



Harm Reduction Database Wales: Take Home Naloxone 2009-13

**Authors: Gareth Morgan & Josie Smith, Substance Misuse Programme, Health Protection Division,
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HARM REDUCTION DATABASE WALES – TAKE HOME NALOXONE

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1 Executive summary

The report provides data on the training and provision of 'Take Home Naloxone' from 34 services across Wales recorded on the Harm Reduction Database Wales during the period 01/07/2009 to 31/03/2013.

Key findings:

- A total of 2,130 unique individuals were issued Take Home Naloxone (THN) across Wales between 2009 and 2013.

THN used in fatal/non-fatal opioid poisoning events

- THN was reported to have been used in 215 opioid poisonings events Wales-wide during the timeframe.
- In 6 per cent of such cases THN was administered to the owner of the kit.
- Three fatalities were recorded in events where THN was reported to have been used for opioid overdose. However, in 100 per cent of cases emergency services were in attendance.
- Follow-on care (ambulance) was requested and provided in 62.3 per cent of cases where THN was used in an opioid poisoning event.

Demographics of overall distribution

- The rate of THN distribution from 2009-2012 rose due to year on year increases in site numbers offering THN. However, since 2012 the rate of THN supply has declined overall.
- The gender profile of those issued THN was 27.6 per cent female and 72.4 per cent male.
- Around 23 per cent of those issued were aged 30-34 years old. The age range was 16 to 63 years; 14.7 per cent of THN kits were issued to 'young people' (under 25 years).
- Just under 30 per cent of THN service users were living in non-secure accommodation or were of no fixed accommodation (NFA); a higher percentage of these service users used THN than those in secure accommodation.
- Poly-drug use was cited as risk behaviour for 79 per cent unique individuals.
- Over 40 per cent of those referred for THN had experienced an opioid poisoning event in their lifetime.
- Amongst the male client group, 15 per cent were issued THN from Welsh prisons.

Re-supply of THN

- The number of kits re-supplied across Wales was 647. 'Out of date kit' accounted for 32 per cent of reasons for resupply.
- Based upon the number of unique individuals re-supplied and the number of kits issued during the early years of implementation, it is estimated that 214 of kits issued between 2009-2011 are now 'out of date' and have not been replaced.

2 Background

In July 2009 the Take Home Naloxone (THN) pilot project was launched by Welsh Government 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 was achieved by November 2011. Currently THN is available from 34 sites throughout Wales which include statutory/voluntary substance misuse services, homelessness hostels, and public/private sector prisons.

2.1 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.

2.2 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.

2.3 Data definition

This report details the THN activity data recorded on the HRD from implementation of the pilot project (1st July 2009) until 31st March 2013. Within this report comparisons of annual activity have been made on a Wales-wide basis due to late implementation of THN projects in some localities. Additionally, data taken from the first two years prior to full implementation have been aggregated throughout this report. Therefore the period 2009-2011 represents the pilot project and years 2011-2012, 2012-2013 represent Wales-wide implementation of THN projects. Table 1 lists the sites included in this report.

Table 1: List of sites where THN activity has been recorded since 1st July 2009 – 31st March 2013

ABMU	Inroads – Barry
DIP – Bridgend	Inroads – Cardiff
DIP – Neath	Wallich Hostel – Cardiff
High Street Surgery – Swansea	Cwm Taf
HMP Parc	CRI – Merthyr Tydfil
HMP Swansea	Drugaid – Merthyr Tydfil
OGWR DASH – Bridgend	TEDS – Aberdare
SANDS Cymru – Swansea	Hywel Dda
WGCADA – Bridgend	Catalyst – Aberystwyth
Aneurin Bevan	Cyswllt – Cardigan
CRI – Blackwood	PRISM – Haverford West
Drugaid – Caerphilly	Turning Point – Llanelli
Drugaid – Ebbw Vale	Wallich Hostel – Ceredigion
BCU	WWSMS – Carmarthen
CDAT – Rhyl	Powys Teaching
CDAT – Shotton	Kaleidoscope – Brecon
Cardiff and Vale	Kaleidoscope – Llanelli
CAU – Barry	Kaleidoscope – Newport
CAU – Cardiff	Kaleidoscope – Welshpool
HMP Cardiff	Kaleidoscope – Ystradgynlais
Huggard Centre – Cardiff	

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.

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

THN was reported to have been used in 215 opioid poisonings events Wales-wide between 1st July 2009 and 31st March 2013. The 215 kits were issued to 154 unique individuals, of whom 34 used THN on multiple poisoning events. Annual trends in THN use closely resemble the pattern of THN distribution (see *Chart 1*).

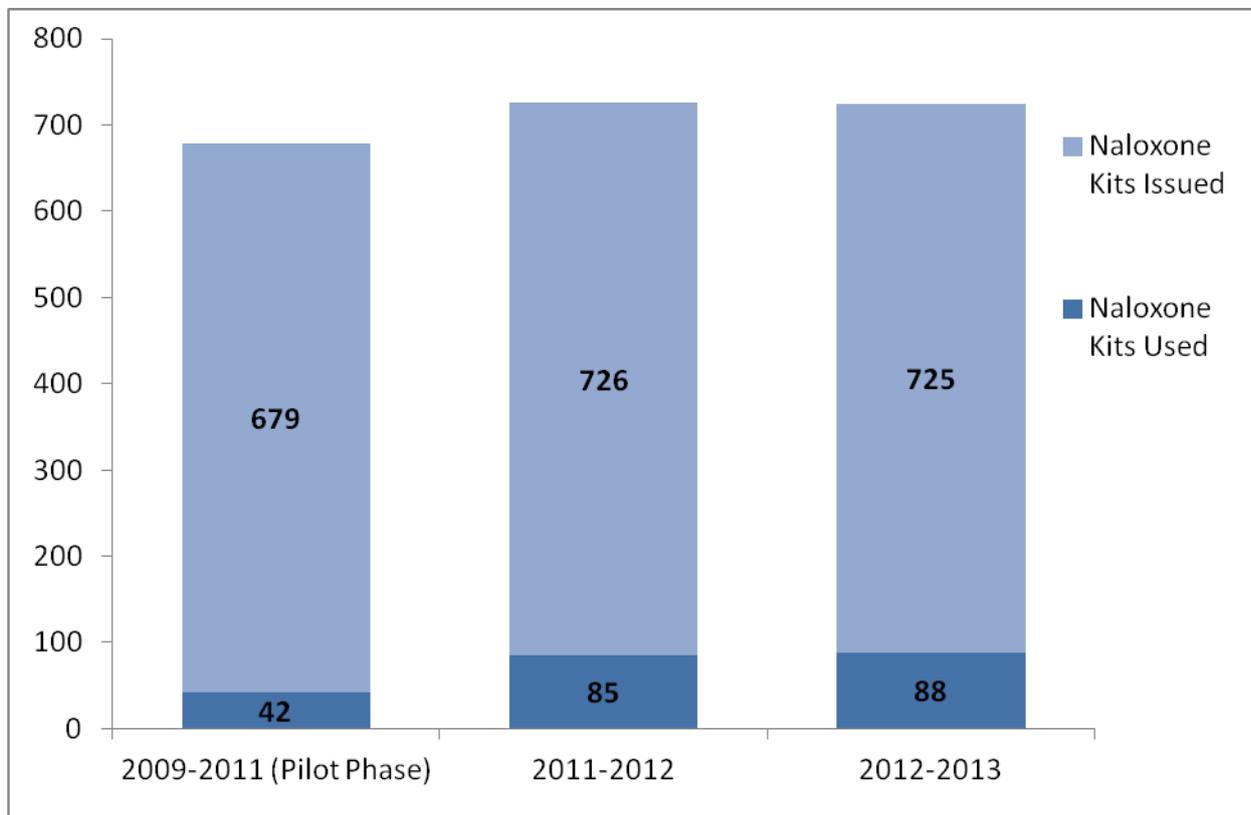


Chart 1: Annual trends in THN use during poisoning events compared to the number of kits issued

3.1 Outcome of poisoning

Death occurred in 1.4 per cent (n=3) of the 215 cases of opioid poisonings where THN was reportedly used. Ambulance teams were called to each of these events prior to death; in two cases the patient refused hospital treatment; further detail was not available for the third. All kits used during these fatal poisonings were used within their expiry time period.

3.2 Demographics

The following data refers to the unique individuals (n=154) who used THN during fatal/non-fatal opioid poisoning events:

Gender profile

26.6 per cent (n=41) were female, and 73.4 per cent (n=113) male. This is representative of the overall profile of individuals issued THN Wales-wide (see section 4.2 – *Demographics*).

Age profile

The 30-34 year age range accounted for 25.9 per cent (n=40) of all individuals. 12.3 per cent (n=19) of individuals were under the age of 25. This is consistent with of the overall age profile of individuals issued THN (see section 4.2 – *Demographics*). None were under the age of 18.

Ethnicity

Of those individuals who used THN in poisoning events, 96.9 per cent (n=129) were White Welsh or White British.

Housing status

Around two-thirds of individuals who had used THN in poisoning episodes lived in secure accommodation compared to individuals living in non-secure accommodation or who were NFA (see *Table 2*). However, proportionately more individuals issued with THN living in non-secure accommodation used it during poisoning events when compared to those in stable accommodation or NFA (see *Chart 2* for comparisons). This would indicate a greater use of THN by those living in unstable accommodation and that future THN distribution along with harm reduction advice to at-risk individuals in such environments is required to ensure further prevention of fatal opioid poisonings.

Risk behaviour & non-fatal opioid poisoning history

Poly-drug use was reported as the primary risk factor for 84.2 per cent (n=80) of individuals who used THN during an opioid poisoning event. Poly-drug users were therefore over-represented amongst users of THN during an opioid poisoning event compared with the overall demographic profile of THN distribution (see section 4.2 – *Demographics*).

Self-reported lifetime history of opioid non-fatal poisoning was reported in 51.3 per cent (n=60) of individuals who had used THN. Comparison with the overall profile of individuals issued with THN (see section 4.2 – *Demographics*) shows that those who had experienced a non-fatal opioid poisoning prior to being issued THN were more likely to use THN during an opioid poisoning event. Of those who had experienced non-fatal opioid poisoning, 45.6 per cent (n=26) had experienced 2 or more poisonings within the last year.

