**Pharmacy Take-Home Naloxone (THN) Pilot Programme**

**Schedule 1 Specification**

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| **Service** | **Pharmacy Take-Home Naloxone (THN) Pilot Programme** |
| **Authority Lead** | **Kate Holburn – Head of Public Health Programmes, Live Well - Improve and Enable** |
| **Date** | **1st July 2024 – 31st March 2026** |

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| 1. **Population Needs** |
| * 1. **National Context and Evidence Base**   4,907 deaths related to drug poisoning were registered in England and Wales in 2022 (equivalent to 84.4 deaths per million people); this is the highest number since records began in 1993 and 6.5% higher than in 2020; 3,127 (63.7%) of these deaths were identified as drug misuse, accounting for 53.9 deaths per million people[[1]](#footnote-1). Drug-related deaths have been on an upward trend for the past decade. The reasons behind this are complex, however, the overall trend is driven by deaths involving opiates.  Almost half (2,261; 46.1%) of all drug poisonings registered in 2022 involved an opiate; heroin and morphine continued to be the most frequently mentioned opiates with 1,256 drug poisoning deaths mentioning either one of these substances in 20221  Naloxone is an emergency antidote for overdoses caused by heroin and other opiates or opioids. It blocks opioid receptors to counteract the effects of opioid drugs and reverses the life-threatening effects of an overdose. Naloxone itself has no psychoactive properties and has “no intoxicating effects or misuse potential”[[2]](#footnote-2)  A take-home naloxone programme supplies naloxone kits to individuals at risk of an opioid overdose. The 2017 Public Health guidance on take-home naloxone[[3]](#footnote-3) highlights that pre-provision of naloxone to heroin users can be helpful in reversing heroin overdoses; there is also evidence for the effectiveness of training family members or peers on how to administer the drug. Local authorities can prevent premature deaths from heroin and other opioid use by ensuring naloxone is widely available, particularly in the wake of the rising emergence of synthetic opioids in the UK that are significantly more toxic than heroin and pose a greater risk of accidental overdose. These synthetic opioids have been reported to be unwittingly added to ‘street’ heroin and even occasionally to non-opioid drugs like cocaine, benzodiazepines, and synthetic cannabinoids. Evidence indicates that naloxone antagonises the effects of these synthetic opioids as it does with established opioids, although in some cases, repeated doses are needed to reverse the effects.  Naloxone is a prescription-only medicine, so there are controls on who can legally supply naloxone. However, anyone is permitted to administer naloxone to another individual in order to save their life in an emergency. Under current regulations, people working in or for ‘drug treatment services’ can, as part of their role, supply naloxone without the need for a prescription or other written instruction. The regulations define drug treatment services as those provided by, on behalf of, or under arrangements made by, one of the following bodies:   * An NHS body * A local authority * Public Health England (PHE) * Public Health Agency (Northern Ireland)   The types of drug treatment services that can supply naloxone include, but are not limited to, pharmacies providing drug treatment such as opioid substitution treatment through supervised consumption and pharmacies providing needle exchange programmes if they are commissioned by a local authority or the NHS.  There are many advantages to pharmacies being able to supply naloxone, particularly as a core group of people who use drugs will visit pharmacies to access their services. Pharmacies are a key provider of naloxone in several regions of England, with 3,768 naloxone kits supplied since 2015. A total of 717 (19%) kits supplied by pharmacies have been administered in an overdose situation, compared with 4% provided by drug treatment services – this suggests that, in some parts of England, pharmacies are reaching those encountering overdose situations more often than drug treatment services[[4]](#footnote-4).  **1.2 Local Context**  In Oxfordshire, 39 deaths related to drug poisoning were registered in 2022, this is higher than the number recorded in 2021 (25 deaths) and slightly lower than in 2021 (42 deaths). More than half (64.1%) of the drug poisoning deaths registered in 2022 were identified as drug misuse.  During 2021-2022, there were 22 deaths that occurred in Oxfordshire which involved an opiate or opioid; this was 37.5% higher than in the previous year. The potent synthetic opioid *isotonitazene* was sighted as a contributory substance in more than a quarter (27.3%) of these opioid-related deaths.  The Oxfordshire Community Alcohol and Drug (CAD) Service, currently provided by Turning Point, provides naloxone kits and training on their use to people who use the service, their families, and carers/ and a wide range of professionals who work with them. The CAD Service plays a crucial role in maintaining drug-related deaths at a relatively low level by supplying naloxone to at-risk individuals who use the service. There is, however, a need to ensure that at-risk individuals who are not in contact with the CAD Service have access to naloxone.  