Supplying naloxone from community pharmacies:

Somerset scheme (update, 2023)

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This training will take no more than one hour to complete

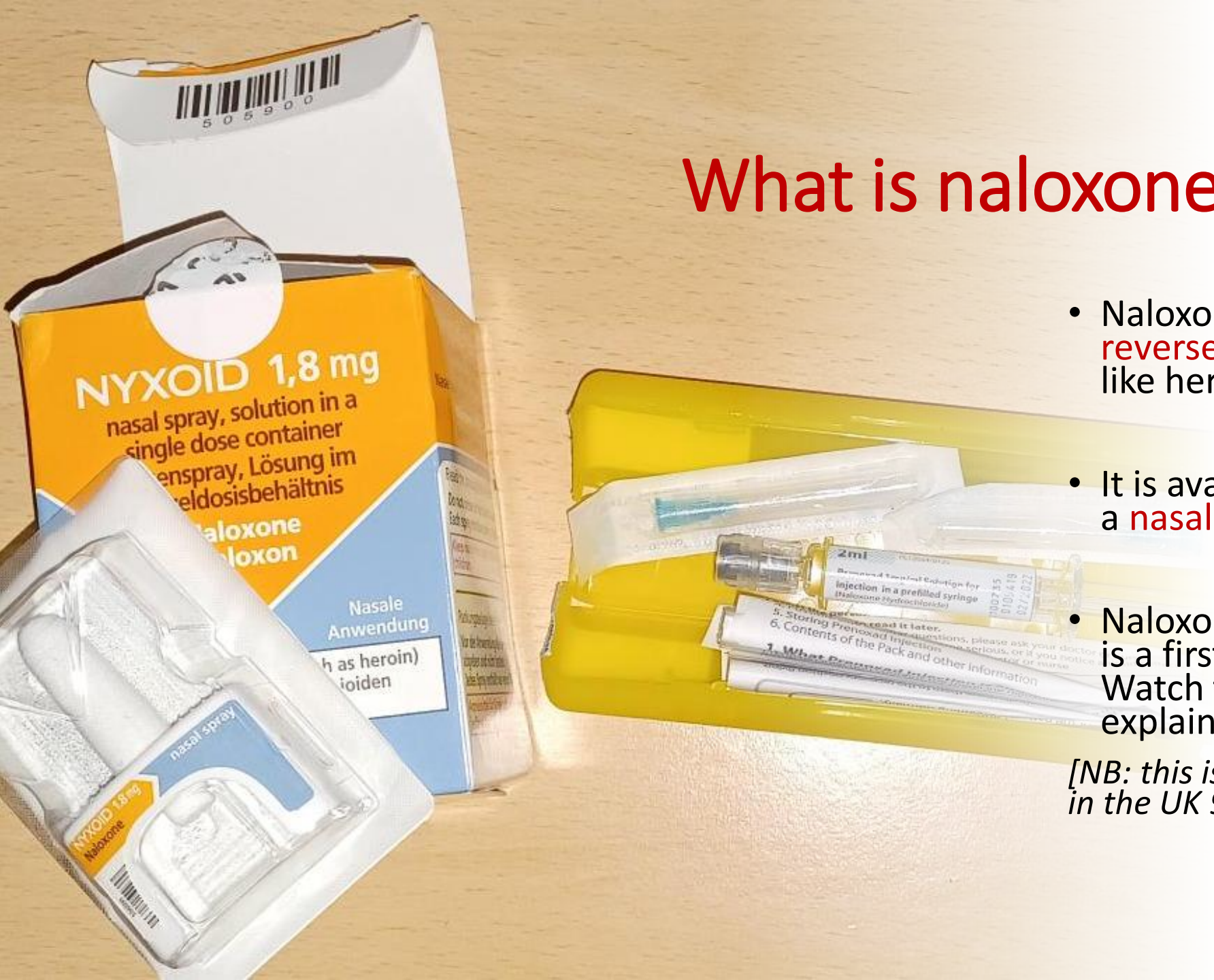
- ✓ It will enable you to supply naloxone from your pharmacy safely, in a way that encourages uptake
- ✓ It is aimed at every member of the pharmacy team, so you can **all** competently supply naloxone
- ✓ The Somerset Pharmacy Naloxone Scheme is being refreshed as part of a wider project to encourage people at risk of witnessing or experiencing an opioid overdose to CARRY naloxone
- ✓ The model of supply is based on research funded by Pharmacy Research UK
- ✓ There are blue links throughout to further reading if you *want to know more* but you do not need to read these to be competent to make supplies. You do need to click on the red links.
- ✓ There are links to short films on You Tube which we will watch.