Table 2 Self-reported housing status of unique individuals who used THN during fatal/non-fatal opioid poisonings (1st July 2009 – 31st March 2013)

Housing Status	Total	% by housing type
Owner	1	61.6% in secure accommodation
Private rented	22	
Council rented	29	
Housing Association rented	7	
Live with family	10	
B & B	2	20.5% in non-secure accommodation
Hostel	20	
Live with friends	1	
NFA – Friends House	5	17.9% with no fixed accommodation
NFA – Mixed	6	
NFA – Street Homeless	9	

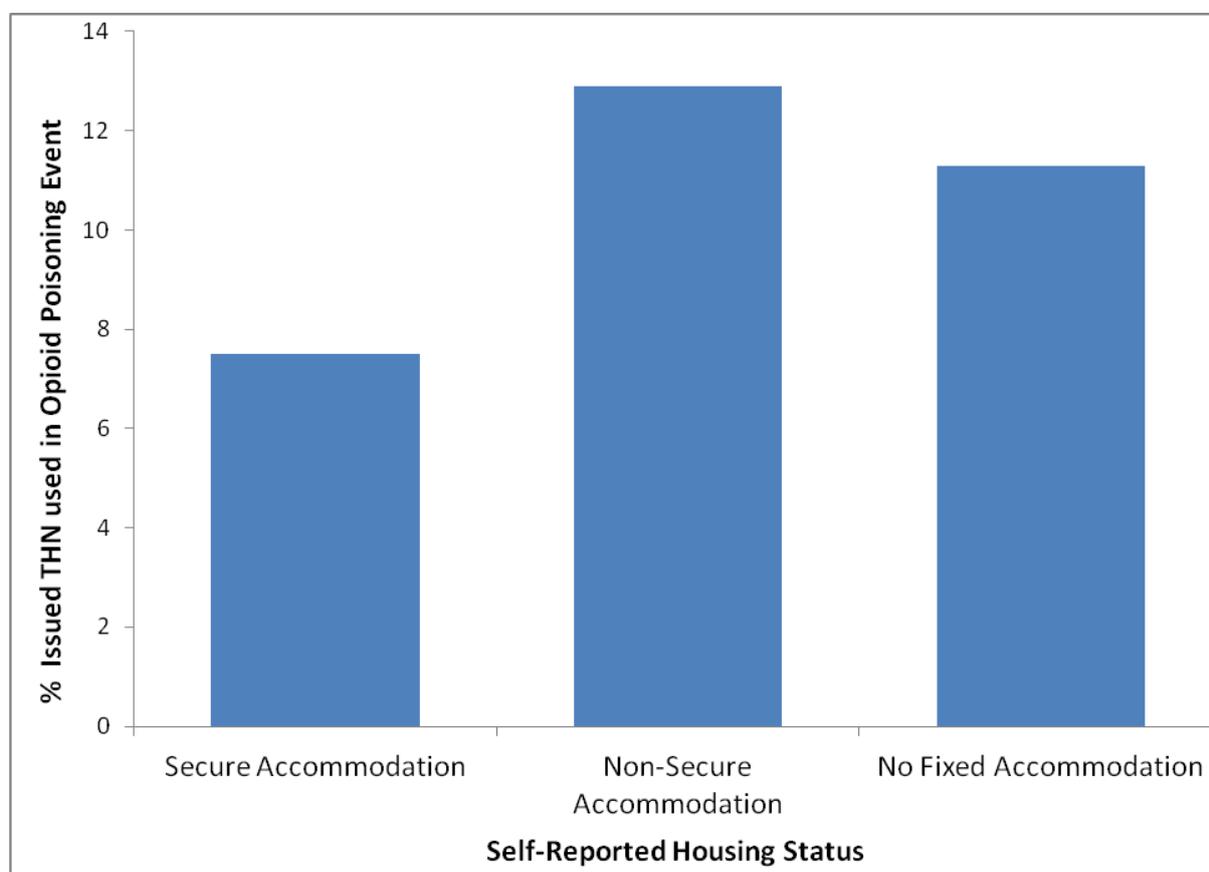


Chart 2: Proportion of individuals who used THN during fatal/non-fatal opioid poisoning events by self-reported housing status (1st July 2009 – 31st March 2013)

3.3 The recipient of THN

In 94 per cent (n=202) 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 6 per cent (n=13) of cases.

3.4 Location of opioid poisoning events

In order to reduce future fatal and non-fatal poisonings it is important to recognise and map the location of opioid poisoning events and identify hotspots to target appropriate interventions, *Chart 3* indicates the location in which all 215 kits of THN were administered during opioid poisoning events.

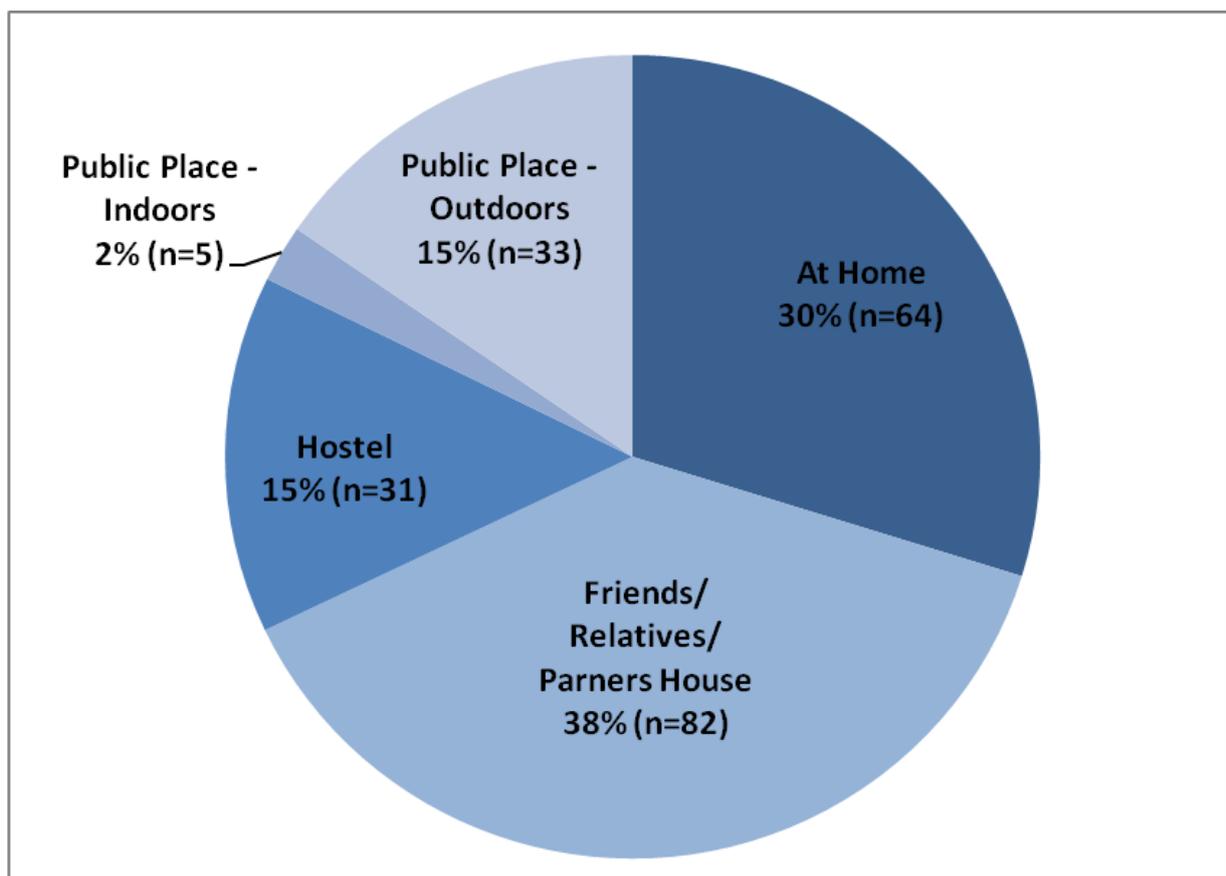


Chart 3: Location of opioid poisoning events

3.5 Follow-on care

Of the 215 events where THN was used during an opioid poisoning, paramedic teams were called in 62.3 per cent (n=134) of cases. Of these 59.7 per cent (n=80) of individuals were taken to hospital, and the remaining 40.3 per cent (n=54) refused hospital admission. Due to THN's short time period of effectiveness (approximately 20 minutes), follow-on care in the form of paramedic/medical response is essential so that longer lasting treatment can be administered and further follow-on support provided.

4 THN distribution Wales-wide

4.1 Unique individuals referred, trained, and issued THN

Since 1st July 2009 2,130 unique individuals have been trained and issued with THN kits Wales-wide. Of these, 68.1 per cent unique individuals received kits during the years 2011-2013 following full nation-wide implementation. Despite increases in THN distribution following the first year of full implementation (2011-12), the data indicate a stabilisation in the number of unique individuals issued THN in 2012-13 (see *Chart 4*).

Data taken from the Needle and Syringe Programme (NSP) module of the HRD Wales (2012-13) indicate that there were a minimum of 3,107 unique individuals accessing voluntary and statutory NSPs (not pharmacy based) where intravenous opioid use was recorded as a primary or secondary substance. Saturation of THN distribution amongst the opioid using population has not yet been achieved; wider distribution of THN in the community is required.