Oxfordshire County Council, in collaboration with local authorities in Buckinghamshire, Berkshire, Hampshire and Milton Keynes, initiated a take-home naloxone pilot programme in July 2023 delivered by South Central Ambulance Service (SCAS). The programme supplies take-home naloxone to individuals at risk of an opioid overdose or their family/friends/carers that are attended during relevant ambulance callouts. The programme is offered within the geographical area covered by SCAS i.e., Oxfordshire, Buckinghamshire, Hampshire, Berkshire, and Milton Keynes.  Oxfordshire County Council currently commissions 50 pharmacy sites across Oxfordshire to deliver Supervised Consumption and/or Needle Exchange Services under the Dynamic Approved Provider List (DAPL) Framework Agreement. These pharmacies are eligible to supply naloxone and training on its use under current regulations and can therefore supplement naloxone provision across Oxfordshire, with the necessary contractual arrangements put in place, particularly for people not in contact with Turning Point service.   * 1. **Social Value Considerations**   The provision of take-home naloxone via community pharmacies addresses priorities that disproportionately affect socially disadvantaged communities in Oxfordshire. These include reduction of drug-related deaths and supporting individuals to reduce the harms caused to themselves, their families, and the wider community. This programme also raises awareness of opioid overdose management, and harm reduction and drug treatment services. |
| **2. Scope** |
| **2.1 Service Aims**  The aim of the Pharmacy Take-Home Naloxone (THN) pilot programme is to provide a harm reduction intervention which:   * Widens the availability of naloxone, particularly for people not already engaged with treatment services, * Increases understanding of overdose risks, appropriately informing people about harm reduction and the benefits of naloxone, * Reduces the number of opioid overdose deaths, * Acts as a gateway to other services such as drug treatment and other Public Health services, including facilitating referral into services, as appropriate.   **2.2 Service Objectives**   * Identify and potentially supply suitable people with naloxone kits, including people who access the pharmacy for Needle Exchange and/or Supervised Consumption Service and people likely to witness someone experiencing an overdose, * Provide suitable training on opioid overdose awareness and management, to people who are supplied naloxone, * Offer a user-friendly, non-judgemental, and confidential service, * Provide support and advice to people who use the service, including referral to drug treatment and/or other Public Health services as appropriate, * Enhance access to naloxone by enabling supply through community pharmacies which offers increased choice through more flexible opening times and locations.   **2.3 Service Description/Pathway**  This Service will supply THN kits to suitable individuals identified as at-risk of an opioid overdose or who may witness an overdose, including:   * Someone who currently uses, or has a history of using opioids, * A family member/ peer/ carer of a person who uses opioids, * A worker for a service whose clients include people who use opioids.   Naloxone for use in the community currently comes in two forms: a pre-filled syringe and a nasal spray. There are currently three THN products available to be supplied:   * Nyxoid® nasal spray – each spray contains 1.8mg naloxone hydrochloride. It is a single-use product, the recommended dose being one spray (1.8mg) into the nostril. Each pack contains two individually sealed sprays, * Naloxone 1.26mg nasal spray (Pebble) – each pack contains one ‘pebble’ carrying two spray containers. Each single-dose spray contains a dose of 1.26mg naloxone. * Prenoxad® solution for injection – each kit contains 1 X 2ml pre-filled syringe (Naloxone Hydrochloride 1.0mg/ml) and 2 X 23G 1.25” needles for intramuscular injection.   Pharmacies shall hold and offer the nasal spray formulation (i.e., ‘Nyxoid’ or ‘Pebble’) as first-line supply, subject to stock/budget availability, however, Pharmacies can order Prenoxad kits if one or more Service Users request the pre-filled syringe as the preferred formulation for their usage.  Pharmacies should usually supply one THN kit per person, but more than one kit can be supplied in exceptional circumstances at the discretion of the responsible pharmacist or if advised by the Council – for example, in response to a formal drug alert.  THN kits will be provided free of charge to the Service Provider via the Council’s contracted supplier – currently Orion Medical Supplies Ltd. Pharmacies can order THN kits from Orion either from their phone: **01869 244423** or website: [**https://orionmedical.co.uk/**](https://orionmedical.co.uk/) (you will need to [register](https://orionmedical.co.uk/registration/) for online ordering if you do not already have an account with Orion). Service Providers who already hold a contract with the Council for the provision of Needle Exchange Programme (also referred to as ‘SWOP’) should already have an online account with Orion and can order THN kits as needed when ordering SWOP packs.  