



**Guidance For Services In Grampian To Supply Naloxone To People At Risk Of Opioid Overdose, Significant Others And Services In Contact With Those At Risk**

<b>Co-ordinators:</b> Specialist Pharmacists in Substance Misuse	<b>Consultation Group:</b> See page 10	<b>Approver:</b> Medicine Guidelines and Policies Group
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<b>Signature:</b> 		<b>Signature:</b> 
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**Executive Sign-Off**

This document has been endorsed by the Director of Pharmacy and Medicines Management

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**Lead Author/Co-ordinator:** Specialist Pharmacists in Substance Misuse

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Sept 2019	October 2016	Added information on opioid prescribed for pain.	Section 1.3, Page 3
Sept 2019	October 2016	Added supply information for new intranasal product Nyxoid®.	Section 5 onwards, Page 6 onwards.
Dec 2019	October 2016	Added info on drug related deaths and documents	Section 1, Page 2.
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\* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

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## **Guidance For Services In Grampian To Supply Naloxone To People At Risk Of Opioid Overdose, Significant Others And Services In Contact With Those At Risk**

### **1. Introduction**

In 2018 the number of drug related deaths in Scotland increased by 27% to 1187, the largest number ever recorded and more than double the number recorded a decade ago<sup>1</sup>. **In 1021 of these cases (86%)** one or more opiates or opioids (including heroin/morphine and methadone) were either **implicated or potentially contributed to death**. If naloxone had been available some of these deaths may have been prevented.

Naloxone is classified under Article 7 of Prescription-only Medicine Order which means that it can be administered by anyone for the purpose of saving a life. In addition it is a relatively safe medication. This enabled introduction of the Naloxone Take Home Programme (Scotland) which enables administration of naloxone by those people who are most likely to encounter opioid overdose.

To facilitate this the Human Medicines (Amendment) (No. 3) Regulations 2015<sup>2</sup> saw a change in legislation to allow the supply of naloxone without the need for a prescription, patient group direction (PGD) or patient specific direction (PSD). Information on this change can be found in the joint Department of Health, Medicines and Healthcare Products Regulatory Agency (MHRA) and Public Health England Guidance "[Widening the availability of naloxone](#)"<sup>3</sup>.

This document ensures that a clear framework of governance remains in place for services delivering naloxone supplies in Grampian. It refers to the supply and use of naloxone in the event of a suspected opioid overdose in community settings.

#### **1.1 Objectives**

To increase access to naloxone supply and overdose awareness training (in a bid to reduce the number of deaths associated with opioid overdose) by:

- Widening the range of services and professionals (clinical and non-clinical) eligible to undertake naloxone supply
- Educating patients around risks from opioids both prescribed, e.g. analgesics, methadone and illicit
- Removing barriers to significant others and services in contact with people at risk of opioid overdose receiving a naloxone supply
- Providing a governance framework for services involved in the supply of naloxone in the absence of a PGD or PSD.

**NB:** This guidance does not prevent the supply of naloxone (Nyxoid<sup>®</sup> or Prenoxad<sup>®</sup>) by prescription.

## 1.2 Definitions

**Naloxone:** A drug which can temporarily reverse the effects of opioid drugs such as heroin, morphine, codeine and methadone in overdose situations.

**Naloxone Take Home Programme (Scotland):** Scottish Government supported initiative which made naloxone kits available to people at risk of, or most likely to witness an opioid overdose in a bid to reduce drug related death. It includes components of training on overdose awareness, basic life support and naloxone administration.

**Drug treatment services:** For this purpose drug treatment services are provided by, on behalf of, or under arrangements made by an NHS body, local authority or Public Health Agency. In Grampian, authorisation to supply naloxone through non-clinical services will be agreed with the commissioning organisation. Injecting Equipment Providers (IEPs) and Community Pharmacies which dispense Opioid Replacement Therapy are automatically included under this definition.

## 1.3 Who is at Risk of, or Might Witness, an Opioid Overdose

- People who use prescription opioids, in particular those taking higher doses
- People who use any type of opioid in combination with other sedating substances such as benzodiazepines or alcohol
- People who use any type of opioid and have medical conditions such as HIV, liver, lung disease or who suffer from depression
- People with opioid dependence, in particular following reduced tolerance (following detoxification, release from prison, breaks in or stopping treatment)
- People who inject opioids
- Anyone in contact with people who use opioids (including prescription opioids)

### Risk Associated with Opioid Analgesia

Opioid overdose may be a risk for people taking opioid analgesia<sup>4, 5</sup> for any indication (including pain or opioid dependence and/or addiction).