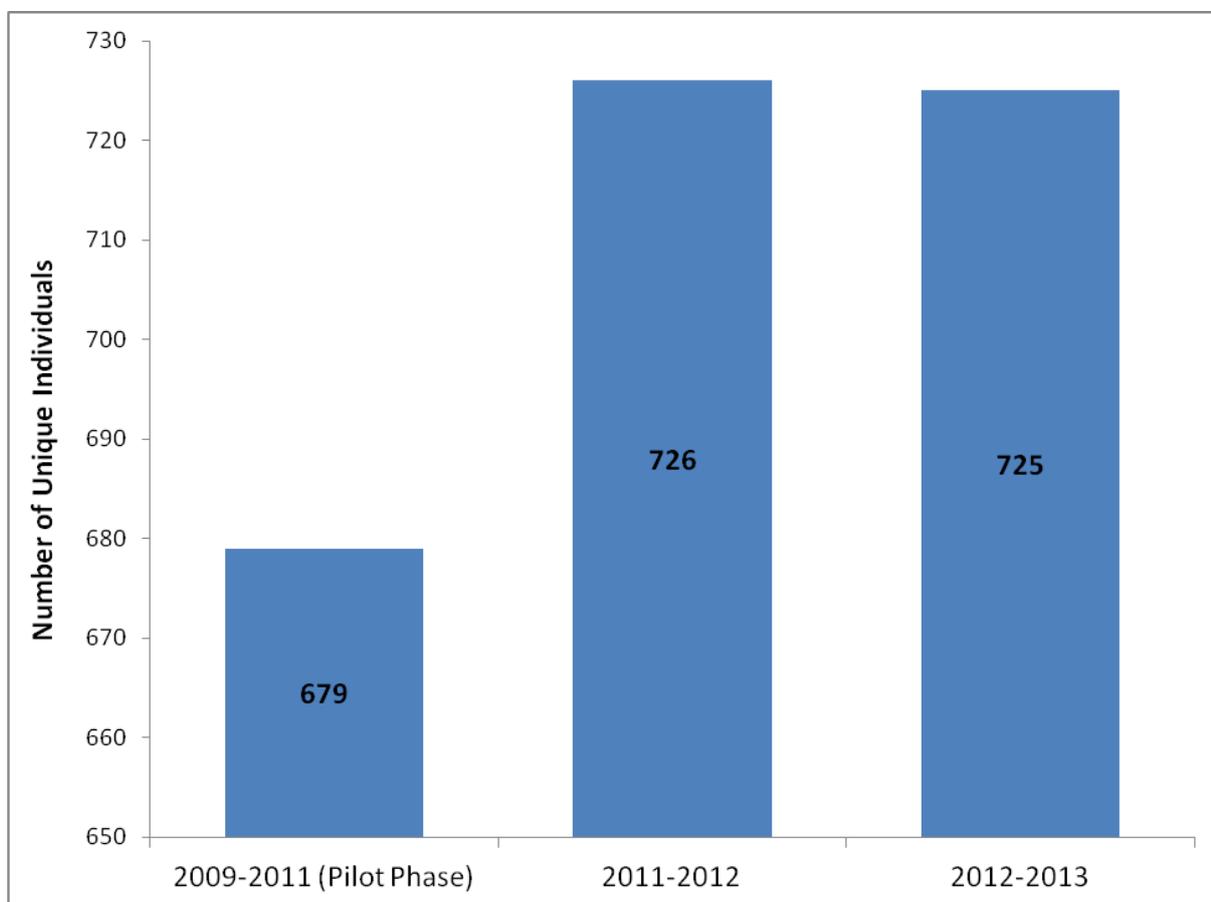


Chart 4: Number of THN kits issued in Wales by year

4.2 Demographics

Gender profile:

Of the 2,130 unique individuals issued with THN, 27.6 per cent were female (n=588) and 72.4 per cent male (n=1,542).

Age profile

Ages ranged from 16-64. The 30-34 year age range accounted for 23.3 per cent of the total. See *Chart 5* for age/gender differences.

Young people

Those under 25 years of age made up 14.7 per cent of the total issued with THN. There were eight individuals aged 16-17 years, 49 aged 18 to 19 years, and a further 256 aged 20-24 years.

Older people: Those aged 50+ years accounted for less than 5 per cent (n=65) of the overall population. Five individuals were aged 60 or above.

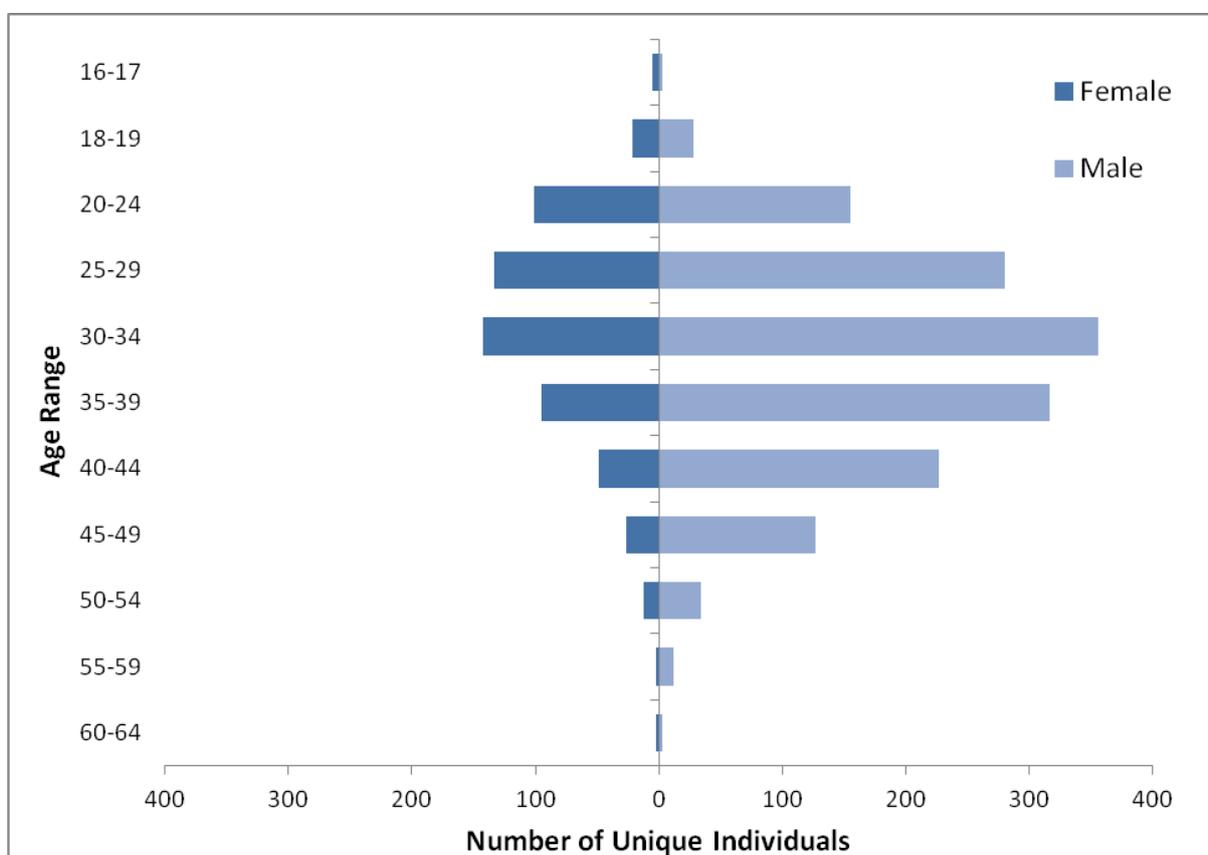


Chart 5: Age and gender profile of unique individuals issued THN across Wales (1st July 2009 – 31st March 2013)

Ethnicity

Of those reporting their 94.4 per cent (n=1,646) were White Welsh or White British. The ethnic profile of the remaining 5.6 per cent (n=97) is shown in *Chart 6*.

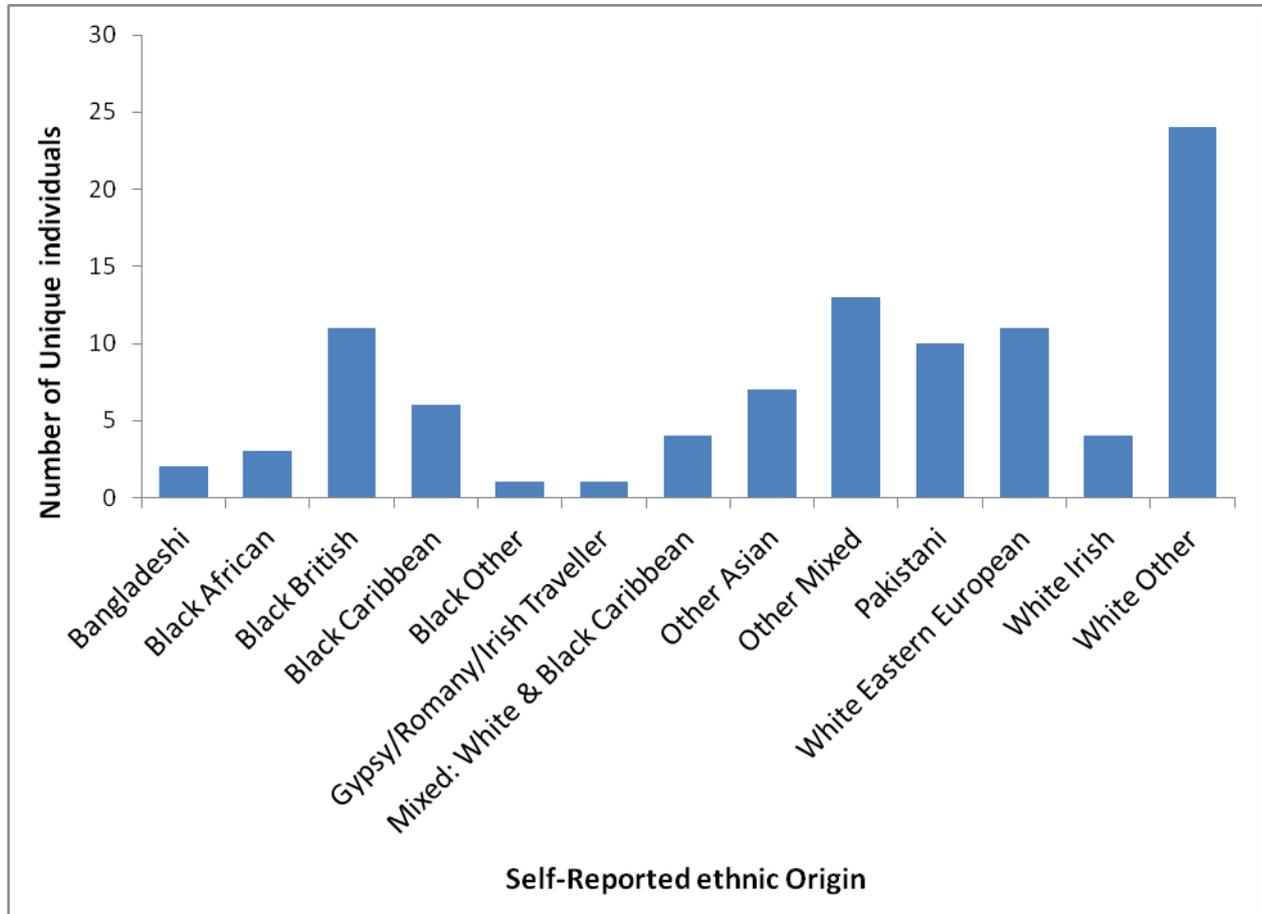


Chart 6: Self reported ethnic origin (excluding white Welsh and white British) of unique individuals issued with THN (1st July 2009 – 31st March 2013)

Housing status

Housing status is shown in *Table 3*. Housing status has implications for an injecting drug user in relation to the amount of help and assistance available during the event of an opioid poisoning and potential access barriers to emergency services.

