**Four Nations Consultation: Expanding access to naloxone**

**Drug Deaths Taskforce Response**

The Scottish Drug Deaths Taskforce fully supports expanding access to naloxone and provided a submission to the four nations consultation (closed on 28th September) outlining the reasons for this.

The Taskforce has undertaken, and supported, a number of projects aimed at widening access to naloxone. We would be very willing to provide more information and talk to officials/the relevant Minister if this would be helpful, or organise a roundtable with project leads.

**Why Should Access Be Expanded?**

Drug related deaths are a public health crisis in Scotland. Whilst naloxone is not the only solution, we know it can keep people alive thus enabling services to intervene. It is therefore vital that anyone who might encounter someone having an opioid overdose has access to naloxone.

Under current regulations, naloxone is a prescription-only medicine. While any adult is able to administer naloxone to another individual in order to save their life in an emergency, there needs to be access to naloxone to do this. As the current regulations limit who can supply naloxone to drug treatment services, this limits those who can access it. While front line workers can access naloxone through this route, there are difficulties for members of the public in accessing it.

Evidence shows that only around 40% of people with problematic drug use are engaged with treatment services. While it is part of the Taskforce’s goal to increase the number of people in treatment through improved pathways, the current position leaves a significant number of people who may need naloxone without access to it. In addition, there are a number of other people who could make a lifesaving intervention who would not be able to access naloxone under these regulations, including family members, emergency services and members of the public.

In June 2020, the Lord Advocate published a statement of prosecution policy enabling a

time limited measure to allow individuals other than drug treatment service workers to distribute naloxone to those at risk of overdose. Provision of appropriate instruction on the use of naloxone and basic life support training was a requirement of this policy.

Since the changes introduced by the Lord Advocate there has been a significant increase in demand for naloxone ([Public Health Scotland - National Naloxone Programme Scotland: quarterly bulletin 31 August 2021)](https://beta.publichealthscotland.scot/publications/national-naloxone-programme-scotland/national-naloxone-programme-scotland-quarterly-bulletin-31-august-2021/). Many of the projects supported by the Taskforce have reported a significant number of naloxone uses, well above the expected number of administrations. Public support has been overwhelmingly positive in response to these projects and often results in members of the public looking to carry naloxone themselves.

A prime factor in reducing drug related deaths is the extent of the community based coverage of naloxone. The aim should be that this is 20 times the recorded opiate drug related deaths in an area ([Bird, Parmar and Strang, 2015)](https://www.tandfonline.com/doi/pdf/10.3109/09687637.2014.981509?needAccess=true&). This means that in 2020, Scotland would have needed 23,840 kits nationwide (20 x 1,192 opiate related deaths). In order to meet that level, Scotland needed 10,000 more kits than the actual provision in 2020. Given this level of distribution was only possible through the Lord Advocate’s statement of prosecution policy, and the increased reach this enabled, this provides strong evidence for the need to make a permanent change, which at least replicates the Lord Advocate’s statement and preferably goes further reclassifying naloxone and enabling the provision of naloxone to anyone who may witness an overdose.

**Who should be able to supply naloxone?**

The Taskforce supports a wider range of organisations being able to supply naloxone. The Taskforce believes that supply rights should be extended to any service in contact with people who are likely to experience or witness an overdose. It is therefore not helpful to refer to specific restricted service descriptions, not least as types of services can vary across the different areas in the UK. For example this consultation refers to “Drug treatment workers commissioned by PCCs to work in police custody suites”, Scotland does not have PCCs therefore a legislative change on this basis would miss out this important group in Scotland.

The overall objective of the Drug Deaths Taskforce is that any person who may come into contact with a person who uses drugs should be able to carry naloxone. In order for this to happen, access needs to be as wide as possible, including enabling relevant organisations to be apply to supply naloxone.

Organisations were required to register with the Scottish Government to be able to supply naloxone as part of the Lord Advocate’s statement of prosecution policy. 69 organisations have registered – organisations who would not have been able to offer a supply prior to this change in the regulations. These organisations cover a wide range of settings including homelessness and housing providers, mental health services, advocacy services, community organisations, recovery services, charities and young people’s services. As an example, Scottish Families Affected by Alcohol and Drugs (SFAD) have been running, with support from the Scottish Drugs Forum (SDF), and supplies secured by the Drug Deaths Taskforce, a new ‘Click & Deliver’ take-home naloxone service to anyone living in Scotland who is over the age of 16.

Since the launch of this project in May 2020 (to 31 August 2021), 743 kits have been issued with 91 of them being used on another person presenting as having an overdose. While the full evaluation of this project is still being undertaken, feedback from families accessing naloxone through this project highlight that many family members want to have access to naloxone but they are reluctant to attend a drug service to access it. Not only does this have practical implications in more rural areas, it helps to address concerns about stigma, and perceived stigma, preventing people from requesting naloxone. The confidential, universal nature of this service has increased accessibility of naloxone across Scotland. A key enabling factor was the Lord Advocate’s statement of prosecution policy facilitating delivery of naloxone through the postal service.

