



focus on

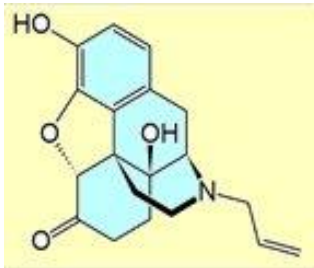


Naloxone

'Heroin and morphine remain the substances most commonly involved in drug poisoning deaths. 765 deaths involved heroin/morphine in 2013; a sharp rise of 32% from 579 deaths in 2012.'

'Deaths Related to Drug Poisoning in England and Wales', ONS (2013)

What is Naloxone?



Naloxone is an opiate antagonist that is usually injected intramuscularly into the body to reverse the life-threatening effects of an overdose. It is used as an emergency measure and administered to people who have 'gone-over', either by paramedics or trained friends/family of the user. Typically, naloxone is administered from a pre-filled, 'one-hit' syringe in concentrations of 0.4mg/ml or 1mg/ml. However, it can also be delivered intranasally (through the nose).

The effects of naloxone are quick-acting and can vary according to the route of administration. Due to the rapid onset of withdrawal, side effects can include nausea, vomiting and sweating. For naloxone to be safely provided for use in the community it is imperative that anyone receiving the medication is given training in how to administer it and how best to respond to any side-effects the patient may experience following administration.

Naloxone Distribution

In 2012 the Advisory Council on the Misuse of Drugs recommended the Government consider Naloxone's role in reducing drug-related deaths, yet three years on access to naloxone remains limited. Currently naloxone can only be supplied under prescription – and its distribution throughout the UK remains 'slow and inconsistent.'¹ However, distribution is set to improve from October 2015 when, following a proposed change in the law regarding the regulation of medicines, naloxone could be provided *without* a prescription. This will result in 'take-home' naloxone becoming more available to those most in need, particularly:

- ✦ Those currently using illicit opiates (such as heroin)
- ✦ Those receiving opiate substitute treatment (such as methadone)
- ✦ Those at high risk of overdose (i.e. people with a history of opiate drug use leaving prison)
- ✦ Family/peers/first responders of opiate drug users

¹ Philippe Bonnet, Chair of the National Needle Exchange Forum (NNEF) and founder of the Independent Consortium on Drug Consumption Rooms (ICDCR), quoted in *Drink & Drugs News* (June 2015)

Naloxone Champions

The **Naloxone Action Group** is a nationwide movement made up of multiple agencies, charities and individuals campaigning for local authorities to prioritise the availability of naloxone in an effort to significantly reduce drug-related deaths in the UK. Inclusion are proud to be recognised as an early organisation to support the distribution of Naloxone –

Inclusion and Naloxone



Inclusion (part of South Staffordshire and Shropshire Healthcare NHS Foundation Trust) have long recognised that a key element of responsible prescribing includes recognising the role of Naloxone in reducing the number of fatal overdoses in England. Inclusion are leading the way in providing Naloxone, and most recently Prenoxad (licenced Naloxone for Community use) across their services. To date, Inclusion have trained over 200 professionals, family members, service users, staff, volunteers and Recovery Champions in overdose awareness and overdose first aid, while also supporting the provision of take-home kits for service users. In Cambridgeshire alone Naloxone was used to reverse seven overdoses in the first six months of launch.

Howard King, Head of Inclusion believes *'The provision of take-home naloxone is fundamental in providing safe and effective services that reduce harms to local community. Our community services recognise the individual value of providing such a lifesaving medication and we are pleased to be championing the use of Naloxone as a core part of our delivery as an NHS provider.'*

Next Steps

Evidence supporting the efficacy of naloxone in preventing drug-related deaths is robust, with reports from the World Health Organisation (2014), Public Health England (2015) and the ACMD (2012) all advocating widespread distribution. The proposed change in the law from October 2015 represents the Government's response to these recommendations and also a significant step toward 'normalising' the use of naloxone in treatment services. As Dr. Judith Yates argued at the Naloxone Action Summit (Oct 2014), *'It makes no sense prescribing methadone as a harm reduction measure and not also prescribing naloxone! It is so easy and we should all be doing it.'*²

How can we help?

Naloxone provision can be effectively recorded and reported on by your service through LINKS CarePath - a comprehensive case management system for substance misuse services. For further details on how our system can support your service – or any of the information covered in this article - please contact us on:

T. +44 0207 749 2222

E: info@illycorp.com

Web: <http://www.illycorp.com>

Disclaimer: This article is information designed to update and inform the community about developments in the social care sector. All information is based on public information and ILLY makes no representation that it is accurate or complete as this may change in line with government directives.

² Quoted in Drink and Drug News, (July 2015)