



Naloxone in homelessness services

Using naloxone as part of a wider
harm reduction approach.

December 2015

Contents

- 1) Introduction
- 2) What is an overdose?
- 3) What is naloxone
- 4) How can homelessness services use naloxone to save lives?
- 5) Naloxone supply, storage and use
 - a. Obtaining naloxone
 - b. The case for increased availability
 - c. Storing naloxone
 - d. Using naloxone
 - e. How does naloxone work
 - f. Does naloxone increase risk?
- 6) Training for staff and residents
- 7) Introducing naloxone in homelessness services
 - a. Hostel culture
 - b. Local policy and procedures
 - c. Local Networks
 - d. Recording and reporting
- 8) References
 - a. Further reading

Produced by

The Innovation and Good Practice Team

Acknowledgements

With thanks to Naloxone Action Group England, Society of St James, Martindale Pharma, Cosgarne Hall, Norfolk Recovery Partnership, Scottish Drugs Forum, St Mungo's Broadway, Brighton & Hove DAAT, DCLG, guidance sounding board.

Published

December 2015

Available online at

www.homeless.org.uk/naloxone

Introduction

This guidance aims to give managers in accommodation-based homelessness services (referred to as 'hostels' below) a framework to implement good practice around using naloxone as part of a wider harm reduction approach. We believe this will reduce the number of lives unnecessarily lost to heroin and other opioid overdose. This is especially relevant given that homelessness is understood to increase the risk of opioid use. ^[9]

Provision of naloxone is an evidence-based intervention that can save lives. Incorporating naloxone into homelessness services encourages drug users to engage with treatment services and helps to keep them alive until they are in recovery. It is important to remember that the intervention is not just about providing naloxone: training people to recognise the signs of overdose and how to respond appropriately are key steps in reducing drug-related deaths.

There are no legally set protocols on the storage and use of naloxone within homelessness services. This guidance was written following the updated national protocols on 1st October 2015 and in light of our work with the Naloxone Action Group England.

What is an overdose?

The signs and symptoms of an opioid overdose are:^[1]

- Pinpoint pupils (indicates opioid use)
- Pale skin colour
- Bluish tinge to lips, tip of nose, eye bags, fingertips or nails
- No response to noise (where the helper 'shouts' at the casualty and gets no response)
- No response to touch (shoulder shake)
- Loss of consciousness i.e. the suspected overdose casualty cannot be woken
- Breathing problems
 - Slow/shallow or infrequent breaths
 - Snoring/rasping sounds
 - Not breathing at all

When someone has overdosed they can look and sound like they are asleep. Always check when you hear snoring that the person is actually asleep and not in an overdose situation. Snoring/rasping can be an indication of breathing difficulties. The time gap between a person taking (e.g. injecting) drugs and slipping into an overdose and can vary from a few minutes to several hours.^[1]

Staff or residents in homelessness services might find someone has overdosed in time to save their life.

What is naloxone and why is it important?

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates/opioids, such as methadone and morphine (referred to as 'opioids' below). Naloxone temporarily reverses the main life-threatening effect of these drugs, which is the slowing and stopping of breathing, therefore providing more time for an ambulance to be called and treatment to be administered.

Drug related deaths are on the up. In England and Wales between 2010 and 2014, opiates featured in 53% of all drug related deaths. Heroin and morphine-related deaths increased by almost two-thirds between 2012 and 2014, contributing to the highest level of mortality rates from drug poisoning since comparable records began in 1983.^[2] For the homelessness sector, this issue is even more acute: in our 2014 national health audit of people experiencing homelessness, 30% of respondents had used heroin in the last month (compared to 1% in the general population).^[3]

Providing naloxone is not considered the solution to drug related deaths. However, it is an important intervention, among a range of available treatment and support provided drug services.^[8] Naloxone is safe, cost effective and, most importantly, saves lives. There is a broad consensus among health and substance misuse professionals that naloxone should be freely available to all opioid users and those around them, in both in a personal and professional capacity, that may be first to the scene of an overdose. It is a recommendation of the World Health Organization and is included on their Model List of Essential Medicines.^[4] In 2012, The Advisory Council on the Misuse of Drugs (ACMD) recommended that 'take home' naloxone should be made more widely available.^[5]

'Take home' naloxone is where naloxone is issued by a prescriber or someone within a recognised drug treatment service (referred to 'drug services' below) in order to be used in an emergency situation. This includes current or previous opioid users, as well as their family members, carers, peers and friends.

On 1st October 2015, new regulations came into force which allows for naloxone to be made more widely available.

How can homelessness services use naloxone to save lives?

Before 1st October 2015, 'take-home naloxone' has been available in participating local authorities by prescription, usually from a drug service or a GP, or through other specific arrangements allowing supply from other healthcare professionals such as homeless healthcare teams. It has also been provided directly to family members, carers, peers and friends. In this guidance we refer to this simply as naloxone.

It is important to note that in an emergency situation anyone can use naloxone to save a life, whatever the source. This remains the case under the new legislation.

From 1st October 2015, new legislation came into force which brings about three key changes:^[6]

1) Naloxone can now be supplied by drug services without a prescription.

Naloxone cannot be sold over the counter. It remains a prescription only medicine (POM) but one that is exempted from the POM requirements under specified circumstances, i.e. when being supplied by a drug treatment service to an individual for the purpose of saving life in an emergency. This allows drug service workers to supply naloxone without a prescription.

2) Naloxone can now be supplied to a wider group of people

This includes a named member of staff in hostel settings or any named individual working in an environment where opioid overdose is considered a risk. Naloxone would then be stored in different settings such as homelessness hostels in order to be used in an emergency.

What the regulations do not do is allow homelessness staff to dispense naloxone in the same way as treatment services i.e. to supply users, friends etc. to use in the event of an emergency. So although hostel staff can use naloxone in an emergency situation they cannot supply it to residents under the new legislation.

3) Naloxone can be supplied without the express permission of the person using opioids

Under the new regulations, where permission from the opioid user cannot be sought or obtained it is permitted to provide naloxone to a family member or friend without the express permission of the person who is using the heroin/opioid, as long as it is being supplied by the drug treatment service in order for the family member or friend to be able to use it to save life in an emergency.

Naloxone supply, storage and use

Obtaining naloxone

Generally speaking, where naloxone is available it is funded locally from the substance misuse commissioning team as part of funding provided to drug services. Homelessness services will be supplied naloxone from a recognised local drug service. Some local authorities do not currently fund naloxone.

If you have naloxone provision in your region but it is not yet supplied to your service, your local drug service is a good place to start. Contact the local drug service to discuss arrangements for starting naloxone supply and accessing associated training for staff and residents. We recommend that drug service outreach workers hold regular sessions at the hostel to allow better access to drug treatment, especially for treatment resistant residents, to allow a regular replenishment of naloxone and to deliver training and review incidents and practice.

Depending on local relationships and pre-existing arrangements, this might be an informal arrangement, or homelessness services could enter into a service level agreement with the local drug service.

Residents engaging with a drug service providing naloxone should continue to receive a supply from their treatment key worker or prescriber. Engagement in wider drug treatment remains the utmost priority alongside naloxone availability. A wider recovery-based programme, which may include an opioid substitute, is vital to help residents move away from dangerous opioid use.

For individuals not currently engaged with a drug service or whose engagement is infrequent, you may have access to a homeless healthcare provider that offers Naloxone training and issues Naloxone kits to those at risk.

The case for increased availability

Research from the USA found that naloxone distribution was cost-effective in all senses and it was cost-saving if it resulted in fewer overdoses or uses of emergency medical services. However, it is very difficult to carry out definitive research to prove that widening the availability of naloxone is cost effective, not least because of the scale of the studies that would be needed.^[5]

However, there is an overwhelming consensus amongst Public Health England, the Advisory Council on the Misuse of Drugs (ACMD) and national drug service providers, to name but a few, that widening the availability of naloxone increases the potential impact for saving lives and in turn reducing drug-related deaths. Naloxone has the potential to reduce incidence of life-changing consequences of surviving opioid overdoses, such as neurological damage.

If you do not have naloxone availability in your area, contact your local drug service and work with them to see whether, with the support of commissioners, a naloxone programme can be started. If you are funded by the local authority you could also raise this with your commissioning team. There may already be a local strategic group looking at harm reduction or drug related deaths where you can raise the issue of naloxone availability.

You'll find some useful resources in our [Local Influencing Toolkit](#) to help you make the case and evidence the need for naloxone supply in your area.

Storing naloxone

When naloxone is supplied by a drug service to an opioid user, the recipient should be encouraged to carry naloxone with them. In accommodation-based homelessness services (referred to as 'hostels' below), it is advised that residents keep another supply of naloxone in a specific and identifiable place in their room, helping them and others to find it in an emergency. This place could be standardised in all rooms, for example, pinned to a notice board in a plastic sleeve.

In terms of naloxone supplied to hostel staff, the decision on how many naloxone kits to hold should be discussed with the supplying drug service and based on factors such as the number of opioid using residents. The supply should be kept in an easily identifiable place, such as behind the reception desk. Some services keep it beside their first aid kit. In most cases it will not be necessary for staff to carry a naloxone supply on their person.

The naloxone kit comes in a plastic container with tamper evident seals. These should not be broken except in an emergency.^[8]

The most important thing to note is that it should not be locked away. Every staff member should know where it is and have easy access to it in the event of an overdose.

Naloxone should be stored away from strong light in a cool dry place (although not refrigerated). The injection will have a shelf life and should be replaced as it approaches its expiry date. It should, of course, be kept out of reach of children.

Using naloxone

The most common Naloxone products are administered via an 'intramuscular' injection, usually into the outer thigh or upper arm muscle, through clothing if necessary.^[1] This type of injection should be clearly differentiated from 'intravenous' injections, where a needle is inserted into a vein.

A number of products are licensed for use in reversing opioid overdose, although only one product, Prenoxad Injection, currently has a licence that specifies use in community settings, such as in homelessness services. Prenoxad Injection comes in a pre-filled syringe containing five 400-microgram doses.

How does naloxone work?

Naloxone is a short acting medicine, and many of the opioid drugs often involved in overdoses last much longer in the body. This means that even following the administration of naloxone it is possible for the casualty to slip back into overdose. This is why it is essential to still seek medical help even if the casualty appears to be fully conscious/awake and breathing normally after naloxone administration.

Naloxone has no psychoactive properties itself, and it therefore has no intoxicating effects or potential for dependence.

Administering naloxone to someone who has overdosed may put them into instant withdrawal (otherwise known as 'acute withdrawal syndrome'). This is more likely if a large initial dose is given. This can have both unpleasant and potentially serious effects. Physical effects include vomiting, agitation, shivering, sweating, tremor and a rapid heart rate.

In these cases, as the effects of the opioid have been abruptly stopped this might annoy and disappoint the person using drugs. This can lead to seeking to use again, aggression and a refusal to accept further

Homeless Link

treatment (i.e. refusal to go in an ambulance or to stay in hospital). For these reasons, and to guard against the person slipping back into overdose, a person should not be left alone before the ambulance arrives.

Naloxone has no effect on other drugs taken, so if the person used another substance or has been drinking alcohol they will still feel the effects of it.

Take time to reassure all potential users of naloxone that if the casualty has not in fact overdosed on opioids (e.g. has had a heart attack, stroke, seizure), administering naloxone will likely do no harm.

Like other medicines, naloxone can cause side effects in some individuals. These should be discussed in the training.

Does naloxone increase risk?

Some people have expressed concerns that significantly increasing naloxone provision may encourage increased drug use or riskier drug use, with residents potentially viewing naloxone as a safety net. However, surveys of people who use opioids suggest that widening the availability of naloxone does not encourage overdose or risky behaviours. As naloxone can in some cases induce rapid and unpleasant withdrawal from opioid drugs, it is something that people using these drugs are likely to be keen to avoid.

When the ACMD reviewed the evidence ^[7], it made the following statements:

- Recent US evidence does not support the claim that naloxone provision could encourage increased or riskier drug use.
- There is a considerable body of published evidence, mostly from the UK and Australia, to suggest people would not use more heroin if naloxone was available.
- Participants in naloxone programmes have been found to have an “increase in self-efficacy and more insight in relation to personal safety and health”. Users would not wish to induce unpleasant withdrawal symptoms, and the availability of naloxone does not promote “a false sense of security” leading to an increase in heroin use.