### Opioid related overdose risk is dose-dependent<sup>6</sup>

- Dosages of between 50 and 100mg oral morphine equivalent dose per day (MED/d) increases the risk for opioid overdose by factors of 1.9 to 4.6 compared with dosages of up to 20mg MED/d
- Dosages of 100mg or more MED/d increases the risk of overdose significantly - by factors of 2.0 to 8.9 compared dosages of up to 20mg MED/d.

For information around the increased risks of overdose with opioids and a table of opioid equivalence and dosages see [Appendix 1](#).

In primary care the Scottish Therapeutics Utility (STU) tool may help identify people at higher risk of opioid overdose through the “Chronic pain report” as this highlights patients currently prescribed high dose morphine or equivalent doses of opioids.

## 1.4 People Who Can Make A Supply Of Naloxone Under This Guidance

Any member of staff from a participating service, who has completed the necessary training who can demonstrate the necessary competencies (see [Section 3](#) and [Appendix 3](#)). They can be clinical or non-clinical and includes suitably trained and supported volunteers. This includes any trained member of community pharmacy staff (i.e. it does not have to be a Pharmacist).

Note: NHS staff who are not part of a drug treatment service can still use this guidance to identify patients at risk of an opioid overdose and cover the key points. The only difference is that the supply of naloxone will need to be made either by issuing a prescription, recommendation of a prescription or direct supply via a PGD.

## 1.5 People Who Can Receive A Supply Of Naloxone Under This Guidance

- People at risk of opioid overdose
- People who are likely to witness an overdose, e.g. carers, family members, partners, friends
- Organisations and businesses likely to be in contact with people at risk of opioid overdose (non-clinical settings), e.g. hostels, homeless shelters, etc.

Before making a supply of naloxone the person receiving the supply must be able to demonstrate a basic awareness of opioid overdose, basic life support and naloxone use.

## 1.6 Guidance On Supply To Children And Young People

Overdose awareness training and supply of naloxone to children and young people is not a decision that should be made in isolation. It will form part of the wider considerations of child welfare and protection that fit with existing child protection guidelines ([National Guidance for Child Protection in Scotland 2014](#)) to ensure that children and young people are safe and protected from harm. Practitioners should ensure that a referral is made to Children and Families Social Work if that has not already been done to allow assessment of the needs and risk for the child. Each case should be considered using [GIRFEC principles](#) using the [National Practice Model](#) and [National Risk Assessment Framework](#) in a multi-agency context to assess need and risk.

It is essential that the multi-agency “Team around the Child” is involved in the planning and decision making when considering whether to include the child in this aspect of their parents/carers management of overdose. The Child’s Plan should include this aspect of the plan. Where a child or young person is in a position where they could witness or experience opioid overdose and where the environment has been assessed as safe for the child to remain, training and/or supply of naloxone may be appropriate. The staff member should assess whether the child has sufficient ability and understanding to be trained to:

- Contact emergency services by dialling 999 and asking for an ambulance
- Administer naloxone (nasal product should be supplied)
- Undertake Basic Life Support

- Watch for a response and decide on further action needed whilst waiting for emergency services.

Training should be tailored according to capacity. For example it may be that a child can understand when and how to contact an ambulance but would not be able to administer basic life support or administer naloxone.

### **1.7 People Who Cannot Receive A Supply of Naloxone Under This Guidance**

- People who are unable to demonstrate a basic understanding of opioid overdose, basic life support and naloxone use to the individual authorised to make a supply
- People who are deemed as having insufficient capacity to agree to receive, or who has not provided consent to receive, a supply of naloxone
- Any person who expresses a known allergy to naloxone.

## **2. Evidence Base**

The supply of naloxone as described forms a key component of national and international policies aimed at reducing the incidence of drug related deaths. It is included in guidance documentation from the World Health Organisation<sup>7</sup>, Advisory Council on the Misuse of Drugs, MHRA, Department of Health and Public Health England<sup>3</sup>. The supply forms part of a national programme introduced and evaluated by the Scottish Government<sup>8</sup>.

## **3. Training and Competence Of People Making Supplies of Naloxone**

The service or line manager is responsible for ensuring that people making naloxone supply have access to training and are competent. As a minimum requirement before undertaking supply of naloxone staff should:

- Complete the [SDF e-learning package](#) OR complete a recognised Naloxone Take Home Programme training event
- Read and understand this guidance document
- Watch the videos on the administration of the two naloxone products available for supply [www.nyxoid.com/uk](http://www.nyxoid.com/uk) and [www.prenoxadinjection.com/video/admin.mp4](http://www.prenoxadinjection.com/video/admin.mp4)

Once completed the person should be able to:

- Answer questions relating to overdose awareness and naloxone supply and administration
- Know where to refer to for further professional advice or support if required.