Thank you for joining us tonight.

What we will cover:

- What is naloxone?
- The law around naloxone supply
- Why naloxone supply and carriage is important
- Why Pharmacy naloxone schemes are SO important
- How to supply naloxone
- Questions & discussion
- Where to go for further learning

What is naloxone?



- Naloxone is a medicine which reverses the effects of opioid drugs like heroin and methadone
- It is available as an injection and as a nasal spray.
- Naloxone is an opioid antagonist. It is a first aid emergency medicine. Watch this 3 minute film, which explains how naloxone works

[NB: this is an American film, so of course in the UK 999 is our emergency number]

The law around naloxone supply

- In the UK, naloxone can be supplied without prescription by certain groups including pharmacy teams who provide opioid substitution therapy (e.g. methadone) or needle exchange

- The law doesn't specify who it can be supplied to. Guidance suggests supply should include people who use drug, family, friends and carers of people who use drugs, hostel staff and outreach workers.

- Anyone can administer naloxone for the purposes of saving a life.

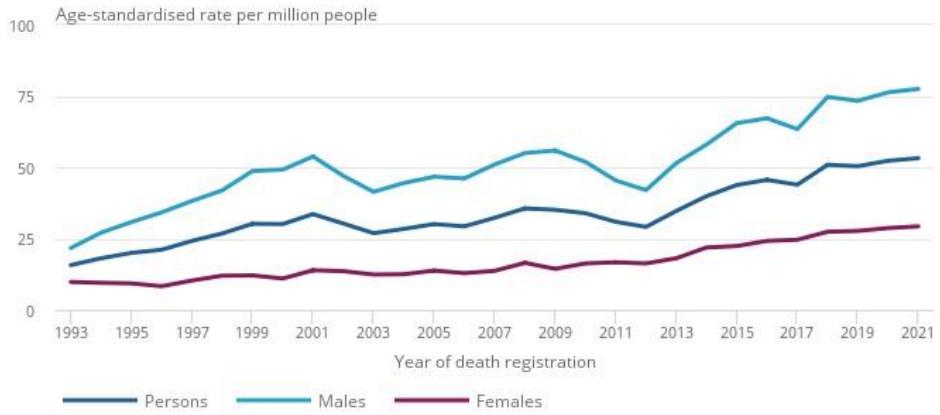
Why is naloxone supply important?

- Most overdoses happen with someone else in the room or nearby. The quicker naloxone is given after overdose, the more likely it is to work, so getting it into the hands of those likely to witness an overdose saves lives.

- If you want to read *why* opioid related deaths are increasing, this Advisory Council on Misuse of Drugs report explains.

Figure 2: Rates of drug misuse deaths increased in 2021

Age-standardised mortality rates for deaths related to drug misuse, by sex, England and Wales, registered between 1993 and 2021



Source: Office for National Statistics – Deaths related to drug poisoning in England and Wales

•Approximately half of all drug poisoning deaths registered in 2021 involved an opiate (45.7%; 2,219 deaths).

Signs of opioid overdose

- Person is unresponsive
- Their breathing is shallow or stopped
- There may be a rattling breathing sound (like a snore)
- Depending on skin colour, they may look pale or ashen
- Their nails, lips and gums look blue or grey
- There may be clues around them such as signs of drug use

Research has shown for many overdoses, there is someone else present or nearby. Naloxone needs to be given quickly, so must be available at time of need.

Why should pharmacy teams supply naloxone?

- Pharmacies are easily accessible, most of the population live near one.
- Pharmacy teams are experienced in providing services to people who use drugs.
- Pharmacies are open when drugs services are not.
- Pharmacy needle exchanges see people who do not attend drug treatment services. These are the people most at risk of overdose.
- Attending a pharmacy can be ‘low key’ and less stigmatising than going to a drugs service, if staff are non-judgemental and discreet.

The Somerset Pharmacy Naloxone Scheme

In the new Somerset Pharmacy Naloxone Scheme you are being asked to supply either the pre-filled naloxone injection called Prenoxad or the nasal spray called Nyxoid.

Prenoxad

- This is what Prenoxad looks like:

- This is what is inside the box:

Watch this short clip which shows how to assemble Prenoxad and how it is given.

Nyxoid

- This is what Nyxoid looks like:

- This is what is inside the box:

Possibly the Pebble?

- This is what the Pebble looks like:

- This is what is inside the box:

How to offer naloxone:

(1) Be proactive – don't wait for people to ask for it, because they often don't.