Table 3: Self-reported housing status of unique individuals issued THN (1st July 2009 – 31st March 2013)

Housing Status	Total	% by housing type
Owner	29	72.2% in secure accommodation
Private rented	195	
Council rented	466	
Housing Association rented	89	
Live with family	142	
B & B	19	13.9% in non-secure accommodation
Hostel	124	
Hostel - probation	6	
Live with friends	29	
NFA – Friends House	46	13.9% with no-fixed accommodation
NFA – Mixed	39	
NFA – Relatives House	19	
NFA – Squat	1	
NFA – Street Homeless	72	

Risk behaviour

Amongst the unique individuals who received THN, the majority, 79 per cent, reported poly-drug use as their only risk behaviour (see *Chart 7*).

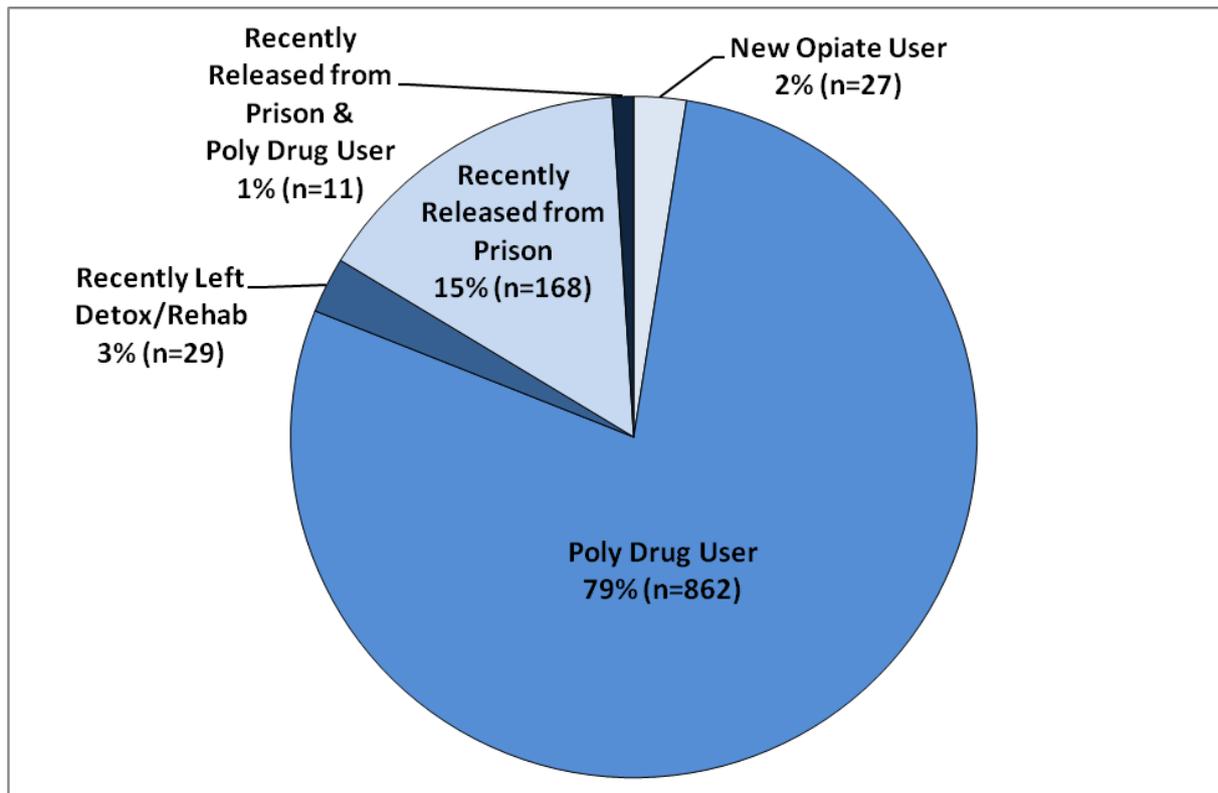


Chart 7: Risk Behaviour of Unique Individuals Prior to Receiving THN (1st July 2009 – 31st March 2013)

History of non-fatal poisoning

Individuals with a prior history of non-fatal opioid poisoning are at increased vulnerability for future opioid poisoning. Of unique individuals receiving THN, 40.3 per cent (n=647) reported at least 1 previous non-fatal opioid poisoning. *Chart 8* indicates the frequency of non-fatal opioid poisonings amongst all unique individuals prior to receiving THN.

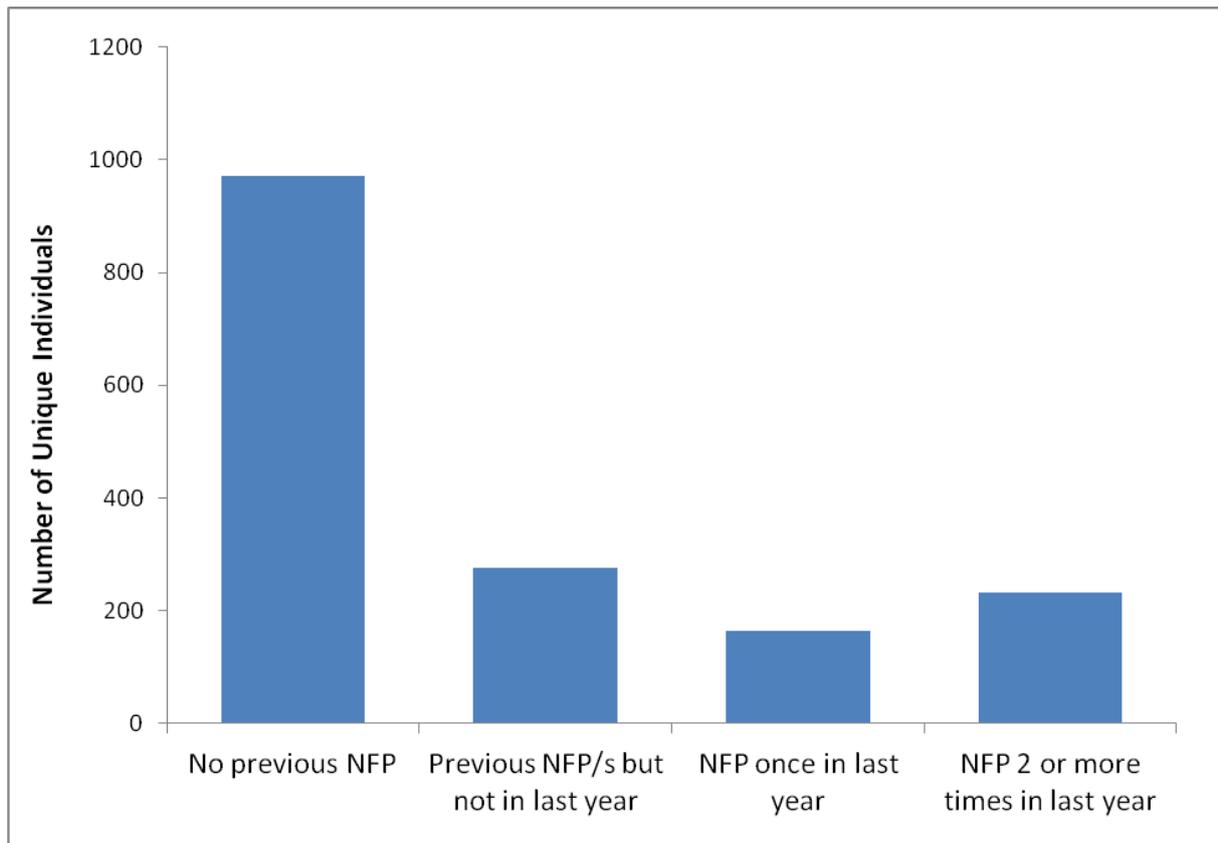


Chart 8: Frequency of self-reported non-fatal opioid poisoning (NFP) prior to issue of THN (1st July 2009 – 31st March 2013)

5 Re-supply of THN – for any reason

Following the initial supply of THN (N=2130), 647 kits have been re-supplied across Wales to 465 unique individuals from 1st July 2009 to 31st March 2013. This represents 21.8 per cent of the total unique individuals who were originally issued with THN kits. The rate of re-supply was at its highest during 2012-2013 (see *Chart 9*) and at its lowest during the pilot phase years. This is an expected trend due to the incremental increase in kit distribution from year to year, and expected increases in demand for kit re-issue e.g. replacing expired kits.

THN has an expiration period of between 18 and 24 months post-manufacture. Following expiry, the efficacy of THN is likely to decrease and in some cases may cease working completely. 84.2 per cent (n=545) of re-supplies took place during 2011-2013, the two years following implementation. However, due to the level of kit distribution during the pilot years, higher than observed rates of re-supply should have occurred during the 2011-2013 time period.

From 31st March 2013 all original kits issued during the pilot years (n=679) would have expired. Therefore, based on the number of unique individuals re-supplied THN it can be estimated that approximately 31.5 per cent (n=214) of original kits issued during the pilot years have expired without replacement.