Some people are concerned about the risk of the naloxone kit being used to inject illegal drugs. Injecting equipment is already freely and widely available from needle and syringe exchanges, primarily to prevent the spread of blood borne viruses, for which purpose the use of ‘clean’ needles and syringes is clearly recommended. It is recommended that anyone in need of such equipment should be directed to their local needle and syringe exchange so that they don’t try to use needles and syringes provided for naloxone that are less suitable and may cause health problems, such as damaging veins, if used repeatedly.

Some staff may feel uncomfortable about delivering a first aid intervention, such as naloxone. It is the responsibility of managers to ensure that staff have the appropriate level of information and training in order to feel confident in its use and an understanding of its importance. This is a discussion that would typically be raised in a supervisory setting. There should be at least one staff member trained to use naloxone on any given shift.

Training for staff and residents

The supply of naloxone alone is not sufficient to prevent drug-related deaths. Training residents, peers, volunteers and staff in how to recognise and respond appropriately to a suspected opioid overdose is just as important.

Training clarifies the causes of overdose and dispels myths about how to respond when someone overdoses, and leaves people more willing to intervene. There are four key aspects to the training:

1. Risk factors for opioid overdose
2. How to recognise the signs and symptoms of opioid overdose
3. How to respond on discovering a suspected opioid overdose, including practical instruction in the assembly of the naloxone product and injection
4. The recovery position

Naloxone training is often provided by the local drug service and takes approximately 30 minutes. It may take place in a one-to-one setting or be delivered to a group.

The training will be aligned to your local arrangements and provision, with information specific to your local area. It's important that all staff working with opioid users know how to administer naloxone in the event of an emergency.

You can ask the drug service to deliver an initial group session to the staff team. Some services invite residents to join staff for the session. This will help to lead into team discussions around implementation and reviewing practice within the specific setting. Following an initial session, new members of staff could receive group or 1-2-1 sessions as part of their induction or a refresher training for existing staff as part of their personal development plan.

Nominated staff could receive 'train the trainer' training to be able to cascade information to others, including those not engaged with drug treatment. Again, this should be discussed with your local drug service.

If you have a local service user group or peer volunteers, consider getting them involved as peer trainers. This can be particularly effective in sharing information among residents.

Basic first aid training should also be made available to all hostel residents and staff. This will complement the naloxone training and give the appropriate information needed to react in an emergency situation.

Pass the message on: Training is short, anyone can do it and you could save a life.

Introducing naloxone in homelessness services

Hostel culture

The culture in a hostel is shaped by organisational policies and procedures, management and staff and other environmental factors. Developing a 'no blame' culture in hostels, with [high tolerance policies](#) towards on and off site drug use will impact on engaging residents in harm reducing initiatives like naloxone.

Overdoses often take place behind closed doors, out of view of staff and volunteers. It may not be clear to those present if the person has overdosed or not, especially if other people are also intoxicated and/or have not completed the training. Users and others present may not want to get into trouble or may be embarrassed about what has happened.

Conversations in one-to-one sessions with staff, group sessions, informal conversations, posters in the hostel (see [example PDF](#)), drug-tolerant policies and procedures, will all contribute to creating an open, harm reducing environment. It's important that residents feel comfortable and safe in alerting the appropriate person that someone may have overdosed.

Local Policies and Procedures

Local policies and procedures can provide a framework for creating a safe and open culture, supporting harm reduction and preventing drug related deaths. Policies and procedures such as [drug use](#) and [evictions](#) can be an important part of this: making clear that residents should feel comfortable talking to staff about their drug use and raising the alert if they have concerns that someone has overdosed, without the fear of punitive measures or putting their or other tenancy at risk.

Hostels should have procedures in place for the procurement, storage, administration and disposal of naloxone supplies. The service should ensure a needle stick injury policy is in place. In light of the regulation changes in 1st October 2015 allowing hostel staff to be supplied naloxone, policies relating to the wider storage and handling of medications may also need to be reviewed.

Local networks

If naloxone is already available in your area, your local drug treatment service should already be liaising with a wide local network in order to make them aware that people will be carrying naloxone, the reason why and that people are trained to use it. The hostel manager should speak to the drug service manager to see if anyone needs to be informed about the hostel's intention to provide, or that you are providing, naloxone.

This may include -

- The police
- Local ambulance service clinical lead
- Needle exchanges
- The local coroner (they may be interested in new efforts to prevent future deaths)
- Local hostel managers
- Other services in your organisation
- Friends, family, carers of residents (with the permission of the resident)

Homeless Link

You may also want to see about participating in local strategic groups looking at harm reduction, recovery practice and drug related deaths.

Recording and reporting

Speak to your local drug service for guidance on local recording and reporting arrangements.

Overdose prevention, management and use of naloxone should be a standard part of each resident's service introduction, initial assessment, support plan and review.

Keep up-to-date records of staff and residents who have completed naloxone training, are prescribed naloxone (with batch number and expiry date) and willing to be called in case of another resident's overdose. This could be kept on a central database and feature as part of individual resident's risk assessment and risk management strategies. You should record information on where individuals keep their naloxone, if not in a standardised place for each resident.

Where an incident involving an overdose has occurred, an incident form should be completed with a summary of the situation and outcome. The supplying drug service may also want to keep a record of this and review upon re-supply or other regular points. Incidents should be reviewed soon after by the manager and staff team to see what worked well and any learning to inform future practice.

References

1. Prenoxad Injection (2013): Training Manual
http://www.prenoxadinjection.com/downloads/training_guide.pdf
2. ONS (2015): Deaths related to drug poisoning in England and Wales, 2014 registrations
<http://www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/england-and-wales---2014/deaths-related-to-drug-poisoning-in-england-and-wales--2014-registrations.html>
3. Homeless Link (2014): Health audit results
<http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>
4. World Health Organization (2015) Model List of Essential Medicines
http://www.who.int/selection_medicines/committees/expert/20/EML_2015_FINAL_amended_AUG2015.pdf?ua=1
5. Public Health England (2015): Take-home naloxone for opioid overdose in people who use drugs
<http://www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdosefeb2015rev.pdf>
6. Gov.uk guidance (2015): Widening the availability of Naloxone
<https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>
7. ACMD (2012): Considerations of Naloxone
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/119120/consideration-of-naloxone.pdf
8. Scottish Care Inspectorate(2013): Health Guidance: National Naloxone Programme
<http://www.careinspectorate.com/images/documents/1367/Naloxone%20guidance%20Aug%202013%20V2.pdf>
9. Kerr, T., Fairburn, N., Tyndall, M., Marsh, D., Li, K., Montaner, J. and Wood, E. (2007): Predictors of Non-fatal Overdose Among a Cohort of Polysubstance-using Injection Drug Users. Drug and Alcohol Dependence 87(1) pp.39-45.

Further reading

1. Public Health England (2015): Take-home naloxone from October 2015
www.nta.nhs.uk/uploads/naloxonesupplyafteroctober2015.ppt
2. SMMGP e-Learning (2014): Naloxone Saves Lives
<http://www.smmgp-elearning.org.uk/>

Homeless Link

3. An open letter from Professor John Strang (2015), chair of the clinical guidelines update working group: Naloxone – preliminary advice from the working group updating Drug Misuse and Dependence: UK Guidelines on Clinical Management
<http://www.nta.nhs.uk/uploads/chairsletter-naloxone-22july2015.pdf>
4. Bereaved through substance use (2015): Guidelines for those whose work brings them into contact with adults bereaved after a drug or alcohol-related death
<http://www.bath.ac.uk/cdas/documents/bereaved-through-substance-use.pdf>



What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

Let's end homelessness together

Homeless Link
Gateway House, Milverton Street
London SE11 4AP

020 7840 4430

www.homeless.org.uk

Twitter: @Homelesslink

Facebook: www.facebook.com/homelesslink

© Homeless Link 2014. All rights reserved.
Homeless Link is a charity no. 1089173 and
a company no. 04313826.