'It would be us offering it [naloxone]. *If we slack off on that, then we notice that naloxone supplies are less and less. So, it is usually us, it's not the other way around'*

Quote from pharmacist (B13), an experienced naloxone supplier, who took part in our research study

How to offer naloxone:

(2) Try linking an offer of naloxone to a request for a related service such as needle exchange or methadone or buprenorphine supply.

People on methadone or buprenorphine have told us they welcome this and won't be offended if they do not need it.

(3) Keep it brief, no more than 2 or 3 minutes to cover the basics. Often people who use drugs want to quickly access pharmacy services. Tell people it is a quick supply.

'We capture these patients as they walk in [to access needle exchange] *when they are prepared to go and use* [drugs], *so the last thing on their mind is to be having a conversation.*

Pharmacist (S04)

How to offer naloxone:

(4) Prioritise supply over giving detailed advice. The patient information leaflet is in the box, the App and tear off Prenoxad leaflets also cover key points. Naloxone is very safe and there are no contraindications to it's use in an overdose.

(5) If the person has had it before, resupply can be even quicker, just check they are happy with how to use it.

(6) Don't make supply contingent on using the consultation room. Do be discreet, you can offer privacy but successful suppliers said they often issue at the counter.

Top tip: If possible, have it in your hand as you offer it.

How to supply naloxone:

Ideas on useful phrases to make the offer

'Do you have a naloxone kit? [show the box]'

'Overdose deaths are going up, so lots of people are now carrying naloxone in case they see someone overdose. It is free and easy to use, Would you like one to take away?'

'We now have naloxone in a injection kit or nasal spray. Would you like one?'

How to supply naloxone:

After agreement

'Do you know how to use it?'

If yes, you may only need to ask – *'do you have any questions or are you happy just to take it without any advice on use?'*

Tell them 'If someone overdoses, always phone an ambulance. Carry naloxone on you, you can never predict when you will need it'.

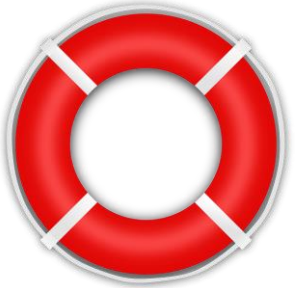
<u>If not know how to use, also give brief advice:</u>

Prenoxad: '*You need to attach the needle before you use it. Unscrew the cap and twist the covered needle on. There are five doses in the kit, you give each dose, injected through clothes into the thigh, 2 minutes apart – this is to avoid bringing people round in a bad withdrawal. If you have a Smart phone you can download the App to watch short clips showing you how to give it'* [Offer tear off leaflet if you have one and flag that there is a leaflet in the kit]

How to supply naloxone:

Nyxoid: ‘*Try to get the person in the recovery position, open the pack and place the nasal spray into their nostril. Then press underneath and it will fire the dose. If you need to repeat it, wait 2 minutes and use the other nostril’*

These phrases are just ideas that we find useful.
You will develop your own approach to encouraging people to have take home naloxone.



We have put a couple of possible scenarios on You Tube for you to see examples:

- Example of naloxone supply

https://youtu.be/kxGpa55tKaY

- Example of client in a rush supply

https://youtu.be/XnL7kxJnHps

What if people refuse naloxone?

In drugs services we are seeing more people willing to carry naloxone as they become more familiar with it and see it's benefits. But some people do refuse. Do periodically keep offering it to them when you see them again.

Possible ways to close a conversation if naloxone is refused:

'If you change your mind, you are welcome to come back another time'

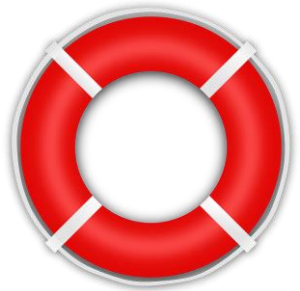
'Turning Point can give it out too or you can order it for home delivery. There's an app to help you find where to get it or order' [point to poster QR code]

'Please think about it, overdose rates are very high, we are trying to stop people dying'

As you gain more experience you may feel more confident to challenge refusals.

There is an example of naloxone refusal possible scenario on You Tube:

https://youtu.be/1PECI41w4V4



Reasons people refuse naloxone

- They might not need it. For example, they inject drugs that are not opioids such as amphetamines. They could still witness an overdose, so it is always worth pointing this out.

- They think they are not at risk. Smoking heroin is less of a risk than injecting, but people who smoke heroin may still witness an overdose or overdose themselves, especially if combining drugs & alcohol.

- They are embarrassed. A pleasant, open response to refusal can make a difference. Maybe they'll reconsider and remember you.

- They don't want to acknowledge their risks or find it too difficult to consider.

