NHS
North East London
Clinical Commissioning Group

Emergency use of Naloxone (Prenoxad®) Injection solution

Background

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine and fentanyl). The main life-threatening effect of heroin and other opiates is to slow down and stop breathing. Naloxone blocks this effect and reverses the breathing difficulties. It is short-acting and an immediate 999 ambulance call is essential to follow up.

Opiate users can access naloxone provision from Local Authority commissioned substance misuse and associated services which can dispense prepacks and provide advice. Each substance misuse adult treatment service contract in Tower Hamlets, Newham and Hackney (2021) is held by Change Grow Live (CGL). Opiate/opioid users and those on opiate substitution treatment are offered supplies as part of structured treatment, and through needle exchanges and hostels, which support people not regularly in treatment.

Most people with problem opiate use who are able to access naloxone from local authority commissioned drug treatment services are known opiate users attending treatment services or homeless/hostel dwellers. This includes people in shared care with general practice for opiate substitute treatment

However, there are situations where there is a potential risk of opioid or opiate overdose but for some reason patient is not able to get it from the drug service, might not be engaging with it, have difficulties with accessing the service eg due to Covid or other short or long term disability, or the patient may be taking prescription opiates/opioids in high and variable doses, for example for chronic pain, and be at risk of toxicity. Naloxone is rarely appropriate in palliative care because of the withdrawal symptoms.

This summary guidance details emergency prescribing only and does not replace need for ambulance and local authority commissioned service dispensing of naloxone, Currently (2021) naloxone pre-loaded pack (Prenoxad) is the formulation for use in in community settings. It comes in a pre-filled syringe containing 400-microgram doses.

Indication

Naloxone Injection (Prenoxad) is intended for emergency use in the home or other non-medical setting by appropriate individuals or in a health facility setting for the complete or partial reversal of respiratory depression induced by opiates or opioids**.**
It is also an essential item in general practice resuscitation kits for unconsciousness where overdose is suspected,

Patient inclusion/selection criteria

1. People with problem opiate or opioid use either prescribed or illicit who are not currently able to access naloxone promptly from a Borough Commissioned Substance Misuse Service /hostel and homeless provision.
2. Suitable patients prescribed high dose opiates/opioids in primary care (e.g., those with a history of accidental or deliberate overdose or other risk factors).
3. People who require a replacement (expired product), who are unable to obtain this from local drug services. (e.g., due to the Covid-19 pandemic).

Where known, engage with families and friends as 75% of overdoses occur in the presence of someone else who administers the naloxone.

The following patents may be at **higher risk**:

- Injecting opioids (although smoking opioids is a known risk)
- Longer-term / older users who may also have health conditions eg COPD, CVD, and complacency (it is known that most deaths are related to men aged 40 – 49)
- History of overdose, especially in past month.
- Mixing drugs – especially heroin, benzodiazepines, alcohol, methadone, gabapentinoids (as these are respiratory depressants and affect breathing)
- Variable purity and strength of street drugs, changing dealer can present higher risks
- Variable strength opioids as some are very potent e.g. fentanyl is estimated to be 100 times more potent than morphine, while carfentanil is estimated to be 10,000 times more potent than morphine. As a point of reference, heroin is 4-5 times more potent than morphine.
- Loss of tolerance – in particular-
- Patient who may have:
    - recently left prison (risks of fatal overdose is known to be eight times higher in first 2 weeks of leaving prison than in following 10 week
    - experienced a relapse after leaving detoxification, rehabilitation or hospital.
- Beginning/ending substitute medication

Please note, If you are made aware of suspected high prevalence of Fentanyl or other related analogues within your local area, please contact the local commissioned service (currently naloxone.info@cgl.org.uk so that the CGL central team can support with possible next steps and keep abreast of the national picture.
Government advice on prescribed drugs can be accessed below
https://www.gov.uk/drug-safety-update/opioids-risk-of-dependence-and-addiction

Exclusions:

- Most people with problem opiate use who are able to access naloxone via the local authority commissioned drug service (currently CGL in 2021), hostels etc.
- Palliative Care Patients on high dose opiates/opioids if no clinically strong indication to avoid withdrawal pain.

Dose and frequency of treatment:

400 micrograms or 0.4ml of Naloxone [Prenoxad®] Injection solution by intramuscular injection into the outer thigh or muscles of the upper arm as part of the resuscitation intervention. The dose of 0.4ml can be repeated every 2-3 minutes in subsequent resuscitation cycles until an effect is noted or the ambulance arrives.

