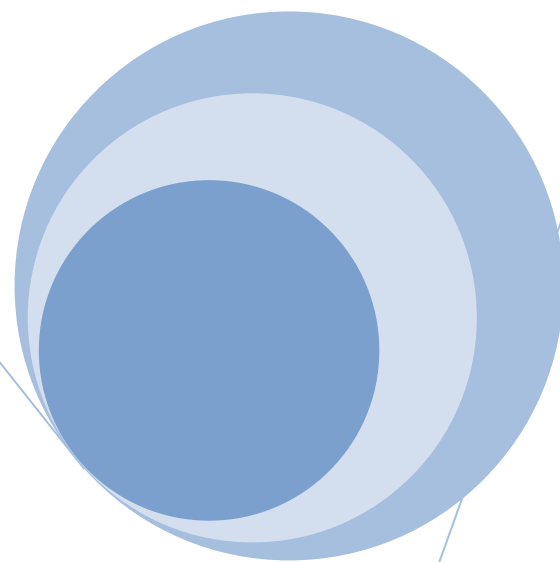




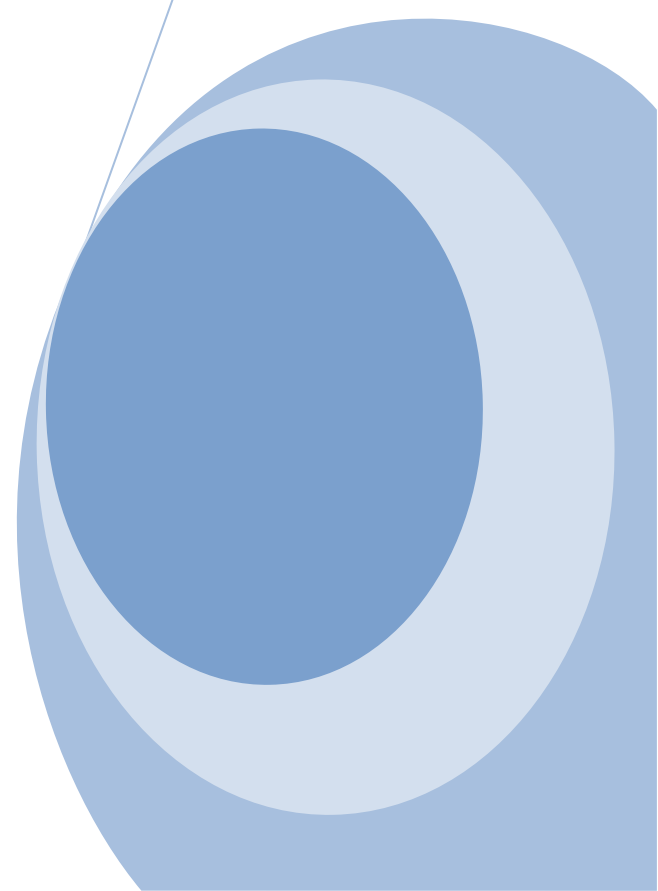
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SUBSTANCE MISUSE PROGRAMME



Harm Reduction Database Wales: Take Home Naloxone 2014-15



About Public Health Wales

Public Health Wales exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities.

The Substance Misuse Programme works to address both the current and emerging public health threats in Wales and in line with the overarching strategic objective to **'reduce health inequalities, and prevent or reduce communicable and non-communicable disease, wider harms and premature death related to drugs and alcohol'**.

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HARM REDUCTION DATABASE WALES – TAKE HOME NALOXONE

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I Executive Summary

The supply of 'Take Home Naloxone' (THN) was initiated (pilot project) in 2009 as a harm reduction tool used to prevent fatal opioid poisonings, and has since been fully implemented across all health boards in Wales. This report provides data on the training and provision of THN kits from 42 registries across Wales recorded on the Harm Reduction Database Wales (HRD) during the period 1st April 2014 to 31st March 2015. See *Appendix 1 & 2* for further information and links to previous reports.

Key findings:

- Since 1st July 2009 7,364 THN kits have been issued to 3,793 unique individuals in Wales – this includes 4,521 kits to new individuals and 2,843 kits as re-supply following the use, loss, or expiry of previous kits.
- A total of 2,785 THN kits were issued (supplied and re-supplied) in Wales during 2014-15 – an increase of 55 per cent from the previous year.
- During 2014-15, 856 new individuals were supplied THN and 602 existing service users were re-supplied.

THN used in fatal/non-fatal drug poisoning events:

- Since 1st July 2009 THN has reportedly been used during 632 drug poisoning events.
- THN was reportedly used in 257 drug poisoning events during 2014-15. The outcome was reported for 239 of uses, of which two fatalities occurred.
- In nearly 90 per cent of cases THN was administered to a third party rather than the owner of the kit, and 55 per cent of all reported drug poisoning events occurred within a private residence.
- Follow-on care (ambulance) was requested and provided in 58 per cent of all cases where THN was used in a drug poisoning event. This was a slight decline on the previous year.
- The demographic profile of those individuals who had used THN included; living in non-secure accommodation, poly-drug use, and having experienced at least previous one non-fatal drug poisoning.

New client demographics (2014-15):

- Of those newly issued with THN (n=856) 27 per cent were female and 73 per cent male.
- The mean age for new clients receiving THN was 35 years and 5 months, ages ranged from 16-67. 11 per cent of THN kits were issued to 'young people' (under 25 years).
- Amongst the male client group, 20 per cent were issued THN from Welsh prisons. Overall distribution from within the prison estate increased by 10.3 per cent from the previous year.

Re-supply of THN:

- The number of kit re-supply events that took place in Wales within 2014-15 increased by 69 per cent on the previous year (n=907). 'Kit Lost' accounted for 51 per cent of reasons for re-supply. It is not possible to evidence whether some of these kits may have been used in opioid overdose events.

THN and fatal opioid poisoning prevention training:

- During 2014-15 nearly 1,458 individuals in Wales were trained in the administration of THN. 67 per cent had never been trained before.
- Nearly 98 per cent of individuals accessing training were service users.

Recommendations

1. In order to ensure optimal data quality, the following data items will become mandatory fields on the HRD: *Ethnicity*, *Housing Status*. Current HRD configuration does not enable items such as *Risk Behaviour* and *Non Fatal Poisoning History* to become mandatory fields, as such, service providers should ensure this information is routinely collected for every client receiving THN and associated training.
2. As part of the 'THN & fatal poisoning prevention training' providers should establish the reasons why follow-on care / ambulance assistance is not requested during a drug poisoning event in order to support the identification of potential barriers and methods of addressing them.
3. Following publication of new 'Guidance for Undertaking Fatal and Non-Fatal Drug Poisoning Reviews in Wales' (Welsh Government, 2014), APBs and service providers should ensure that all non-fatal opioid poisoning review cases where the individuals is identified as an opioid user are trained and provided with THN, and where appropriate training is offered to those identified as Family / Partner / Carers.
4. Saturation of THN distribution amongst the opioid using population has not yet been achieved; wider distribution of THN in the community is required especially via assertive outreach methods.
5. Public Health Wales and Welsh Government should explore the provision of THN via community pharmacy setting in order to increase provision to those who are not in contact with specialist substance misuse services.
6. Emphasis should be based upon the delivery of training to professionals, peers, and the family members of those at risk. Where training is provided service providers should ensure training completion logs are recorded as evidence on the HRD.

2 Data Quality

At present, demographic information gathered is incomplete across all Substance Misuse Area Planning Boards (APBs). *Table 1* provides the data completion rates across all seven APBs for demographic fields during the period 1st April 2014 – 31st March 2015. For all other demographic fields and data items the HRD has been configured to impose mandatory data recording prior to the completion of subsequent sections of the database.

Table 1: Percentage of completed demographic data for unique individuals supplied THN (N=1458) by APB (1st April 2014 – 31st March 2015)

	ABMU	Aneurin Bevan	BCU	Cardiff and Vale	Cwm Taf	Hywel Dda	Powys Teaching
Ethnicity	80% (n=452)	77% (n=170)	72% (n=126)	65% (n=202)	74% (n=35)	59% (n=63)	71% (n=25)
Housing Status	70% (n=394)	70% (n=155)	66% (n=115)	55% (n=171)	68% (n=32)	42% (n=45)	51% (n=18)
Risk Behaviour	71% (n=402)	66% (n=145)	74% (n=129)	67% (n=208)	66% (n=31)	81% (n=87)	14% (n=5)
Non Fatal Poisoning (Overdose) History	86% (n=484)	94% (n=206)	75% (n=132)	80% (n=246)	87% (n=41)	90% (n=96)	46% (n=16)

Recommendation 1

In order to ensure optimal data quality, the following data items will become mandatory fields on the HRD: *Ethnicity, Housing Status*. Current HRD configuration does not enable items such as *Risk Behaviour* and *Non Fatal Poisoning History* to become mandatory fields, as such service providers should ensure this information is routinely collected for every client receiving THN and associated training.

3 THN used in fatal/non-fatal drug poisoning events

THN was reported to have been used in 257 drug poisonings events Wales-wide between 1st April 2014 and 31st March 2015. The 257 kits were issued to 166 unique individuals, of whom 46 used THN during multiple poisoning events. Whilst the rate of reported THN use has increased year on year, use has remained proportionate to the increasing number of individuals in possession of THN (see *Chart 1*).

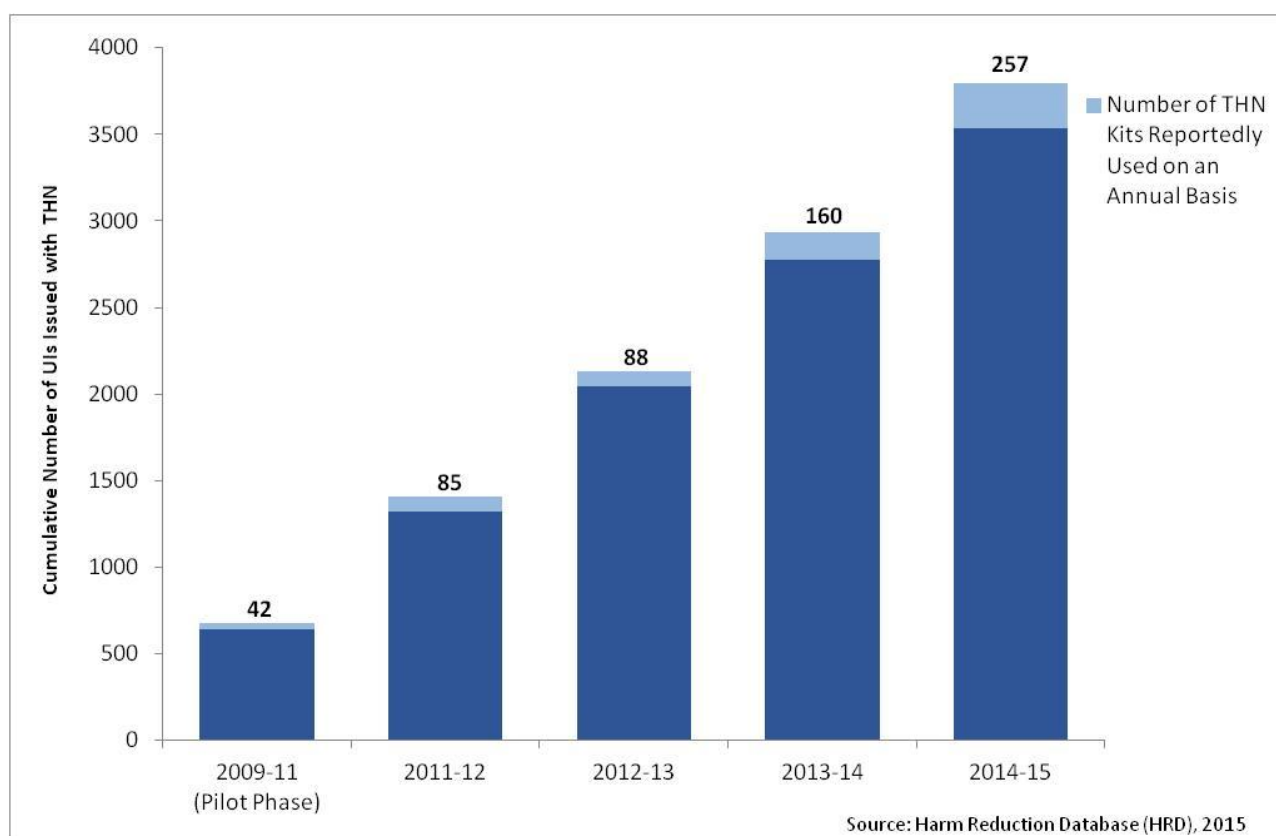


Chart 1: Annual number of THN kits reportedly used in opioid poisoning events and the cumulative total of unique individuals issued with THN by year 2009-2015