The line manager should ensure that all staff are updated on any changes to this guidance and should retain a record of staff trained and eligible to make a supply of naloxone. The competency checklist ([Appendix 3](#)) can be used to support this.



#### 4. What to Cover with People Receiving the Naloxone Supply (People At Risk, Significant Others, Services In Contact With Those At Risk)

The information outlined in NHS Grampian's "Naloxone Key points Summary" ([Appendix 2](#)) should be covered to assure that people receiving a supply of naloxone have sufficient knowledge on when and how to use it.

#### 5. Naloxone Supply Information

##### 5.1 Choice of Product

For these purposes naloxone is available as two options, Prenoxad<sup>®</sup> intramuscular injection and Nyxoid<sup>®</sup> nasal spray. Administration of a single dose of Prenoxad<sup>®</sup> or Nyxoid<sup>®</sup> are expected to produce similar initial results when following recommended instructions. Blood levels of Nyxoid<sup>®</sup> are likely to rise for longer than Prenoxad<sup>®</sup> which means Nyxoid<sup>®</sup> may have a more pronounced effect and longer duration of action. People should be offered a supply of the product they feel is most appropriate.

Prenoxad<sup>®</sup> may be more appropriate for people who:

- State a preference for Prenoxad<sup>®</sup>
- Have been supplied with and/or used the injectable format before and who are familiar and confident with its use.

Nyxoid<sup>®</sup> may be more appropriate:

- For people who state a preference for Nyxoid<sup>®</sup>.
- For people who do not feel comfortable administering the injectable product
- For younger people, e.g. children living with parents at risk of opioid overdose
- Where needles are not suited to the environment or accommodation, e.g. in prison wings or hostel accommodation
- Where company policy does not support staff administration of injectable products
- Where a person is repeatedly requesting further supplies due to their Prenoxad<sup>®</sup> kit being damaged. That is they are opening it to use the needles for other reasons. In these cases check that the person is easily able to access Injecting Equipment Provision (needle exchange).

##### 5.2 Prenoxad<sup>®</sup> Intra-muscular Injection

Prenoxad<sup>®</sup> (naloxone hydrochloride 2mg/2mL pre-filled syringe for injection) is the only **injectable** naloxone product which is suitable for supply under this direction. The pack contains a pre-filled syringe, a patient information leaflet and two needles. The second needle is included as a back-up should the first one become damaged. It is not necessary to change needles between injections unless the needle becomes damaged. The kit is packaged within a hard shell case which should be used to contain and dispose of the syringe and needles following use. Other versions of naloxone do not contain any needles or the appropriate information leaflet and would be unable to be used in an emergency.

### 5.2.1 Dosage and Administration Information - Prenoxad®

One dose (400 micrograms in 0.4mL) of naloxone should be injected into the outer thigh muscle or upper arm muscle. The syringe contains five doses which are clearly marked. If there is no response after 2-3 minutes a further dose should be administered. This should be repeated until either:

- The person regains consciousness **or**
- All 5 doses have been used (further doses may be given if available) **or**
- The emergency services arrive and take over.

More information, including a video, can be found on the Prenoxad® website [www.prenoxadinjection.com](http://www.prenoxadinjection.com).

### 5.3 Nyxoid® Nasal Spray

**Nyxoid®** (naloxone hydrochloride dihydrate 1.8mg per nasal spray) is available as a pack of two individually sealed single dose nasal sprays and a patient information leaflet.

#### 5.3.1 Dosage and Administration Information Nyxoid®

- The nasal spray **should not** be primed or tested prior to use as it only contains a single dose of naloxone
- The contents of a nasal spray (1.8mg) should be sprayed into the casualty's nostril
- If there is no response after 2-3 minutes a second nasal spray should be sprayed into the other nostril
- If the patient does not respond to two doses, further doses may be given (if available).

More information, including a video, can be found on the Nyxoid® website <https://nyxoid.com/uk>.

### 5.4 Number of supplies

People at risk of future opioid overdose can receive:

- One Prenoxad® kit or one pack of Nyxoid® nasal spray
- An additional Prenoxad® kit or pack of Nyxoid® nasal spray to hold as a spare supply if required, e.g. splits time between family home and other property
- Two different formats may be supplied in one transaction, e.g. one pack of Nyxoid® and one Prenoxad® kit.

People who are likely to witness opioid overdose can receive one Prenoxad® kit for intramuscular use or one pack of Nyxoid® nasal sprays.

Services in contact with those at risk of future opioid overdose may also be provided with an appropriate number of kits for the size and activity of the service.

