Introducing ‘take home’ Naloxone in Wales:

From strategic direction to delivery

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Introduction

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

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

• 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

• 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

- Cardiff
- Swansea
- Newport
- Conwy
- Denbighshire
- Wrexham
- Gwynedd
- Flintshire
- Anglesey

- HMP Cardiff
- HMP Swansea
- HMP Parc
- HMP Altcourse
- HMP Styal
- HMP Usk
- HMP 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:

To prepare the injection:
1. Remove the cap and needle from the injection kit and shake well.
2. Using a cotton bud, wipe the needle hub with 70% isopropyl alcohol.
3. Insert the needle hub into the empty glass ampule of naloxone hydrochloride.
4. Securely cap the ampule with the cap provided.

Administering Naloxone:

1. Double-check the ampule label for dosage correctness.
2. Inserting the needle hub into the ampule, press the ampule 2-3 times against a clean surface to expel air.
3. Remove the cap, facing the ampule away from the face, and with the plunger end facing up.
4. Firmly hold the ampule with the needle hub up, while slowly compressing the plunger against the ampule hub for 10 seconds.
5. Release the ampule from the hand and hold the needle hub horizontally.
6. Insert the needle hub into the area between the skin and muscle (subcutaneous) on the upper arm, just above the bicep muscle, and gently press down on the plunger against the ampule.
7. Dispose of the needle hub and ampule in the sharps container provided.

Remember:
- Naloxone is an opioid antagonist that reverses opioid overdose; it is NOT a cure. If the overdose persists, seek medical help.
- Naloxone is available in emergency kits, pharmacies, and online. Always check the expiration date before use.
- In cases of overdose, call 911 immediately.
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.
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
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!
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

- All community demonstration sites have started
- Over 270 Naloxone kits distributed
- 20 uses of naloxone
- 19 successful reversals of overdose
‘the training gave me the confidence not to panic’
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)
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

- 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.
Thank you