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Welsh Assembly Government

Introducing 'take home' Naloxone in Wales:

From strategic direction to delivery

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Introduction



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- Background
- How clear strategic direction has led to service delivery
- How meaningful multi agency partnerships have supported developments
- Successes, obstacles and lessons learnt



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Working together to reduce harm

- Welsh Assembly Government's new strategy for tackling substance misuse 'Working Together to Reduce Harm'
- Focus on reducing the number of drug related deaths and near fatal drug poisonings
- Key actions include development of guidance and protocols to introduce Naloxone.
- December 2008 the Welsh Assembly Government announced intention to establish demonstration sites for 'take home' Naloxone

How we did it



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- Looked at ONS statistics
- Established National Working Group
- Engaged service users





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Welsh drug related deaths

- In 2007 there were 110 drug related deaths recorded in Wales (ONS, 2008)
- Recent ONS 2008 data shows reduction
- Regional variation in fatal and non-fatal OD rates
- 59 Selected Confidential Case reviews carried out in 2008



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59 Confidential case reviews

- 81% were male
- Mainly aged between 20 and 40 years
- 61% died in own home, 25% at home of family or friends, 8% in public places and 5% in hospital
- CPR was attempted by family or friends in 39% of cases
- 8% of the deaths involved people released from prison within the last 28 days
- 1 case involved a recent release of under 16 from secure accommodation

High risk groups



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- 11 people accessing treatment at the time of death
- 23 people had never accessed treatment
- 25 previously accessed treatment but had dropped out
- Target group those not accessing structured treatment
- In practise all at risk

Take Home Naloxone: three key elements



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- Establishment of locally agreed protocols for the supply and administration of Naloxone
- Robust data collection
- Appropriate training of individuals who will be administering Naloxone

Demonstration sites



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- Cardiff
- Swansea
- Newport
- Conwy
- Denbighshire
- Wrexham
- Gwynedd
- Flintshire
- Anglesey
- HMP Cardiff
- HMP Swansea
- HMP Parc
- HMP Altcourse
- HMP Styal
- HMP UskHMP Prescoed



Naloxone - a heroin 'antidote'

- Naloxone hydrochloride is a pure opiate antagonist
- Life saving medication which can reverse respiratory depression, sedation and hypotension caused by opioid OD
- Used in pre-hospital settings, ambulance and other emergency settings involving heroin intoxication
- Short acting in effect
- No potential for abuse
- No pharmacological activity in absence of opioids
- Naloxone treatment associated with small rates of adverse effects



Emergency Naloxone Instructions

NEVER ADMINISTER THE DRUG FOR USE, ONLY FOR THE INDICATIONS

The Emergency Naloxone Kit contains the following items:

- 1 x glass ampoule of naloxone (400mg/10ml)
- 1 x ampoule syringe
- 1 x 2.5ml syringe
- 1 x 10ml ampoule of adrenaline injection
- 1 x 10ml ampoule of water

To prepare the ampoules for use, refer to the following steps:

- Remove the outer packaging from the ampoules and syringe and put them in a clean container for use as it will keep it sterile.
- For the ampoules and syringe, break in one side.
- Roll up ampoules of naloxone and water to see if all fluid is in the ampoules.
- When it is full in the head of the ampoules, shake the ampoules to see if the liquid is clear. If it is not clear, do not use.

After the injection, check your selected life support into, open flight, or open water area of the subject with the skin prep work.



With your free hand, apply one slight downward pressure on the skin surface over selected site to make the skin taut.

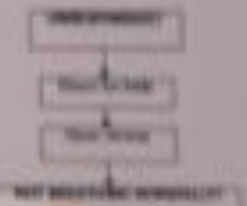
Insert the needle 4.5 cm into the muscle at 90 degree to the skin surface and push the plunger with a sharp steady motion.

Repeat all of the above steps for the second dose unless the person on the kit has, before withdrawing the needle.

For the needle and syringe, immediately only, to prevent any possible danger, never reuse the ampoule and the glass ampoules to the ampoules used for safe disposal about this kit.

- No part of the naloxone injection ampoules can be reused.
- If the person is breathing, get them to the nearest hospital for treatment.
- If the person is not breathing, then you must begin CPR immediately.

CALL 999 FOR LIFE SUPPORT!





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Bottom line

- Essentially when people are in overdose, outcomes for individuals can be substantially improved by individuals administering Naloxone
- Immediately reverses the effects of the opiate. This drug can restore consciousness and provide enough time for the ambulance to arrive
- Rapid response and the right response readily learnt and crucial for recovery and reducing overdose deaths



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Take home Naloxone Training - Ethos

- Training users on overdose management and providing them with emergency naloxone supply
- Not all overdoses are preventable; however training service users allows the opportunity for help to be available which can save lives
- In this context it is not only the use of Naloxone that is essential, first aid skills can also be vital
- Community empowerment



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Initiating training the trainers programme

- Training the trainers in overdose management & administration of Naloxone
- Adapted from WAG Naloxone protocols
- Some local variation largely dependent on prescribing opportunities to support distribution
- Cross fertilisation of ideas and developing practice
- Over 220 trained across Cardiff, Swansea and Newport



Stop overdose deaths!

Those most at risk are heroin injectors who:

- are not in treatment;
- have been injecting for years;
- have recently overdosed and come round;
- are drinking heavily and/or using benzos;
- have been feeling depressed; and
- have detoxed or left prison with low tolerance.

Warn those at risk

Call an ambulance every time someone overdoses



Detoxing or detoxed?

