



Public Health
England

Protecting and improving the nation's health

Naloxone in England: national policy for local action

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10 March 2017

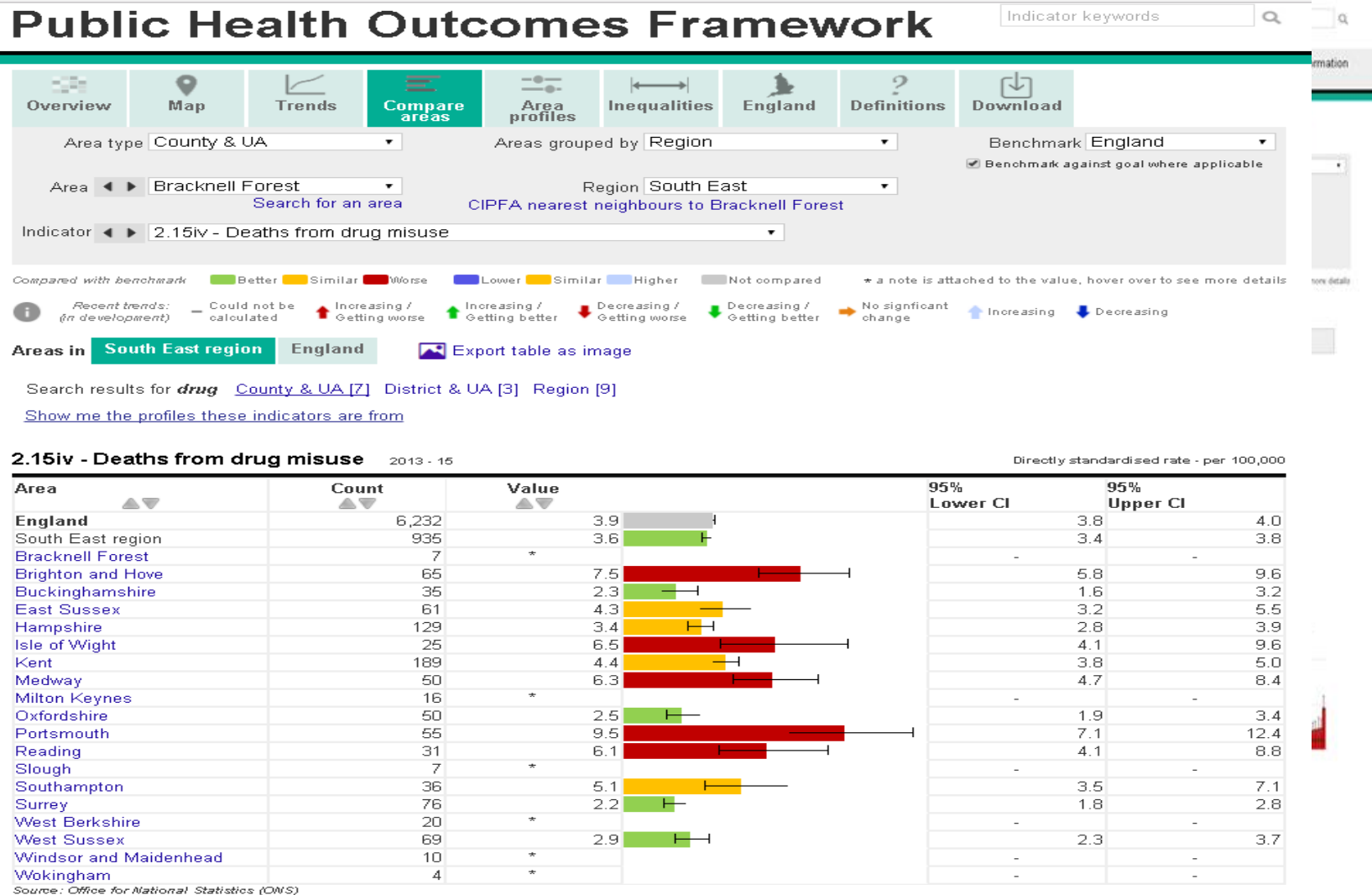
The English policy and implementation framework

- Local areas understand are responsible for understanding local need and commissioning provision (2012 Health and Social Care Act)
- New Public Health Outcomes Framework indicator on drug related deaths
- 2015 legislative change to allow drug services to supply naloxone without prescription
- PHE and other national advice and guidance
- PHE Centres support LAs to improve their provision

PHE and government recommendation that
“all local areas have appropriate naloxone provision in place.”