3.1 Outcome of poisoning

The outcome of a poisoning event was reported for 93 per cent (n=239) of cases where THN was used. Death occurred in <1 per cent (n=2) of cases in 2014-15. All kits used during these fatal poisonings were used within their expiry time period¹.

¹ THN has an expiration period of approximately 24 months post-manufacture

3.2 The recipient of THN

In 88.3 per cent (n=227) of reported cases THN was administered to a third party (friend, partner, family member). Therefore, where issued, THN was administered to the prescribed owner by another person in 11.7 per cent (n=30) of cases.

3.3 Location of opioid poisoning events

In order to reduce future fatal and non-fatal poisonings it is important to recognise and identify the common location of opioid poisoning events in order to better identify appropriate interventions and location of services. *Chart 2* indicates the location in which all 257 kits of THN were administered during drug poisoning events. In line with previous years the majority, 54.9 per cent (n=141), of all reported poisonings occurred within a private residence.

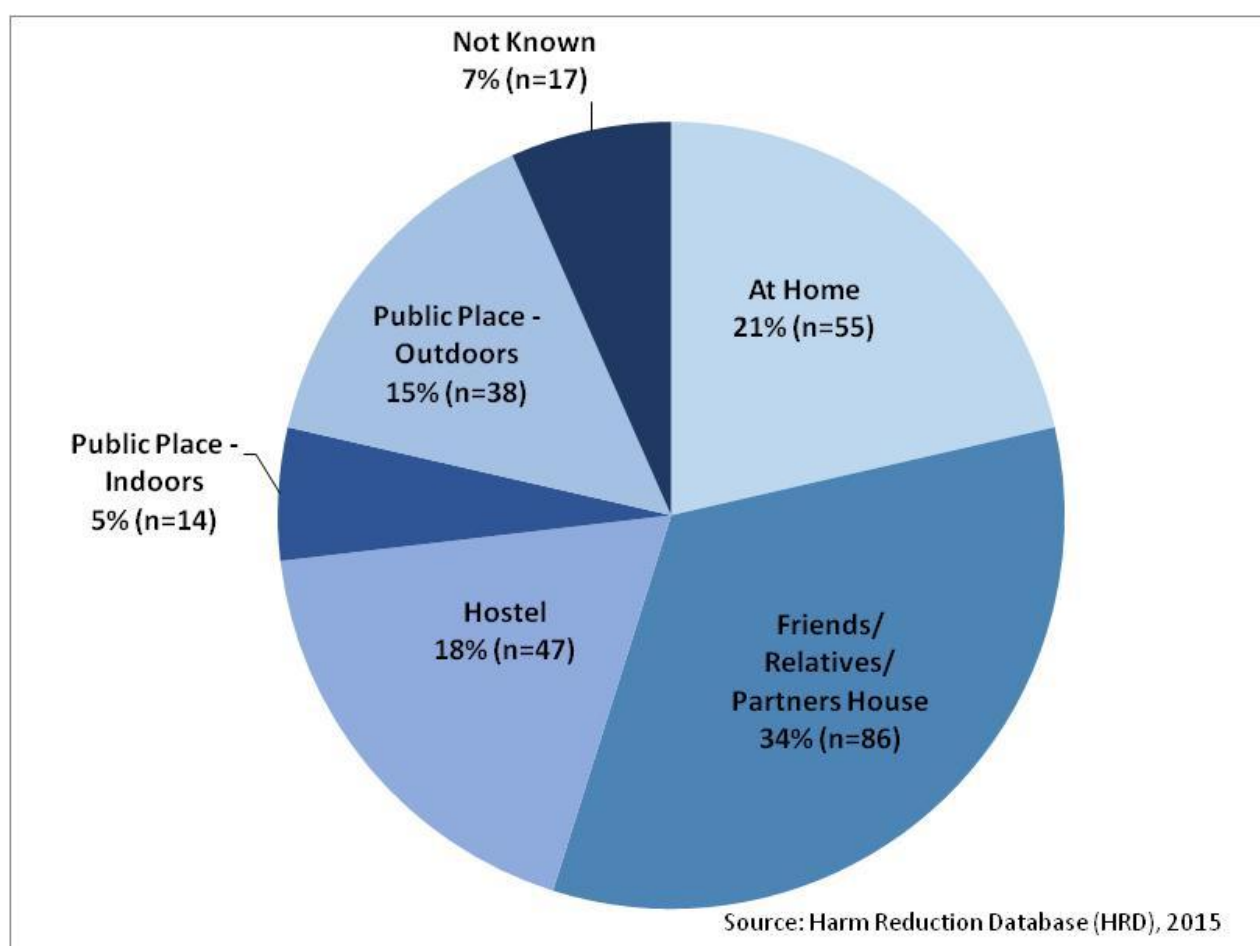


Chart 2: Location of opioid poisoning events 2014-15

3.4 Follow-on care

Of the 257 events where THN was used during a drug poisoning, paramedic teams were called in 57.6 per cent (n=148) of cases. This is a slight decrease on the previous year where in 2013-14 access to follow-on care was sought in 59.4 per cent of drug poisoning cases. Where paramedic assistance was requested 60.8 per cent (n=90) of individuals were taken to hospital, and the remaining 39.2 per cent (n=58) refused hospital admission.

Recommendation 2

As part of the 'THN & fatal poisoning prevention training' providers should establish the reasons why follow-on care / ambulance assistance is not requested during a drug poisoning event in order to support the identification of potential barriers and methods of addressing them.

3.5 Demographics

The following data refers to the unique individuals (n=166) whose THN kit was used during fatal/non-fatal opioid poisoning events. As indicated in *Section 3.2* nearly 90 percent of THN kits used in a poisoning event were administered to a third party. Therefore by understanding the demographic profile of those individuals whose kit has been used services are better equipped in identifying potential 'first-responders' who may prevent future death.

Gender profile

33.7 per cent (n=56) were female, and 66.3 per cent (n=110) male. This differs from the gender profile found in those presenting as new clients (see section 4.3 – *Demographics*), with greater representation of female clients reporting the use of THN.

Age profile

The mean age of those reporting kit uses was 34 years and 5 months, and ranged from 18-57 years. The most common age group was 30-34 years, accounting for 25.3 per cent (n=42) of all individuals. 8.4 per cent (n=14) of individuals were under the age of 25.

Ethnicity

Ethnicity was reported by 89.2 per cent of individuals whom had used THN during a drug poisoning event. Of which 95.9 per cent (n=142) were White Welsh or White British. For the remaining 4.1 per cent (n=6) ethnic groups included Black Caribbean, Mixed: White & Asian, Mixed: Other, and White Irish.

Housing status

Housing status was recorded for 83 per cent of individuals whom had used THN during a drug poisoning event. Of which over 64.5 per cent (n=89) of individuals lived in secure accommodation (see Table 2). The remaining 35.5 per cent were reported as living in non-secure / non fixed accommodation.

Table 2: Self-reported housing status of unique individuals who used THN during fatal/non-fatal opioid poisonings (1st April 2014 – 31st March 2015)

Housing Status	Total	% by housing type
Owner	3	64.5% in secure accommodation
Private rented	33	
Council rented	27	
Housing Association rented	8	
Live with family	18	
B & B	1	16.7% in non-secure accommodation
Hostel (inc probation)	19	
Live with friends	3	
NFA – Friends / Relatives House	7	18.8% with no fixed accommodation
NFA – Mixed	10	
NFA – Street Homeless	9	

When compared to the demographic profile of individuals newly issued with THN in 2014-15 (see section 4.3 – *Demographics of new clients*) we see an increase in representation of clients living in non-secure accommodation when use of THN is reported. This trend was also observed within the previous years data, see Chart 3. This may be indicative of the level of training, and exposure to THN awareness raising materials found within non-secure accommodation environments (such as hostels) where clients are routinely encouraged to present for resupply.

In addition, the data also suggests a slight decrease in representation of those individuals reporting no fixed accommodation from initial supply to reported use. This decline is likely to result from the challenges and difficulties faced in engaging and encouraging hard to reach groups in accessing existing harm reduction services, and as such further outreach initiatives are encouraged.

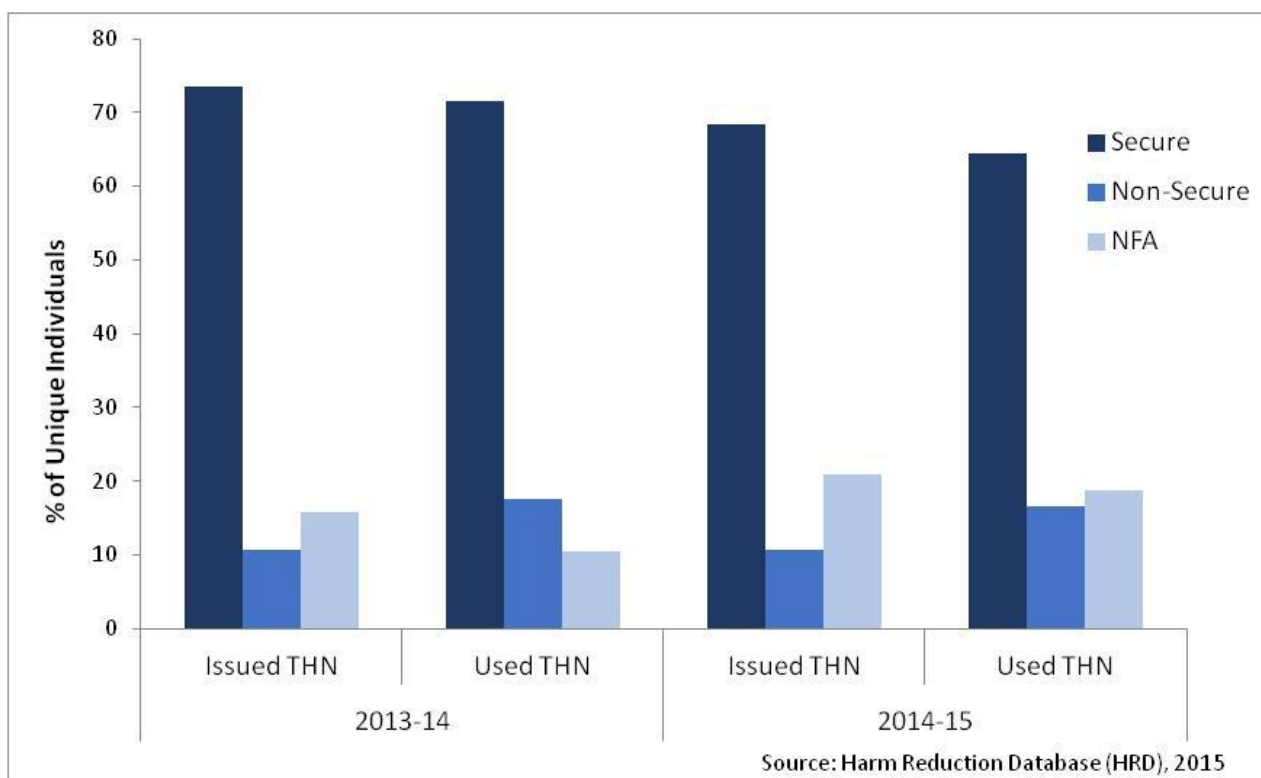


Chart 3: Comparison between self-reported housing status of unique individuals newly issued with THN and those reporting kit use, by year