Care Inspectorate Guidance should be followed<sup>9</sup>. It is the responsibility of the service receiving the supply to ensure that they have processes and protocols in place which meet its recommendations.

Practical information that should be discussed when making a naloxone supply include:

- It is not necessary to keep Prenoxad<sup>®</sup> or Nyxoid<sup>®</sup> in a fridge
- The pack should remain sealed until needed. It provides reassurance to the person administering the kit that it contains the stated dose(s) of naloxone and avoids confiscation of kits if unsealed, e.g. by the police
- Where to access further training and resupplies of lost, used or expired kits (see list of participating services)
- Used or expired kits can be returned to any community pharmacy for disposal
- The relevant Prenoxad<sup>®</sup> “Assembly and Administration Guide” or Nyxoid<sup>®</sup> patient information leaflet should be given with each supply (orderable from NHS Grampian Health Information Resources Service). The leaflet can also be printed from the following links:
  - Nyxoid<sup>®</sup> [www.medicines.org.uk/emc/rmm/1278/Document](http://www.medicines.org.uk/emc/rmm/1278/Document)
  - Prenoxad<sup>®</sup>.

## 5.5 Contraindications To The Use Of Naloxone

There are no exclusions from administering naloxone where opioid overdose is suspected, as not administering may result in the death of the person.

## 5.6 Managing Symptoms Of Opioid Withdrawal

The most common side effect of naloxone is opioid withdrawal. In a person who is physically dependent on opioids this is often likened to severe influenza. Symptoms may include but are not limited to: body aches, diarrhoea, rapid heart rate, fever, runny nose, sneezing, sweating, yawning, nausea, vomiting, restlessness, irritability, shivering, trembling, abdominal cramps and weakness.

People receiving a supply of naloxone should be informed that symptoms of withdrawal can be experienced when administering naloxone but they will generally be short lived. If faced with an overdose situation the casualty should be reassured that the effects of naloxone will begin to wear off after 20-30 minutes and **strongly advised against** the use of additional substances. Further substance use will significantly increase the risk of further overdose.

## 5.7 Data Recording And Monitoring

NHS Grampian “Record of Naloxone Training, Supply and Resupply” ([Appendix 4](#)) should be used to record details of training and supply. This should subsequently be entered into the approved data collection system (currently neo360<sup>®</sup>). The consent of the person being trained should be gained both for recording details of supplies made and sharing this data anonymously for the purposes of project monitoring.

The line manager is responsible for ensuring confidentiality of the records to enable verification of service provision.

Data recording is not required where naloxone supply is made using a prescription. Prescribing data can be automatically monitored using existing processes.

## 5.8 Stock Management

Services should ensure that they have adequate protocols in place for the ordering, monthly date checking, rotation and disposal of stock. Services may be requested to produce protocols and demonstrate compliance to commissioners and/or the Grampian naloxone co-ordinator. Both products have a relatively short expiry date of 3 years from date of manufacture. To maximise the effective lifespan of stock, no more than one month's supply of naloxone should be kept in hand at any one time and stock ordered frequently. Clinical services should order and manage stocks of naloxone in line with other medications. Non-clinical services should contact NHS Grampian's naloxone co-ordinator for advice on stock ordering and management. Email: [grampian.smspharmacists@nhs.net](mailto:grampian.smspharmacists@nhs.net) or phone 01224 557694.

## 6. Useful Resources

Links, information and videos are available on the Grampian hi-net website. <https://www.hi-netgrampian.scot.nhs.uk/people-networks/alcohol-and-drugs-in-grampian/naloxone/>

Community Pharmacy specific information can be accessed on the NHS Scotland Community Pharmacy website: [www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-grampian](http://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-grampian)

Public facing "Grampian overdose" page: <https://www.nhsgrampian.org/your-health/healthy-living/drugs/overdose/>

The International Overdose Awareness Day website also contains useful fact sheets and resources: <http://www.overdoseday.com/>

Prenoxad® "How to" Videos: [www.prenoxadinjection.com/hcp/how-to.html](http://www.prenoxadinjection.com/hcp/how-to.html)

Prenoxad® and Opioid Overdose: [www.prenoxadinjection.com/hcp/abt\\_naloxone.html](http://www.prenoxadinjection.com/hcp/abt_naloxone.html)

When/how to give Prenoxad®: [www.prenoxadinjection.com/hcp/when\\_and\\_how.html](http://www.prenoxadinjection.com/hcp/when_and_how.html)

Nyxoid® Video: [www.nyxoid.com/uk](http://www.nyxoid.com/uk)

