user not carrying naloxone and has expressed an intention to use opiates or not specified.

**Table 1: Number of Naloxone packs reported to have been supplied by year**

<b>Year</b>	<b>Number of THN packs dispensed</b>
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
April 2020-March 2021	1,666
April 2021-March 2022	1,385
April 2022-March 2023	1,854
<b>Total supplied</b>	<b>9,373</b>

The amount of Naloxone dispensed in 2022/23 (1,854 packs) has increased by 25.3% from the previous year. This brings the programme back into a positive trajectory following the distribution decrease in 2021/22.

The reported distribution includes 502 initial supplies to those who had never received THN before, this will have included training on Naloxone administration by the supplier. Also, there were 829 resupplies to those who had already completed training but required replacement Naloxone supplies.

## 5.2 Take Home Naloxone packs used to reverse an overdose

During the period 1 April 2022 and 31 March 2023, Naloxone was reported to have been administered on 199 occasions.

**Table 2: Number of times Naloxone was used to reverse an overdose as reported to the PHA**

<b>Year</b>	<b>Number of times Naloxone was reportedly used to reverse an overdose</b>
April 2012-March 2013	<5
April 2013-March 2014	<5
April 2014-March 2015	16
April 2015-March 2016	34
April 2016-March 2017	59
April 2017-March 2018	127
April 2018-March 2019	240
April 2019-March 2020	180
April 2020-March 2021	256
April 2021-March 2022	420
April 2022-March 2023	199



This shows a significant decrease in the reported usage of Naloxone to reverse overdose, despite the increase in supply of Naloxone within the reporting period.

PHA are aware of the large gaps in the reporting of Naloxone usage and the significant challenges that there are in gaining a full dataset in relation to Naloxone distribution. It is reasonable to assume that the THN packs were used to reverse significantly more overdoses than have been reported to us within this reporting period.

Moving forward PHA will be working with THN suppliers to ensure that all reports are submitted through the Neo360, Harm Reduction Information System to ensure this figure is as accurate as possible. Given the nature of the programme, the dependency on peer-to-peer distribution and usage of Naloxone it will always be difficult to track and record every THN pack dispensed. However, the current level of reporting needs to be improved across THN suppliers within Low Threshold Services and Community Addiction Teams.

Other reasons for resupply are shown in the table below.

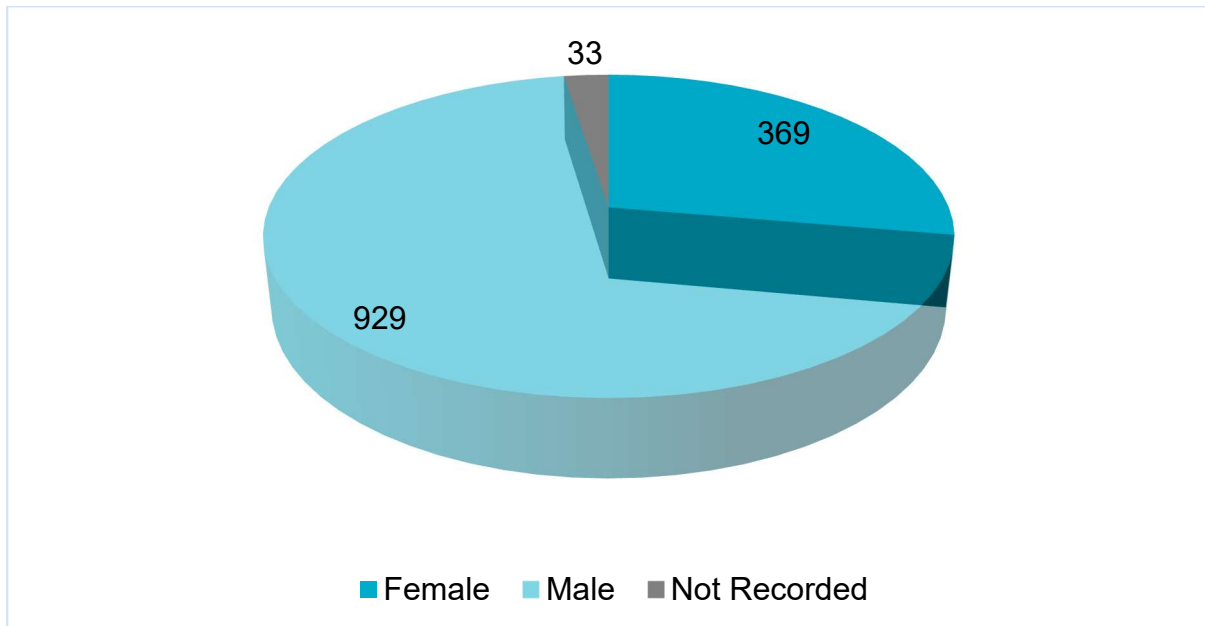
**Table 3: Other reported reasons given for Naloxone resupply within the reporting period**