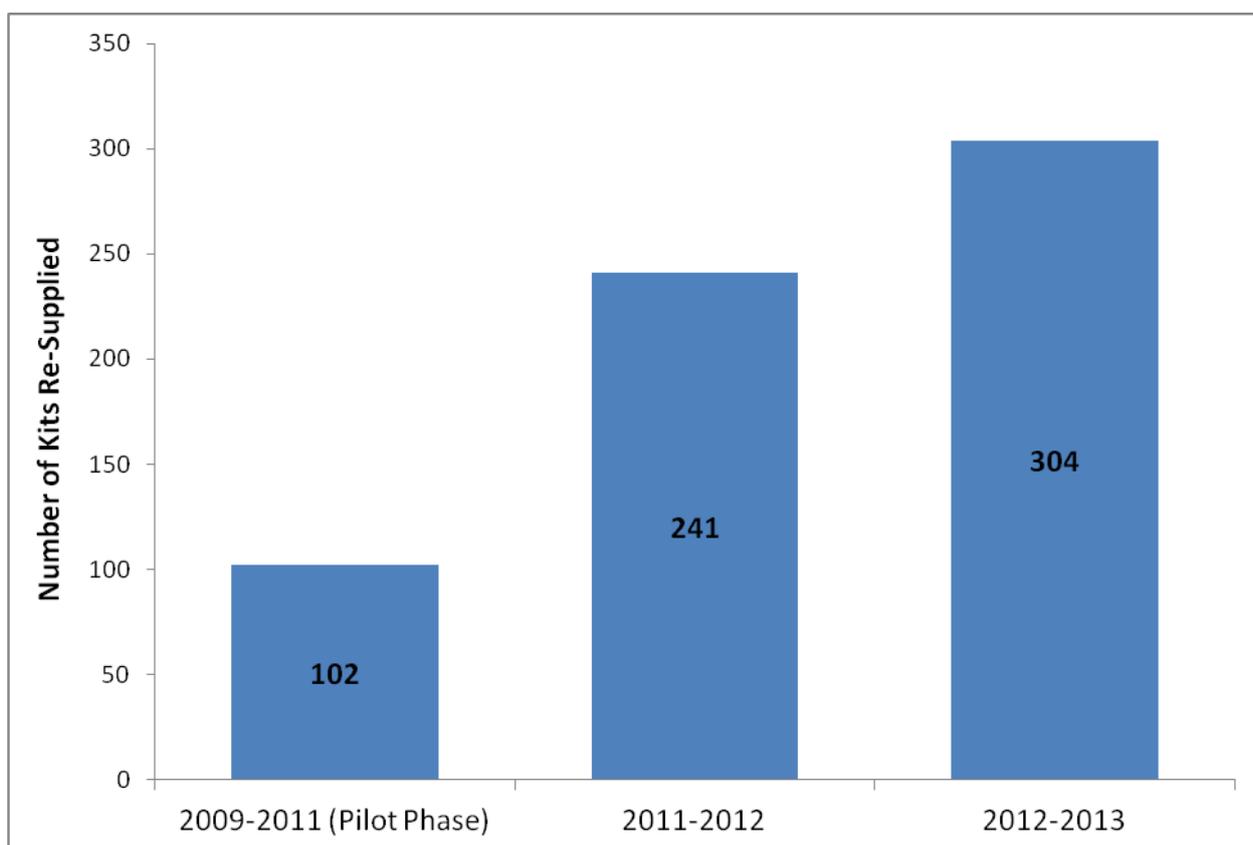


Chart 9: Number of kits re-supplied across Wales by year (1st July 2009 – 31st March 2013)

Of the kits which were re-supplied, *Chart 10* indicates the number of individuals who were re-supplied THN on multiple occasions (n=109) for any reason.

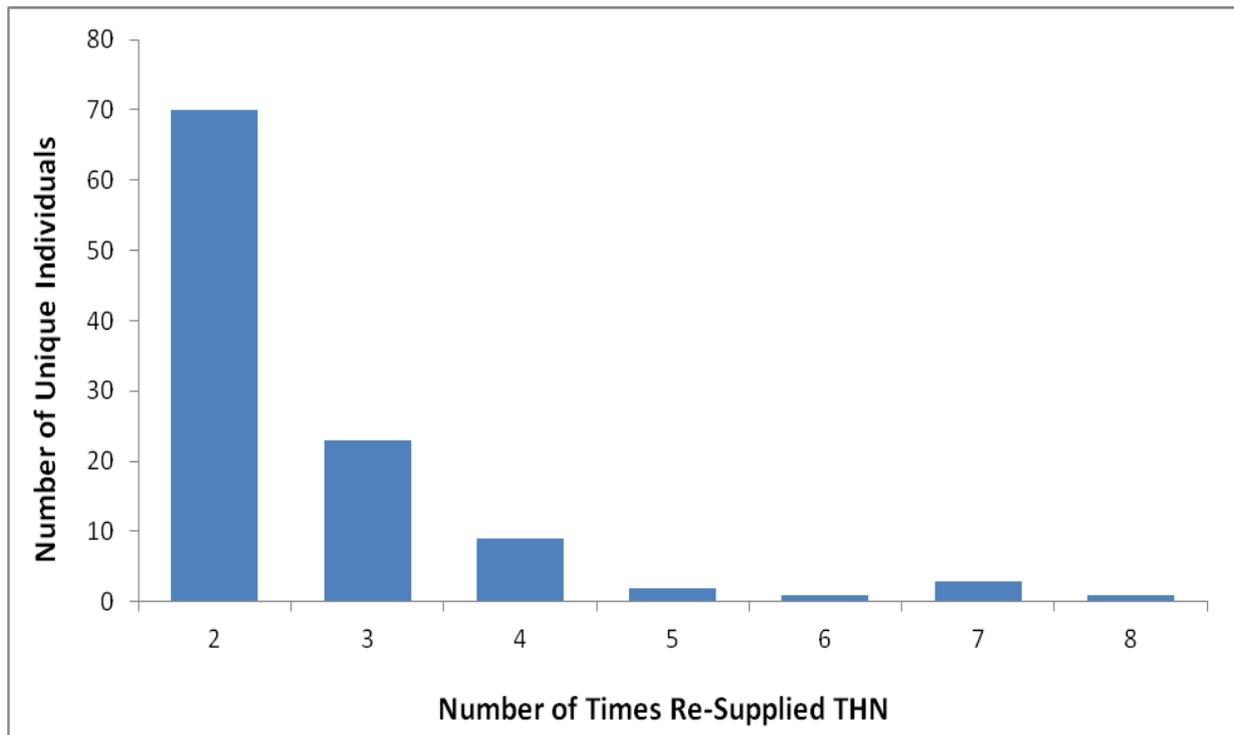


Chart 10: Number of unique individuals who were re-supplied THN on multiple occasions for any reason (1st July 2009 – 31st March 2013)

5.1 Reasons for re-supply

Reasons for re-supply are indicated in *Chart 11* for all 647 kits that were re-supplied across Wales between 1st July 2009 and 31st March 2013. Around one third were reported lost, a further third were out of date, and final third were used during opioid poisoning events. As indicated a small number of THN kits have been seized by police (n=8), the majority of which were reported confiscated during the year 2012-2013.

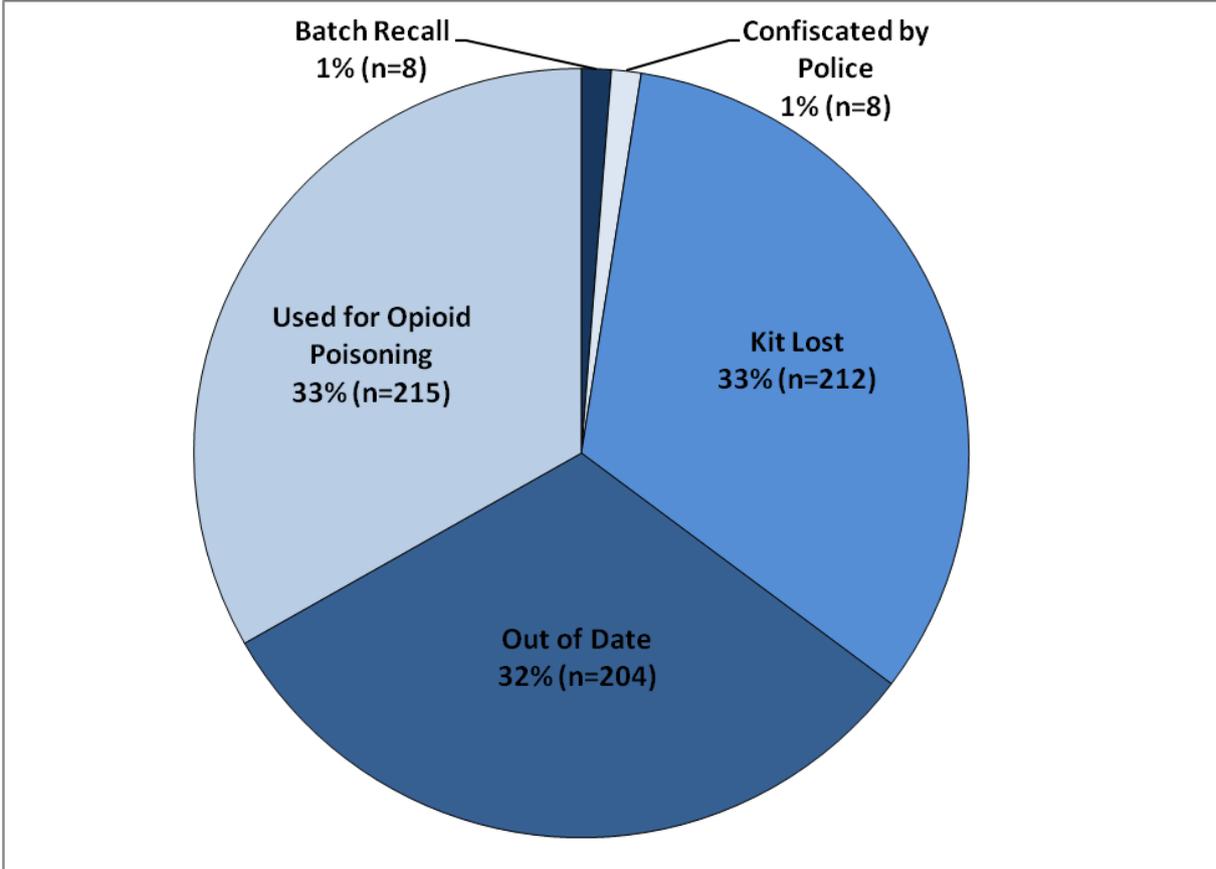


Chart 11: Reasons for re-supply of THN across Wales (1st July 2009 – 31st March 2013)

5.2 Demographics of clients re-supplied – for any reason

Gender profile

Of the 465 unique individuals who were re-supplied THN, 27.7 per cent were female (n=129), and 72.3 per cent male (n=336).