## 7. Consultation

Lynsey Allan	Service Manager Aberdeen Substance Use Support, Engagement and Treatments, Turning Point Scotland
Gillian Gilbert	Substance Misuse Nurse, Aberdeen City
Dr Steve Beason	Psychiatrist, Timmermarket Clinic
John Donaghey	Nurse Manager, Specialisms, NHS Grampian Mental Health Service
Dr Bruce Davidson	Consultant Psychiatrist and Clinical Lead, NHS Grampian Substance Misuse Services
Anne Marshall	Community Pharmacist, Duke Street Pharmacy, Huntly
Andrew McKechnie	Pharmacist, Aberdeenshire Drug and Alcohol Services
Fiona Miele	Lead Child Protection Nurse, NHS Grampian
Lynsey Murray	Lead Nurse, Moray Integrated Drug and Alcohol Services (NHS)
Elaine Neil	Lead Pharmacist, Custodial Settings
Simon Pringle	Direct Access Manager, Alcohol and Drugs Action
Dermot Craig	Recovery Community Development Manager, Aberdeen in Recovery
Naomi Scott	Consultant in Anaesthesia and Pain Medicine, ARI
Dr Tara Shivaji	Consultant in Public Health Medicine, NHS Grampian
Rhona Stewart	Lead Social Worker, Drugs, Aberdeen City Council
Barbara-Ann Sutherland	GP Practice Based Pharmacist, Crimond Medical Practice
Dave Taylor	Nurse Manager Aberdeenshire Drug and Alcohol Service

## 8. Distribution List

Aberdeen City, Aberdeenshire and Moray Alcohol and Drug Partnerships  
NHS Grampian Mental Health Services  
NHS Grampian Acute Services  
Primary Care Contracts Team (Community Pharmacies and GP Surgeries)

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## Appendix 1 - Non Cancer Chronic Pain in Adults Opioid Equivalence, Risks and Recommendations

NON CANCER CHRONIC PAIN IN ADULTS OPIOID EQUIVALENCE, RISKS AND RECOMMENDATIONS <sup>1-3</sup>					
OPIOID	Dose of stated opioid approximately equivalent in <b>oral morphine equivalent dose/ day (MED/d)</b>				
	Oral morphine < 50 mg per day	Oral morphine 50 - <100 mg per day	Oral morphine 100mg per day	Oral morphine 120mg per day	Oral morphine 200 mg per day
Oxycodone	<12.5 mg bd = <50 mg	< 25 mg bd = <100 mg	25 mg bd = 100 mg	30 mg bd = 120 mg	50 mg bd = 200 mg
Fentanyl transdermal patch	12 mcg/hr = 45 mg	25 mcg/hr = 90 mg	25 mcg/hr = 90 mg	50 mcg/hr = 180 mg	75 mcg/hr = 270 mg 100 mcg/hr = 360 mg
Buprenorphine transdermal patch	20 mcg/hr = 48 mg 10 mcg/hr = 24 mg	35 mcg/hr = 84 mg	35 mcg/hr = 84 mg	52 mcg/hr = 126 mg	70 mcg = 168 mg
Tapentadol	50 mg bd = 40 mg	100 mg bd = 80 mg	100 mg bd = 80 mg	150 mg bd = 120 mg	250 mg bd = 200 mg
Tramadol	50 mg qds = 30 mg	100 mg qds = 60 mg			
Codeine	60 mg qds = 24 mg				
<p><b>RISK OF HARM</b></p> <p><b>Patient factors:</b> Pregnancy, age ≥65, anxiety or depression, overdose history, personal or family history of alcohol, substance/opioid misuse, renal &amp; hepatic impairment, COPD or underlying respiratory conditions.</p> <p><b>Drug factors:</b> Multiple opioids, multiple formulations of opioids, more potent opioids, concurrent prescriptions of benzodiazepines/CNS depressants.</p> <ul style="list-style-type: none"> <li>• Dosages ≥ 120 mg oral MED the risk of harm is substantially increased without increased benefit.</li> <li>• Opioid related overdose risk is dose-dependent.</li> <li>• Dosages of 50-&lt;100 mg MED/d increases the risk for opioid overdose by factors of 1.9 to 4.6 compared with 1-&lt;20 mg MED/d.</li> <li>• Dosages ≥ 100 mg MED/d increases the risk of overdose significantly: 2.0-8.9 compared with 1-&lt;20 mg MED/d.</li> </ul> <p><b>DRIVING</b></p> <ul style="list-style-type: none"> <li>• Patients may be particularly vulnerable to impairment when first starting a pain medication, following dose adjustments (up or down), when another drug is added or opioid taken in conjunction with alcohol.</li> <li>• All opioid medicines have the potential to impair driving. A patient on high dose morphine (around 200-220 mg/ 24 hours) driving could be as impaired as someone with blood alcohol around the level above which it is illegal to drive. Alcohol and sedatives may impair driving at a lower morphine dose.</li> </ul>					
<p><b>RECOMMENDATIONS</b></p> <p>Undertake polypharmacy medication review, assess whether benefits outweigh risks &amp; opioid trial goals still being met. Consider opioid tapering and discontinuation. There may be a role for medium term, low dose opioid therapy in carefully selected patients who can be monitored. Provide patient information leaflets. Further information: WSCCG Opioid Tapering Resource Pack.</p>					
<p><b>RESOURCE</b></p> <p><a href="#">WSCCG Opioid Tapering Resource Pack</a></p> <p><b>References</b></p> <p>1. Opioids Aware 2. CDC Guidelines for Prescribing Opioids for Chronic Pain Unites States 2016, 3 IASP. Statement on Opioids 2018</p>					