Risk behaviour & non-fatal opioid poisoning history

Where recorded (74 per cent cases, $n=123$) poly-drug use was reported as the primary risk factor by 87.8 per cent ($n=108$) of individuals who used THN during a drug poisoning event. Whereas, recent release from prison was reported as the primary risk factor by 10.6 per cent of individuals. Compared with the overall demographic profile of THN distribution (see section 4.3 – *Demographics*), representation of poly-drug use as primary risk factor is greater amongst those clients reporting the use of THN.

Self-reported lifetime history of non-fatal opioid poisoning was reported by 83.7 per cent ($n=139$) of individuals who had used THN. Comparisons with the overall profile of individuals issued with THN (see section 6.3 – *Demographics*) shows that those who had experienced a non-fatal opioid poisoning prior to being issued THN were more likely to use THN. Of those who had experienced lifetime history of non-fatal opioid poisoning ($n=86$), 44.2 per cent ($n=38$) had experienced 2 or more poisonings within the last year.

Recommendation 3

Following publication of new 'Guidance for Undertaking Fatal and Non-Fatal Drug Poisoning Reviews in Wales' (Welsh Government, 2014), APBs and service providers should ensure that all non-fatal opioid poisoning review cases where the individual is identified as an opioid user are trained and provided with THN, and where appropriate training is offered to those identified as Family / Partner / Carers.

4 THN distribution Wales-wide

4.1 Number of THN kits issued

From 1st July 2009 until 31st March 2015, 7,365 THN kits have been issued Wales wide. *Chart 4* indicates this level of kit distribution to new clients compared to re-supplies. Amendments to the HRD since 31st March 2013 have enabled the recording of multiple kit distribution to individuals presenting as either new clients or for re-supply of THN. The number of kits issued (new clients and re-supply) within Wales in 2014-15 increased by 54.6 per cent on the previous year.

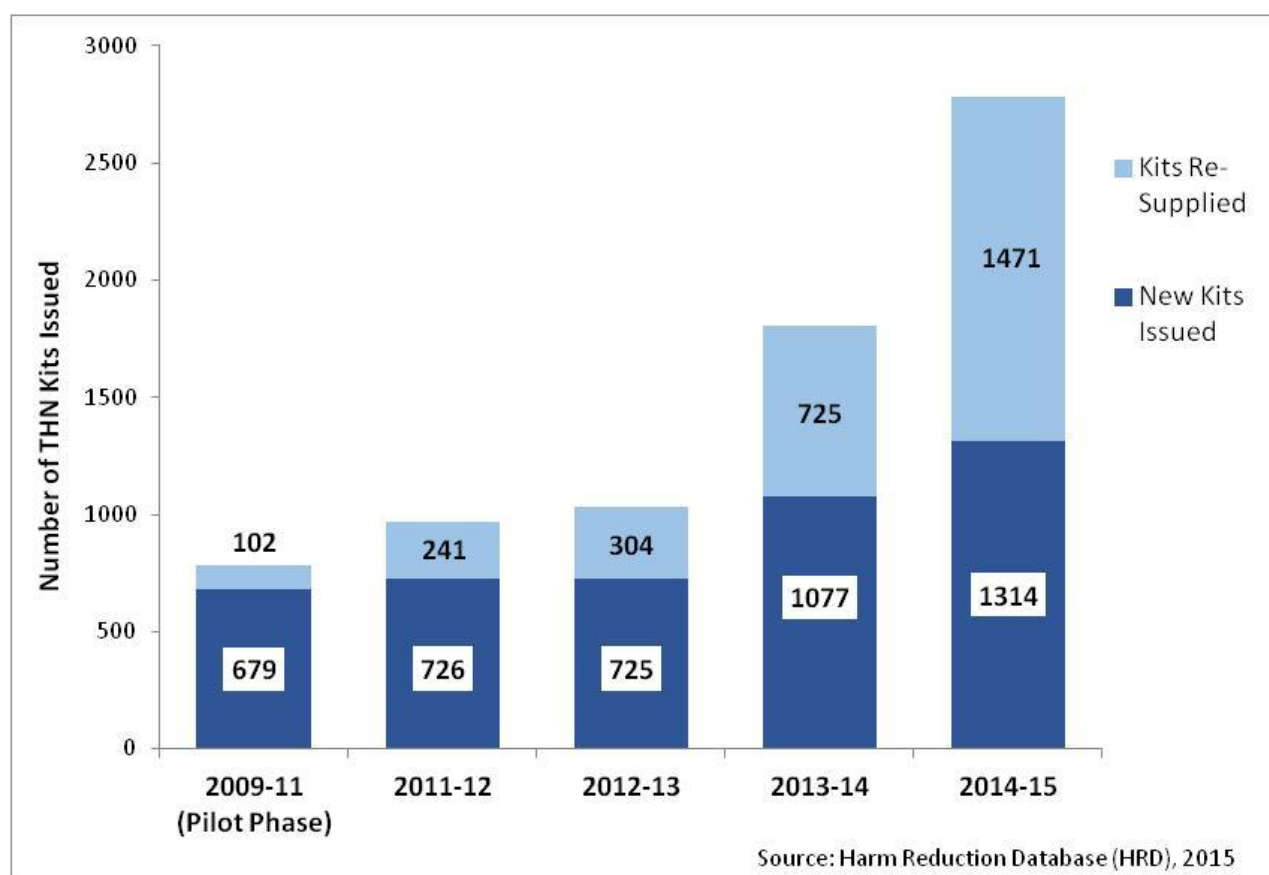


Chart 4: Total number of THN kits issued and re-supplied in Wales by year 2009-2015

The remainder of this report will focus upon the individuals to whom THN was supplied and the events in which THN was re-supplied.

4.2 New clients issued THN (2014-15)

During 2014-15, 856 new unique individuals were trained and issued with THN kits Wales-wide. Since the introduction of THN in Wales in July 2009 distribution of kits to new individuals has increased year on year (see *Chart 5* for figures), and as such 3,793 unique individual are now reported as having received THN.

Estimates of problem drug use indicate that there are approximately 17,598 opioid users² in Wales. Furthermore, the HRD Wales: Needle and Syringe Programme (NSP) module indicates that for 2014-15 there were 10,492 unique individuals accessing specialist and community pharmacy NSPs any use of an opioid was reported. This highlights that saturation of THN amongst the opioid using population has yet to be achieved.

Recommendation 4

Saturation of THN distribution amongst the opioid using population has not yet been achieved; wider distribution of THN in the community is required especially via assertive outreach methods.

Of those accessing NSP services and reporting opioid use 54.6 per cent (n=5,729) only accessed services via community pharmacy providers. This highlights a missed opportunity in distribution, as provision of THN is not currently available from within such services; wider distribution of THN in the community is required including within the community pharmacy environment.

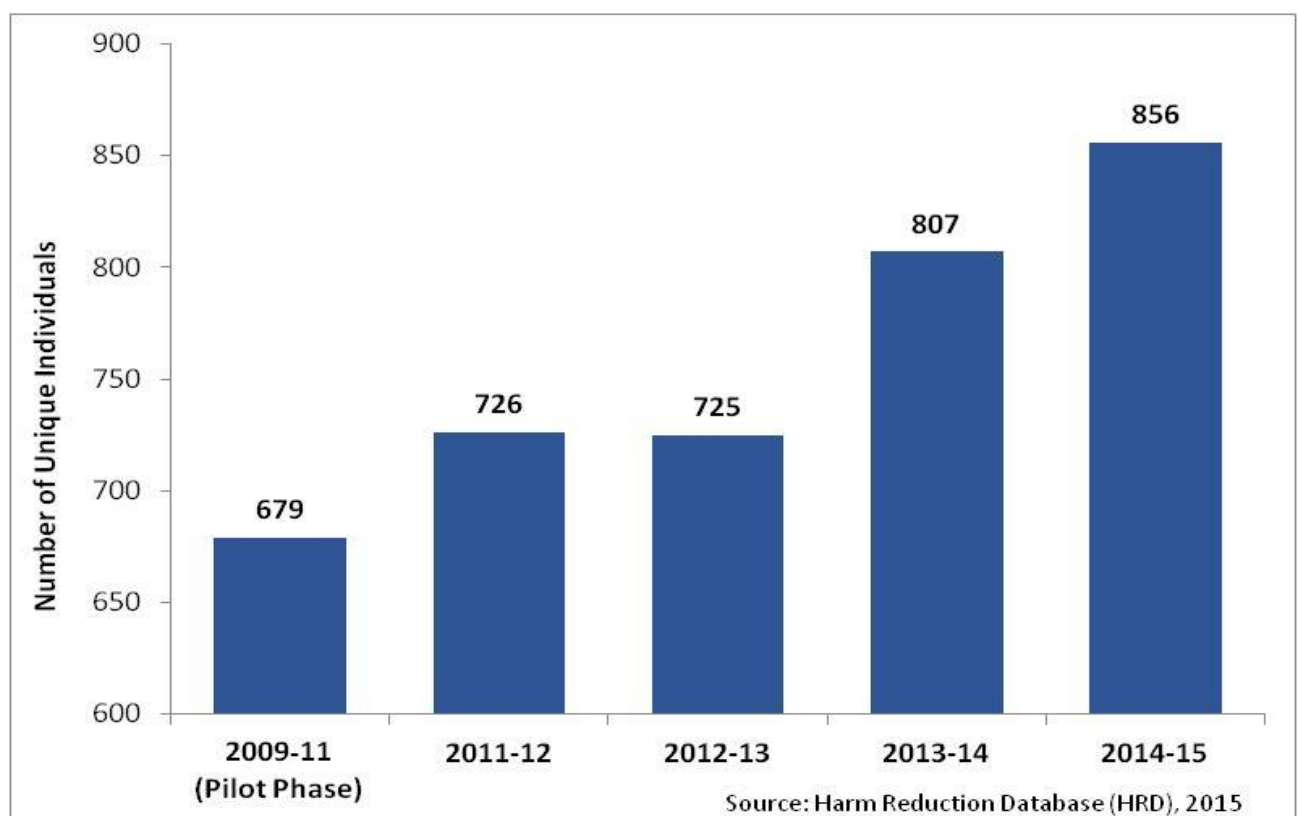


Chart 5: Number of new unique individuals issued THN kits in Wales by year 2009-2015

Recommendation 5

Public Health Wales and Welsh Government should explore the provision of THN via community pharmacy setting in order to increase provision to those who are not in contact with specialist substance misuse services.