PHOF 2.15iv - Deaths from drug misuse

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Before October 2015

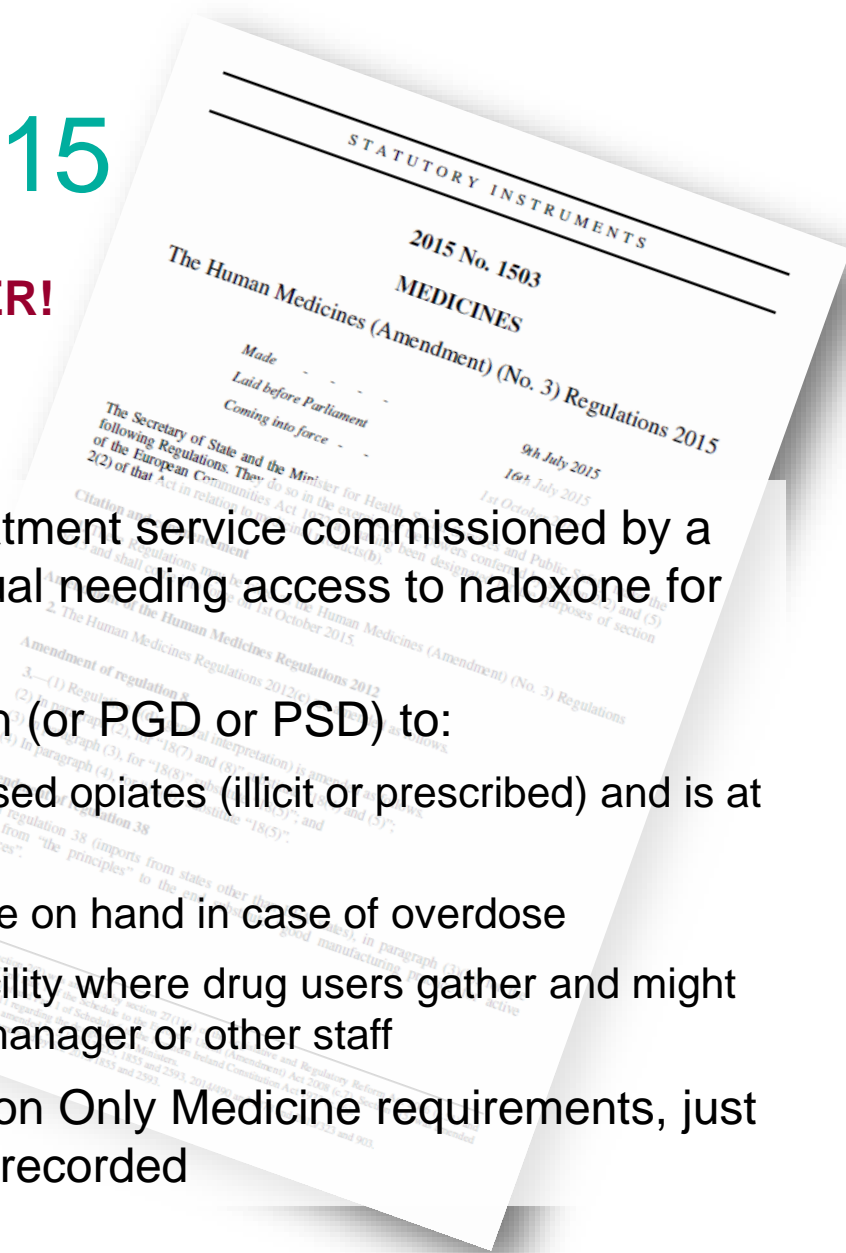
- Naloxone is a prescription-only medicine and could only be prescribed directly to a named patient (i.e., someone who uses, or has used, opiates and is at risk of overdose), or supplied to an individual by means of a patient specific direction (PSD) or a patient group direction (PGD).
- It could therefore be supplied using these mechanisms to anyone:
 - currently using illicit opiates, such as heroin
 - receiving opioid substitution therapy
 - leaving prison with a history of drug use
 - who has previously used opiate drugs (to protect in the event of relapse)
- With the agreement of someone to whom naloxone can be supplied, it could also be provided to their family members, carers, peers and friends.

So, since October 2015

- **ALL THE SAME AS BEFORE OCTOBER!**

But in addition:

- Naloxone can be supplied by a drug treatment service commissioned by a local authority or the NHS to any individual needing access to naloxone for saving a life in an emergency
- So it can be supplied without prescription (or PGD or PSD) to:
 - 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
- There is no need for the usual Prescription Only Medicine requirements, just a requirement that the supply is suitably recorded



October 2015 legislation specified 3 things

1. Who can supply naloxone:

“Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies—

- (a) an NHS body;
- (b) a local authority;
- (c) Public Health England; or
- (d) Public Health Agency.”

2. What they can supply:

“A prescription only medicine for parenteral administration containing naloxone hydrochloride but no other substance that is classified as a product available on prescription only.”

