NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Take Home Naloxone in acute setting to individuals at risk of future opiate overdose

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Approval Group:	Medicines Utilisation Subcommittee of ADTC

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Background

The Scottish Government's alcohol and drug strategy [1] has a particular focus on reducing drug deaths as part of Scotland's public health priorities [2]. Drug related deaths (DRD) are increasing within Scotland. In 2013 a total of 527 individuals lost their life to a DRD, increasing to 1187 individuals by 2018 with an average of 268 deaths annually within NHS Greater Glasgow and Clyde [3]. On average over the last five years, 87% of drug-related deaths in Scotland involved an opioid. Individuals are most likely to be aged 35 years and over, often with co-morbidities. Conditions such as a respiratory condition, hepatitis C, anxiety and depression are commonly recorded conditions in the six months prior to death [4]. There are an estimated 18,700 problem drug users within NHS GGC [5]. The four main drugs implicated in drug related deaths are heroin, alcohol, methadone and benzodiazepines. All of these drugs are central nervous system depressants and in overdose will cause respiratory depression.

Naloxone, an opioid antagonist, is routinely used within the hospital setting to reverse the effects of opioids and is stocked in wards along with other emergency medicines. In the Human Medicines Regulations naloxone is on the list of parenteral prescription only medicines which can be administered to anyone by anyone for the purpose of saving a life in an emergency.

Over 58,000 naloxone kits have been issued in Scotland since 2011 via local naloxone programmes, including over 16,000 kits in NHS Greater Glasgow and Clyde [6].

Overdose awareness and naloxone supply is currently offered to people at risk and to individuals likely to witness an opioid overdose. This can be accessed from local alcohol and drug recovery services, recovery hubs, Glasgow Drug Crisis Centre, a range of injecting equipment providers, participating community pharmacies and prisons. Naloxone is supplied using a competency framework by appropriately trained staff and naloxone peer volunteers or via prescription.

Drug users are at high risk of a drug related death following discharge from hospital [7]. A history of non fatal overdose is also an identifiable risk factor for drug users [8]. Over half of the individuals who had died in 2016 in Scotland had previously experienced a non-fatal overdose with 16% having overdosed at least five times prior to death and 15% of individuals overdosing within the three months prior to their death.[4]

Overdose Awareness & Naloxone Training

Overdose awareness and naloxone training will be offered to patients who are identified through assessment by acute addiction liaison nurses as being at risk of future opiate overdose. This risk is associated with patients who have a current or previous history of using opioids such as heroin or methadone. Training is in the form of a brief conversation using a checklist (Appendix 1). On completion of training the acute addiction liaison nurses will request for the doctor to add 'Prenoxad' to the immediate discharge letter (IDL) to be dispensed by the hospital pharmacy for discharge and inform the relevant ward nursing staff of the intervention. Acute addiction liaison nurses will also provide the

patient with a leaflet (Appendix 2). The patient will be asked to sign a disclaimer form (Appendix 3).

Training covers the following:

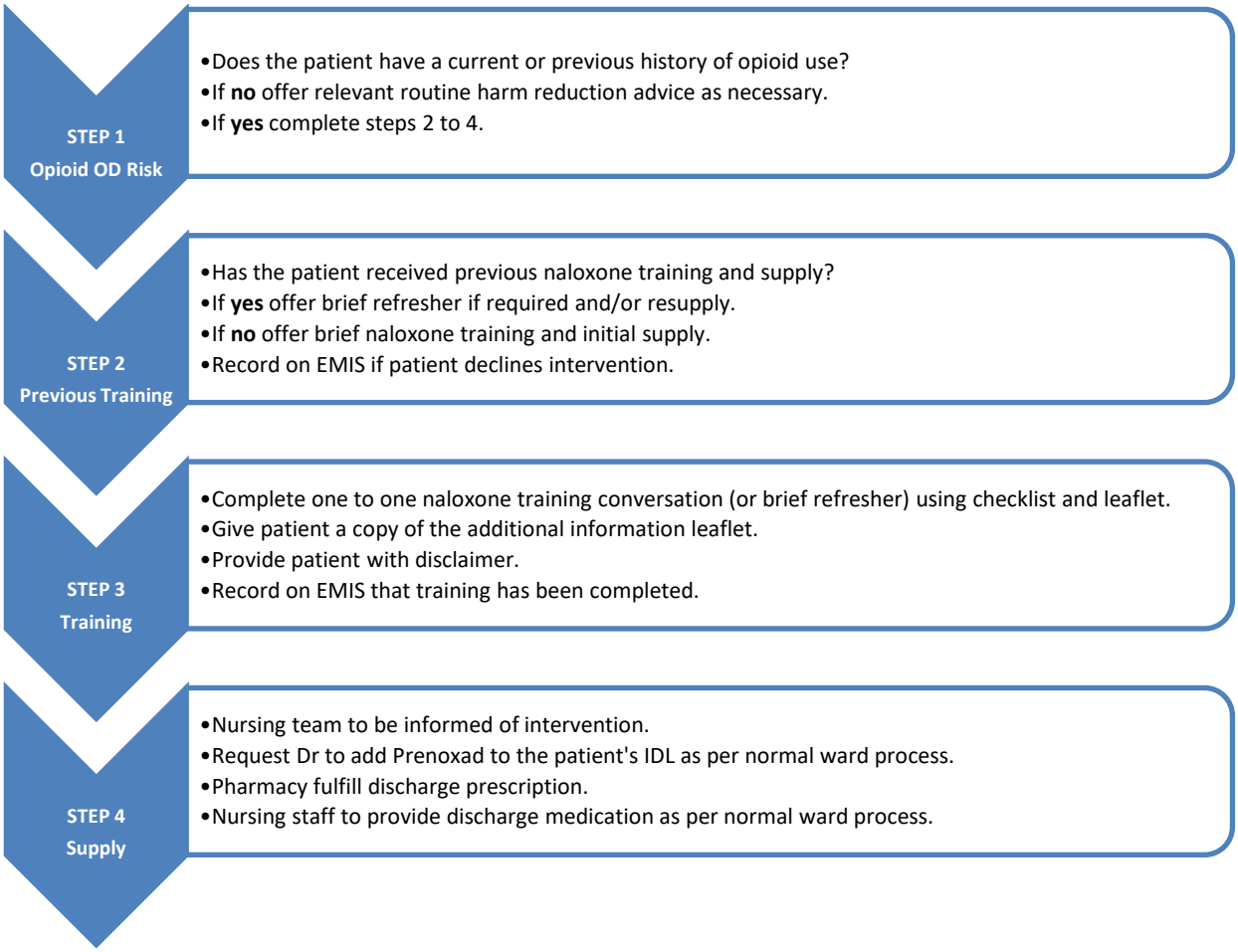
- Common drugs involved in drug related death
- The main causes of drug overdose and high risk times
- The signs & symptoms of opiate overdose
- Calling 999, Basic Life Support, Recovery Position and administering Naloxone.

Naloxone Supply

- Naloxone is supplied as a 2mg/2ml pre-filled syringe.
- **It MUST be prescribed and dispensed as 'PRENOXAD'.**

Prenoxad® is the only licensed take home naloxone injection available and contains information leaflets and needles. Other naloxone injections DO NOT contain needles and would be of no use in an emergency situation.

Acute Addiction Liaison Naloxone Training & Supply Process



Pharmacy

- Prenoxad® stock should be ordered via the Pharmacy Distribution Centre (PDC).
- All hospital pharmacy sites with acute addiction liaison support should hold a designated minimum number of supplies of Prenoxad.
- Prenoxad should be labelled 'Inject 0.4ml (400micrograms) into the outer thigh muscle. If no response, repeat at 2 – 3 minute intervals'.
- The cellophane should **not** be removed from the packaging. Patients are instructed during training to keep the pack unopened until required in an emergency situation. Police will remove open packs from individuals.

