



# **Take Home Naloxone Programme**

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

**April 2020 – March 2021**

# **Contents**

1. Introduction
2. How the Take Home Naloxone Programme works
3. How information is collected
4. Patients supplied with naloxone
5. Take Home Naloxone packs used to reverse an overdose
6. Conclusion

## **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 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 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. 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 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 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021, 1,666 packs of naloxone were supplied, an increase of over 26% on the previous year (see Table 1). This is partly due to an increase in the number of people receiving training in naloxone administration, but mainly to an increase in the provision of naloxone to service users. The increase in the number of people (other than service users) trained to administer naloxone is largely driven by training uptake within the homeless sector.

**Table 1: Number of times naloxone was supplied, by year**

|                       |       |
|-----------------------|-------|
| 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 |
| Total supplied        | 6,132 |

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

During the period between April 1<sup>st</sup> 2020 and March 31<sup>st</sup> 2021, Naloxone was reported to have been administered on 256 occasions and in 90% of these cases the patient survived.

**Table 2: Number of times naloxone has been reported used to reverse an overdose, and number of cases in which patient survived.**

|                       | 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%        |

In 172 cases, the person who overdosed was male, in 72 cases they were female, and in 12 cases gender was not recorded.

27 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 2020-21, the use of naloxone was reported 217 times in the Greater Belfast area and 13 times in the Lisburn area. In all other areas where the use of naloxone was reported in 2020-21, the incidence was less than 5.

## Drugs taken

In 71 cases (28%) the use of other drugs (besides heroin) was reported; in 66 of these cases the patient survived. Of those who did not survive were three were male, and two were female. Those who did not survive had used a range of other drugs including: benzodiazepines, pregabalin, cocaine, alcohol, new psychoactive substances 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**

| <b>Substances taken</b> | <b>No. of cases</b> |
|-------------------------|---------------------|
| Benzodiazepines         | 43                  |
| Alcohol                 | 17                  |
| Pregabalin              | 15                  |
| Other opioids*          | 6                   |
| Cocaine                 | 6                   |
| NPS                     | 5                   |
| Methadone               | 1                   |

\* Includes fentanyl, codeine, dihydrocodeine and oxycodone

This shows a slightly different pattern to the figures for 2019-20, with benzodiazepines still being reported as the most common drug other than heroin, but with alcohol being slightly more common than pregabalin. The numbers are, however, too low to draw any inference from.

## **Contact with emergency services**

In 152 cases the ambulance service was reported as having been contacted. In those cases (25) where the service user did not survive, the ambulance service was reported as having been called in 6 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 cannot be sure whether or not the ambulance service was contacted

## **6 Training**

A total of 367 people were provided with relevant opioid overdose training through the PHA funded training service delivered by Extern in 2020-21. 41 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 868 people were provided with naloxone for the first time in 2020-21, and all of these people were provided with training in the administration of naloxone. Therefore, in total, in 2020-21, 1,194 people were trained to administer naloxone and 41 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.

The significant increase in both the provision and use of naloxone, after a slight decrease in the previous year suggests that the incidence of both opioid use and opioid overdose continue to increase in Northern Ireland, although this increase may also be partly attributable to an increase in awareness of naloxone among service users and among professionals who are in contact with these service users.

The Public Health Agency is also aware that service providers have made significant efforts to engage with vulnerable people who use drugs over the course of the Covid pandemic, including those not previously in contact with services. Services have reported an increased need for support among this cohort due to the pandemic and associated lockdowns and it is

possible that increased engagement with services has been partly responsible for the increase in the uptake of the Take Home Naloxone programme.

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.

The PHA is piloting the provision of naloxone as a nasal spray from July to December 2021; it is hoped that this will increase the number of professionals working in environments where there is a risk of overdose who will carry naloxone. The PHA will also seek to widen direct access to naloxone for service users by piloting provision of naloxone through Community Pharmacies.