² Reading Between the Lines: The Annual Profile of Substance Misuse in Wales, Health Protection Division, Public Health Wales (2014)

4.3 Demographics of new clients

Gender profile:

Of the 856 unique individuals newly issued with THN, 27.1 per cent were female (n=232) and 72.9 per cent male (n=624).

Age profile

The mean age for new clients receiving THN was 35 years and 5 months, where ages ranged from 16-67 years. The most common age group, 30-34 years, accounted for 20.7 per cent (n=177) of individuals. See Chart 6 for age/gender differences.

Young people: Those under 25 years of age accounted for 10.9 per cent of the total issued with THN. There were nine individuals aged 18 to 19 years, and a further eighty three aged 20-24 years. Less than 1 per cent of individuals supplied with THN were under the age of 18 years. HRD: Needle and Syringe Programme data (2015) currently indicates less than 1 per cent of unique individuals accessing Welsh NSP services and reporting the use of opioids as being under the age of 18 years. Commissioners and service providers should be aware that this is not representative of the number of young people using opioids as it does not account for those not in touch with services and accessing NSP equipment via secondary sources.

Older people: Those aged 50+ years accounted for 7.1 per cent (n=61) of the overall population. Six individuals were aged 60 or above.

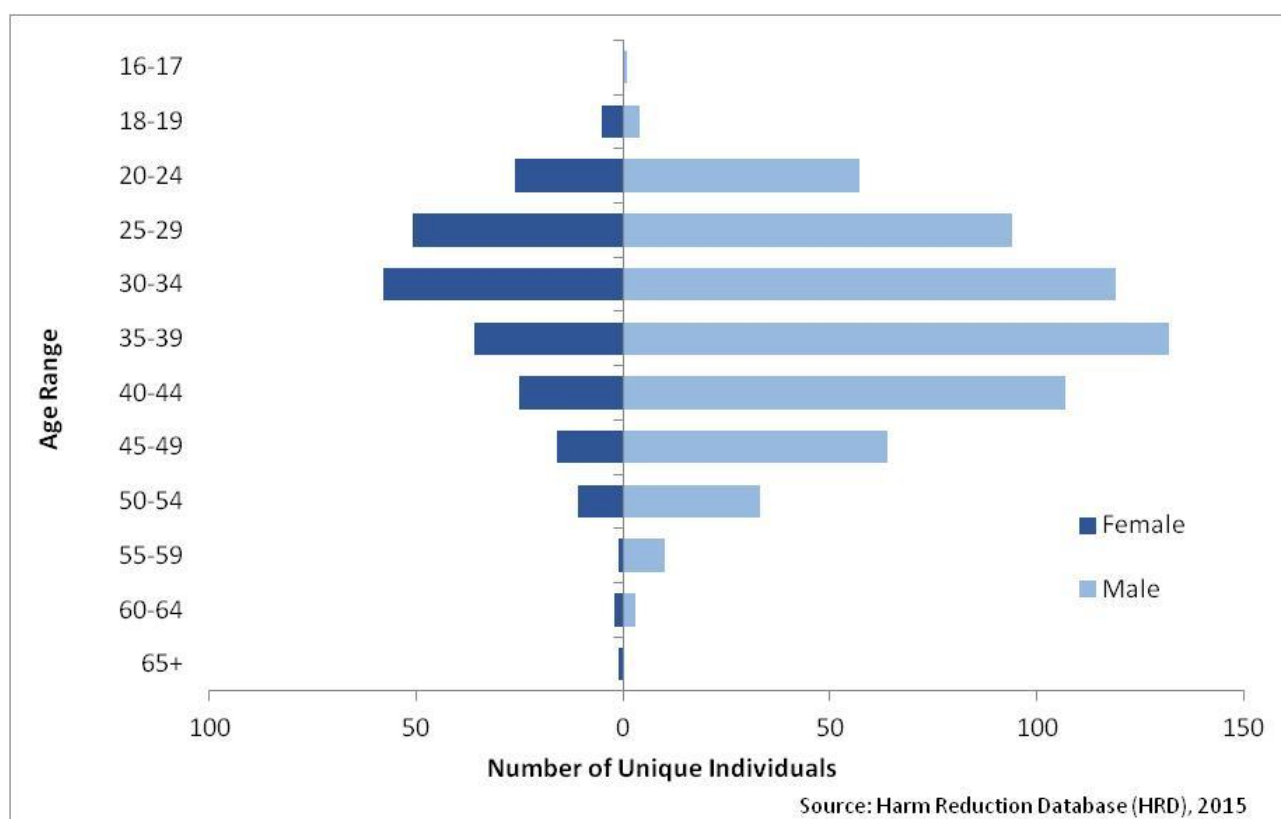


Chart 6: Age and gender profile of new unique individuals issued THN across Wales 2014-15

Ethnicity

Where reported, 95.2 per cent (n=511) of individuals issued with THN were White Welsh or White British. The ethnic profile of the remaining 4.8 per cent (n=26) is shown in Chart 7. Commissioners and service providers should be aware that these figures only represent those individuals accessing THN services only and not the demographic population of opioid users as a whole. As such considerations should be made surrounding accessibility and potential barriers for ethnic and hard to reach groups in accessing current THN services, including training.

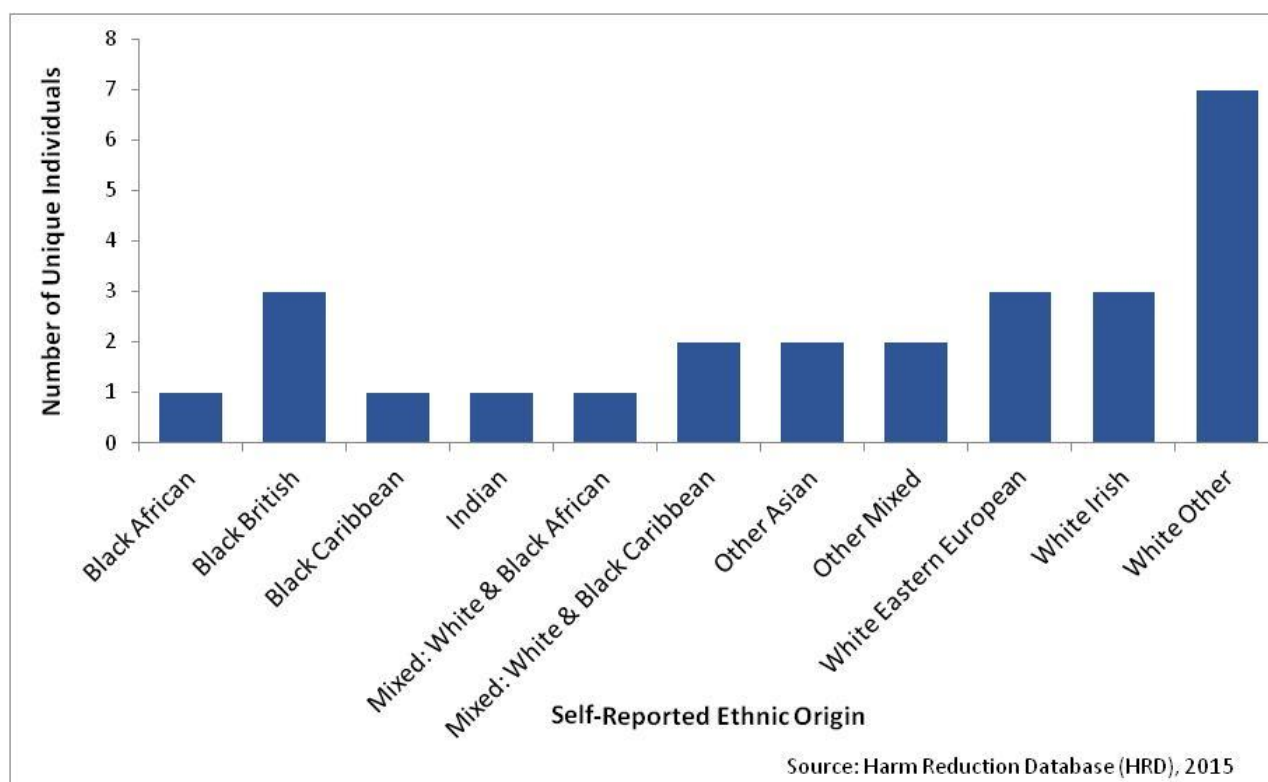


Chart 7: Self reported ethnic origin (excluding white Welsh and white British) of new unique individuals issued with THN 2014-15

Housing status

Housing status has implications for an injecting drug user in relation to the amount of help and assistance available during the event of a drug poisoning and potential access barriers to emergency services. For those new individuals issued with THN in 2014-15 housing status was recorded for 52.5 per cent of cases (n=449), detail can be found in Table 3. Whilst the majority of individuals, 68.4 per cent, reported living within secure accommodation, over 20 percent reported having no fixed accommodation and as such were likely to experience barriers in obtaining rapid medical support in the event of an emergency. Furthermore, additional support and engagement will be required to such individuals in order to ensure regular re-supply following use or in the event of kit loss/expiry.

Table 3: Self-reported housing status of new unique individuals issued THN (2014-15)

Housing Status	Total	% by housing type
Owner	11	68.4% in secure accommodation
Private rented	97	
Council rented	105	
Housing Association rented	32	
Live with family	62	
B & B	5	10.7% in non-secure accommodation
Hostel (inc probation)	31	
Live with friends	12	
NFA – Friends / Relatives House	32	20.9% with no-fixed accommodation
NFA – Mixed	33	
NFA – Squat	3	
NFA – Street Homeless	26	

Risk behaviour

Risk behaviour was recorded for 64.1 per cent (n=549) of new individuals. Amongst those new unique individuals who received THN, the majority, 70.1 per cent, reported poly-drug use as their primary risk behaviour (see *Chart 8*).