Staff Awareness Raising

- Acute addiction liaison staff will highlight the provision of naloxone during routine addiction training held for new members of nursing and medical staff.

Take Home Naloxone Supply from Community Settings

- Acute addiction liaison staff will highlight to patients how they can access further supplies within the community.
- Patients are able to access further supply from their GP, Alcohol and Drug Recovery Services, Injecting Equipment Providers and participating community pharmacies across NHS GGC.

References

(1) Rights, Respect and Recovery: alcohol and drug strategy, Scottish Government, 2018. https://www.gov.scot/publications/rights-respect-recovery/

(2) Scotland's public health priorities, Scottish Government, 2018. https://www.gov.scot/publications/scotlands-public-health-priorities/

(3) Drug Related Deaths in Scotland in 2018, National Records of Scotland. https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2018

(4) http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2016-03-22/2016-03-22-NDRDD-Report.pdf?

(5) Prevalence of Problem Drug Use in Scotland. 2015/16 Estimates. NHS National Services Scotland, Information Services Division. Published March 2019.

(6) National Naloxone Programme Scotland Monitoring Report 2017/18, NHS ISD. https://beta.isdscotland.org/media/5161/2020-08-11-naloxone-report.pdf

(7) Merrall E., Bird S., Hutchinson S. A record-linkage study of drug-related death and suicide after hospital discharge among drug-treatment clients in Scotland, 1996-2006. Addiction 2012; 108: 377-384.

(8) Darke S., Williamson A., Ross J.,Mills K., Havard A., Teesson M. Patterns of Nonfatal Heroin Overdose over a 3-year Period: Findings From the Australian Treatment Outcome Study. J Urban Health. March 2007; 84(2): 283-291

Further Reading

www.prenoxadinjection.com

www.naloxone.org.uk

Contact Details

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Appendix 1

Take Home Naloxone Programme

One to One Naloxone Training Conversation

The person must demonstrate an understanding of the following:

The most common drugs identified in a drug-related death (heroin, methadone, benzodiazepines & alcohol – 'downer' drugs) **and the physical effects these drugs have** (most importantly breathing is reduced and people can struggle to get oxygen into the body. In overdose breathing can stop altogether)	
The main causes of drug overdose (low tolerance, **mixing drugs**, using too much, using alone, injecting drug use, purity levels)	
High risk times (e.g. release from prison, leaving rehab or hospital, recent detox, recent relapse, poor physical or mental health, recent life events, cash windfall, longer-term user, festive periods, weekends or holidays)	
The signs & symptoms of suspected opiate overdose (pinpoint pupils, breathing problems, bluish skin/lip colour, no response to noise or touch, loss of consciousness)	
Knows when to call 999 (when person won't wake with shout/shake, status of person and location. Stay with the person.)	
Knows about the recovery position (person on side, airway open)	
Knows about rescue breathing and CPR (30 compressions, 2 breaths – one cycle of BLS)	
Knows when and how to administer naloxone (unconscious but breathing – admin when in recovery position then every 2-3mins, unconscious but NOT breathing – admin after one cycle of BLS then after every three cycles of BLS. Dose – 0.4mls into outer thigh muscle via clothing. Give one dose at a time to reduce likelihood of withdrawal symptoms. Assembly of syringe)	
Knows that naloxone is short acting (only works for about 20mins, does not get rid of opiates from the body, effects will return)	

The trainee has demonstrated an understanding and awareness of opiate overdose, the use of naloxone, calling 999, the recovery position and basic life support and is eligible to receive a supply of take home naloxone.

Trainee Name .....

Trainer Signature .....

Date .....

NHS Greater Glasgow and Clyde

Additional Patient Take Home Naloxone Leaflet

Keep the pack sealed.