Age profile

The 30-34 years age range accounted for 21.5 per cent (n=100) of the population re-supplied. See *Chart 12* for age/gender differences.

Young people

No individuals under the age of 18 years old presented for re-supply. Individuals under 25 years age accounted for 14.2 per cent of the population re-supplied.

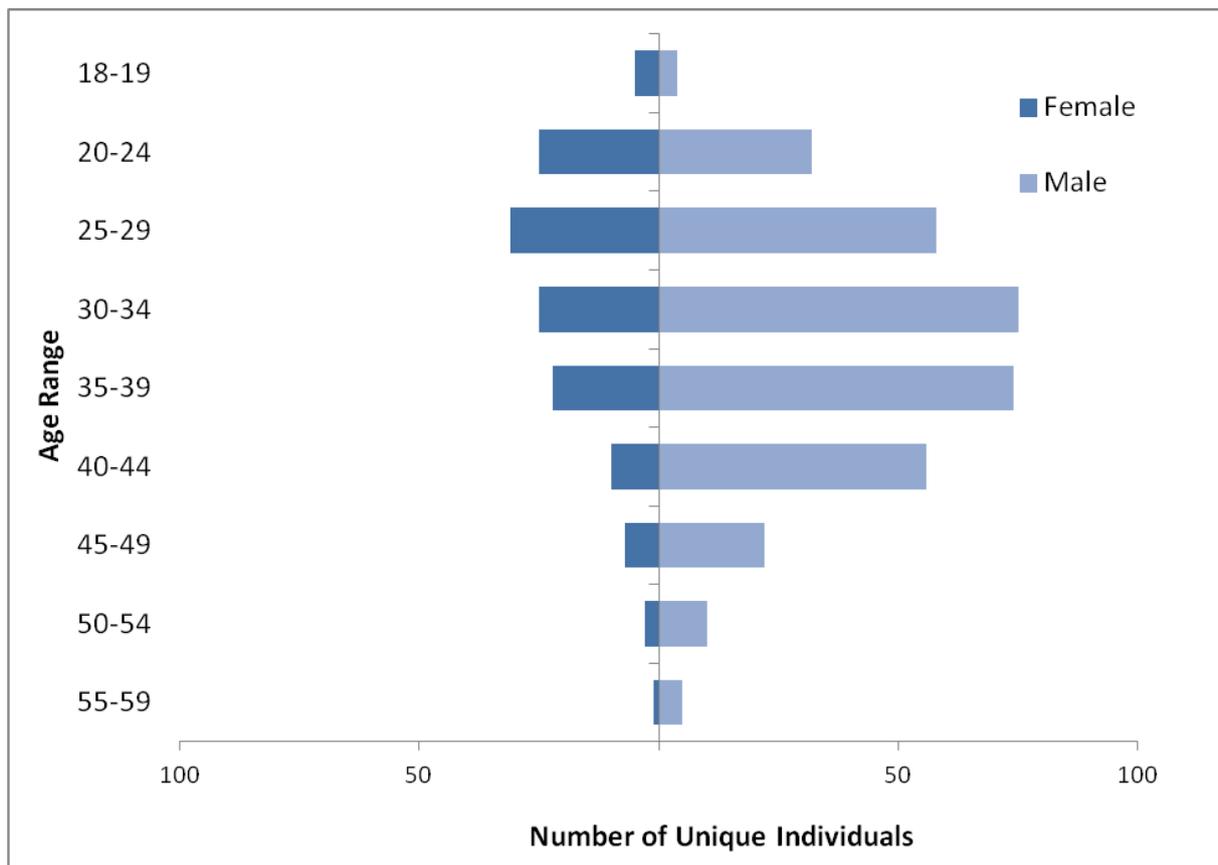


Chart 12: Age and gender profile of unique individuals who have been re-supplied THN for any reason

Ethnicity

Of those reporting their ethnicity, 95.3 per cent (n=386), were White Welsh or White British.

Housing status

- 66.3 per cent (n=224) lived in secure accommodation.
- 18.3 per cent (n=62) lived in non-secure accommodation e.g. B&B, hostels.
- 15.4 per cent (n=52) had no fixed accommodation.

Risk behaviour

Of those reporting risk behaviours, 81.9 per cent (n=223), reported poly-drug use only as a risk behaviour. Recently being released from prison accounted for 12.9 per cent (n=35) of unique individuals risk behaviour, and new opiate use, recently leaving detox, and prison and poly-drug use combined only accounted for 5.1 per cent (n=14).

Non-fatal opioid poisoning history

Of individuals who were re-supplied with THN, 43.1 per cent (n=163) reported having experienced at least one prior non-fatal poisoning (NFP) during their lifetime. *Chart 13* indicates the frequency of NFPs experienced by the individuals re-supplied with THN. This data is consistent with the profile of those originally issued THN.

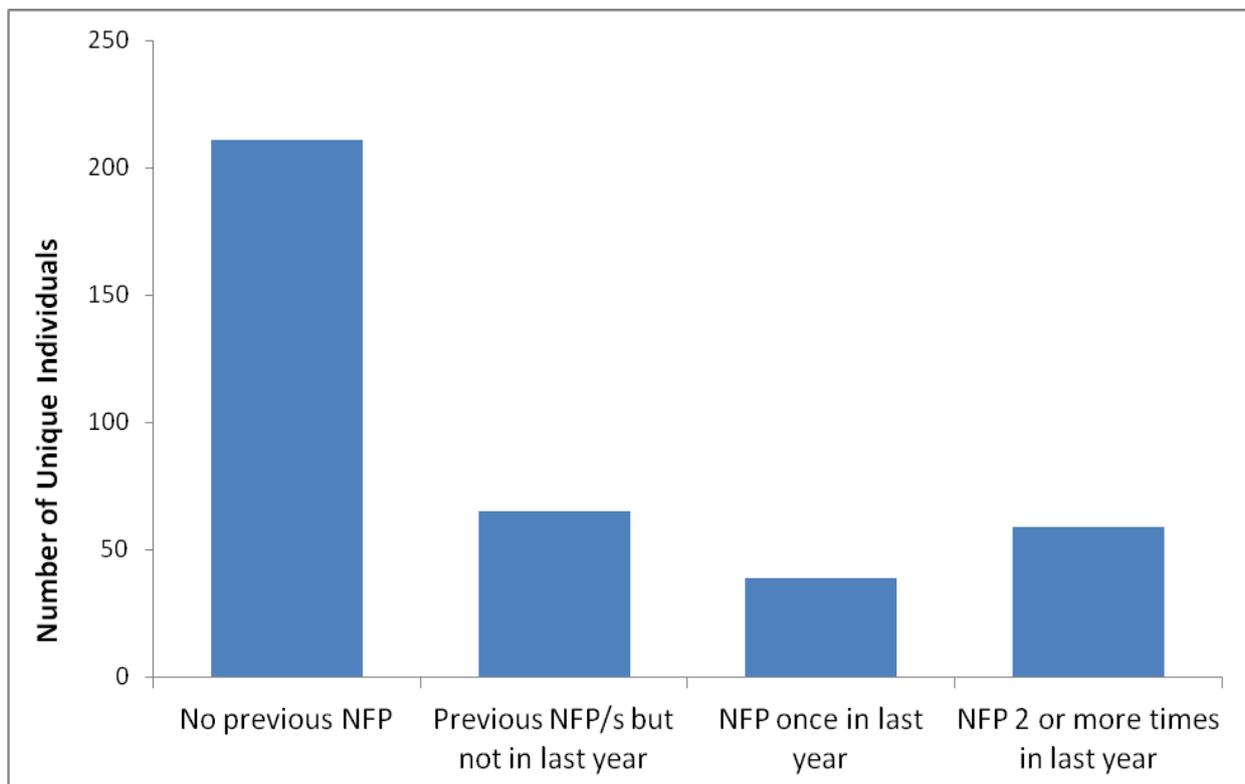


Chart 13: Frequency of self-reported non-fatal opioid poisoning (NFP) prior to initial referral for unique clients re-supplied THN (1st July 2009 – 31st March 2013)

6 THN – Activity data by Health Board

The following section explores THN distribution by Area Planning Board (APB) level. Comparisons between APB activity have been made using rate per 1000 population. Additionally, annual comparisons of APB activity have only been made for years 2011-12 and 2012-13. This is due to only a select number of APBs taking part in the pilot phase prior to 2011.

