

Naloxone TPS Position Statement

Key Facts:

Naloxone is a drug that blocks the effects of opioids such as heroin. It is either injected into the muscle or administered nasally, and can temporarily reverse the effects of an overdose, allowing time for emergency services to arrive and for treatment to be given

- 86% of drug related deaths involved one or more opiates or opioids
- 56% of drug related deaths (DRDs) occurred when others were present; with the right support those people might have been able to intervene
- 77% of DRDs occurred among people who had been in drug treatment, in police custody or discharged from hospital within the last six months; these were opportunities to supply and train people to use naloxone

Scotland's National Naloxone Programme, the first of its kind in the world, aims to empower people to help themselves and others in the event of an overdose. It engages with people in the community (primarily through specialist drug treatment services) and in prisons.

Impact:

The programme is monitored by Public Health Scotland. Latest figures (2017/18) show:

- 8,397 take-home naloxone kits were issued in Scotland in that year, an increase of 3% from the previous year. 46,037 were supplied between 2011/12 and 2017/18
- 53% of kits distributed were repeat supplies, 25% of these were made because the previous kit was reported as having been used to treat an opioid overdose
- It is estimated that the programme reached 2,458 people at risk of a DRD in this year, and over the course of the programme, 23,096 'at risk' individuals are estimated to have been supplied with take-home naloxone between 2011/12 and 2017/18
- At the end of 2017/18, the 'reach' of take-home naloxone (based on the number of 'at risk' individuals supplied with kits between 2011/12 and 2017/18) was estimated to be 376 kits per 1,000 problem drug users
- The percentage of opioid-related deaths in people within 4 weeks of leaving prison has reduced by over 50%, and we've seen over 1,500 overdose reversals in the community using take-home kits

TPS contribution: TPS has supported this programme from the outset. Our Glasgow Drug Crisis Centre played a key role in the Glasgow pilot project that preceded the national programme. Naloxone training is mandatory for all TPS staff in our alcohol and other drug, homelessness and justice services, and is encouraged for staff across and at all levels of the organisation. All outreach workers in these services carry Naloxone, each service base in these sectors holds an emergency supply, with the option for any office across the organisation to do the same. We train and equip the people we support in these three sectors and are committed to driving the development of peer naloxone supply models.

Legal status: Naloxone is a prescription only medication. It is legal for anyone to use it in an emergency situation, but only drug services can supply it without a prescription “*for the purpose of saving life in an emergency*”. This means that outreach homelessness workers, for example, can carry and use their own supply, but can’t give a kit to someone at risk of a DRD. Restrictions have been temporarily relaxed during the COVID-19 outbreak, enabling any service working with people at risk of an opiate overdose to register and supply naloxone for use in an emergency to save a life.

Key Asks:

Naloxone is a key tool in preventing DRDs, and we must continue to develop our National Naloxone Programme, alongside other harm reduction measures, to include:

- The development of easier and more effective **methods of administration**, learning from the evaluation of the intranasal method
- Investment in the development of **peer naloxone** supply models to expand our reach and engagement
- **More support professionals** – we welcome the Lord Advocate’s position during the COVID-19 pandemic, and believe the legislation should be amended to formalise this extension
- A broader idea of **who could be at risk** of a drug related death, and therefore who should be provided with and trained to deliver Naloxone, and how to reach them. This is not just about illicit drug use – people using prescribed opiates are also at risk. The programme should engage with pain clinics and GPs to reach people who might not be in touch with any other formal services
- Targeted efforts to engage those most likely to be **first responders** to an overdose. We should work with police officers, paramedics and residential service workers to ensure that they are equipped with and trained to use Naloxone, and able to supply to others present at the scene. This should be extended to family members of people at risk, supporting them to recognise the signs of an overdose and empowering them to act when they can
- **A broader idea of who could be that first responder** - There is a 16% prevalence rate of public injecting across Scotland, jumping to 47% in Glasgow City Centre, and people injecting in public places are at a greater risk of overdose. Any one of us, if we carry Naloxone and have been trained to administer it, or are willing to access a publicly available supply, could be in a position to save a life
- Consideration of a **harm reduction** action along the lines of publicly available defibrillators; a supply of naloxone kept in secure but accessible locations, available for any first responder to use, with telephone support from emergency services, accompanied by a national awareness raising campaign

All this contributes to tackling the stigma around drug use, drug deaths and around naloxone, stigma that presents a real barrier to a fast and effective response to an overdose.