



# The Association of Directors of Public Health

## Position Statement: Take home naloxone

The Association of Directors of Public Health (ADPH) is a Company Limited by guarantee (soon to be a charity) and is the representative body for Directors of Public Health (DsPH) in the UK.

It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back more than 150 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

[www.adph.org.uk](http://www.adph.org.uk)

ADPH policy is developed by and with its membership.

### Overview

This position statement:

- provides Directors of Public Health with the ADPH position statement on Naloxone use
- provides a briefing on take home naloxone schemes and issues for Directors of Public Health to consider, and
- provides references and sources for key resources and information.

### ADPH Policy Position

The Association of Directors of Public Health notes that the use of take home naloxone has arisen in response to its demonstrated effectiveness in reducing the number of opiate related accidental deaths.

We welcome the appropriate use of naloxone in line with evidence and guidance as an important tool in reducing and preventing drug related deaths, and welcome the 2015 regulations which make the distribution of naloxone across the UK easier.

Naloxone should only be administered safely and by appropriately trained Individuals. All evaluations of pilots and demonstration projects on naloxone identify the need for an appropriate scheme, with good clinical governance, good training and regular monitoring to ensure naloxone is used as intended, not wasted, and does not create unintended harm.

ADPH recommends that any Director of Public Health who considers implementing a scheme should learn from the Northern Ireland, Welsh, Scottish and English pilot experiences, especially in relation to scheme set up, training, clinical governance and communication, and devise an appropriate scheme in line with published guidelines<sup>1</sup>, such as those listed in “useful resources” below.

We are concerned that a firm criterion for the cost-effectiveness of naloxone has not yet been established. By establishing a firm criterion commissioners can obtain best value for money while also seeking to save lives.

---

<sup>1</sup> See ‘Useful Resources’ at the end of this document for further information

The ADPH view is that naloxone schemes must take into account the risks of naloxone use, and include proper steps to minimise the risks of accidental use and other harms. Directors of Public Health and other commissioners should learn from existing schemes and published guidance, such as that included in the useful resources section below.

We would also like to call on the Health Ministers of the four nations of the UK to look to harmonise best practice across the UK to obtain best effectiveness and cost effectiveness of naloxone.

This position statement considers take home naloxone. Specific considerations may apply in prisons or hospital or other institutional settings and Directors of Public Health should take appropriate advice on these settings where they are commissioning such services.

### **What is Naloxone?**

Naloxone is used in the treatment of suspected acute opioid overdose. Naloxone can temporarily reverse opioid effects by removing opioids from receptors, and this can be important in restoring breathing in people who have an overdose. Drug related deaths have been rising in some parts of the UK in recent years<sup>2</sup> of which the proportion of those caused by opiate use has increased sharply. Naloxone has been shown to be a useful tool in reducing deaths from opiate overdose when used correctly.

### **Evidence and guidance on take-home naloxone**

Naloxone can be supplied to people using illicit opiates, receiving opioid substitution therapy, people previously using opiates (in case of relapse) and those leaving custodial settings who have a history of opiate use. It may also be provided to family members, carers or friends, in line with World Health Organization (WHO) guidelines. This is known as “take home naloxone”.

Naloxone to take home is rapidly growing in use internationally and across the UK.

In 2014 the WHO produced guidelines for the use and availability of Naloxone<sup>3</sup>. With a disclaimer that the quality of evidence for most of its recommendations was low, the WHO recommended that:

- People likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose.
- Naloxone is effective when delivered by intravenous, intramuscular, subcutaneous and intranasal routes of administration. Persons using naloxone should select a route of administration based on the formulation available, their skills in administration, the setting and local context.
- In suspected opioid overdose, first responders should focus on airway management, assisting ventilation and administering naloxone.
- After successful resuscitation following the administration of naloxone, the level of consciousness and breathing of the affected person should be closely observed until full recovery has been achieved.

The Welsh Assembly Government published an evaluation of the take home naloxone demonstration project in 2011 which concluded take home naloxone has benefits in preventing opiate related deaths<sup>4</sup>.

---

<sup>2</sup> [http://www.ons.gov.uk/ons/dcp171778\\_414574.pdf](http://www.ons.gov.uk/ons/dcp171778_414574.pdf)

<sup>3</sup> [http://www.who.int/substance\\_abuse/publications/management\\_opioid\\_overdose/en/](http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/)

<sup>4</sup> <http://gov.wales/statistics-and-research/evaluation-take-home-naloxone-demonstration-project/?lang=en>

The European Monitoring Centre for Drugs and Drug Addiction published its own systematic review in 2015<sup>5</sup> which concluded that naloxone is effective in preventing fatal overdoses.

A patient safety alert was issued in England in 2014<sup>6</sup>, intended to raise awareness of the risk of harm or death from inappropriate doses of naloxone in patients on long-term opioid or opiate treatment, where these drugs are used to provide relief from both chronic and acute pain, such as following surgery. This should not deter schemes from development but emphasises the importance of proper training for clinicians who may use naloxone for reversing respiratory depression in patients given opioids for pain relief<sup>7</sup>.