6.1 Unique individuals issued THN by APB

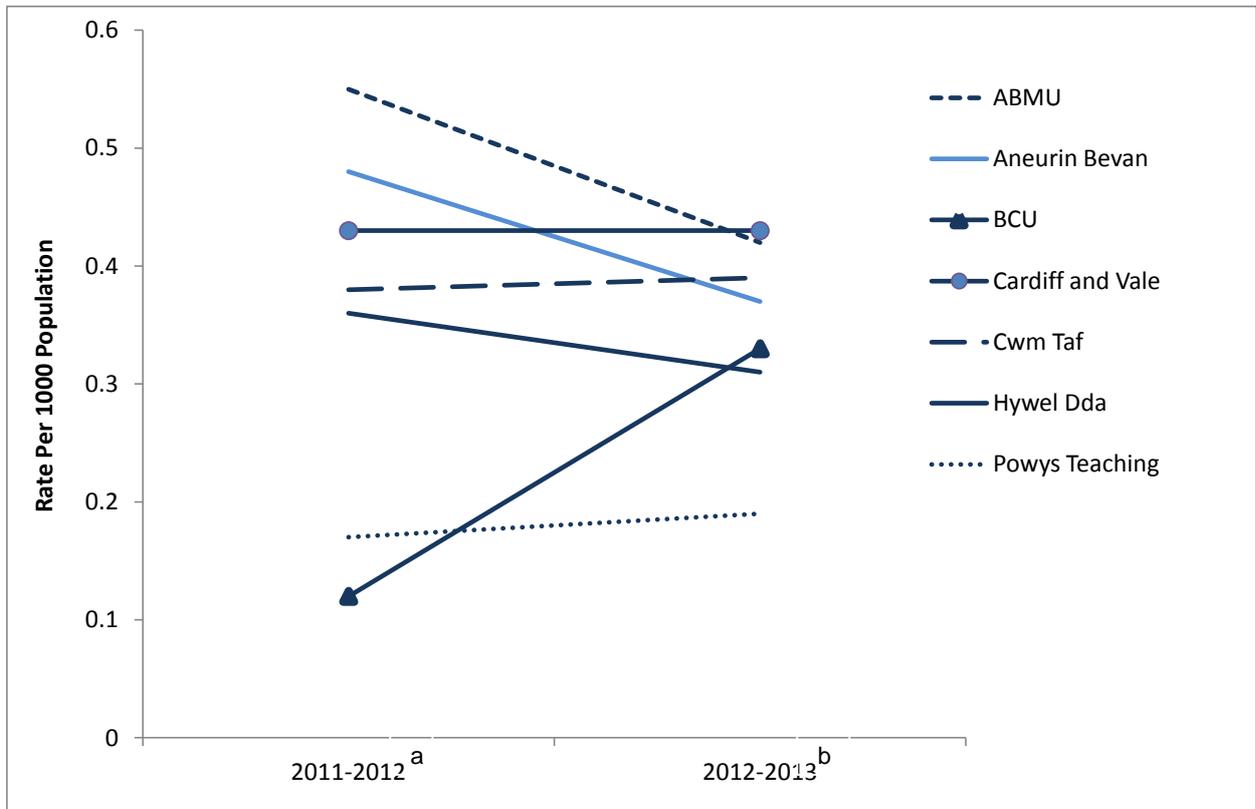
Table 4 indicates the number of unique individuals issued with THN by APB. Variation exists over the period in the rate of THN provision by APB (see Chart 14). A Wales-wide decline was observed in the overall rate of THN supply to all at risk individuals which is not believed to be a result of saturation.

Table 4: Unique individuals trained and issued with THN following full implementation by APB

	Uls Issued THN 2011-2012	Mid-Year Population (2011) ^a	Rate Per 1000 Population	Uls Issued THN 2012-2013	Mid-Year Population (2012) ^b	Rate Per 1000 Population	Difference in Rate Per 1000 Population
ABMU	187	338371	0.55	142	336935	0.42	-0.13
Aneurin Bevan	178	372410	0.48	136	370727	0.37	-0.11
BCU	51	433764	0.12	143	430452	0.33	0.21
Cardiff and Vale	137	321947	0.43	140	321844	0.43	0
Cwm Taf	73	191275	0.38	75	191054	0.39	0.01
Hywel Dda	86	239189	0.36	74	238063	0.31	-0.05
Powys Teaching	14	81513	0.17	15	80472	0.19	0.2

^a based on 2011 mid year population estimates aged 15-64 years (ONS, 2012)

^b based on 2012 mid year population estimates aged 15-64 years (ONS, 2013)



^a based on 2011 mid year population estimates aged 15-64 years (ONS, 2012)

^b based on 2012 mid year population estimates aged 15-64 years (ONS, 2013)

Chart 14: Rate per 1000 population for THN kits issued by APB (2011-12 and 2012-13)

6.2 Demographic comparisons by APB

For all unique individuals issued with THN, demographic details such as gender, age, and ethnicity across all APBs were representative of the Wales-wide demographic profile.

With regards to housing status, a number of APBs deviated from the national demographic profile in ways that suggest variation in targeting strategies and location of services (see *Chart 15*). For example, Cardiff and Vale currently have four THN registries located in homelessness services/hostels, whereas localities such as BCU, Cwm Taf, and Powys Teaching operate solely from statutory/voluntary substance misuse services.

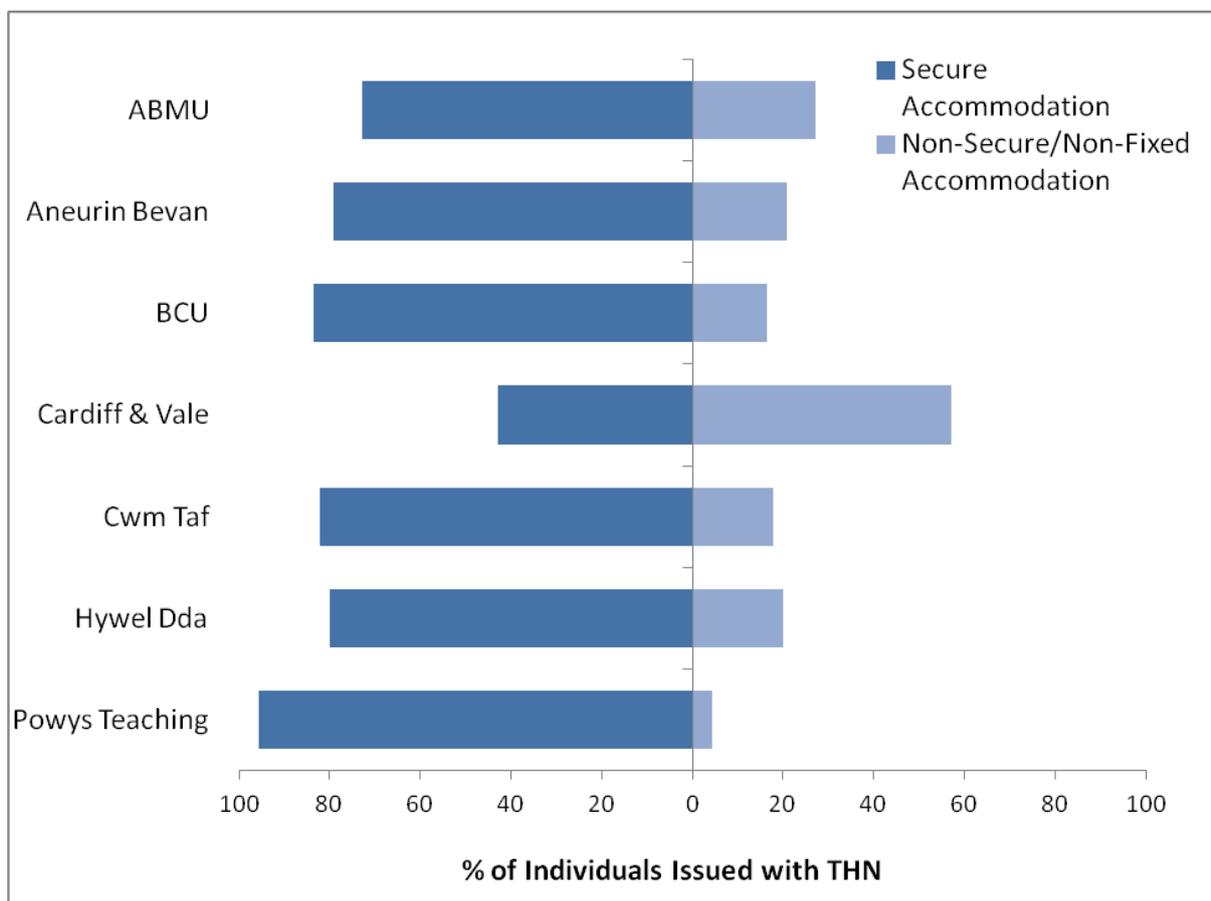


Chart 15: Housing status of unique individuals issued with THN by APB (1st July 2009 – 31st March 2013)

6.3 THN distribution - Prison vs. Community

Following release from prison, opioid users are at increased risk of opioid poisoning. Currently there are five male-only prisons located within Wales and no female-only prisons. Therefore, female data has been excluded from comparisons within this section.

Data from the HRD indicates that 15 per cent (n=232) of male unique individuals issued with THN between 1st July 2009 and 31st March 2013 were issued on release from prison. When compared to national APB provision, prisons appear to be amongst the highest distributors of THN nationally (see *Chart 16*). The majority, 45.3 per cent (n=105), of THN issued in prison was issued during 2012-13 (see *Chart 17*). This suggests that either the publicity of THN has been greater in Welsh prisons during 2012-13, or take-up of services has vastly improved amongst prisoner populations.

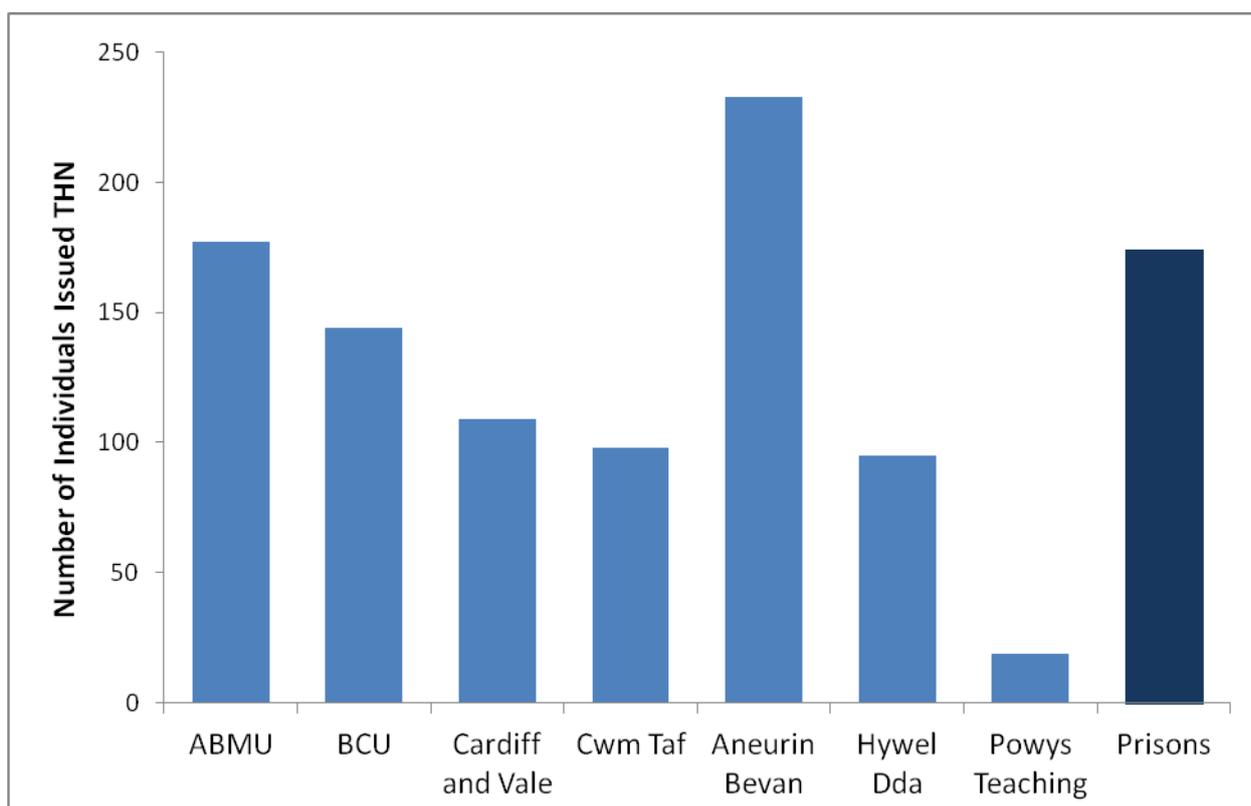


Chart 16: Comparisons of male THN distribution between APBs and Prison during years of full implementation (2011-2013)