Produced by the WSCCG Medicines Management Team and West Suffolk Integrated Pain Management Service.  
Version 1 March 2018. Review date: March 2020. Final 23.3.18



## Appendix 2 - Grampian Take Home Naloxone Key Points Sheet

### Be Prepared For An Opioid Emergency

#### WHO IS AT RISK OF OPIOID OVERDOSE?

- People who use prescription opioids, in particular those taking higher doses (equivalent to 50 milligrams of morphine or more per day)
- People who use any type of opioid in combination with other sedating substances such as benzodiazepines or alcohol
- People who use any type of opioid and have medical conditions such as HIV, liver, lung disease or who suffer from depression
- People with opioid dependence, in particular following reduced tolerance (following detoxification, release from prison, breaks in or stopping treatment)
- People who inject opioids
- Anyone in contact with people who use opioids (including prescription opioids)

#### WHAT ARE THE SIGNS OF OPIOID OVERDOSE?

- **UNCONSCIOUS OR NOT RESPONDING:** Not waking up or responding to voice commands or touch. Shake shoulders. Speak clearly in both ears
- **APPEARANCE:** Blue/grey skin and lips. Clammy. Very small/pinpoint pupils
- **BREATH:** Very slow or irregular breathing or no breathing at all. May also be a rasping or snoring sound

#### KNOWS HOW TO RESPOND

- Call 999 and ask for an **AMBULANCE** - give location
- Let them know that the person is:
  - **"UNCONSCIOUS BUT BREATHING"** - Put them into recovery position
  - **"UNCONSCIOUS AND NOT BREATHING"** - Start CPR
- Stay with the person
- Bust myths - **DO NOT** walk person around, put in shower/bath, slapping etc

#### KNOWS HOW NALOXONE WORKS

- Reverses the effects of opioid drugs but starts to wear off after 20 to 30 minutes
- Only works on opioid drugs (safe to use even if unsure what has been taken)
- Give a dose every 2-3 minutes until either:
  - Person comes round **OR** Emergency services arrive and take over **OR** there is no naloxone left

#### CHOOSE PRODUCT TO SUPPLY. USE PRODUCT LEAFLET TO GO OVER ITS USE

##### HOW TO USE PRENOXAD® INJECTION

- Keep sealed until ready to use
- Twist cap off syringe and twist on needle
- Inject into outer thigh or upper arm muscle
- Give one dose at a time. Repeat every 2 to 3 minutes if no response
- Place in yellow box between injections and after used (sharps bin)

##### HOW TO USE NYXOID® NASAL SPRAY

- **DO NOT TEST THE SPRAY FIRST – THERE IS ONLY ONE SPRAY IN EACH NASAL SPRAY (Box contains 2 kits)**
- Tilt head back
- Put the nasal spray into the nostril and press the plunger
- If no response after 2 to 3 minutes open another kit and give another dose of Nyxoid® in the other nostril

#### IF YOU HAVE TO USE A KIT OR IT IS OUT OF DATE – REMEMBER TO GET ANOTHER ONE

## Appendix 3 - Grampian Naloxone Take Home Programme - Declaration of Competence

### DECLARATION OF COMPETENCE

NAME:	
SERVICE DETAILS/ADDRESS:	
EMAIL / PHONE NUMBER:	

I confirm that I:

- have completed the Scottish Drugs Forum e-learning module – “[Overdose Prevention, Intervention and Naloxone](#)” and watched the manufacturer videos for the use of [Prenoxad®](#) and [Nyxoid®](#) **OR** completed a recognised Naloxone Take Home Programme training event
- have read and understand the Grampian Guidance For Services To Supply Naloxone To People At Risk Of Opioid Overdose, Significant Others And Services In Contact With Those At Risk
- have demonstrated competence as per the Naloxone competence checklist
- have been shown which records need to be completed and the process for inputting data into neo360 (whether self or administrator)
- would like to distribute naloxone to people who are at risk of witnessing or experiencing an overdose