Each pharmacy site should hold a reasonable stock of THN kits at any one time, bearing in mind the perceived need in the area and the shelf-life of the THN kits (see Section 2.3.5).  **2.3.1 The Minimum Essential Criteria for Delivery**  This pilot Service can only be delivered by pharmacies who already hold a current Contract with Oxfordshire County Council for the provision of Needle Exchange or Supervised Consumption Service.  **2.3.2 Specific Service Standards**  The Service Provider shall:   * Supply THN kits to suitable individuals, free of charge, including reissue of replacement kits following emergency use or date expiry. * Identify a Lead Pharmacist and/or Staff member with responsibility for the Service. The person/s shall ensure that all key staff are suitably trained to appropriately deliver the Service. * Ensure the Lead Pharmacist/ Staff member has successfully completed training appropriate to this Service (see section 2.3.3). This training must then be cascaded to ensure that all key staff are appropriately trained to be able to deliver/support this Service. * Ensure that appropriate advice on safe storage and handling of naloxone (see section 2.3.4) and brief training on opioid overdose management (see Appendix A) is provided to the THN recipient, with each supply of a THN kit. Verification of the recipient’s knowledge and understanding of the training should be confirmed (see checklist in Appendix B). * Ensure the pharmacy has a private consultation room/area for delivery of this Service. * Notify the Council where the Lead Pharmacist/ Staff member changes and send a copy of any new training qualifications for delivery of this Service, * Have in place a Standard Operating Procedure (SOP) for delivery of this Service (see Annex A for illustrative SOP) and ensure that all pharmacy staff are aware of the SOP. * Ensure that locum pharmacy staff are made aware of this Service. Information and procedures for delivering the Service must be easily available for locums to ensure continuity of the Service, where possible. * Ensure that there is sufficient storage available to hold the stock of THN kits. * Ensure that they maintain clear and regular communications with the THN kits supplier (Orion Medical Supplies Ltd.) to ensure that stock of THN kits is appropriately maintained. * Promote harm reduction and/or facilitate access to drug treatment and/or other Public Health services, as appropriate. * Ensure that the at-risk individual is not knowingly allergic to naloxone or any other of the THN product ingredients. * Ensure that each THN kit supplied is appropriately labelled using pre-printed pharmacy labels. The label must not obscure important information (such as expiry date) or affect the opening of the THN pack. The label should include the date of supply and the supplying pharmacy name. THN supplies should be anonymised and so the label should not include the recipient’s personal information.   **2.3.3 Training for Service Providers**   * The Lead Pharmacist/ Staff member must ensure that they have successfully completed the **Addiction Professionals FreeLearn – Naloxone Saves Lives** prior to delivery of this Service. The training can be accessed here: <https://www.ap-elearning.org.uk/course/index.php?categoryid=2> (you will need to register prior to completing the course). * The Lead Pharmacist/ Staff member must also undertake the web-based learning packages for the three THN products available from Orion Medical Supplies Ltd., which can be accessed here: <https://orionmedical.co.uk/product-category/naloxone/>   **2.3.4 Safe Storage and Disposal of THN Supplies**  Naloxone has been subjected to stability studies at 40 degrees centigrade which showed the product shelf life was fully compliant at this temperature for up to 6 months, however, it should be protected from light.  The Service Provider shall ensure that the THN kits are stored appropriately, in their original packaging and in line with the manufacturer’s requirements. Inappropriate storage and handling may shorten the shelf life. THN recipients must also be advised of appropriate storage conditions and to keep the THN kit out-of-reach of children and pets.  Recipients of THN kits should be encouraged to return used, partially used, and expired THN packs to the Service for safe disposal and replacement (where available). Any used Prenoxad syringes returned to the pharmacy should be in a sealed sharps bin or a sealed Prenoxad case, which should be disposed of in the sharps waste.  **2.3.5 Expired THN Supplies**  Naloxone has a shelf life of 2-3 years. With each supply of THN, The Service Provider must note the expiry date of the THN kit, and this date must be told to the recipient. Recipients of THN kits should be encouraged to return the THN kit to the Service before the expiry date, to collect a further supply (where available). Expired THN kits should immediately be appropriately disposed. Returned sealed THN kits can be used for demonstration or for staff training purposes.  **2.3.6 Product Recall**  Recipients of THN kits should be made aware of product recall procedures, should a product recall be issued for a specific batch. Should a product recall alert be received from the THN kits supplier to the Council, the lead officer for the Council will cascade the alert and affected batch numbers to the Service Providers. It is the responsibility of the Service Provider to make every attempt possible to contact the recipient/s of the recalled batch and encourage them to return their supply for replacement. Recalled supplies should be labelled appropriately and quarantined, awaiting collection and replacement from the supplier, in line with MHRA guidance: <https://www.gov.uk/government/publications/a-guide-to-defective-medicinal-products>.  The Service Provider is responsible for contacting the THN kits supplier (Orion Medical Supplies Ltd.) for the collection and replacement of recalled stock.  **2.3.7 Commissioner Responsibilities**   * Provide the Service Provider with THN kits, free of charge. The THN kits supplier – currently Orion Medical Supplies Ltd., will arrange for the kits to be delivered to the pharmacy premises, at no cost to the Service Provider. * The Council or its agent may provide, without charge, supplies of associated posters/leaflets for promoting the service and harm reduction information. * Provide a direct point of contact for the Service Provider * Provide details for referral points or signposting to other relevant services for Service Users   **2.3.8 Population Covered**  The target group of people for the Service are Oxfordshire residents aged 18 years or older, who are identified as at risk of an opioid overdose or who may witness an opioid overdose.  **2.3.9 Acceptance and Inclusion Criteria and Thresholds**  There is no legal restriction under the legislation on the supply to children or young persons of naloxone by a drug treatment service. However, any decision to supply naloxone to a child would need very careful consideration and oversight – in this context, by the responsible pharmacist, and would need to be made on a case-by-case basis[[5]](#footnote-5). Therefore, this Service allows the supply of a THN kit to individuals presenting to the pharmacy who wish to be provided with naloxone and are aged under 18 years, however, the responsible pharmacist must collaborate with the Council Commissioned Children and Young People’s Substance Use Service, currently provided by Cranstoun Here4YOUth. The case may also need to be raised with the Multi-Agency Safeguarding Hub (MASH). Details can be found at <https://www.oxfordshire.gov.uk/cms/content/multi-agency-safeguarding-hub>.  There are no contraindications to administering naloxone[[6]](#footnote-6), but in some cases, caution is advised. There are 3 relevant groups to which this applies:   * Pregnant women in third trimester, * People with known, pre-existing cardiac issues, and * Terminally ill cancer patients.   Such individuals should be referred to the relevant specialist agency; any THN supply made must be done in collaboration with the relevant specialist. |
| 1. **Applicable Service Standards** |
| * 1. **Applicable National and Local Standards** * All Service Providers shall adhere to relevant legislative requirements and standards, including but not limited to the: * Widening the Availability of Naloxone guidance: <https://www.gov.uk/government/publications/widening-the-availability-of-naloxone> * Guidance on Take-Home Naloxone for opioid overdose in people who use drugs: <https://www.gov.uk/government/publications/providing-take-home-naloxone-for-opioid-overdose> * Drug misuse and dependence: UK guidelines on clinical management: <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management> * Guide to defective medicinal products: <https://www.gov.uk/government/publications/a-guide-to-defective-medicinal-products> * Pharmacy Substance Misuse Services Guidance – <https://www.gov.uk/government/publications/community-pharmacy-delivering-substance-misuse-services> * All Service Providers must conform to the General Pharmaceutical Council (GPhC) Standards for Pharmacy Professionals. |
| 1. **Data Requirements** |
| **4.1** **DATA Entry**  The Service Provider shall:   * Ensure completion of the Council minimum data set for each person who is supplied a THN kit (see Schedule 3). * Input data onto the web-based system provided by the Commissioners (currently PharmOutcomes) within 28 days of the end of the month in which the THN kit was supplied.   Payments will be made according to the number of Service Users entered onto the system as having been supplied a THN kit per each quarter, and as such the data entered onto PharmOutcomes will determine the level of payment to each Service Provider. Data will be collected 28 days after the quarter end for calculation of payments; therefore, all data for the quarter must be entered onto this system by this date.  The data required for each person who uses the service may be developed during the course of the pilot duration, to reflect the Council’s contract monitoring requirements. |