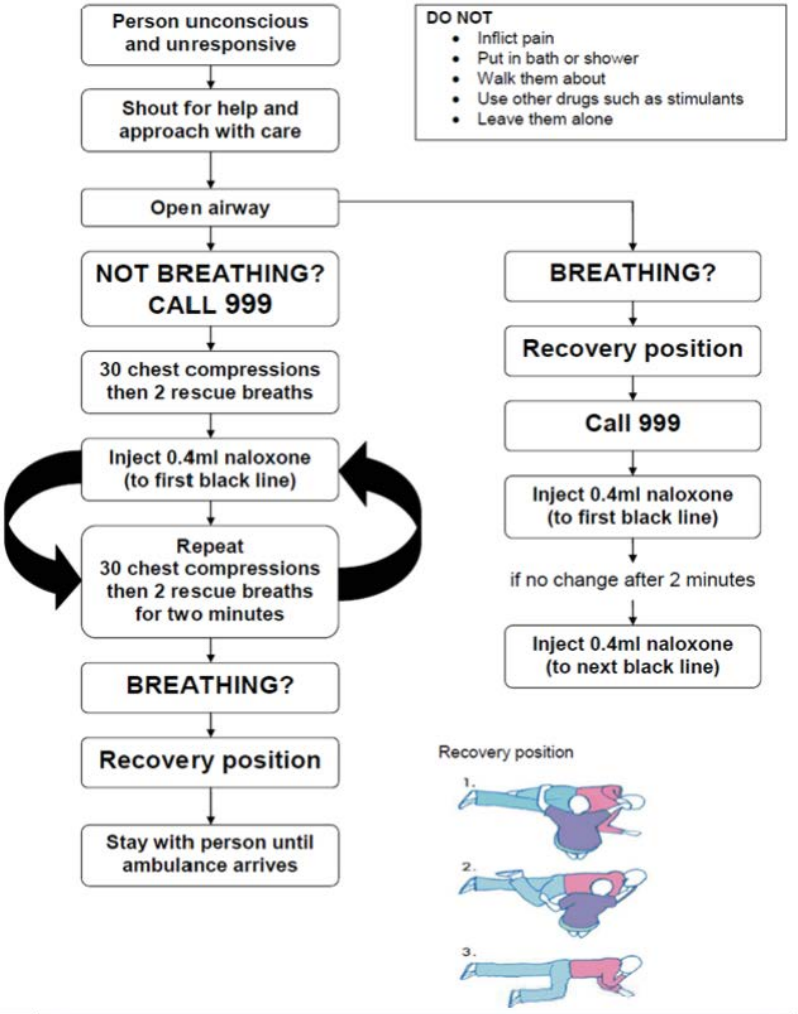
DO NOT OPEN the pack unless it is an emergency.

Remember Naloxone will only work on opiate based drugs such as heroin or methadone for a short time. It is a temporary effect. Naloxone does not remove opiates from the body, after about 20 minutes the effects of the naloxone will wear off and there is a risk that someone may go back into an overdose. **You should always call 999 for an ambulance.** It is important that someone does not take more drugs. **Give one dose (0.4ml) every 2 – 3 minutes.**

If the pack is opened or has expired then you will need to have it replaced. If the pack is opened and used then **DO NOT** keep the pack, give it to the ambulance crew or take it to a needle exchange pharmacy for disposal. You can get a resupply from any community addiction team or Glasgow Drug Crisis Centre. Some community pharmacies may be able to give you a supply too.

Further overdose training or Naloxone training can be accessed via any community addiction team or drug service within NHS Greater Glasgow and Clyde. If you require any additional support following giving naloxone then please also contact your nearest community addiction team or drug service to speak with a worker.

Action on finding a potential overdose



Appendix 3

Greater Glasgow and Clyde

Naloxone Supply Disclaimer

Date training completed……

Ward/Hospital……

Acute Addiction Liaison Nurse……

Patient Disclaimer

Please read this form carefully. If there is anything that you do not understand ask the nurse for an explanation. If you understand the information you should sign the form.

Information relating to naloxone supply will be shared within relevant NHS Greater Glasgow & Clyde services when relevant to an individual's care.

Anonymous data will be used for reporting, monitoring and evaluation.

All data will be used in accordance with the Data Protection Act 2018.

Name (print} ……

Date……

Patient Signature……

To be retained in acute addiction liaison patient records.