

Take Home Naloxone Programme

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

April 2021 – March 2022

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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 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. 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 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 2020-2021

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.

Between 1st April 2021 and 31st March 2022, 1,385 packs of naloxone were supplied, a decrease of 17% on the previous year (see Table 1). This is partly due to an increase in the number of people receiving naloxone in the previous year (Prenoxad has a shelf life of approximately 2 years). The decrease has also been caused by the restrictions imposed due to Covid, as training delivery was affected during the year by these restrictions. Training was provided during the restrictions using video conferencing technology, but at a slightly reduced level.

Period	Number of packs
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
Total supplied	7,517

5 Take Home Naloxone packs used to reverse an overdose

During the period between April 1st 2021 and March 31st 2022, Naloxone was reported to have been administered on 420 occasions and in 95% of these cases the patient survived.

Period	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%
April 2020-March 2021	256	231	90%
April 2021-March 2022	420	400	95%

In 187 cases, the person who overdosed was male, in 82 cases they were female, and in 151 cases gender was not recorded.

2 of the overdose patients were reported as having recently come out of prison, and/or were reported as having recently had detoxification treatment. These patients may have had a lower tolerance to opioids following a period of abstinence than they had previously had.

In 2021-22, the use of naloxone was reported 249 times in the Greater Belfast area and 10 times in the Lisburn area. In all other areas where the use of naloxone was reported in 2021-22, the incidence was less than 5.

Drugs taken

In 53 of these overdoses (12.6%) the use of other drugs (besides heroin) was reported; in 49 of these cases the patient survived. Of those who did not survive were three were male, and one was female. Those who did not survive had used a range of other drugs including: benzodiazepines, pregabalin, cocaine, alcohol, and other opioids

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. 2020-21	
Substances taken	No. of cases
Benzodiazepines	30
Pregabalin	15
Other opioids*	8
Alcohol	7
Cocaine	7
Anti-depressants	2
Spice	1

* Includes fentanyl, codeine, dihydrocodeine and oxycodone

This shows a slightly different pattern to the figures for 2020-21, with benzodiazepines still being reported as the most common drug other than heroin, but with pregabalin and opiates other than heroin being more common than alcohol. The numbers are, however, too low to draw any inference from.

These figures relate only to those cases where we have reports of what other drugs the person who overdosed had used. In very many cases, there was no detail regarding this.

We know from reports of those working with people who inject drugs, that poly drug use is now the norm in cases of overdose. Those requesting resupplies of naloxone because their previous supply had been used to reverse an overdose may not know exactly what drugs the person who overdosed had used, or they may have been unwilling to report this.

Contact with emergency services

In 215 cases the ambulance service was reported as having been contacted. In those cases (20) where it was reported that the service user did not survive, the ambulance service was reported as having been called in 14 of these cases. Because of the way these data are collected, with service users reporting the details of the naloxone use to service providers when they are resupplied naloxone, we can only be sure whether or not the ambulance service was contacted in those cases where it is confirmed that it was contacted.

6 Training

A total of 226 people were provided with relevant opioid overdose training through the PHA funded training service delivered by Extern in 2021-22. 15 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.

A further 407 people were provided with naloxone for the first time in 2021-22, and all of these people were provided with training in the administration of naloxone. Therefore, in total, in 2021-22, 633 people were trained to administer naloxone and 15 people were trained to supply Take Home Naloxone.

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.

This year saw a decrease in the numbers of people provided with naloxone, but also a very significant increase in the number of times that naloxone was reported as having been used.

The Public Health Agency is aware that service providers have made significant efforts to engage with vulnerable people who use drugs during 2020-21 due to the Covid pandemic,

including those not previously in contact with services. It may be that a large section of our service users, and staff who are in contact with them were supplied with naloxone during this period and, as such, if they had not used the naloxone, would not have required a further supply.

It is also significant that the vast majority of the reported incidences of naloxone use occurred in the Greater Belfast area, strongly suggesting that the use of illicit opioids, in particular heroin, is still concentrated in this area.

There were a large number of instances this year where it was reported that naloxone had been used to reverse an overdose, but no details regarding the overdose were recorded. The PHA is introducing an electronic recoding system (Neo360) to record supplies of naloxone in 2022-23. It is expected that this will greatly improve the quality of the data we receive around the provision and use of naloxone.