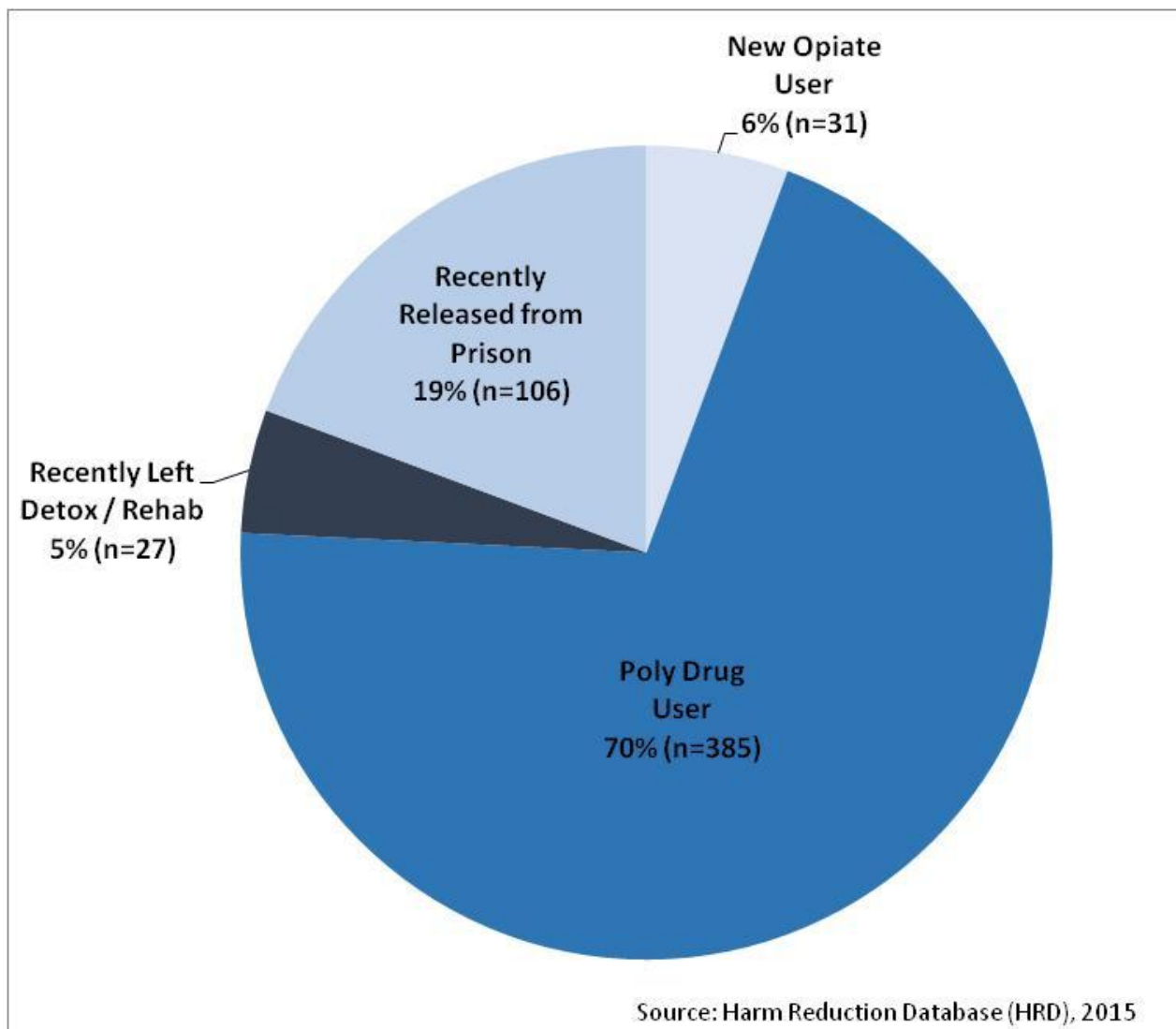


Chart 8: Primary risk behaviour of new unique individuals prior to receiving THN 2014-15

History of non-fatal poisoning

For those new individuals receiving THN history of non-fatal poisoning was recorded in 80.6 per cent of cases. 43.2 per cent (n=298) reported at least one previous non-fatal opioid poisoning prior to issue. Of which 76.5 per cent (n=228) were male, mean age was 35 year and 8 months, 94.4 per cent were white British/Welsh, and 75.1 per cent reported current opioid use. *Chart 9* indicates the frequency of non-fatal opioid poisonings amongst all unique individuals prior to receiving THN.

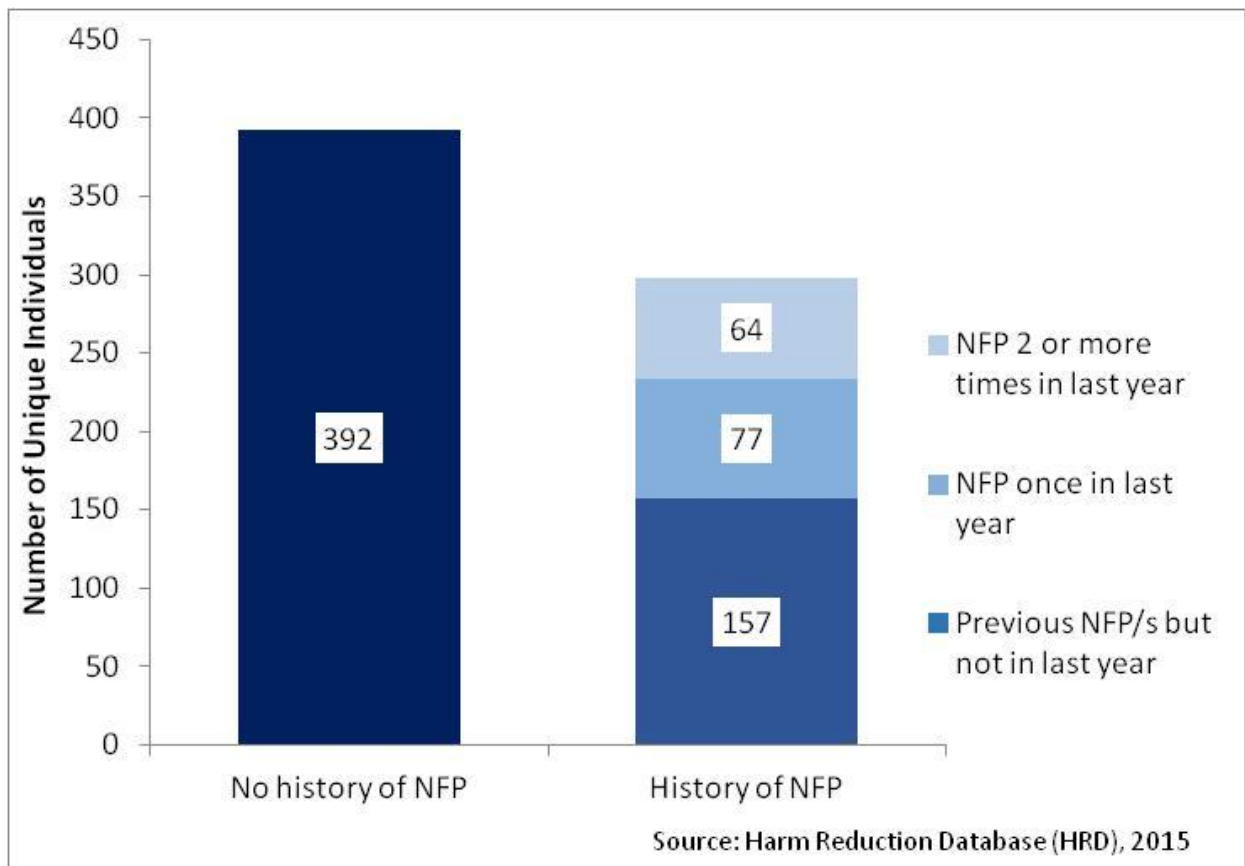


Chart 9: Frequency of self-reported non-fatal opioid poisoning (NFP) prior to issue of THN 2014-15

4.4 New clients issued THN by APB

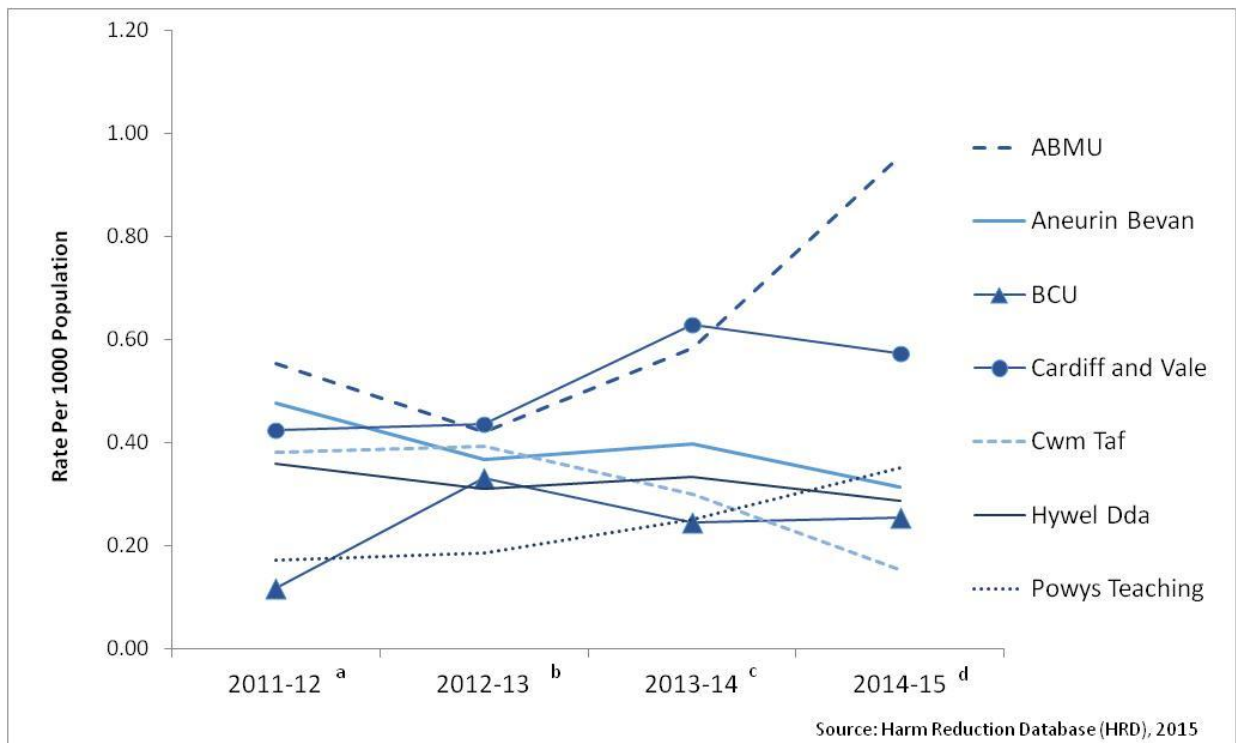
The following section explores THN distribution by Substance Misuse Area Planning Board (APB) level. Comparisons between APB activity have been made using crude rate per 1000 population. Additionally, annual comparisons of APB activity have only been made from 2011-12 to 2014-15 due to a select number of APBs taking part in the pilot phase prior to 2011.

Table 4 and Chart 10 indicates the number of unique individuals issued with THN by APB compared to the level of distribution in previous years.

Table 4: Unique individuals (UIs) trained and issued with THN by APB

	UIs Issued THN 2013-14	Mid-Year Population (2013) ^a	Rate Per 1000 Population	UIs Issued THN 2014-15	Mid-Year Population (2014) ^b	Rate Per 1000 Population	Change in Rate Per 1000 Population
ABMU	196	335755	0.58	321	335669	0.96	0.38
Aneurin Bevan	147	369613	0.40	116	368561	0.31	-0.09
BCU	105	428050	0.25	109	425967	0.26	0.01
Cardiff and Vale	203	323193	0.63	185	324020	0.57	-0.06
Cwm Taf	57	190204	0.30	29	190063	0.15	-0.15
Hywel Dda	79	236707	0.33	68	235016	0.29	-0.4
Powys Teaching	20	79515	0.25	28	78903	0.35	0.10

^{a, b}, based on 2013/14 mid year population estimates aged 15-64 years (ONS, 2014-15)



^{a, b, c, d} based on 2011/12/13/14 mid year population estimates aged 15-64 years (ONS, 2012-15)

Chart 10: THN kits issued by APB by rate per 1000 population

4.5 Re-supply of THN – any reason

In addition to the supply of THN to new individuals, 907 re-supply events took place across Wales from 1st April 2014 to 31st March 2015 involving 602 unique individuals. Of which 74.1 per cent were male (n=446), mean age; 34 years and 2 months, 10.6 per cent (n=64) were aged under 25 years (none younger than 18 years), and of those reporting their ethnicity, 94.6 per cent (n=507) were White Welsh or White British.