<b>Reason for Resupply</b>	<b>Number of Reports</b>
Lost	171
Expired	31
Stolen	4
Service user not carrying naloxone and has expressed an intention to use opiates	424
	630

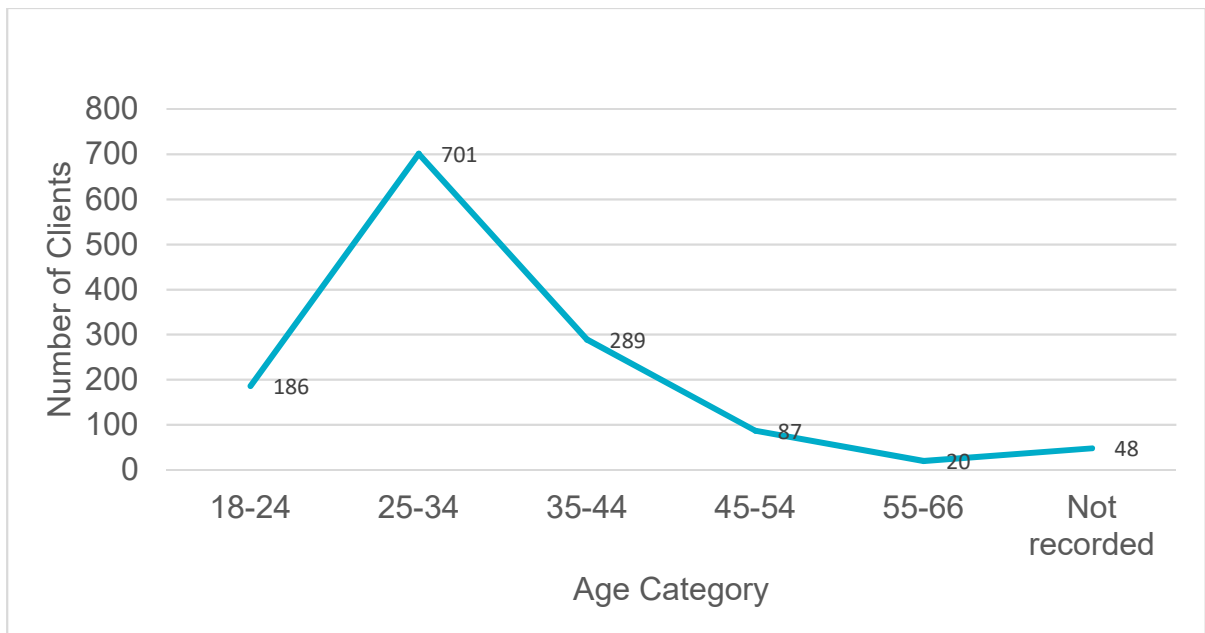
### 5.3 THN User Profile

The age and gender profile of the 1331 reported users of the THN programme within this reporting period is shown in Figures 1 and 2.