Prescribing responsibilities in General Practice

GP or non-medical prescriber from the practice will prescribe in emergency use only after clinical assessment conducted when patient presents to them.

Risks of giving too much

Total available naloxone in a community overdose situation before an ambulance arrives is unlikely to exceed 2mg (five 400 microgram doses), which is the amount at which the BNF recommends the diagnosis of opiate overdose should be reviewed

Acute withdrawal syndrome from opioids can have both unpleasant and potentially serious effects. Physical effects such as vomiting, agitation, shivering, sweating, tremor and tachycardia are unpleasant, and may lead to aggression and a refusal to accept further treatment (i.e. refusal to go in ambulance or to stay in hospital). Furthermore, life threatening withdrawal reactions may also occur in as many as 1% of cases of naloxone administration, with the potential to cause a sympathetic excess and resultant pulmonary oedema and ventricular arrhythmia.

Precautions

Pregnancy and pre-existing cardiovascular disease are listed as precautions for naloxone use but it is unlikely that this information would be available in the event of overdose.

Training

The prescriber from the practice will check that patient/carers/family members/significant others have received minimum level of training in how to assemble and use the Prenoxad pre-filled product for emergency use.

Training should cover the identification of overdose and how to then respond to overdose. This should cover first calling an ambulance.

Where a naloxone product is prescribed from the practice, a minimum level of training in how to assemble and use that product should be given.

People being trained in how to respond to opiate overdose, including using any available naloxone, should, after training, be able to demonstrate an understanding of the following:

- How to identify a suspected opiate overdose
- When to call 999
- Rescue breathing, cardiopulmonary resuscitation (CPR) and the recovery position: may signpost to resources and training materials.
- Basic knowledge of what naloxone is, what it does, what it can't do, its short acting nature
- When to administer naloxone
- How to administer naloxone:
- The importance of staying with a patient

For training purposes, you can refer to this video on how to administer: Click here

You can also contact your local commissioned drug service (CGL 2021) who can support and provide training – please refer to section on contact details.

http://www.prenoxadinjection.com/hcp/how-to.html (web videos available 2021)

Communication

The substance misuse service should share pathway and care plan including naloxone (Prenoxad) provision and training should be shared with the GP practice

Any emergency prescribing of Naloxone (Prenoxad) from the practice should be communicated to CGL where patient known to them or make a referral to the service if this is a new patient.

Local authority commissioned local substance misuse service (CGL) contacts

Borough	Telephone number	E-mail
Waltham Forest	0203 826 9600	cgl.walthamforest@cgl.org.uk
Newham NEWHAM RISE (CGL)	0800 652 3879	
Tower Hamlets RESET treatment & recovery service (CGL)	0203 889 9510	Resettreatment.th@cgl.cjsm.net (confidential email)

NB nhs,net to cgl.org.uk is not encryptedcommunication of patient details to CGL drug services should use encryption, eg EGRESS or and email with cgl.cjsm.net in it

Young people's drug and alcohol services are separately commissioned.

Waltham Forest Young people 0203 404 1098
Email walthamforestyp@cgl.org.uk

Newham Young People's Substance Misuse Service: 07741 196 424
Email NewhamYP@cgl.org.uk

Tower Hamlets SAFE EAST: 0203 954 0091
Email compass.towerhamletsyphws@nhs.net

DOCUMENT CONTROL

Guidelines: Emergency use of Naloxone (Prenoxad®) Injection solution		
Version number: 2.0	**Replaces (if applicable):**	
Author(s)/Originator(s): (please state author name and department)		
Name	**Position**	**Organisation**
Wajid Qureshi	Senior Transformation Manager – Medicines Optimisation	NEL CCG, TNW ICP
Dr Anna Livingstone	GP	Tower Hamlets Clinical Lead, Substance Misuse and Alcohol, Tower Hamlets GP Care Group
Dezlee Dennis	Commissioning Manager	Drug & Alcohol Action Team, Tower Hamlets
Tiana St Hilaire	Harm Reduction Lead	Waltham Forest Drug & Alcohol Service
Laura Davidson	Public Health Strategist – Substance Misuse	Waltham Forest Council
Jonathan Williams	CGL Cluster Lead Nurse	Southwark and Waltham Forest
Mark Soorjoo	Opiate and non Opiate Team Leader	CGL Newham Rise

Approved by:

TNW Medicines Optimisation Board
22nd Sept 2021

Review by:

Sept 2023 (unless need to review sooner due to change in clinical evidence and guidance)