**Schedule 2**

**Finance**

Payment for delivery of the Services under this Contract shall be:

* A one-off set-up payment of £100 will be made to the Service Provider, to cover initial start-up costs which may include, but not be limited to, staff training and developing a SOP for the Service. This payment will be made in arrears after the end of the quarter in which the Service Provider is commissioned to deliver the Service,
* A fee of £20 per each supply of THN, irrespective of the type and quantity of the THN product supplied or whether it is a first-time or replacement supply to the recipient.

Payments will be made quarterly in arrears on receipt of data collected on the Council’s data system – currently PharmOutcomes. Data will be collected from the system 28 days after the quarter end. Payments will be calculated based on the data input onto the system by this date.

Payment will be made in line with the current Payment Process for Supervised Consumption and SWOP Services

Any queries regarding payments should be taken up with the Council’s Public Health team.

**Schedule 3**

**Monitoring and Review**

The Service Provider shall

* Demonstrate that the Lead Pharmacist/ Staff member has undertaken the training relevant to this Service.
* Participate in any National or Council-organised audits of the Service, as required.
* Participate in any locally agreed Council assessment of the Service and/or Service User experience, as required.

The Service Provider shall upload activity data onto the web-based system provided by the Commissioner – currently PharmOutcomes, within 28 days of the end of each month in which activity is delivered. The Service Provider shall record data on the following, for each THN supply:

* Date of supply,
* The recipient of the THN kit – i.e., at-risk individual, family member, friend, support worker/ carer, or other,
* Whether it is a first-time or replacement supply; If it is a replacement supply – what is the reason for replacement (i.e., used, expired, lost, etc.),
* Confirmation of recipient’s verbal consent to receive THN and training on its use, with each supply of a THN kit,
* Type of THN product supplied (i.e., Nyxoid, Pebble, or Prenoxad),
* Quantity,
* Batch number and expiry date of the THN kit supplied.

**ANNEX A**

**Pharmacy Take-Home Naloxone (THN) Programme**

**Sample Standard Operating Procedure (SOP)**

**This SOP is for ILLUSTRATION PURPOSES ONLY and will need to be re-drafted/adapted for use for each individual participating pharmacy.**

**STANDARD OPERATING PROCEDURE: TAKE-HOME NALOXONE PROGRAMME**

**PURPOSE**

* To reduce the number of opioid overdose deaths in people who use drugs, through the efficient and wider distribution of naloxone in the community.
* To increase overdose awareness knowledge, through informing people about harm reduction and the benefits of naloxone
* To offer a user-friendly, non-judgemental, person-centred, and confidential service to people who use substances.
* To provide support and advice to people who use the service, including referral to drug treatment and/or other Public Health services, as appropriate.

**SCOPE**

This service is for any person who currently uses or has a history of using opioids, or who may witness an opioid overdose.

This SOP should be read alongside the locally commissioned service specification.

This service is not a pharmacist-only service; any pharmacy staff who has been appropriately trained may supply naloxone. All pharmacy staff (including locums), especially those involved in the provision of Needle Exchange service, are encouraged to engage with this service.

**PREPARATIONS**

* Ensure staff are appropriately trained to provide the service.
* Ensure health risks to staff have been assessed and preventative measures taken.
* Ensure staff know how to avoid/ deal with potential risks (for example needle-stick injury).
* Ensure staff know what to do if a person under 18 requests a supply of naloxone.

**PROCEDURE & PROCESS**

People who access this service must be afforded the courtesy that any client or customer might expect. All transactions ideally should take place discretely in the consultation room or other private area.

Naloxone for use in the community currently comes in two forms: a pre-filled syringe and a nasal spray. There are currently three Take-Home Naloxone (THN) products available for this service:

* Nyxoid® nasal spray,
* Naloxone 1.26mg nasal spray (Pebble),
* Prenoxad® solution for injection.

The pharmacy shall hold and offer the nasal spray formulation (i.e., ‘Nyxoid’ or ‘Pebble’) as first-line supply, subject to stock/budget availability, however, Service Users can request Prenoxad if it is the preferred formulation for their usage.

**Stock availability & Storage:**

THN kits can be ordered from the locally commissioned supplier, currently Orion Medical Supplies Ltd. – <https://orionmedical.co.uk/>; 01869244423. The pharmacy should hold a reasonable stock of THN kits at any one time, bearing in mind the perceived need in the area and the shelf-life of THN kits.