Since implementation of the THN pilot in Wales re-supply of THN has increased annually (see *Chart 11*). The number of re-supply events for 2014-15 was 68.6 per cent greater than in the previous year. This is to be expected as a result of the annually increasing numbers of new individuals provided with THN, and the increasing demand for replacing expired kits.

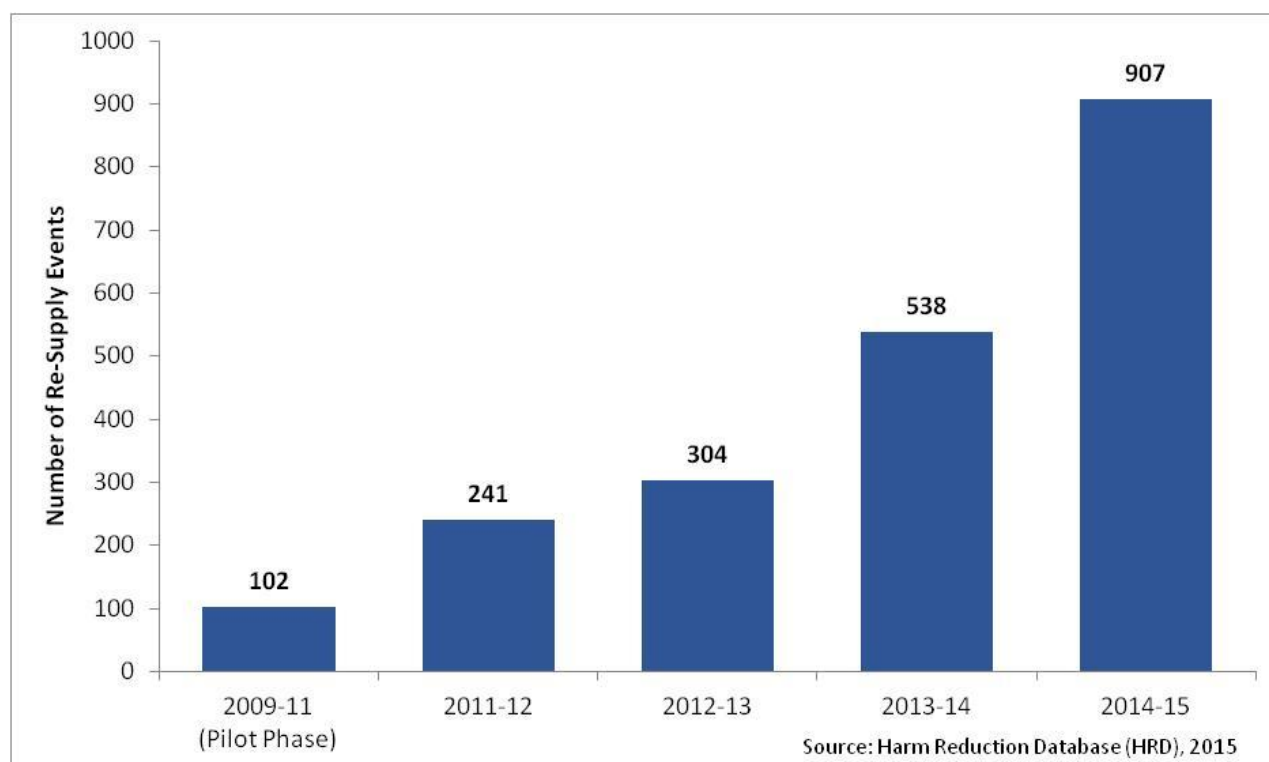


Chart 11: Number of re-supply events across Wales by year 2009-2015

Of those unique individuals whom were re-supplied, *Chart 12* indicates the number of individuals who were re-supplied THN throughout 2014-15 on multiple occasions (n=164) for any reason.

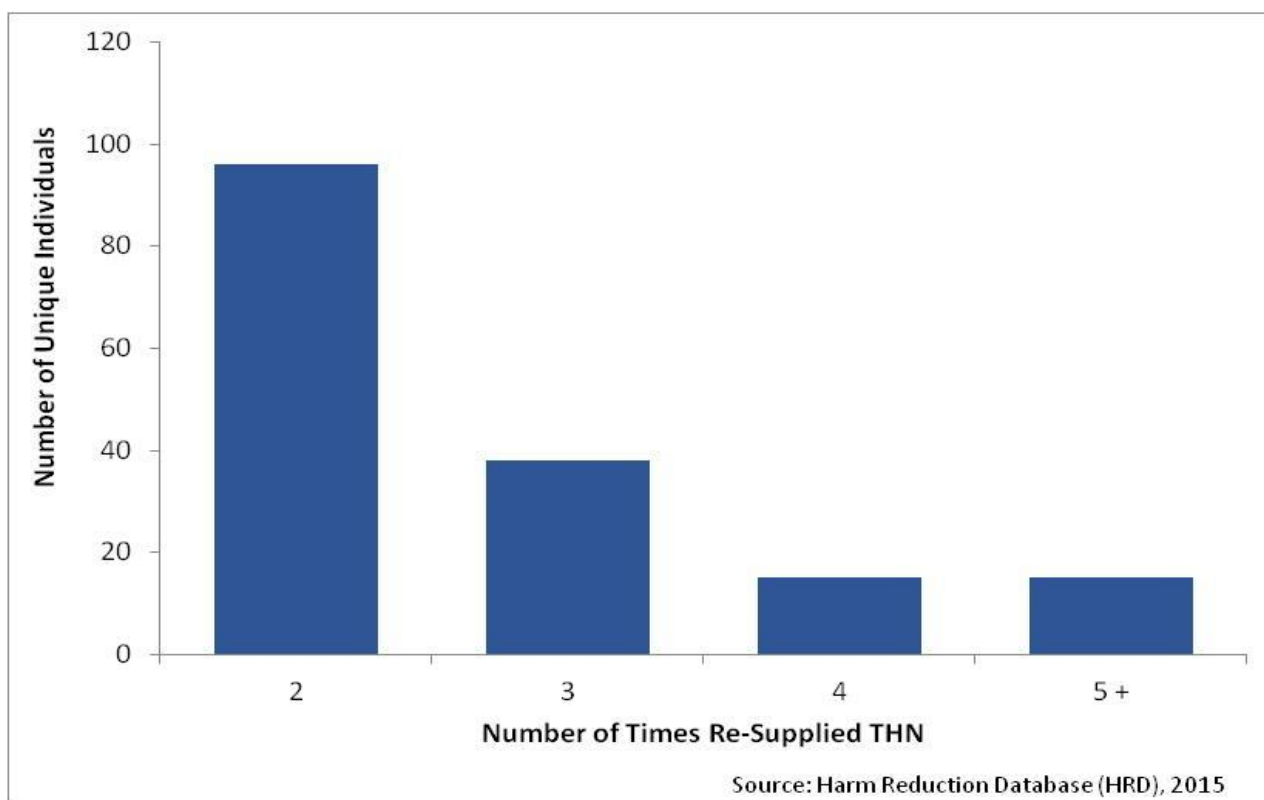


Chart 12: Number of unique individuals who were re-supplied THN on multiple occasions for any reason 2014-15

4.6 Reasons for re-supply

Reason for re-supply is indicated in *Chart 13* for all 907 re-supply events that took place across Wales between 1st April 2014 and 31st March 2015. As indicated 'Kit Loss' represented the largest proportion of reasons presented for re-supply. Due to the self report nature of this question it is currently not possible to evidence whether some of these kits may have been used in opioid overdose events and not reported as such due to fear of stigmatisation. As such this data should be treated with caution.

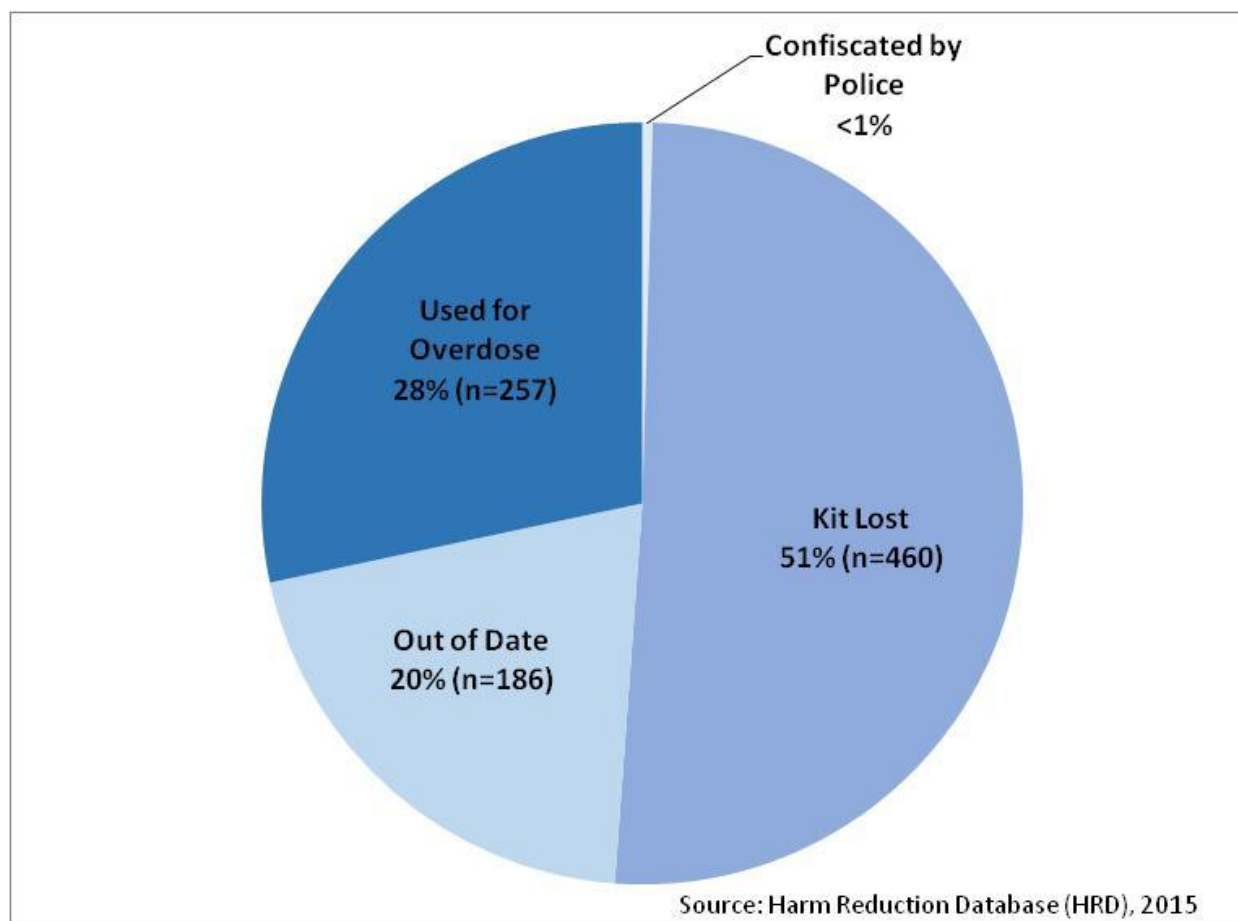


Chart 13: Reasons for re-supply of THN across Wales (1st April 2014 – 31st March 2015)