**Figure 1: Gender breakdown of clients supplied (Initial and Resupply) with Naloxone in reporting period (n=1331)**

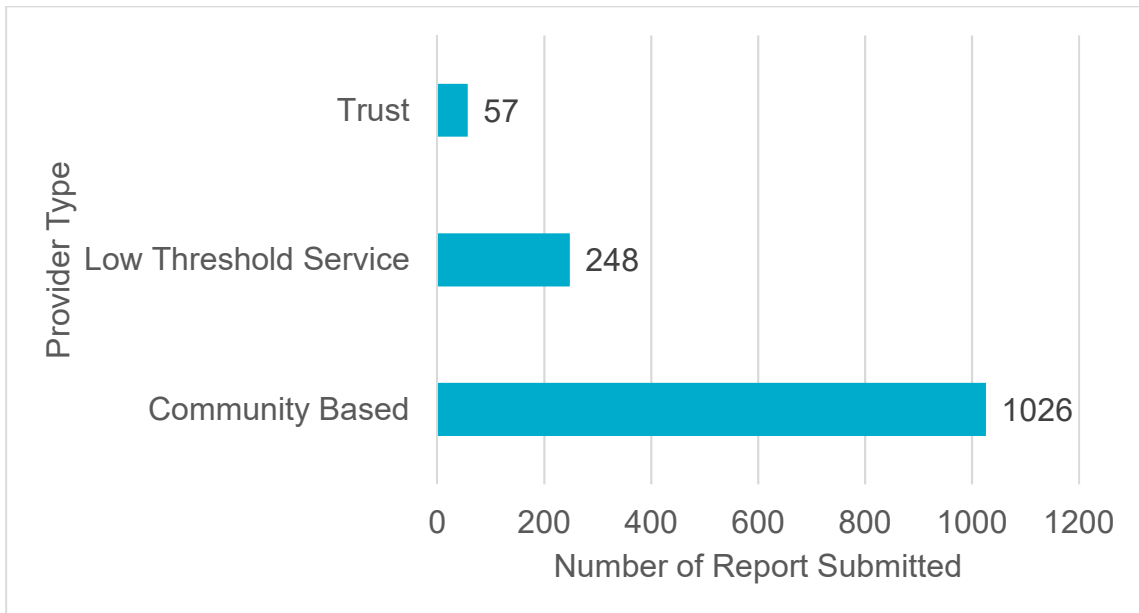


**Figure 2: Recorded age of clients supplied (Initial and Resupply) with Naloxone in reporting period (n=1331)**



#### 5.4 Reports submitted on THN packs dispensed per provider type

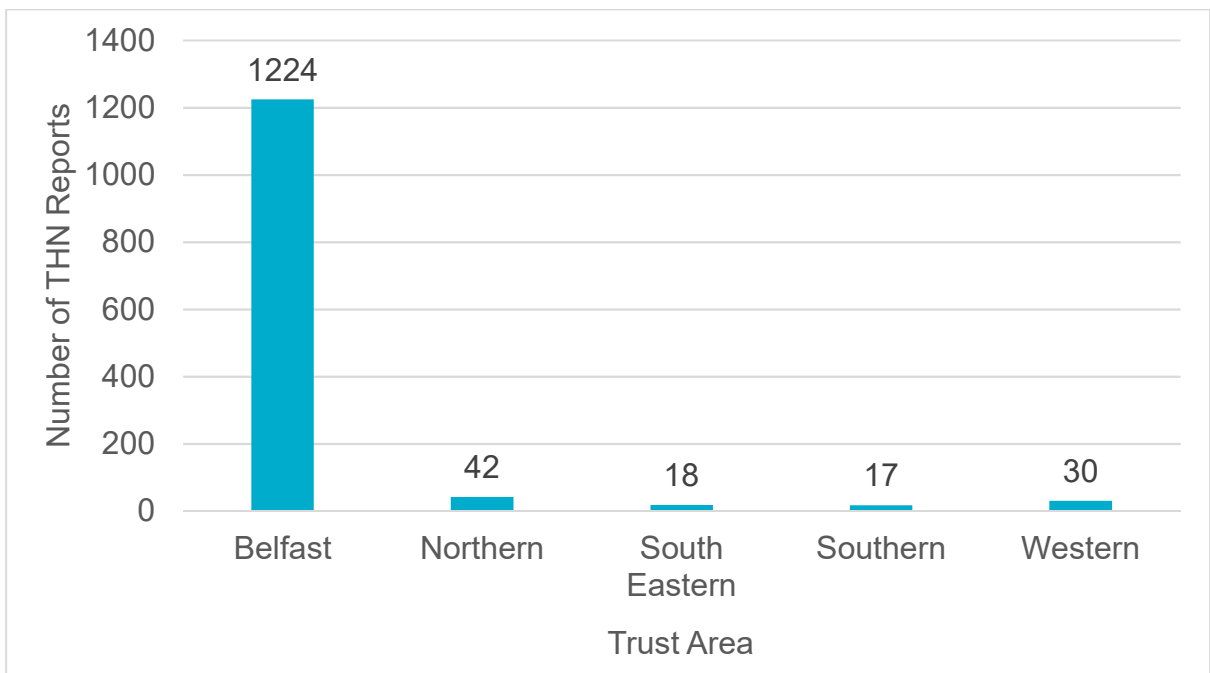
**Figure 3: Number of THN reports submitted per provider type**



Extern currently provide the highest level of supply and returns in terms of Naloxone distribution. This needs to be improved across all provider types

#### 5.5 Reports submitted on THN packs dispensed by Trust area

**Figure 4: Number of THN Reports submitted by Health and Social Care Trust area.**



## Section 6 Naloxone Training Review

A total of 167 people received relevant opioid overdose training through the PHA funded training service delivered by Extern in 2022-23. Of these, 17 people 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.

A further 502 people were provided with naloxone for the first time in 2022-23, and all of these people were provided with training in the administration of naloxone. Therefore, in total, in 2022-23, 669 people were trained to administer naloxone including 17 people who were also trained to supply Take Home Naloxone.

## Section 7 Conclusion/Future plans

This report shows that the distribution of Naloxone continues to increase year on year across Northern Ireland and that the need remains high for the THN programme as a lifesaving intervention.

It is also clear that we need to look at the reporting mechanisms in place so that we can record more accurately how the THN has been utilised once it is dispensed. As we continue to promote peer-to-peer distribution and a wider circulation of Naloxone, this task becomes more difficult and the priority will always remain the distribution of Naloxone.

PHA are, however, working with all THN providers to increase the accurate and timely reporting through the Neo360 Harm Reduction Information System for Northern Ireland. This system will be fully implemented across providers by 1<sup>st</sup> April 2024.



**Public Health Agency**

12-22 Linenhall Street, Belfast BT2 8BS.

Tel: 0300 555 0114 (local rate).

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

Find us on:

