Annual Report on the Take Home Naloxone Programme

1 April 2024 - 31 March 2025

NALOXONE SAVES LIVES

HSC Public Health Agency

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Target Audience	Drug treatment services, pharmacy staff, health professionals working in substance use.
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Contents

Section 1: Introduction 4
Section 2: How the Take Home Naloxone (THN) programme works 5
Section 3: Current Take Home Naloxone Providers 6
Section 4: How information is collected 7
Section 5: Data Review 8
Section 6: Naloxone Training Review 15
Section 7: Conclusion 16

Section 1: Introduction

Naloxone is an opioid antagonist, which temporarily and rapidly reverses the effects of heroin and other opioids. Since 2012, the Public Health Agency (PHA) has funded the Take Home Naloxone (THN) programme, which aims to supply THN packs to those at risk of opioid overdose as well as their friends, family and also people who work with those at risk of opioid overdose. People with lived experience have also played a major role in providing advice, support and training in the delivery of this programme.

On 2 December 2024 legislation changed to widen the remit of who can supply naloxone without a prescription, this was divided into Route 1 and Route 2. Route 1 lists named professionals who can now supply naloxone including police force, prison officers, midwives and nurses. Route 2 is the creation of a register which is managed through PHA. This Naloxone Supplier's Register allows all organisations who work with people who use opioids to become a naloxone supplier once governance and training compliance is confirmed *(Supplying take home naloxone without a prescription - GOV.UK).* This is particularly significant to those working with people experiencing homelessness who were previously excluded. A number of these organisations have come forward since the new legislation has been passed and will commence the THN programme in the coming months.

There are a total of 15 THN sites. THN is also now available as part of NSP Direct, an independently commissioned postal service available across Northern Ireland.

This year the THN programme has commenced in community pharmacy needle exchange sites with 20 pharmacies completing governance checks towards commencing of the THN programme. By the end of March 2025 one pharmacy commenced delivery.

The current forms of naloxone available in Northern Ireland under THN are:

Prenoxad® 2mg/2ml pre-filled syringe for intramuscular injection.

Pebble® 1.26mg intra-nasal spray x 2 doses

Nyxoid® 1.8mg nasal naloxone spray x 2 doses

The PHA currently funds Extern to provide Naloxone Administration training for members of the public wishing to be trained in the use of naloxone. Also Naloxone Supplier training for staff working within THN supplier sites to ensure that staff are trained to carry out the legislative requirements of the THN programme.

Please also note that in addition to the THN programme, a number of other statutory agencies provide naloxone however this data is not captured in the body of this report.

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

Staff members, working within a THN site, will provide training to the client in how to use the naloxone (either injectable or nasal forms). The client 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 as they do not have a Wholesale Dealer's Licence. However, naloxone can be supplied as a personal supply to professionals working with people at risk of opioid overdose.

27 hostels are also currently on the reporting system to record use of naloxone in an emergency only.

Section 3: Current Take Home Naloxone Providers

Between 1 April 2024 and 31 March 2025, the Public Health Agency funded the THN programme through the following providers:

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

Trust Area	Provider	Provider Type
Belfast	Belfast Drug Outreach Team	Low Threshold Service/Trust
	Belfast Health Inclusion Service	Trust
	Extern Enhanced Needle Exchange Service	Community-Based
	Extern Ormeau Centre	Hostel
	BHSCT Community Addictions Team	Trust
	Chemist Connect	Community Pharmacy
South Eastern	SEHSCT Community Addictions Team	Trust
	Simon Community	Low Threshold Service
Northern	Extern	Low Threshold Service
	NHSCT Community Addictions Team	Trust
Southern	Extern	Low Threshold Service
	SHSCT Community Addictions Team	Trust
	SHSCT Inclusion Service	Statutory provider
Western	Foyle Haven	Low Threshold Service
	WHSCT Community Addictions Team	Trust
Regional	NSP direct Link: NSPdirect: postal equipment supply	Postal Services

Section 4: How information is collected

Since July 2022, PHA have used the Neo360 Harm Reduction Information System to record and monitor the THN programme. Neo360 record anonymous, non-identifiable information on the supply and re-supply of naloxone. The figures provided in this report are based on data downloaded from Neo360, submitted by staff working within THN sites.

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, anonymous information about the overdose, in order to build a better picture of how naloxone is used and its impact in reversing overdose.

The data set collated on Neo360;

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, one nasal application = 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.
4) If the reason for resupply was to reverse overdose subsequent information is requested as follows; who received the emergency dose/s of naloxone, who was it administered by, where overdose occurred and the outcome.

Section 5: Data review

5.1 Total Take Home Naloxone packs dispensed from 1 April 2024 – 31 March 2025

From 1 April 2024 to 31 March 2025 1,313 Take Home Naloxone (THN) packs were dispensed over 882 transactions by THN providers across Northern Ireland.

Table 2: Number of Naloxone packs reported to have been supplied by year

Year	Number of THN packs dispensed
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
April 2023-March 2024	1,861
April 2024-March 2025	1,313
Total supplied	**12,547**

The amount of naloxone dispensed in 2024/2025 has decreased by approximately 29% from the previous year. The reported distribution includes 542 packs dispensed as initial supplies to those who had never received THN before over, over 346 transactions. Also, there were 771 packs dispensed as resupplies to those who already completed training but required replacement naloxone supplies, over 536 transactions.

Within Needle and Syringe Exchange Service data set for the same time period the most reported substance used is now cocaine, it is reasonable to assume that due to the reduction in the use of opioids, we have also seen a reduction in the demand for naloxone.

Furthermore, PHA are still aware of data gaps in the recording of THN supplied and it is assumed that there were more THN packs supplied than has been reported to us within this reporting period. PHA are working closely suppliers to ensure accurate reporting on the system.

Prenoxad accounted for approximately 99.3% of the THN packs dispensed. It is anticipated in the next financial year other nasal forms will become more popular as these are now stocked within the majority of sites.

5.2 Take Home Naloxone packs used to reverse an overdose

During the period 1 April 2024 and 31 March 2025, naloxone was reported to have been administered on 197 occasions.

Table 3: Number of times Naloxone was used to reverse an overdose as reported to the PHA

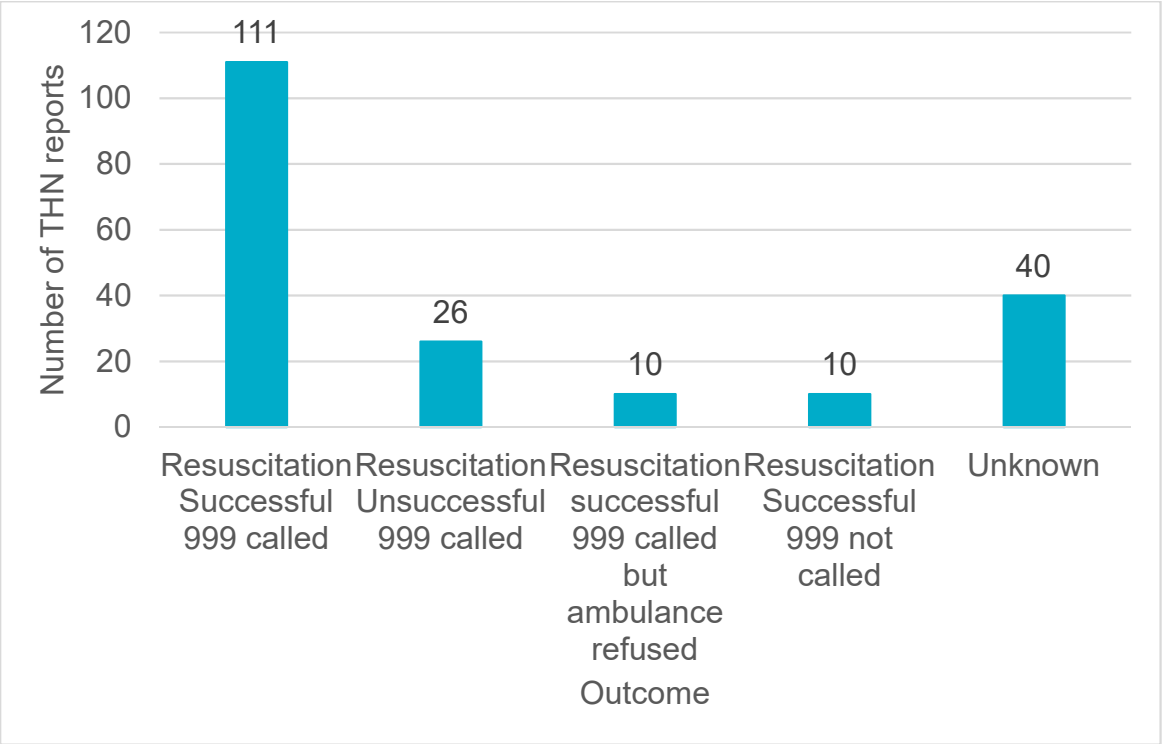
Year	Number of times naloxone was reportedly used to reverse an overdose
April 2012 - March 2013	<5
April 2013 - March 2014	<5
April 2014 - March 2015	16
April 2015 - March 2016	34
April 2016 - March 2017	59
April 2017 - March 2018	127
April 2018 - March 2019	240
April 2019 - March 2020	180
April 2020 - March 2021	256
April 2021 - March 2022	420
April 2022 - March 2023	199
April 2023 - March 2024	225
April 2024 - March 2025	197

This includes 64 reports of reversing an overdose at resupply and 133 times naloxone was administrated in an emergency by a professional. The number of times naloxone has been reportedly used to reverse an overdose has decreased slightly this year, this is despite a 29% reduction in the supply of naloxone in 2024/25.

Peer distribution is a key method of ensuring adequate coverage of naloxone and this is very difficult to monitor. It is therefore reasonable to assume that the THN packs were used to reverse significantly more overdoses than have been reported to us within this reporting period.

5.3 Reported outcome of overdose incidents

Figure 1: Outcome of reversing an overdose with administration of naloxone in an emergency and resupply



Of the 197 occasions naloxone was reportedly used to reverse an overdose, 66.5% of these were successful in reversing the overdose prior to the ambulance staff intervention. Resuscitation was unsuccessful prior to ambulance arrival in 13.2% of cases.

When a client is resupplied with naloxone, they are asked the reason for supply. Other reasons given for resupply are shown in table 4.

Table 4: Other reported reasons given for Naloxone resupply within the reporting period

Other reason for Resupply	Number of resupply transactions
Expired	28
Kit Lost	85
Client not carrying naloxone and has expressed an intention to use opiates	272
Stolen	3
Other reason	84
Total	**472**

In 2024/25, the most common reason for resupply was that the client was not carrying naloxone and had expressed an intention to use opiates.

5.4 THN User Profile

The age and gender profile of the reported users across 882 transactions of the THN programme within this reporting period is shown in Figures 7 and 8. NSP direct is not included as this data is not collected. In total, there were 560 unique clients using the THN programme.

Figure 2: Gender breakdown of clients supplied (Initial and Resupply) with Naloxone in reporting period by transaction (n=882)

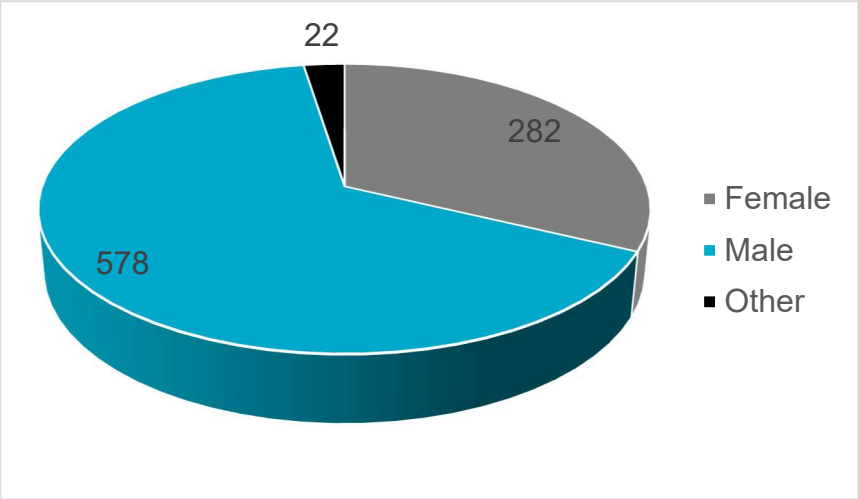
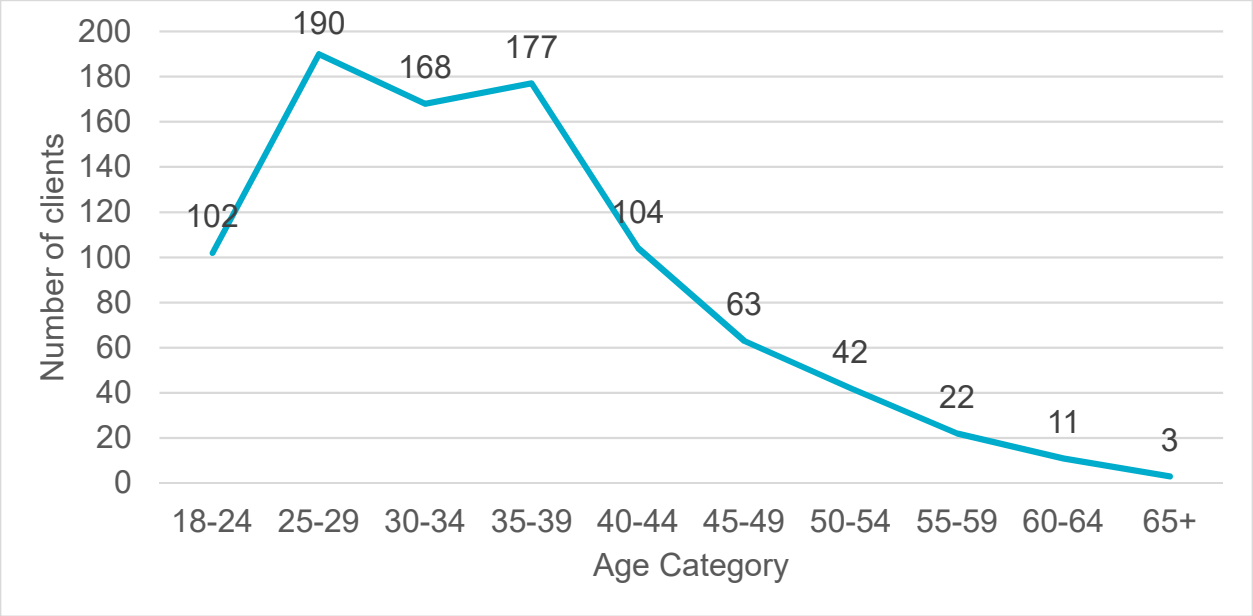


Figure 7 reflects the gender breakdown of clients supplied (initial or resupply) of naloxone by transaction. Males account the majority of transactions receiving naloxone (65.5%). Females account for 32% of THN programme transaction.

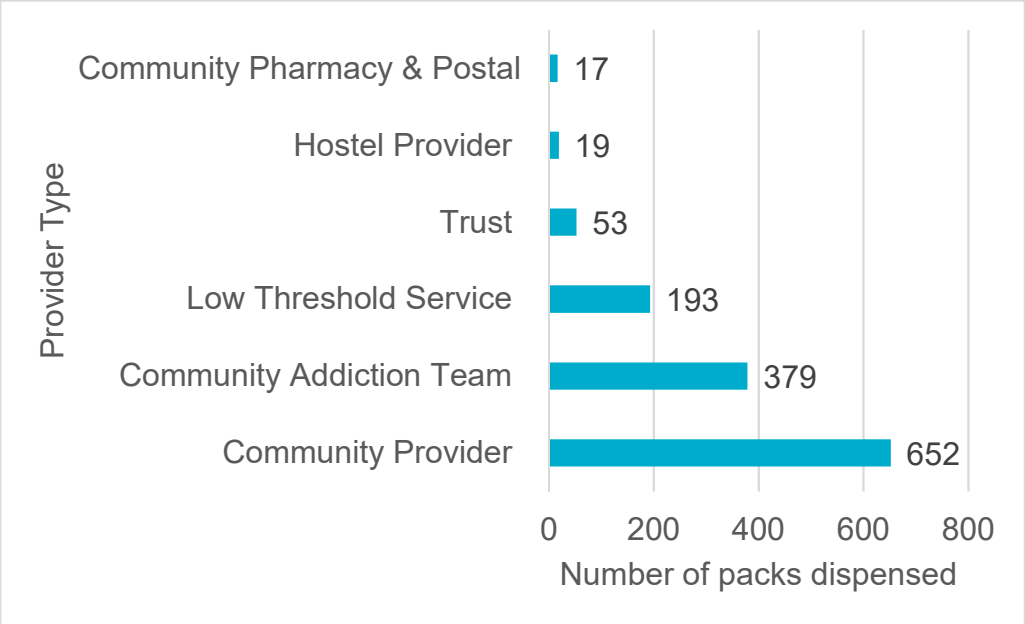
Figure 3: Recorded age of clients supplied (Initial and Resupply) with Naloxone in reporting period by transaction (n=882)



The most common age of clients accessing a supply of naloxone are those aged between 25-29.

5.5 THN packs dispensed per provider type

Figure 4: Number of THN packs dispensed per provider type



Community providers continue to provide the highest level of supply in terms of naloxone distribution. Also, Community Addiction Teams (CAT) have significantly increased the number of THN packs dispensed and this can be attributed to a Trust based CAT commencing the THN programme.

5.6 Total THN packs dispensed by Trust Area

Figure 5: Number of THN packs dispensed by Health and Social Care Trust area (HSCT) by year.

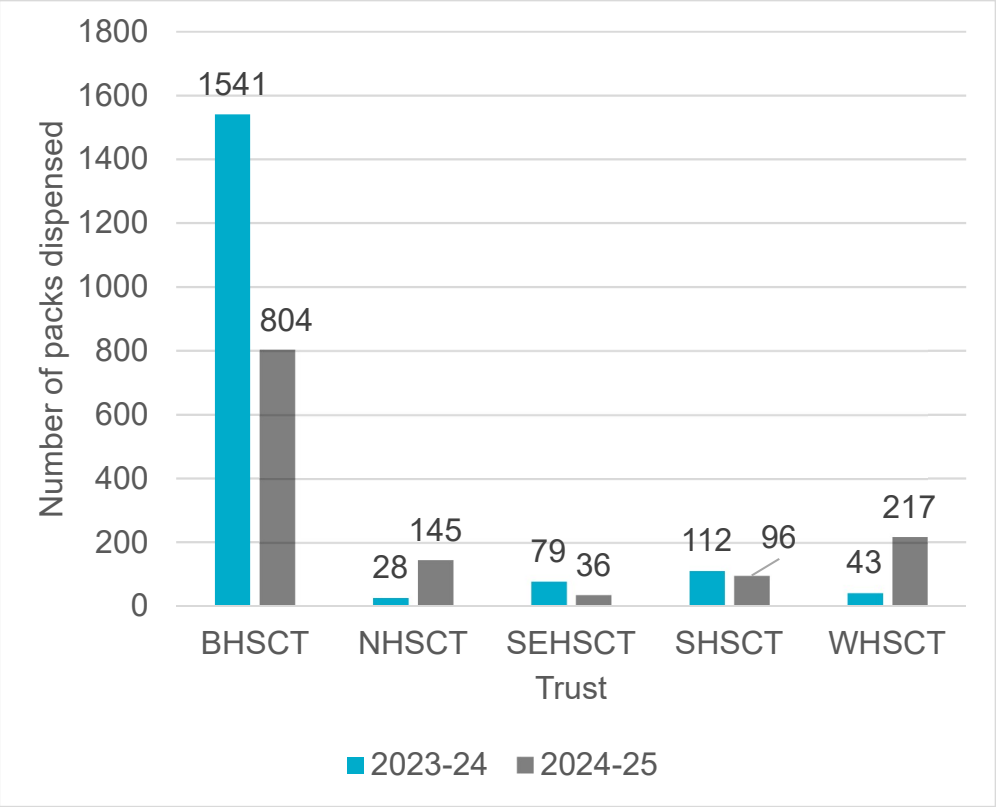


Figure 5 reflects the number of THN packs dispensed by Trust area in 2023-24 and 2024-25. Of the 1,313 packs dispensed, approximately 61% were supplied in the Belfast Health and Social Care Trust (BHSCT). The number of THN packs supplied in BHSCT has reduced approximately 48% from the previous financial year. This is due to the increased spread of THN suppliers across NI as well as the reduction in naloxone being given out by our training organisation which is based in Belfast.

Within the Western Health and Social Care Trust (WHSCT) area there shows approximately 80% increase in the distribution of naloxone. This was primarily because a Trust based community addiction service began to record naloxone within our system on 2024/25.

Similarly, in 2024/25 the Northern Health and Social Care Trust (NHSCT) saw the community addiction team recording THN use on our central system and therefore the number of THN packs dispensed shows a considerable rise within this area.

15 THN packs were dispensed via NSP direct, the independently commissioned postal service, which is not included within this review.

Section 6: Naloxone Training Review

In 2024-25, PHA restructured the naloxone training sessions. Previously naloxone administration training required 1 full day which was compressed into a 3-hour session. In addition, capacity was increased from 20 attendees to 50 attendees.

PHA commission two training courses in relation to naloxone as follows:

1) Naloxone administration: This is a public course targeting those who have contact with people at risk of opioid overdose.
2) Naloxone supplier's training: This is a course for PHA commissioned naloxone suppliers only. This includes naloxone administration as well as how to complete a brief intervention which meets the legal requirements for take home naloxone.

A total of 302 people received naloxone administration training and 46 received naloxone suppliers training through Extern.

A further 346 people were provided with naloxone for the first time in 24-25, and all of these people were provided with training in the administration of naloxone.

Therefore, in 2024-25 there were

- 648 people trained in administration (initial supply of naloxone & training course)
- 46 people attended suppliers training

Section 7: Conclusion

This report shows that the distribution of naloxone continues to be utilised and the need remains high for the THN programme as a lifesaving intervention. PHA have reviewed reporting mechanisms in place so that we can record more accurately how the THN has been utilised once it is dispensed. PHA are working with all THN providers to increase the accurate and timely reporting through the Neo360 Harm Reduction Information System for Northern Ireland. As we continue to promote peer-to-peer distribution and a wider circulation of naloxone, the task of reporting naloxone transactions becomes more difficult and the priority will always remain the distribution of Naloxone.

From April 2025, through the widening of the THN programme PHA will work with route 1 and route 2 organisations to deliver THN programme.

Public Health Agency

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