3. Under what conditions they can supply:

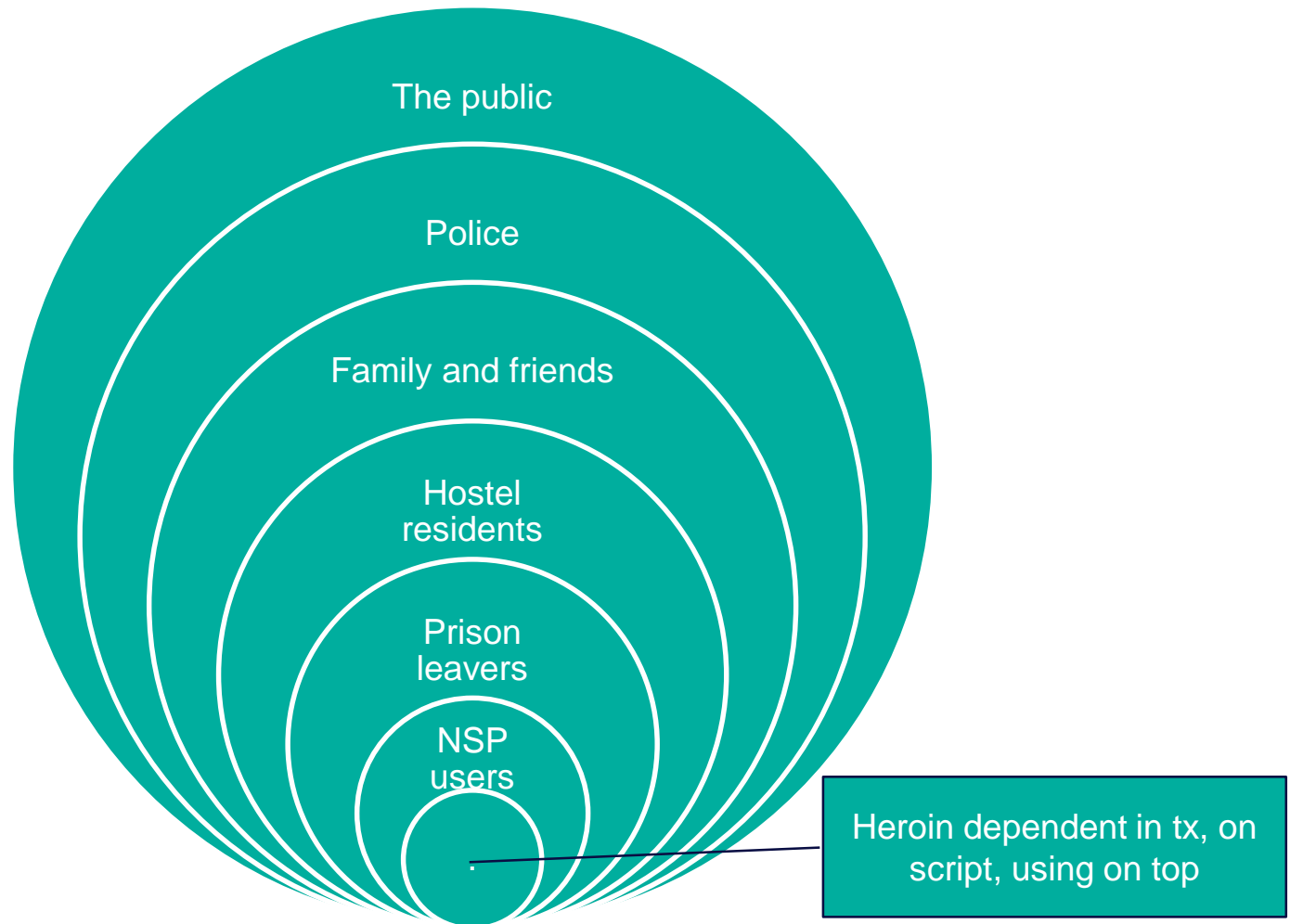
“The supply shall be only in the course of provisions of lawful drug treatment services and only where required for the purpose of saving life in an emergency.”

Commissioning take-home naloxone

Health and public health commissioners will want to work with local drug treatment services, homelessness services and others to consider:

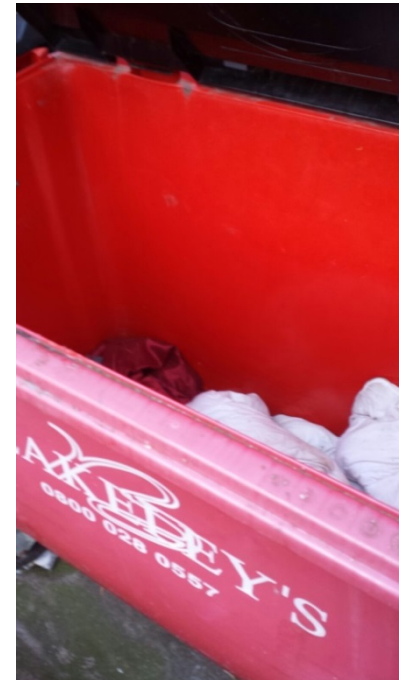
- **Which risk groups** to target for naloxone supply – this might include people in or out of or leaving treatment, leaving prison, at risk of suicide, homeless or living in hostels, etc
- **What product(s)** are most suitable to be supplied by different drug service outlets
- **Which services** should provide what training to which groups
- **Who pays** for training and for naloxone supply and re-supply:
 - It may be that this will be different for different mechanisms of supply
 - For the new arrangement, the impact assessment assumes public health grant
 - But the legislation does not specify and it is for local agreement
 - So, could be local public health but could also be NHS
- **What records** should be kept to track supplies made, naloxone used, outcomes and re-supply (after use or before the supplied product's expiration date)

Who do you provide with naloxone?



Some naloxone practice examples

- Blackpool provides naloxone to drug users who are sleeping rough, where they are
- Lambeth naloxone programme supported by the service user group, and got police agreement to not confiscate naloxone kits
- Brighton & Hove supports its local A&E to supply naloxone to patients who presented with a heroin overdose, when they are discharged
- PHE will be mapping and seeking further case studies



Guidance and support

Prevention of drug overdose
Drug misuse is a much more likely to drugs?
Many of these death local areas that were published evidence.
What is the issue?
Recorded rates of drug deaths in England and Wales are high. This high injecting drug users long histories of drug use and dangerous injecting involve a combination of factors mentioned on death referred to as 'legal highs'.
Preventing overdose
Many drug overdoses along with the police fatalities.
Enhanced treatment prevention intervention
The substances most especially heroin. Opioids such as benzodiazepines experience of overdose injecting is particularly high.
Users may also over a mix of unknown substances. NPS are used in combination with heroin.

Take-home naloxone recommendations October 2015
Updated 2015
Contents
1. What is naloxone?
2. Who can use it?
3. Product information
4. Responsibilities
5. People who can use it
6. Patient information
7. Naloxone kits
8. Using naloxone
9. Clinical use
10. Guidance for prescribers
11. Cost-effectiveness
12. Risks and safety
13. Further advice
Alcohol, Drugs & Tobacco Division, PHE
August 2016 v1.1

Trends in drug-related deaths in England
The report group to identify deaths in England.

Adults 2017-18: Planning and recruitment
Kevin Fenton, 1 March 2017
Health Matters
Drug misuse
Welcome to the latest Health Matters newsletter from Public Health England and local authorities and health partners. This issue focuses on drug misuse deaths.
The number of drug misuse deaths has been on a rising trend in England and Wales, with increases in the last three years.
There were 2,300 drug misuse deaths registered in England in 2015, an increase of 8.5% on the previous year.

Drug misuse and dependence: UK guidelines on clinical management
March 2017

The PHE inquiry

Broad range of recommendations

- Providers & commissioners
- PHE; NHS England
- Clinical Commissioning Groups
- Ministry of Justice & National

Principles for action:

- Ensure that complex needs are met through system approaches
- Maintain the provision of evidence-based and other effective interventions, in
- Maintain the personalised and balanced and recovery support
- Reflect on practice to ensure that poor practice to increase risk



Public Health
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Understanding and preventing drug-related deaths

The report of a national expert working group to investigate drug-related deaths in England

PHE Health Matters call to action



Take-home message

- We should be concerned by all the drug-related deaths, and by increases in NPS, women, suicides, etc
- But it is clear that the figures are largely driven by men dying accidentally from heroin overdose
- The evidence is good that naloxone has a key role here, in preventing deaths from these overdoses
- Local authorities have to understand and commission for local need, reflecting death rates and patterns in their area
 - Local drug death review processes are vital to understand these
- Legislative changes have made distribution easier and there is a new high level indicator on DRDS, with a wealth of supporting guidance
- PHE's recommendation is that:
 - “all local areas have appropriate naloxone provision in place.”

More information and references

- PHE (2015) Take-home naloxone for opioid overdose in people who use drugs: www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdosefeb2015rev.pdf
- Preliminary guidance from the clinical guidelines update working group: www.nta.nhs.uk/uploads/chairsletter-naloxone-22july2015.pdf
- The legislation, explanatory memorandum and impact assessment: www.legislation.gov.uk/ukxi/2015/1503/made
- DH, MHRA and PHE guidance on widening the availability of naloxone: www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone
- UKMi (2016) advice on naloxone products for emergency opiate reversal in non-medical settings: www.ukmi.nhs.uk/filestore/ukmiaps/Naloxone%20product%20safety%20review_FINAL.pdf