THN kits must be stored appropriately, in their original containers and in line with the manufacturer’s requirements. Inappropriate storage and handling may shorten the shelf life. THN kit recipients must be advised of appropriate storage conditions, and to keep the THN kit out-of-reach of children and pets.

**Supply of THN (Proactive and Reactive supply):**

**Proactive supply:**

If an individual attends the pharmacy for Needle Exchange or Supervised Consumption service, ask them if they have a naloxone kit. If they do not have naloxone, ask them if they would like to be supplied a THN kit, explaining what naloxone is and the benefits of having a THN kit.

* If the individual consents to THN supply:
* Lead them to a private area/room (if this is possible) and provide appropriate brief training on when and how to use naloxone (see Appendix A). Training must be provided with each supply of a THN kit, regardless of whether it is a first-time or replacement supply, and verification of the recipient’s knowledge and understanding of the training should be confirmed (see checklist in Appendix B).
* Ensure the individual is not knowingly allergic to naloxone or any of the THN product ingredients.
* Supply them with a THN kit and advise them of the contents of the pack, safe handling/storage of naloxone, and the expiry date indicated. If supplying Prenoxad, visually inspect the front of the kit against a light source to confirm two (2) needle packets are present in the kit (If needles are present, two (2) dark squares can be seen in the middle of the kit). Prenoxad recipients should also be discouraged from using the needles in the pack for other purposes.
* Attach a pre-printed pharmacy label to the THN kit supplied, indicating the date of supply and the supplying pharmacy name. Ensure that the label does not obscure important information such as expiry date, or affect the opening of the container. THN supplies are usually anonymised, and so the recipient's personal details do not need to be included on the label.
* If the individual does not consent to THN supply, do not force the agenda. Accept this, but inform them that it is available in the pharmacy if they want a supply in the future. Ask again at a later date, if appropriate.
* If appropriate, ask if the individual has any concerns or problems. Harm reduction messages can be provided, as appropriate. Service users may also be signposted to the Substance Use treatment service (currently provided by Turning Point: <https://www.turning-point.co.uk/services/oxfordshire>; 0300 0134 776)or other Public Health services, as appropriate.

**Reactive supply:**

If an individual attends the pharmacy and actively asks for a THN kit – due to current/previous opioid use, or as a relative/friend/carer/worker for someone who uses opioids, supply them with a THN kit referring to the supply procedure above.

Recipients of THN kits must be advised and encouraged to return used, partially used, and expired THN packs to the pharmacy for safe disposal and replacement (where available). Any used Prenoxad syringes returned to the pharmacy should be in a sealed sharps bin or the sealed Prenoxad case, which then goes in the sharps waste.

**Inclusion criteria and thresholds:**

This service is for individuals aged 18 years or older, who are identified as at risk of an opioid overdose or who may witness an opioid overdose.

There is currently no legal restriction under the legislation on the supply to children or young persons of naloxone; However, any decision to supply naloxone to a child would need very careful consideration and oversight by the responsible pharmacist, and would need to be made on a case-by-case basis. Therefore, this service allows the supply of a THN kit to individuals presenting to the pharmacy who wish to be provided with naloxone and are aged under 18 years, however, this must be done in collaboration with the locally commissioned Children and Young People’s Substance Use service, currently provided by Cranstoun Here4YOUth: <https://cranstoun.org/help-and-advice/young-people/oxfordshire-here4youth/>; 01865 590 825.

[There are no contraindications to administering naloxone](https://www.gov.uk/government/publications/acmd-naloxone-review/acmd-review-of-the-uk-naloxone-implementation-accessible), but in some cases, caution is advised. There are 3 relevant groups to which this applies:

* Pregnant women in third trimester,
* People with known, pre-existing cardiac issues, and
* Terminally ill cancer patients.

Such individuals should be referred to the relevant specialist agency; any THN supply made must be done in collaboration with the relevant specialist.

**Record keeping:**

* Ensure that a PharmOutcomes record is submitted as soon as possible.
* Ensure that stock is appropriately maintained for the service.

**Review of SOP:**

This SOP shall be reviewed every two years or in any of the below events:

* Following an incident and/or
* In the event of staff changes and/or
* Following a change in any government legislation affecting the supply of naloxone, or any locally commissioned contractual arrangements relevant to the service.