Make this promise to yourself:

“If I use heroin again, I’ll chase until I’ve got a tolerance”

If you inject without a tolerance, **a fraction of what you used to take could kill you!**





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Training objectives

- Understand and Identify opioid overdose
- Identify factors that increase and reduce overdose risk
- Identifying high risk groups and practices
- Dispel myths and acknowledge fears
- Practice basic first aid techniques
- Emergency response procedures
- Appraise competence for delivering effective overdose management and naloxone administration training

Progress to date



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- All community demonstration sites have started
- Over **270** Naloxone kits distributed
- **20** uses of naloxone
- **19** successful reversals of overdose



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**‘ the training gave me the
confidence not to panic’**



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Challenges and risks

- Perception that naloxone considered as a ‘safety net’ encouraging more drug use and riskier behaviour
- Potential impact on therapeutic allegiance and adherence
- Consistent resistance in calling emergency services
- Forging partnerships between law enforcement agencies, local drug partnerships and users
- Implementation of policies shield drug users from police harassment, arrest, or other legal consequences of accessing emergency services may be central to success of a naloxone distribution programme (Seal et al 2005)



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Lessons learnt

- Systematic review process has given better understanding of drug related deaths across Wales
- Potential impact on therapeutic allegiance and adherence
- Practical delivery issues
- Consistent resistance in calling emergency services
- Forging partnerships between law enforcement agencies, local drug partnerships and users
- Implementation of policies shield drug users from police harassment or legal consequences of accessing emergency services may be central to success

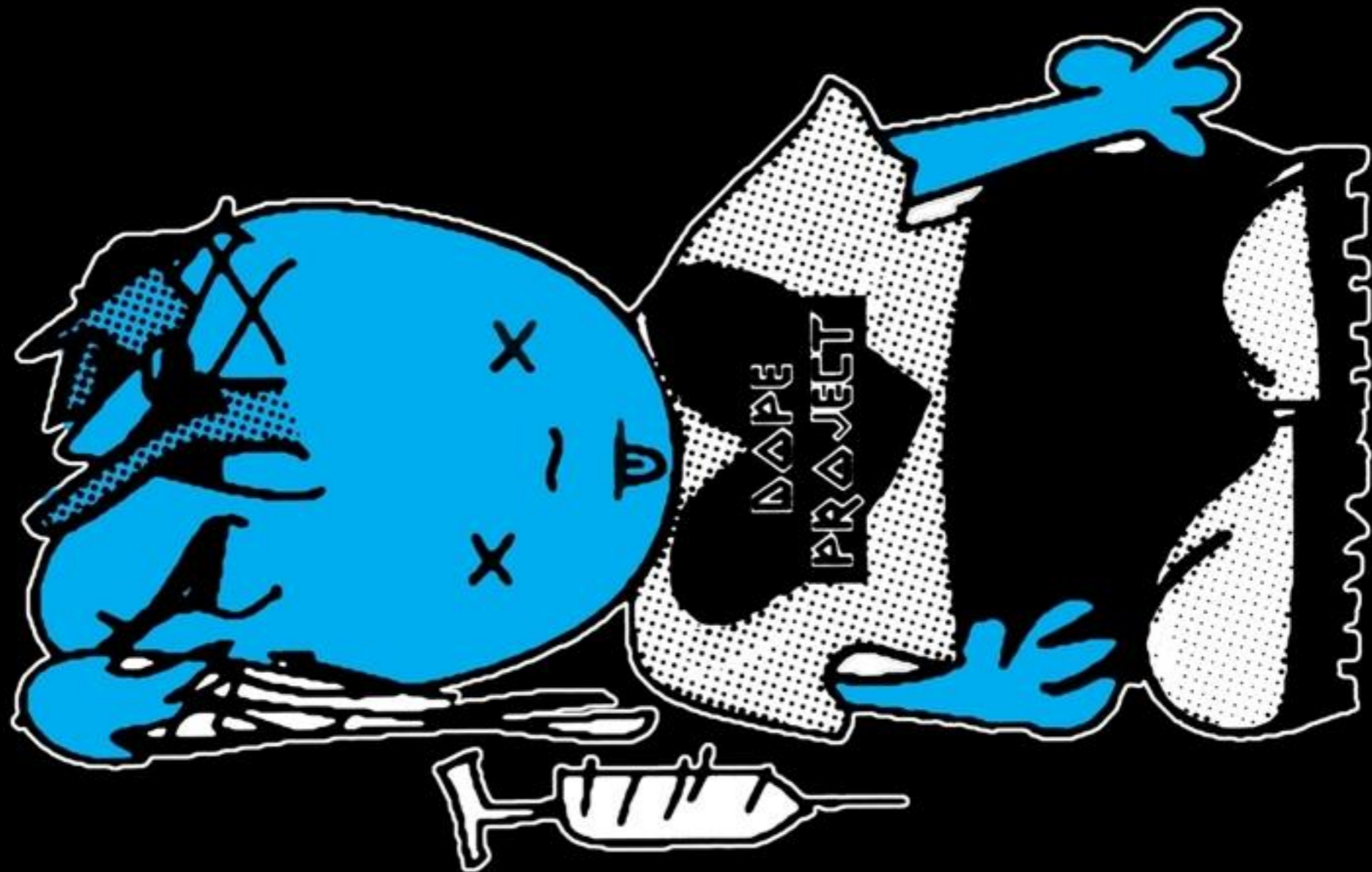
Opportunities



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- Initial findings from formal evaluation supportive of roll-out
- Paramedic pilot
- Pharmacy pilot
- Consistent resistance in calling emergency services
- Forging partnerships between law enforcement agencies, local drug partnerships and users
- Implementation of policies shield drug users from police harassment or legal consequences of accessing emergency services may be central to success

got naloxone?



Should
we have
it?

IT'S A
NO BRAINER





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Thank you