Rather than specifying set categories, the Taskforce would support any willing organisation or setting being able to provide naloxone – the range of those who have registered to do so in Scotland demonstrates that the need and willingness across an unpredictable spectrum of organisations.

There is scope for this to be developed further. For example one City Council has trained 49 council staff (so far) and provided them with a naloxone kits. This allows a wider range of people – from those working in public facing council buildings to those in employment services, child and family services and social care to be able to save a life should the need arise.

On 31st August 2021, Public Health Scotland published their quarterly monitoring bulletin of

Scotland’s National Naloxone Programme. During 2020/21 Quarter 4 (1 January to 31 March

2021), 4,388 Take Home Naloxone (THN) kits were issued. In 2020/21, PHS recorded that

13,730 kits were provided in the community. 668 kits were issued from non-drug treatment services.

Since these figures were reported there has been a campaign launched to promote naloxone between the Scottish Government and Scottish Drug Forum (SDF). While evidence on the impact of this is not yet available evidence to the Taskforce highlighted that in the 2 weeks following the campaign they supplied more kits than in the previous 4 month period.

The Statement of Prosecution Advice from the Lord Advocate has enabled improvements to practice and has resulted in more lives saved. The Scottish Drug Deaths Taskforce would therefore, at a minimum, recommend a replication of the statement of prosecution policy. However, the Taskforce believes that it would be even more beneficial for naloxone to be reclassified from a ‘Prescription Only Medicine’ to a ‘Pharmacy’ or a ‘General Sales List’ medicine. Nyxoid, the safe intranasal formulation, in particular should be reclassified to a ‘General Sales List’ medicine. The prime goal of this is to extend community based coverage of naloxone to meet the modelling requirement of 20 times the recorded opiate drug related deaths in an area.

# Evidence Supporting the Expansion of Organisations Supplying Naloxone

Public Health Scotland (PHS) provide regular publications on Scotland’s National Naloxone programme Scotland. Although a poor measure of the number of lives saved, the most up to date figures from [PHS](https://www.publichealthscotland.scot/publications/national-naloxone-programme-scotland/national-naloxone-programme-scotland-monitoring-report-201819/) show that in quarter 4 of 2020/21 there were 211 repeat supplies in Prisons, with 9 due to use on a person at risk and 99 where the reason was unknown, and 1,248 repeat supplies in the community, with 327 due to use on a person at risk.

The ultimate evidence of allowing anyone who may come across a drugs overdose access to naloxone is from the use of naloxone to save lives. This has been evidenced in a range of Taskforce funded projects:

* Over 500 kits have now been distributed by Scottish Ambulance Service to at risk individuals with 55% of patients identifying this is the first kit they have ever received. This illustrates the unique reach that SAS has with regards to distribution of THN into our most vulnerable communities.
* In the Police Scotland pilot project, there have been 42 incidents where naloxone was used, in all cases the individual survived.
* Since the launch the SFAD Click and Deliver project, 97 THN kits are recorded as having been used which is likely an under-reporting of incidence.

The Taskforce knows that in the areas we represent, the uptake of naloxone has been rapid and enthusiastic. The vast majority of people in the setting we represent would carry and use naloxone if offered. For the majority it is a case of being given a tool to manage overdose, and save lives, where previously they didn’t have one.

As an example, police officers have noted the traumatising nature of giving CPR to an individual only to have them die from an overdose. Having the tools to prevent such a death has been overwhelmingly welcomed.

The Taskforce has supported a range of projects to expand the provision of naloxone, three of which are highlighted below.

Police Scotland have been involved in a pilot project, supported by the Taskforce, to explore the impact of police officers carrying naloxone:

* Over 800 officers have been trained, with 81% choosing to carry naloxone afterwards (carrying naloxone is voluntary)
* There have been 42 incidents where naloxone was used, in all cases the individual survived. There has been no evidence of negative effects from naloxone being administered by Police Scotland Officers.
* The uses have taken place in a range of public locations and to date there has been significant support from the public, especially where they have witnessed naloxone being administered. This has resulted in a number of members of the public contacting police to get a supply of naloxone themselves, these people are passed to the relevant partners for a supply. This would not be possible without the Lord Advocate’s statement of prosecution advice.
* Officers have come across overdoses on patrol, been flagged down by members of the public and even intervened to prevent a number of suicides.
* There have been 4 uses in police custody which, without naloxone, could have resulted in a death in custody. These were: in a drugs raid, in a public order siege, in the back of a police car and in a custody centre.
* There has always been a positive response from the ambulance service to NFOs throughout the pilot even in recent weeks.
* Officers, individuals in civilian roles and even whole divisions have been in contact to extend the provision to their area and 7 other UK forces are working closely with Police Scotland to replicate the project in their locality. There has also been international interest in the programme and many countries are awaiting the evaluation.