Signature:	
Date:	

- Please tick this box if you consent to the local Health and Social Care Partnership keeping a record of your contact information as a naloxone supplier and providing you with information about developments and further training opportunities related to preventing drug overdoses

NAME OF PERSON CONFIRMING COMPETENCE:	
NAME OF SERVICE:	
CONTACT DETAILS:	

## COMPETENCY CHECKLIST

The person should be able to explain in simple terms:
- The most common substances which increase the risk of overdose and drug related death
- The range of things which can increase the risk of overdose
- The main body system affected by overdose
- The main signs and symptoms of opioid overdose
- The correct course of action to take if faced with a suspected overdose
- How to call an ambulance, why this is important and what to say when calling
- Who needs a supply of naloxone
- Who can naloxone be administered to
- How to assemble Prenoxad®
- How to administer Prenoxad® <ul style="list-style-type: none"> <li>- when the person is unconscious and breathing</li> <li>- when the person is unconscious and not breathing</li> </ul>
- How to administer Nyxoid®: <ul style="list-style-type: none"> <li>- when the person is unconscious and breathing</li> <li>- when the person is unconscious and not breathing</li> </ul>
- Where and how naloxone is stored and how to find the batch number and expiry date
- How to order naloxone or who to tell if naloxone stocks are low
- The service's process for staff/volunteer administration of naloxone in the event of an opioid overdose happening in or near to the service premises
- Is aware of local drug treatment services are and can help people access them
- Is aware of other key support and recovery services and can help people access them

**Appendix 4 - Grampian Naloxone Take Home Program - Record of Training and Supply**

**TRAINING (Naloxone key points sheet COVERED WITH PERSON)**

Name of Service: .....

Staff Member Name: .....

Person at risk     Family Member/Friend     Service Worker

M     F    Trainee Name: .....

CHI/Date of Birth: ..... Unit Number (SMS only).....

Address: .....

..... Postcode: .....

Prison Release date (prison only): .....

Training checklist completed     Training Declined     Give Reason.....

**NALOXONE® SUPPLY**

Kit 1: Prenoxad®     Nyxoid®     Batch no.: .....    Expiry Date: .....

Spare: Prenoxad®     Nyxoid®     Batch no.: .....    Expiry Date: .....

1<sup>st</sup> supply     Spare supply     Used on self  
(complete 2nd page)     Used on other  
(complete 2nd page)

Expired     Confiscated     Damaged     Lost     Not known

Or declined supply of naloxone     State Reason .....

I consent to: Details of this training/supply being recorded on the electronic database  
Anonymous sharing of data with the NHS for purpose of reporting and research

Signed (trainee): .....

Signed (staff): .....    Date: .....

## NALOXONE RESUPPLY – Where the naloxone kit has been used on somebody

When did the overdose occur? (Approximate date):.....

Who administered the naloxone?

- Self             Paramedic             Another person             Unknown

Where did the overdose occur?

- My own home             Somebody else's home             Another indoor location  
 Outdoors             Other (state).....

What was the outcome?

- Opioid reversed, person went to hospital  
 Opioid reversed, person did **not** go to hospital  
 Person did not survive  
 Not known

Additional Information:

## Appendix 5 - Getting Started As a Naloxone Supplier

### Who will deliver naloxone?

- **Identify** members of staff to train
- Have a **range of staff trained** - staff don't need to have a clinical background
- Think about coverage across the service's opening hours to ensure naloxone is easily available

### Knowledge and training

- **Essential:** Complete SDF elearning module "Overdose Prevention, Intervention and naloxone" [www.sdftraining.org.uk/online-learning](http://www.sdftraining.org.uk/online-learning)
- **Essential:** Read/ensure understanding of Grampian Naloxone Guidance document 1-2-1 Checklist
- **Essential:** Watch video. [www.nyxoid.com/uk](http://www.nyxoid.com/uk)
- **If required:** Undertake face to face training.
- Have a system for recording staff trained and competent (see competency checklist)

### Ready to go? **COMMUNITY PHARMACY**

- Read and sign up to the naloxone SLAContact SMS pharmacists to get set up to record supplies on neo360
- Order supplies of naloxone through usual wholesaler (Nyxoid® and Prenoxad®). Only order what you need to keep expiry dates as long as possible.

Ready to go?

## CLINICAL DRUG TREATMENT SERVICES

- Liaise with pharmacy to get Prenoxad® and Nyxoid® added to drug ordering profile
- Order supplies of both products. Only order what you need
- Agree a system for storing, date checking and rotating stock
- Contact SMS pharmacists to get set up to record supplies on neo360 database
- Agree process for recording supplies

Ready to go?