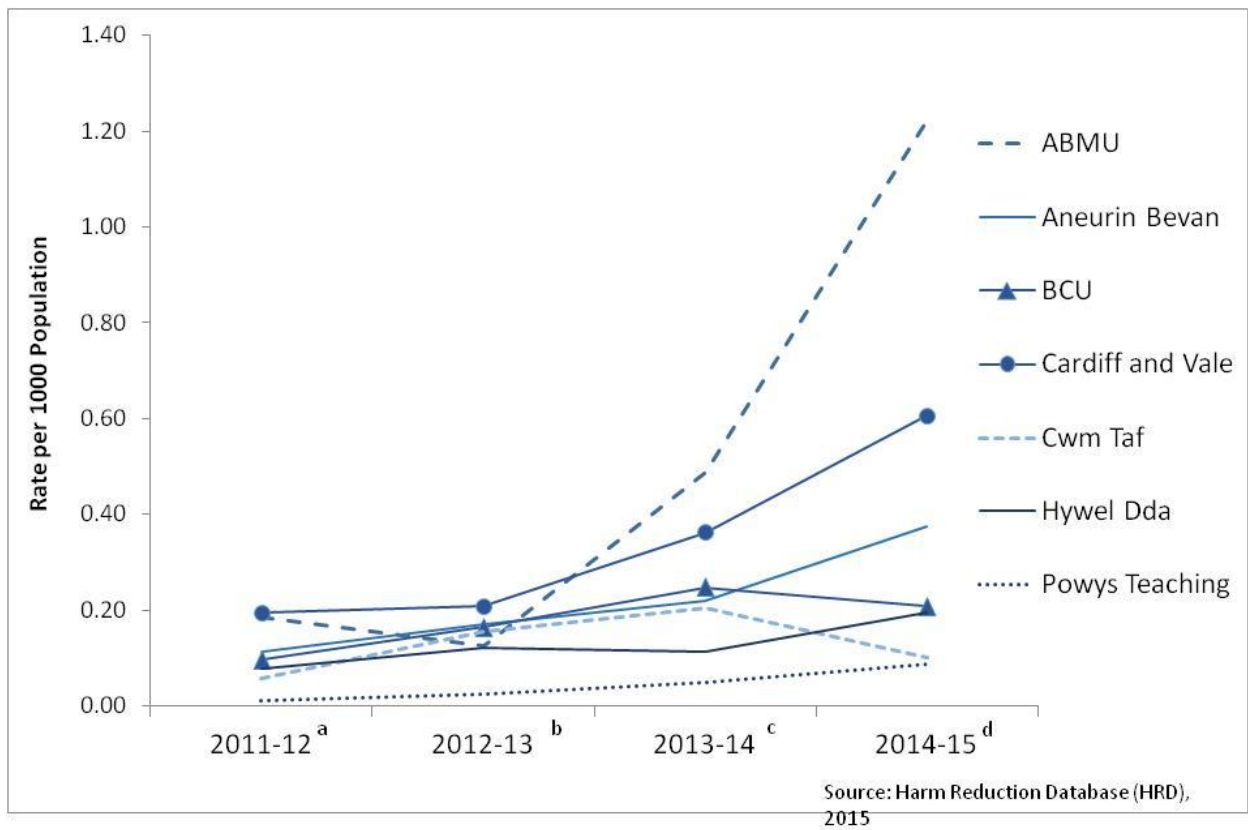
4.7 Re-supply of THN by APB

Similarly to 'Section 4.4 – New Clients Issued THN by APB', comparisons between APB re-supply activity have been made using rate per 1000 population. For the majority of APBs an increase in annual THN re-supply can be observed (see Table 6 & Chart 14).

Table 6: Number of THN re-supply events by APB

	Uls Issued THN 2013-14	Mid-Year Population (2013) ^a	Rate Per 1000 Population	Uls Issued THN 2014-15	Mid-Year Population (2014) ^b	Rate Per 1000 Population	Change in Rate Per 1000 Population
ABMU	164	335755	0.49	411	335669	1.22	0.73
Aneurin Bevan	81	369613	0.22	139	368561	0.38	0.16
BCU	106	428050	0.36	89	425967	0.21	-0.15
Cardiff and Vale	117	323193	0.21	196	324020	0.60	0.39
Cwm Taf	39	190204	0.11	19	190063	0.10	-0.01
Hywel Dda	27	236707	0.05	46	235016	0.20	0.15
Powys Teaching	4	79515	0.27	7	78903	0.09	-0.18

^{a, b} based on 2013/14 mid year population estimates aged 15-64 years (ONS, 2014-15)



^{a, b, c, d} based on 2011/12/13/14 mid year population estimates aged 15-64 years (ONS, 2012-15)

Chart 14: Rate Per 1,000 Population for THN Kits Re-Supplied by APB

5 THN distribution - Prison vs. Community

Following release from prison, opioid users are at increased risk of drug poisoning. Currently there are five male-only prisons located within Wales and no female-only prisons. Therefore, data on females has been excluded from comparisons within this section. In addition, 13 female unique individuals (non-prisoner) were supplied by prison based registries as part of prison release care-plan process. These have also been excluded from the comparisons.

Data from the HRD indicates that 20.5 per cent (n=128) of male unique individuals were issued with THN during 2014-15 on release from prison. When compared to national APB provision, prisons appear to be amongst the highest distributors of THN nationally (see *Chart 15*). The issue of THN to new individuals represents 65 per cent of prison based supplies, an increase of 10.3 per cent on the previous year (see *Chart 16* & *Table 5*).

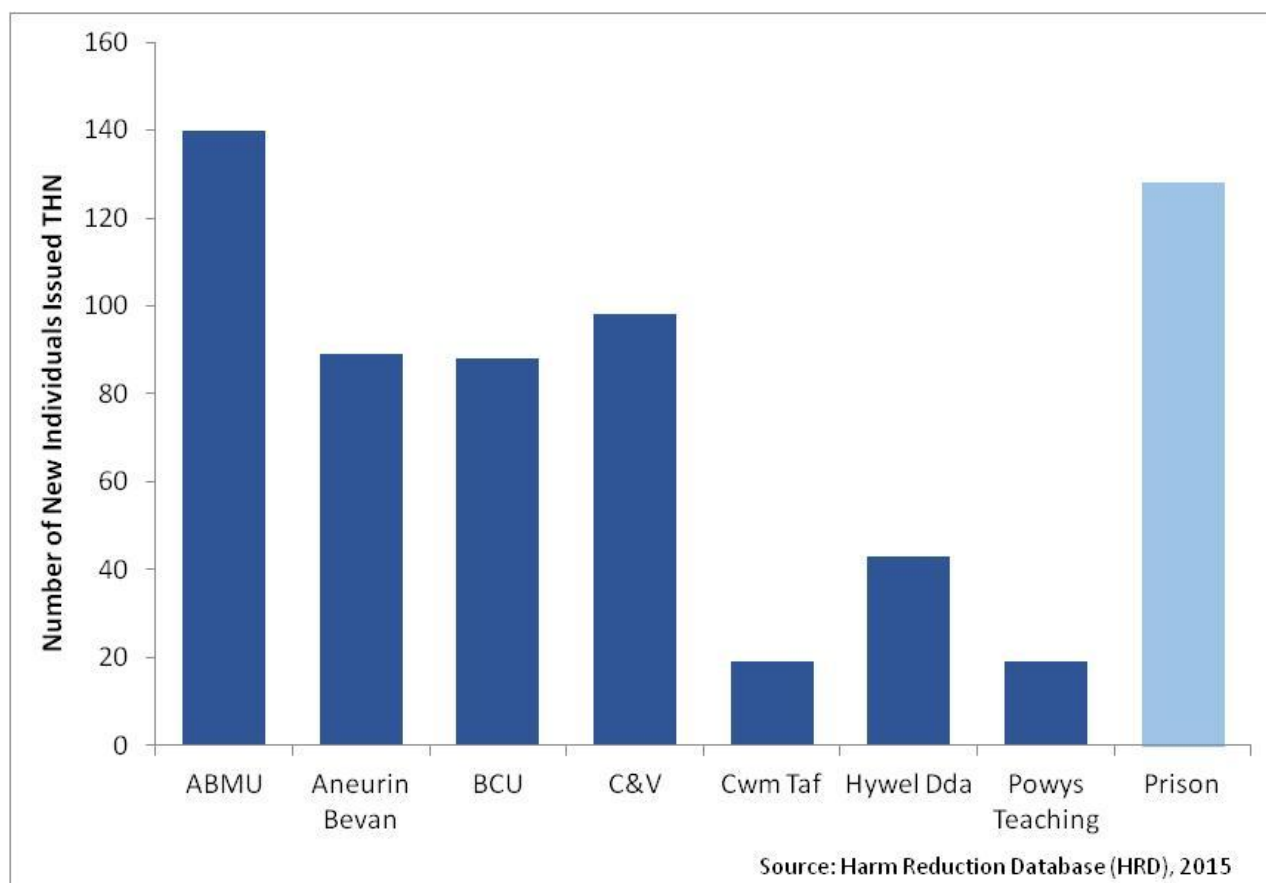


Chart 15: Comparisons of male THN distribution between APBs and Prison (New Clients)

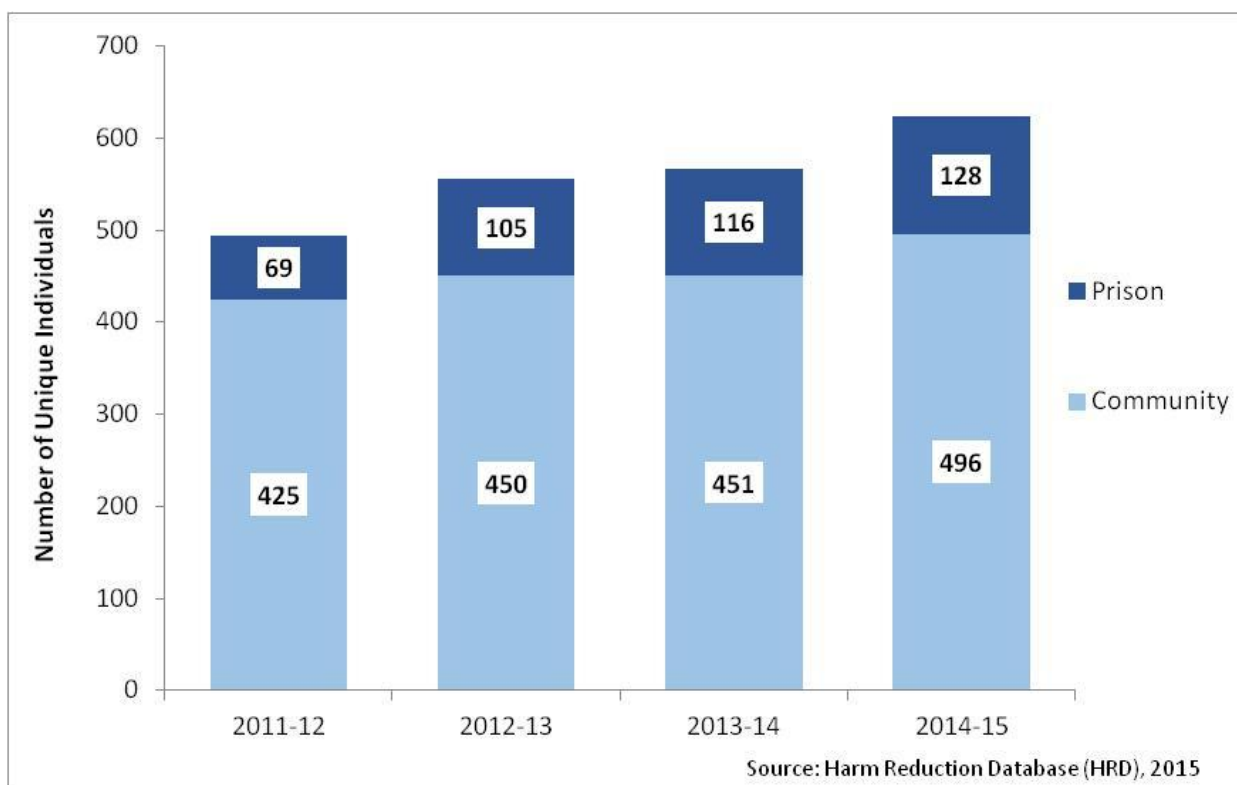


Chart 16: Comparisons between community and prisons of male THN distribution by year