Prison officers having access to naloxone is a very important step in preventing drug related deaths on the prison estate however it is not only prison officers that should be apply to supply naloxone. The Taskforce is supporting a pilot peer to peer supply programme in prisons to enable trained peer mentors to supply naloxone to, and train their peers, ahead of liberation – a known time of high vulnerability to an overdose due to lack of drug tolerance.

In this project:

* Peers in prison operate under a naloxone competency framework which is being developed to allow the supply of nasal naloxone, by peers, to people in their cells the evening prior to release.
* Peers are being fully trained and supported in this role by NHS and SPS staff.
* By involving peers in this work we hope to increase the number of kits leaving prison in the possession of those who may be at risk of an overdose or witness an overdose where they could intervene.
* Mentors themselves report that their peers are responding well to these conversations, and are more likely to engage with them than with a prison officer.

In February 2020, Scottish Ambulance Service (SAS) initiated a pilot naloxone supply scheme from their Springburn facility, covering most of NHS Greater Glasgow and Clyde, and parts of NHS Lanarkshire. This pilot has now been expanded to include all paramedics in Springburn, as well as in Dundee, Aberdeen, Edinburgh, Borders, Falkirk, Stirling, and Greenock.

Through this project:

* Over 75% of ambulance clinicians in Scotland are now trained to supply Take Home Naloxone to anyone at risk of experiencing or witnessing an overdose.
* Monthly figures of distribution have been continually on the rise since the pilot phase of the programme, most recently peaking at 100 kits per month.
* Over 500 kits have now been distributed by SAS to at risk individuals with 55% of patients identifying this is the first kit they have ever received. This illustrates the unique reach that SAS has with regards to distribution of THN into our most vulnerable communities.
* Ongoing internal developments now look to enhance clinician education on psychological trauma and stigma experienced by people who use drugs to further embed vital drug harm reduction provision as a key part of daily ambulance clinician practise.

# Risks of Naloxone

The national programme of naloxone in Scotland started in 2011 - in that time, a total of 93,966 THN kits have been supplied by the National Naloxone Programme. The bulk of the supplies in Scotland are Prenoxad (injectable naloxone). In that time, Taskforce members are not aware of any reports of adverse effects or of any inappropriate uses.

There is an important distinction between the drug itself and the form of administration. In terms of naloxone in and of itself, we are not aware of any incidences of harm from its administration since the expansion of roll-out in Scotland. Alcohol and Drug Partnerships and NHS Naloxone Leads across the country have been asked about harm by the Taskforce Chair with none being reported.

Some stakeholders have raised concerns about injectable naloxone – not regarding the risk of the drug but concerns about associations from needle based administration. Some families and people with living or lived experience would rather not have a needle in their home. For others, there are concerns that using a needle may be triggering, however, at the current stage these are anecdotal concerns rather than evidence based.

In the Police Scotland pilot project, there has been no evidence of negative effects from naloxone being administered by Police Scotland Officers and every individual given naloxone survived (it has been administered 42 times), therefore any risk is clearly outweighed by the potential lifesaving opportunities.

# Safeguards and Training

In Scotland, training is provided through Scottish Drugs Forum [online.](https://www.sdf.org.uk/what-we-do/reducing-harm/take-home-naloxone/naloxone-training/) All those requesting naloxone through the national click and collect service are asked to complete this training prior to receiving naloxone which has been sufficient for the majority of individuals. The online training by SDF can be accessed at any time by anyone with internet access making it easily expandable and scalable. This training covers both nasal and injectable naloxone. Organisations involved in pilots, like the police and peer mentors in prison, have delivered more in depth training. Detailed material is provided with each kit reminding people of the proper method for administration.

There have been no adverse incidents reported to date, and there is evidence that the naloxone provided has been used, both of which indicate that the training provided is sufficient and effective.

Other projects that aim to increase naloxone supply also provide training. As an example, SDF’s peer naloxone project in prison includes this – training for the peer mentors who then provide training to fellow prisoners ahead of their liberation. Some specialist trained community pharmacies also supply naloxone and provide training, under a supplementary or independent prescribing arrangement. This has been the case for some years and, again, there have been no known adverse events reported.

In Scotland all areas have well established local face to face and online training modules available in addition to the SDF national ones. Any training requirement is not a barrier to increased accessibility in Scotland.

Organisations register with the Scottish Government if they are providing naloxone under the Lord Advocate’s statement of prosecution policy changes, however if naloxone was reclassified this would no longer be necessary, removing bureaucracy and enabling more people to have access to naloxone.

The distribution of naloxone is monitored by Public Health Scotland. This information has been useful however it has been noted that use of naloxone could be better recorded and the Taskforce will be making further recommendations on this in due course.