### **Availability in the United Kingdom**

There are existing national programmes for people to take naloxone home in Wales and Scotland and a scheme in Northern Ireland. Guidelines for these schemes were issued in 2013<sup>8</sup>. New UK-wide regulations came into force on 1<sup>st</sup> October 2015. Although there is no national scheme in England, there have been pilot sites.

Under the Human Medicines Amendment Regulations 2012 naloxone could only be provided by drugs services with the prescription of a doctor or other independent prescriber. The 2015 regulations, which came into force on 1st October 2015,<sup>9</sup> amended the 2012 regulations to enable Patient Group Directions to allow drugs services (whether commissioned by NHS or Local Authorities) to supply naloxone<sup>10</sup> without prescription.

In 2012 the Advisory Committee on the Misuse of Drugs made recommendations to government<sup>11</sup> that naloxone should be more widely available in England noting that

- The evidence we present in the report shows that naloxone provision reduces rates of drug-related death. Evidence also shows that training in all aspects of overdose response is important alongside naloxone provision, and benefits both service users and carers. Naloxone is already available on prescription to people at risk of opioid overdose, such as heroin users. However, maximum impact on drug-related death rates will only be achieved if naloxone is given to people with the greatest opportunity to use it, and to those who can best engage with heroin users.
- The efficacy of naloxone is not in dispute. Naloxone is a WHO-recommended medicine, and efficacy has been proven in several published studies and pilots. Naloxone is a safe, effective drug, with no dependence-forming potential. Its only action is to reverse the effects of opioid overdoses, and it is already used by emergency services personnel in the UK for this purpose. Despite recent

---

<sup>5</sup> <http://www.emcdda.europa.eu/publications/emcdda-papers/naloxone-effectiveness>

<sup>6</sup> <https://www.england.nhs.uk/2014/11/20/psa-naloxone/>

<sup>7</sup> This was later followed by further information clarifying this <https://www.england.nhs.uk/wp-content/uploads/2015/02/psa-naloxone-supp-info.pdf>), as well as a UKMi Q&A

(<http://www.medicinesresources.nhs.uk/GetDocument.aspx?pageId=797289>) and letter from the clinical guidelines chair. See also useful resources 5 below

<sup>8</sup>[http://www.dhsspsni.gov.uk/ni\\_primary\\_and\\_secondary\\_care\\_opioid\\_substitute\\_treatment\\_guidelines\\_2013-2.pdf](http://www.dhsspsni.gov.uk/ni_primary_and_secondary_care_opioid_substitute_treatment_guidelines_2013-2.pdf)

<sup>9</sup> <http://www.legislation.gov.uk/uksi/2015/1503/contents/made>

<sup>10</sup> Explanatory notes to the regulations

[http://www.legislation.gov.uk/uksi/2015/1503/pdfs/uksiem\\_20151503\\_en.pdf](http://www.legislation.gov.uk/uksi/2015/1503/pdfs/uksiem_20151503_en.pdf)

<sup>11</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/119120/consideration-of-naloxone.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/119120/consideration-of-naloxone.pdf)

falls in the number of deaths attributable to heroin overdose, we find that many of these fatalities are preventable by the use of naloxone as an intervention.

The Government accepted these recommendations<sup>12</sup> and in October 2015 the Human Medicines (Amendment) No.3 Regulations 2015 came into force.

A helpful explanation of the new regulations can be found on the official Scottish naloxone scheme's website<sup>13</sup> A Public Health England slide set provides a useful overview of both new and existing arrangements.<sup>14</sup>

The Public Health England guidance<sup>15</sup>, published to inform commissioners about the impact of naloxone and the new regulations, makes clear that the legislative change that came into force in October 2015 means that – similar to Water for Injections – naloxone is exempt from prescription only medicine requirements when it is supplied by a drug service commissioned by a local authority or NHS (or Public Health Agency in Northern Ireland or Public Health England). It may then be supplied to any individual needing access to naloxone, which could be:

- someone who is using or has previously used opiates (illicit or prescribed) and is at potential risk of overdose
- a carer, family member or friend liable to be on hand in case of overdose
- a named individual in a hostel (or other facility where drug users gather and might be at risk of overdose), which could be a manager or other staff.

### **Cost effectiveness of naloxone**

According to published guidelines, naloxone is generally considered to be cost effective but there are few relevant studies to that respect. PHE guidance quotes an American study which says naloxone is cost-effective<sup>16</sup>. A study by Bell et al concluded naloxone was cost-effective<sup>17</sup>. While studies to date have concluded naloxone is likely to be cost effective, further studies are needed to provide greater assurance. The comparative paucity of studies on cost effectiveness should not deter commissioners from making suitable local schemes available, however.