Table 5: Comparisons of THN distribution between prison sites 2014-15

	New Clients issued with THN	Number of Re-Supplies	Total Supply Events
HMP Cardiff	47	38	85
HMP Parc	33	28	61
HMP Swansea	48	37	95
Grand Total	128	69	197

6 THN & fatal poisoning prevention training

Since 1st July 2009 4,939 unique individuals have been trained in the administration of THN and fatal poisoning prevention. These individuals include service users, their families / partners / carers, and professionals. *Chart 17* indicates a decrease of 19.6 per cent in the number of unique individuals newly trained in the administration of THN and fatal poisoning prevention in 2014-15 than in the previous year. The number of individuals presenting for refresher training in 2014-15 increased by 79.7 per cent on the previous year.

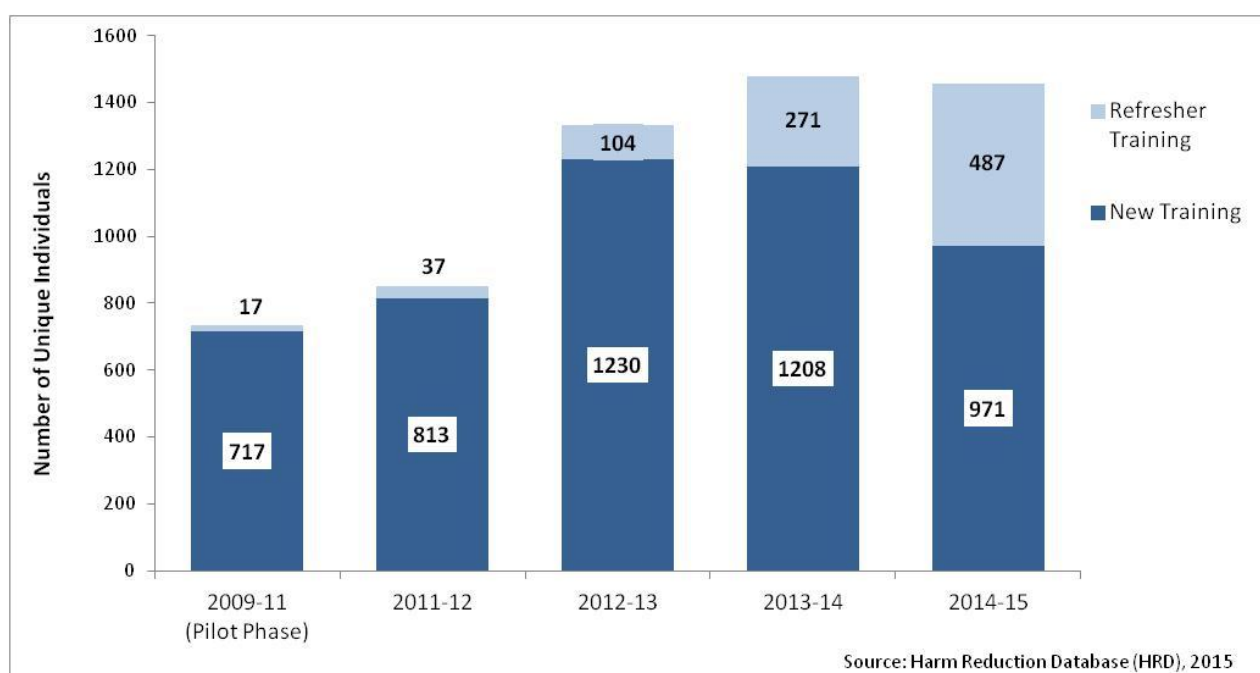


Chart 17: Number of unique individuals in Wales trained in the administration of THN and the prevention of fatal poisoning by year 2009-2015

Training requirements indicate that individuals provided with THN should complete follow-up training on an annual basis to ensure maintained knowledge of THN administration and fatal poisoning prevention. Current records on the HRD indicate that 3,818 service users who have been trained since implementation have not received follow-up training.

In addition, of those attending training 2014-15 less than 2 per cent of individuals trained were registered as Family / Partner / Carers or Professionals working with those at risk of an opioid poisoning. Wider dissemination of THN training to professionals and the support network of service users would greatly improve the knowledge and awareness of fatal poisoning prevention in those who may be required to respond in such situations.

Recommendation 6

Emphasis should be based upon the delivery of training to professionals, peers, and the family members of those at risk. Where training is provided service providers should ensure training completion logs are recorded as evidence on the HRD.

7 Appendix I: Background

In July 2009 the Take Home Naloxone (THN) pilot project was launched by Welsh Government (WG) in selected areas of Wales. The key aim of the project was to reduce drug-related deaths in Wales. In addition, the project aimed to promote harm reduction and to improve the health and social wellbeing of drug users. The evaluation report is available at:

<http://wales.gov.uk/about/aboutresearch/social/latestresearch/naloxoneproject/?lang=en>

Full national implementation of THN projects throughout Wales was approved by WG In May 2011. Full reports indicating the provision of THN throughout Wales from 1st July 2009 – 31st March 2014 can be obtained from:

www.publichealthwales.org/substancemisuse

7.1 What is THN?

Naloxone is a competitive opioid antagonist and has been commonly named a 'Heroin Antidote'. It works by temporarily binding to opioid receptors in the brain and body and counteracting the effects of opioids. This has been proven to bring a patient experiencing poisoning through opioid use to consciousness in minutes following administration, thus restoring breathing and preventing fatal poisoning. The effects of Naloxone last approximately 20 minutes following administration and follow-on care is vital to ensure the prevention of subsequent poisoning. What Naloxone does is provide time prior to the arrival of emergency services and follow-on care.

Further information and publications available at: www.naloxonesaveslives.co.uk.

7.2 Harm Reduction Database Wales (HRD)

HRD Wales is a web-based data collection system used to record a range of activity related to harm reduction interventions, including needle and syringe provision and reduction of opioid deaths through THN.

From 1st April 2012 the 'HRD – Naloxone' module was implemented to record THN-related activity. A back population exercise was also completed to ensure that all of the data from the pilot project and first year of implementation was securely stored on the HRD. This development allows the recording of all unique individual activity relating to the training and issue of THN, and provides clinicians with the ability to obtain live data relating to THN activity. For each individual accessing services, the database allows the recording of: referral to THN services, completion of training sessions (recognising overdose and how to use THN) and details relating to the supply and re-supply of THN. Details surrounding the type of information recorded are outlined in Appendix I.

7.3 Data definition

This report details the THN activity data recorded on the HRD from 1st April 2014 until 31st March 2015. During this time period THN training and distribution was recorded on the HRD by 42 registries throughout Wales. This includes statutory/voluntary substance misuse services, homelessness hostels, and public/private sector prisons (see *Table 7* for details).

Table 7: List of sites where THN training and/or supply has been recorded since 1st April 2014 – 31st March 2015

ABMU	Drugaid – Ebbw Vale	Cwm Taf
CDAT - Bridgend	Drugaid – Monmouthshire	CDAT - Pontypridd
CDAT - Swansea	Drugaid – Torfaen	CRI – Merthyr Tydfil
DASH	GSSMS	Drugaid – Merthyr Tydfil
HMP Parc	Kaleidoscope - Newport	RISMS
HMP Swansea		TEDS
IOIS – Bridgend	BCU	
IOIS - Neath	CDAT – Mobile Unit (x 3)	Hywel Dda
IOIS - Swansea	CDAT – Rhyl	Cyswllt
SANDS Cymru	CDAT – Shotton	PRISM
WCADA – Bridgend		Turning Point
WCADA - Neath	Cardiff and Vale	
WCADA - Port Talbot	CAU – Barry	Powys Teaching
WCADA - Swansea	CAU – Cardiff	Kaleidoscope - Newtown
	IOIS – Cardiff and Vale	Kaleidoscope – Welshpool
Aneurin Bevan	HMP Cardiff	Kaleidoscope – Ystradgynlais
CRI – Blackwood	The Huggard	
Drugaid – Caerphilly		

Data relating to re-supply and poisonings

The data contained within the subsequent section 3 - *THN used in fatal/non-fatal opioid poisoning events* reflects only the information provided by those individuals who have returned for THN re-supply. Currently there is no method of recording data relating to the use of THN should the client not present for re-supply.

8 Appendix II: Data recorded on HRD – Naloxone

Client Details

The 'client details' section is a profile of an individual's demographic and health status information (as indicated by the individual) for each person accessing THN services, and includes:

- **Demographics** including – ethnicity, housing status
- **Referral details** including – non fatal poisoning (NFP) history, risk behaviour that lead to referral, current engagement in substance misuse services
- **Onward referrals** – details of referrals to other specialist health and social care services offered to the client by staff issuing THN and training. This section allows the recording of referrals declined as well as accepted by the client.

Naloxone training:

This section records information relating to the training provided to the client in administering THN, recognising opioid poisoning, and basic life support/CPR. Training is delivered to every client prior to the initial issue of THN, and a refresher session is delivered on a yearly basis. The training section is completed during every event where training is delivered to a service user, their family/friends, or a working professional. This enables service users to evidence completion of training prior to being administered THN. Details contained within this section include date of training, date of next training due, trainer's details and training elements provided.

Consent:

Prior to the issue of THN, every client is required to complete an online consent form where they declare no knowledge of adverse effects to THN, that satisfactory information and training was provided in the use of THN, that they will adhere to appropriate use of THN and the equipment issued and that their information may be stored on the HRD.

Naloxone supply/re-supply:

The supply/re-supply section contains details for all kits issued to the client, and is split into the following sections:

- **Supply/re-supply** including – date of supply, batch number, expiry date, name of prescriber
- **Reason for re-supply** including – batch recall, confiscated by the police, kit lost, out of date, used for poisoning
- **Who was supplied & additional detail** including – individual THN was supplied to, details of follow-on care, outcome of poisoning (if applicable), free text box to record additional information.