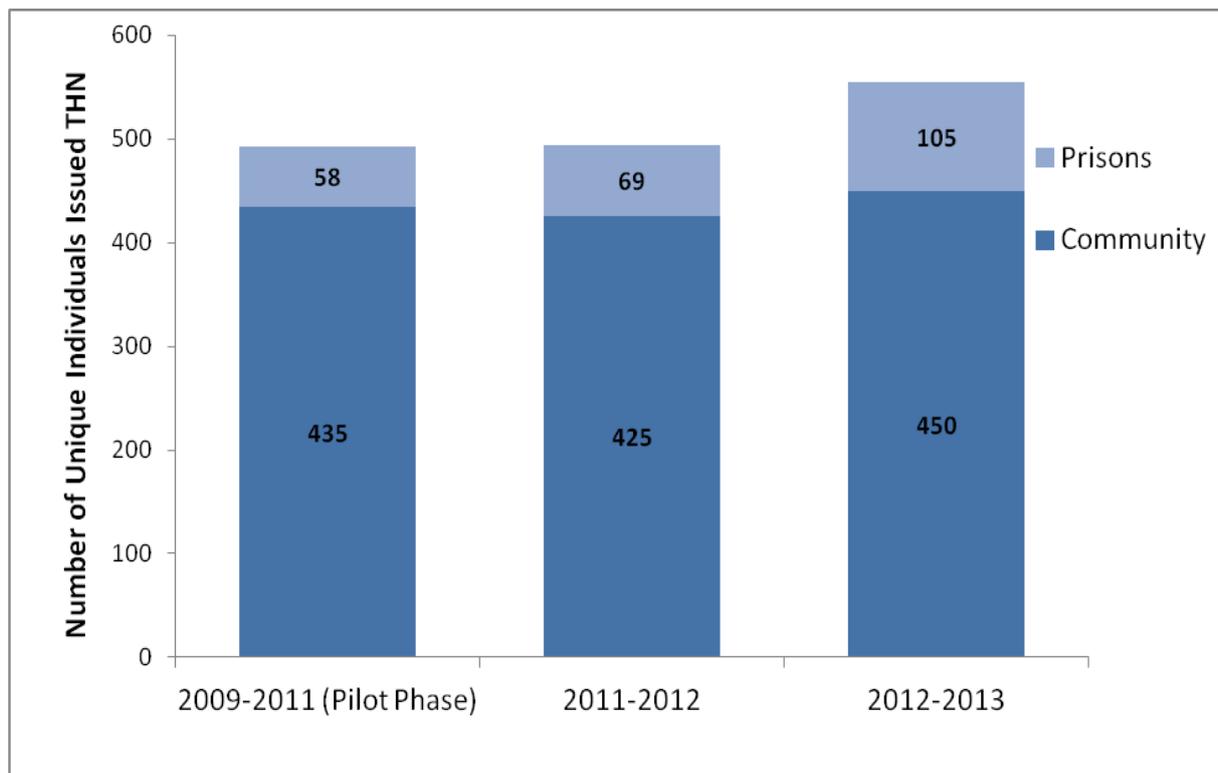


Chart 17: Comparisons of male THN distribution for community and prisons by year

6.4 Re-supply of THN by APB

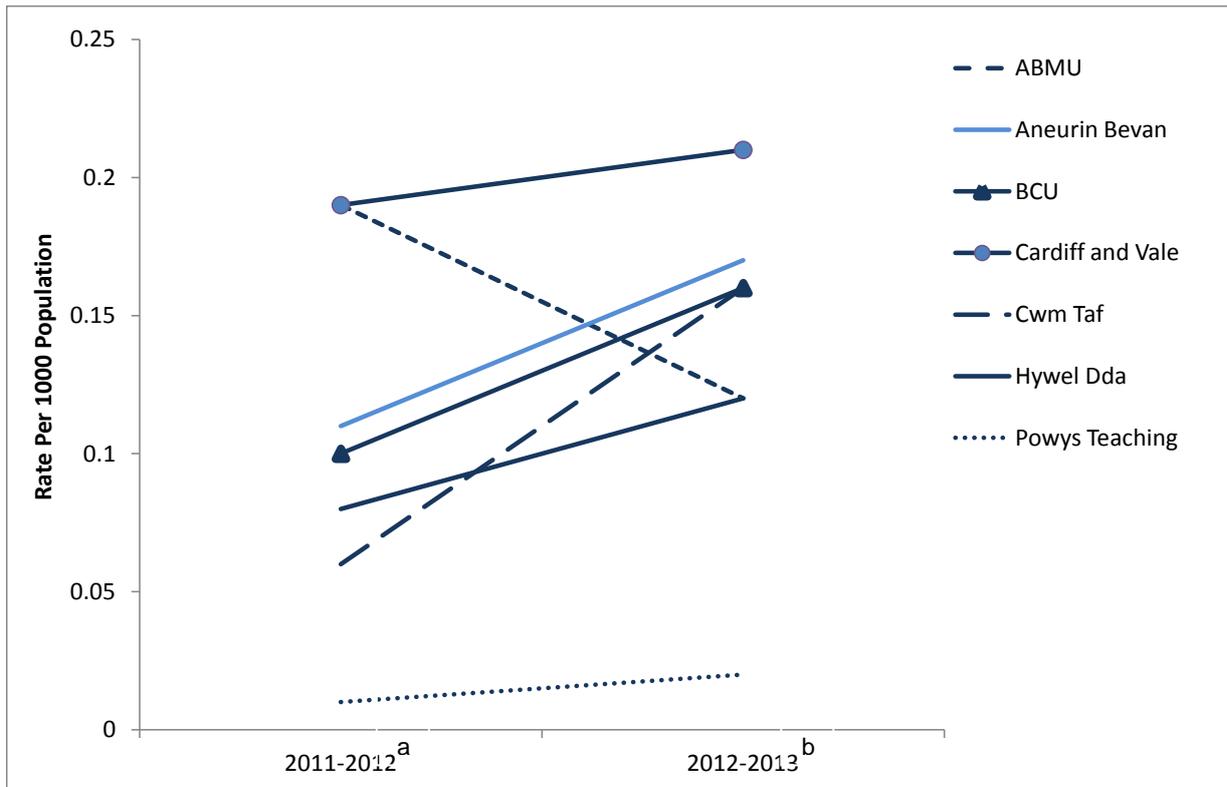
For the majority of APBs an annual increase in THN re-supply was observed between 2011-12 and 2012-13 (see *Table 5 & Chart 18*). For APBs including Cwm Taf, Hywel Dda and Powys Teaching, re-supply rates were low as they were not included in the initial pilot project. An increase in re-supply rates is expected in the next year as previously distributed THN kits will start to pass their expiry date and will require replacement.

Table 5: Unique Individuals Trained and Issued with THN Following Full Implementation by APB

	UIs Issued THN 2011-2012	Mid-Year Population (2011) ^a	Rate Per 1000 Population	UIs Issued THN 2012-2013	Mid-Year Population (2012) ^b	Rate Per 1000 Population	Difference in Rate Per 1000 Population
ABMU	63	338371	0.19	42	336935	0.12	-0.07
Aneurin Bevan	42	372410	0.11	63	370727	0.17	0.06
BCU	42	433764	0.1	71	430452	0.16	0.06
Cardiff and Vale	63	321947	0.19	67	321844	0.21	0.03
Cwm Taf	11	191275	0.06	30	191054	0.16	0.10
Hywel Dda	19	239189	0.08	29	238063	0.12	0.04
Powys Teaching	1	81513	0.01	2	80472	0.02	0.01

^a based on 2011 mid year population estimates aged 15-64 years (ONS, 2012)

^b based on 2012 mid year population estimates aged 15-64 years (ONS, 2013)



^a based on 2011 mid year population estimates aged 15-64 years (ONS, 2012)

^b based on 2012 mid year population estimates aged 15-64 years (ONS, 2013)

Chart 18: Rate Per 1,000 Population for THN Kits Re-Supplied by APB (2011-12 and 2012-13)

7 Data quality

At present demographic information gathered is incomplete in all APBs. *Table 6* provides the completion rates across demographic fields for which data has not been provided for all individuals for the period 1st July 2009 – 31st March 2013 across all seven APBs.

Table 6: Percentage of Completed Demographic Data for Unique Individuals Supplied THN by APB (1st July 2009 – 31st March 2013)

	ABMU	Aneurin Bevan	BCU	Cardiff and Vale	Cwm Taf	Hywel Dda	Powys Teaching
Ethnicity	83%	87%	72%	70%	98%	89%	87%
Housing Status	66%	71%	66%	59%	49%	23%	73%
Risk Behaviour	49%	50%	78%	63%	24%	26%	27%
NFP History	61%	90%	92%	71%	69%	93%	67%

8 Appendix I: 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.