- They are afraid the police will use it as a reason to search them. Somerset police force encourage officers to carry naloxone. The discreet carry case can help.

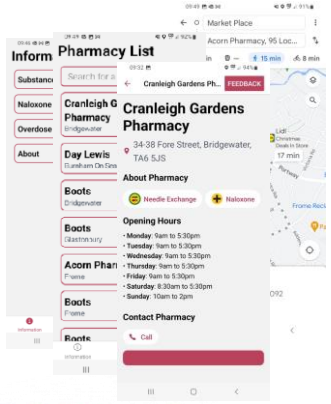
Getting supplies, payment and support

- You should all have an Exchange Supplies account
- Order via this account means you do not have to pay and claim back for the cost of the naloxone
- Claim payment via PharmOutcomes

- Consider appointing a pharmacy champion
- Regular training is important
- Ongoing support and pharmacist leadership is valuable

Carry Naloxone Somerset
www.carrynaloxone.uk

- The Pharmacy scheme is part of a wider intervention to promote carriage of naloxone in Somerset. There is:
- Posters
- App and map
- Carry Case



Summary

- Think of naloxone supply more like a counter sale than a detailed intervention such as Emergency Hormonal Contraception, it should be quick. Always advise of the need to call 999.

- Hooking your offer of naloxone to a request for needle exchange or supplying methadone or buprenorphine will help you make supplies.

- You can supply families, carers and others, but discretion is needed when identifying need.

- Any member of your team who has completed this training can supply naloxone. This means supply does not rely on a pharmacist being available. In Turning Point services, all staff who work with clients can supply naloxone, not just the Drs, nurses and pharmacists. We find this works well.

- If you would like a dummy Prenoxad kit for demonstration, contact us. deb.hussey@turning-point.co.uk

- Please support the evaluation when we make contact.

What you need to do next:

- Make sure you can access your Exchange Supplies account to order naloxone, any problems contact Louise Evans louise@exchangesupplies.org
- Make sure you have at least one Prenoxad and one Nasal naloxone (Nyxoid) in stock at all times.
- You/your staff should offer naloxone to all your opioid substitution therapy (methadone /buprenorphine) clients and if you provide needle exchange, offer naloxone to everyone who uses this service.
- Keep offering periodically as you feel appropriate. Make supplies if people ask.

Evaluation of N-QIP pilot programmes in Somerset and Wakefield: experiences of pharmacy teams in 2020. [This informed design of our new scheme discussed tonight]

Rachel Stones, Eleanor Atkinson, Mali Davies, Leeza Hodge and Jenny Scott

Introduction

- There were 2,160 registered deaths involving an opiate in England and Wales[1] and 1,092 deaths in Scotland in 2019[2].
- Naloxone reverses the effects of an opioid overdose and can prevent it from being fatal.
- Naloxone can be supplied from community pharmacies without a prescription.
- Supply from pharmacies has been limited and varies widely across the UK[3].

Naloxone – Quick Intervention in Pharmacies (N-QIP)

- Public Health England called for greater naloxone supply during the Covid-19 pandemic[4].
- Launched in 7 pharmacies in Somerset in April 2020, a further 9 in June and 4 pharmacies in Wakefield in July.
- Brief intervention delivered by any member of the pharmacy team

Methods

A mixed methods study design was used, comprising of (1) PharmOutcomes data, (2) survey for pharmacy staff, (3) qualitative interviews.

PharmOutcomes Data

Pilot pharmacies recorded details of each supply on PharmOutcomes. Details included clients' demographic information and reason for supply. Reports from the start of the pilot until 30-11-2020 were analysed using Microsoft Excel.

Survey for Pharmacy Staff

Staff from all pilot pharmacies were asked to complete an online survey. A small number of paper copies and a printed QR code for the online version were posted to each pharmacy. Participants were asked about training, confidence, attitudes, barriers and facilitators. Results were analysed using Microsoft Excel.