**Known Risks:**

* New/locum staff, staff shortage, or busy periods resulting in unavailability of adequately trained personnel to provide the service. The pharmacy should be able to signpost to other local providers of naloxone when this occurs,
* Poor storage of THN kits which may shorten the shelf life of the THN kit,
* Local/national THN stock availability issues.
* Needle stick injury for Prenoxad returns if not in sealed box/sharps bin.

**APPENDIX A**

**Take-Home Naloxone Training for Service Users**

* **What is Naloxone? –** Naloxone is an emergency antidote to an overdose of opioid drugs such as Heroin, Methadone, Fentanyl, Oxycodone, Buprenorphine, or Morphine.

Causes of drug overdose include – using alone, using too much, injecting, changes in drug purity levels, polydrug use, and low tolerance e.g., following prison release/detox/hospital discharge.

* **When to use naloxone –** When you know or suspect that someone has overdosed on an opioid drug.

If you carry Take-Home Naloxone, set an alert in your calendar for 1 month before it is due to expire, then arrange for a replacement.

* **What to do if you know or suspect that someone has overdosed on an opioid drug**:

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| 1. **CHECK FOR SIGNS OF AN OVERDOSE**    * Approach with care:   – check for dangers such as injecting materials that may be lying around,   * + Check for a response:   – shout their name, shake their shoulders, talk loudly into their ears, rub their breastbone, or pinch their ear or bed of fingernail,   * + Check airways and breathing:   – clear mouth and nose of any blockages,  – for 10 seconds, check for breathing: is the chest moving? Can you hear breathing sounds? Can you feel breath on the cheek?   * + Check for signs of overdose:   – no response to touch or sounds  – slow, uneven breathing or no breathing  – snoring, gasping, or gulping  – blue or purple fingernails or lips   1. **CALL AN AMBULANCE!**    * **Always call 999 immediately** even if the person wakes up. Naloxone is not a substitute for emergency medical care or basic life support. | 1. **GIVE NALOXONE**    * Follow the instructions for administering naloxone as described on the naloxone pack provided.    * NOTE: If administering naloxone nasal spray – do not prime or test the spray prior to use. 2. A red outline of a person lying down     Description automatically generated**PUT INTO RECOVERY POSITION** | 1. **MONITOR UNTIL THE AMBULANCE ARRIVES**   Stay with the person. Watch for improvement in breathing and their response to sound and touch.   1. **GIVE ANOTHER DOSE OF NALOXONE IF NO IMPROVEMENT AFTER 2-3 MINUTES** 2. **TAKE CARE FOR YOUR PERSONAL SAFETY**   Naloxone can cause acute withdrawal symptoms if the person is dependent on opioid drugs. Some people may seem to act aggressively as they wake up.   1. **When the ambulance arrives, immediately tell them what has happened and that you have given naloxone.**   You can give the used naloxone kit to the paramedics for disposal and ask them for a replacement, or you can return the used naloxone kit to the supplying pharmacy, and they will arrange for a replacement. |

**APPENDIX B**

**Take-Home Naloxone Service User Training Checklist**

The Service Provider should ensure that the Take-Home Naloxone recipient:

* Understands what naloxone is and what it is used for,
* Can identify causes of drug overdose,
* Can identify the signs of a suspected opioid overdose,
* Understands actions to take if witnessing a suspected overdose,
* Knows how to administer the take-home naloxone kit provided, including when to administer another dose if no improvement, and the importance of staying with the person until the ambulance arrives,
* Knows how to open the take-home naloxone pack and not to do so except for emergency use,
* Knows about safe storage requirements of the take-home naloxone kit provided,
* Notes the expiry date of the take-home naloxone kit, knows how to dispose of expired/used kits and how to get a replacement,
* Knows about product recall procedures,
* Has access to information leaflets/resources.

1. [Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations) [↑](#footnote-ref-1)
2. <https://www.gov.uk/government/publications/naloxone-a-review> [↑](#footnote-ref-2)
3. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669475/phetake-homenaloxoneforopioidoverdoseaug2017.pdf> [↑](#footnote-ref-3)
4. [ACMD review of the UK naloxone implementation (accessible) - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/acmd-naloxone-review/acmd-review-of-the-uk-naloxone-implementation-accessible#appendix-e--written-submissions) [↑](#footnote-ref-4)
5. [Widening the availability of naloxone - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone) [↑](#footnote-ref-5)
6. <https://www.gov.uk/government/publications/acmd-naloxone-review/acmd-review-of-the-uk-naloxone-implementation-accessible> [↑](#footnote-ref-6)