### **Implementing local schemes**

Commissioners should welcome the appropriate use of naloxone in line with evidence and guidance in reducing and preventing drug related deaths. ADPH also notes however the need to administer naloxone safely and with appropriate training, and that all evaluations of pilots and demonstration projects on

---

<sup>12</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/340711/lversonNaloxone.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340711/lversonNaloxone.pdf)

<sup>13</sup> <http://www.naloxone.org.uk/index.php/lawpolicy/law/uklaw1>

<sup>14</sup> [www.nta.nhs.uk/uploads/naloxonesupplyafteroctober2015.ppt](http://www.nta.nhs.uk/uploads/naloxonesupplyafteroctober2015.ppt)

<sup>15</sup> <http://www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdosefeb2015rev.pdf>

<sup>16</sup> Coffin PO & Sullivan SD. Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal. *Ann Intern Med.* 2013 Jan 1;158(1):1-9

<sup>17</sup> [http://www.researchgate.net/profile/Marian-Shanahan/publication/6055410\\_A\\_randomized\\_trial\\_of\\_effectiveness\\_and\\_cost-effectiveness\\_of\\_observed\\_vs\\_unobserved\\_administration\\_of\\_buprenorphine-naloxone\\_for\\_heroin\\_dependence/links/00463523dcd8895865000000.pdf](http://www.researchgate.net/profile/Marian-Shanahan/publication/6055410_A_randomized_trial_of_effectiveness_and_cost-effectiveness_of_observed_vs_unobserved_administration_of_buprenorphine-naloxone_for_heroin_dependence/links/00463523dcd8895865000000.pdf)

naloxone identify the need for an appropriate scheme, with good clinical governance, good training and regular monitoring to ensure naloxone is used well, not wasted, and does not create unintended harm.

ADPH recommends that any Director of Public Health should learn from the Northern Ireland, Welsh, Scottish and English pilot experiences and devise an appropriate scheme in line with the published guidelines.

A range of resources are given at the end of this briefing, and these, along with the Public Health England guidance and other resources, could be used by commissioners in the creation of local schemes. Since practice, protocols and local arrangements differ, commissioners should ensure they consider carefully the clinical governance, training and safety issues and keep these under review as knowledge increases.

Early engagement with police, probation organisations, prison healthcare services, NHS and other agencies as well as providers, especially those working with high risk groups for opiate/opioid overdose is recommended so that a shared understanding of the use of naloxone can be achieved. This is particularly relevant in situations where opioid overdose is more likely to occur.

Local schemes should also be aware of the shelf life of medicines, and make arrangements for naloxone kits to be replaced when expiry dates are approaching. Risks associated with administration of expired naloxone are unclear, although it is understood that any risk is most likely to be that use of naloxone after the expiry date reduces its effectiveness considerably. Given that naloxone should be administered in addition to calling 999, the ambulance service should be able to come equipped with this and should be in a position to administer an 'in-date' intervention.

### **Media queries**

Naloxone has attracted regular media interest, often associated with reports of stray needles and concerns that children or others will come to harm through accidental contact. Careful governance, training for the scheme and referring media to the national policy and advice is helpful to allay fears and highlight that this is a national development.

Local Community Safety Partnerships should be aware of local implementation schemes in order to establish mechanisms to monitor this issue, and to develop mechanisms to act swiftly to remove stray needles and other associated paraphernalia.

### **Member and Police Crime Commissioner/ Authority engagement**

Elected member leadership is crucial for public health services in local government, and for confidence within local communities. Informing members of the benefits of naloxone, the benefits of drug and alcohol treatment more generally to the community as well as the individual is crucial to community. Informing elected leaders will also provide confidence that naloxone take home schemes can be operated safely, and reduce drug related deaths.

Early engagement with Police and Crime Commissioner/Police Authority is also highly recommended.

## Useful Resources

1. Public Health England Naloxone Slide Set  
[www.nta.nhs.uk/uploads/naloxonesupplyafteroctober2015.ppt](http://www.nta.nhs.uk/uploads/naloxonesupplyafteroctober2015.ppt)
2. Scottish Drugs Forum Naloxone Site <http://www.naloxone.org.uk/>
3. PHE Guidelines on naloxone <http://www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdosefeb2015rev.pdf>
4. Template Patient Group Direction <http://www.naloxone.org.uk/index.php/lawpolicy/policy>
5. Preliminary advice on clinical management <http://www.nta.nhs.uk/uploads/chairsletter-naloxone-22july2015.pdf>
6. Article on injecting advice.com for harm reduction workers  
<http://www.injectingadvice.com/v4/index.php/articles/equipment/815-naloxone-legal-changes-uk>
7. Substance Misuse Management in General Practice (SMMGP) have produced a free e-learning tool on Naloxone available on <http://www.smmgp-elearning.org.uk/>
8. Sample local protocol for naloxone supply  
<http://www.smmgp.org.uk/download/guidance/guidance043.pdf>

## Association of Directors of Public Health

Original statement: December 2015

Last updated: December 2015

Next Review: December 2017