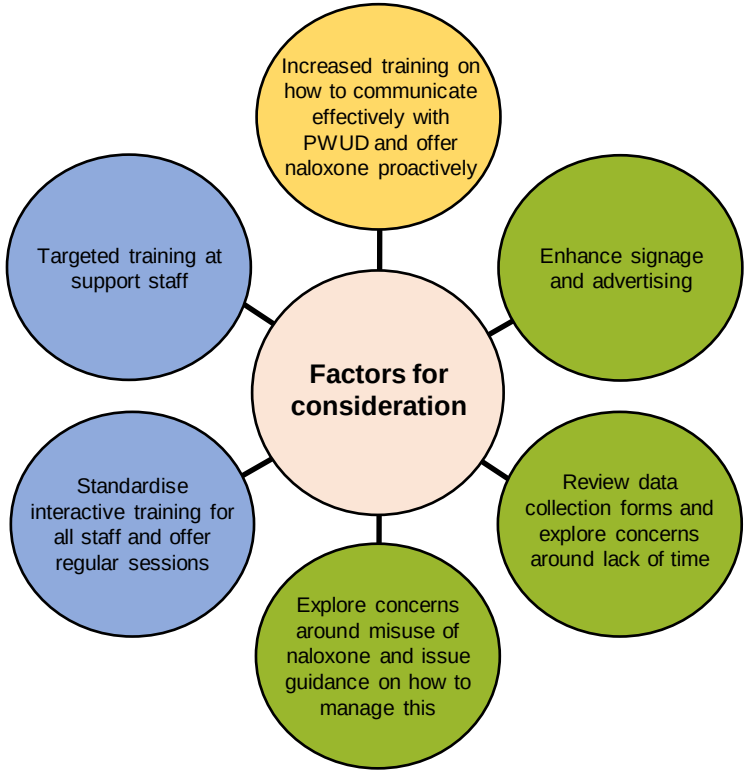
Qualitative Interviews

Pharmacy staff were interviewed and received a £20 voucher for taking part. Participants were asked about their overall experience of the pilot, approach to supply, training experience, data entry, barriers and facilitators. Data was analysed using thematic analysis according to Braun and Clarke[5].

Aim: Evaluate N-QIP pilot programmes in Somerset and Wakefield to inform future direction and roll-outs.

Objectives:

- Identify potential barriers and facilitators experienced by the pharmacy team during the implementation phase and during roll out.
- Identify support needs going forwards for N-QIP pharmacies.



Results

- 31 surveys were completed with a response from 60% of pilot pharmacies.
- 6 interviews with 5 pharmacists and 1 dispenser.

Staff characteristics

Most showed positive attitudes towards naloxone provision, average attitude score 27 out of 35. More were concerned discussing drug use may result in a negative reaction and some pharmacists described "difficult conversations" about naloxone.

71% were confident to identify potential clients and 39% to proactively initiate supply. Interviewees felt support staff were less confident than pharmacists. Average confidence scores of support staff in identifying patients and proactively initiating supply were 3.4 and 2.8 respectively, compared with pharmacists' average scores of 4.7 and 4.1.

Training

Most were satisfied with their training and 85% felt prepared to deliver the service. 30% suggested no improvements and one third regular training sessions.

Online session and training from a manager were the most successful training methods. 30% attended the online session and all made supplies in their pharmacy. Another 30% were trained by a manager – one quarter made no supplies and three quarters made 14+. 37% worked through self-directed training and one third made no supplies.

One pharmacist was not trained and felt this would have helped them initiate conversations about naloxone and proactively supply.

Work-flow factors

Participants were familiar with PharmOutcomes and satisfied with data collection. Some reported that clients did not want to wait for this or did not want to provide their name.

40% felt the service was quick to deliver but another 40% cited lack of time as a barrier to supply.

Some felt more signage and advertising would decrease the need for staff to make proactive offers.

Some raised concerns about clients frequently accessing the service and potentially using it to access needles in the kit, rather than for the naloxone.

Conclusion

Pharmacy teams reported facilitators and barriers that impacted their ability to supply naloxone. Staff had positive attitudes towards naloxone but reported difficulties with confidence and proactively offering naloxone. Staff were satisfied with the training provided and interactive sessions were the most successful. Staff described work-flow factors: data collection, time, advertisement and ethical concerns. The study identified factors to consider for future roll-outs and ways to support pharmacy teams to deliver the service. As response was limited from pilot pharmacies who made no supplies, future work could explore any additional barriers these pharmacies faced.

References

1. ONS. Deaths related to drug poisoning in England and Wales: 2019 registrations [Internet]. Newport: ONS; 2020 Oct 14 [cited 2021 Jan 5]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2019registrations
2. NRS. Drug-related deaths in Scotland in 2019. Edinburgh: NRS; 2020 Dec 15.
3. Carre Z, Ali A. Finding a Needle in a Haystack 2017/18. London: Release; 2019 Mar.
4. DHSC & PHE. COVID-19: guidance for commissioners and providers of services for people who use drugs and alcohol [Internet]. London: DHSC & PHE; 2020 [updated 2020 Dec 11; cited 2021 Jan 5]. Available from: https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol
5. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2008 Jul 21;3(2):77-101

Thank you for supporting this effort to reduce opioid related deaths: Any Questions?

Suggested further training for pharmacists and pharmacy technicians:

https://www.smmgp-elearning.org.uk/