## NON- CLINICAL DRUG TREATMENT SERVICES

- Incorporate naloxone into service protocols as per Care Inspectorate guidance
- Contact SMS Pharmacists to get set up for
  - ordering naloxone
  - record supplies on neo360 database
- Order supplies of both products. Only order what you need
- Agree a system for storing, date checking and rotating stock

Ready to go?

## GP SURGERIES

- Options for training and naloxone supply
  - 1. Cover key information and issue prescription (Data from supplies made via prescription will be obtained from existing prescribing data.)
  - 2. Send patient to participating community pharmacy for training and supply
  - 3. Liaise with visiting SMS team to arrange supply
  - 4. Hold stock onsite and make supply from surgery - any trained member of staff can do this
- Regardless of route confirm patient has supply at next visit

Ready to go?

## OTHER CLINICAL SERVICES

- Options for training
  - 1. Cover key information and issue prescription/add to discharge medication
  - 2. Utilise PGD and add naloxone to ward profile/order stock for supply from ward/clinic
  - 3. Refer patient to other available options above (may be less likely to result in the person getting a supply.)

### Substance Misuse (SMS) Pharmacists:

Email: [grampian.smspharmacists@nhs.net](mailto:grampian.smspharmacists@nhs.net) Telephone: 01224 557694 (Internal ext. 57694)

Grampian Take Home Naloxone Page: [www.hi-netgrampian.org/people-networks/alcohol-and-drugs-in-grampian/naloxone/](http://www.hi-netgrampian.org/people-networks/alcohol-and-drugs-in-grampian/naloxone/)

## **Appendix 6 - Be Prepared For An Opioid Emergency**

### **Frequently Asked Questions**

#### **What are opioids?**

Opioids are a group of drugs that range from mild analgesics such as “over the counter” combined codeine preparations that can be bought from community pharmacies to illegal drugs like heroin.

Prescribed opioids are most commonly used for pain relief and include but not limited to codeine, tramadol, morphine, oxycodone, dihydrocodeine, fentanyl, tapentadol and others.

Methadone and Buprenorphine are opioids generally used as part of treatment for substance use disorder or opioid dependence.

#### **How do opioids work and what are the risks?**

Opioids work on the brain. They tell it to send signals that block pain, slow breathing, and calm the body down.

People taking opioids can be unaware of the potential adverse reactions (also known as side effects). At lower doses, opioids can make people feel sleepy, but higher doses of the drugs can slow breathing and heart rate, which can lead to death.

Opioid overdose emergencies can occur even when opioids are used as instructed but especially at higher doses and when taken with other sedating substances.

#### **What happens if all doses of naloxone have been used before help has arrived?**

Keep going with basic life support until an ambulance arrives or until casualty regains consciousness.

#### **Can naloxone be used on a child?**

If a child is suspected of consuming an opioid drug 999 should be called immediately and the advice given by the call handlers followed. Nyxoid® nasal spray can be used on people aged 14 years and above.

#### **Do I need to give mouth to mouth?**

The person will be lacking oxygen therefore it is recommended that two rescue breaths are given as part of each Basic Life Support cycle. If an individual cannot give rescue breaths then performing chest compressions alone are still better than doing nothing.



## **For Prenoxad® Intramuscular Injection Only**

### **What happens if more than one dose is given at a time?**

When naloxone is administered to an opioid dependent individual it is likely that they will experience a degree of withdrawal. If more than one dose is given at a time, the symptoms of withdrawal may be greater or last longer and may result in the person experiencing a more severe withdrawal reaction. The person in withdrawal should be reassured that the effects of naloxone will start to wear off quite quickly and strongly advised against further use as this is likely to result in a further overdose.

### **What happens if the needle breaks off or is damaged?**

If the needle has broken off and is stuck in the person do not try to remove it. Inform the paramedics of this when they arrive. Try not to roll the person onto this side if putting into the recovery position to prevent it from being pushed in further. If it is not stuck in the person, there is a spare needle in the pack which can be used.

### **Can I use the same needle if more than two people have overdosed?**

Coming across this scenario should be extremely rare. Ideally, a separate kit should be used for each person. Where there is only one kit available and the risk of death outweighs the risks associated with contracting a virus such as hepatitis then a dose of naloxone from the same kit could be given. There are two needles contained within each Prenoxad® kit, however there is an increased risk of needle stick injury if the needle was changed. The paramedics should be informed if the same kit has been used on multiple individuals in order that it can be followed up when the individuals are transported to the hospital.