

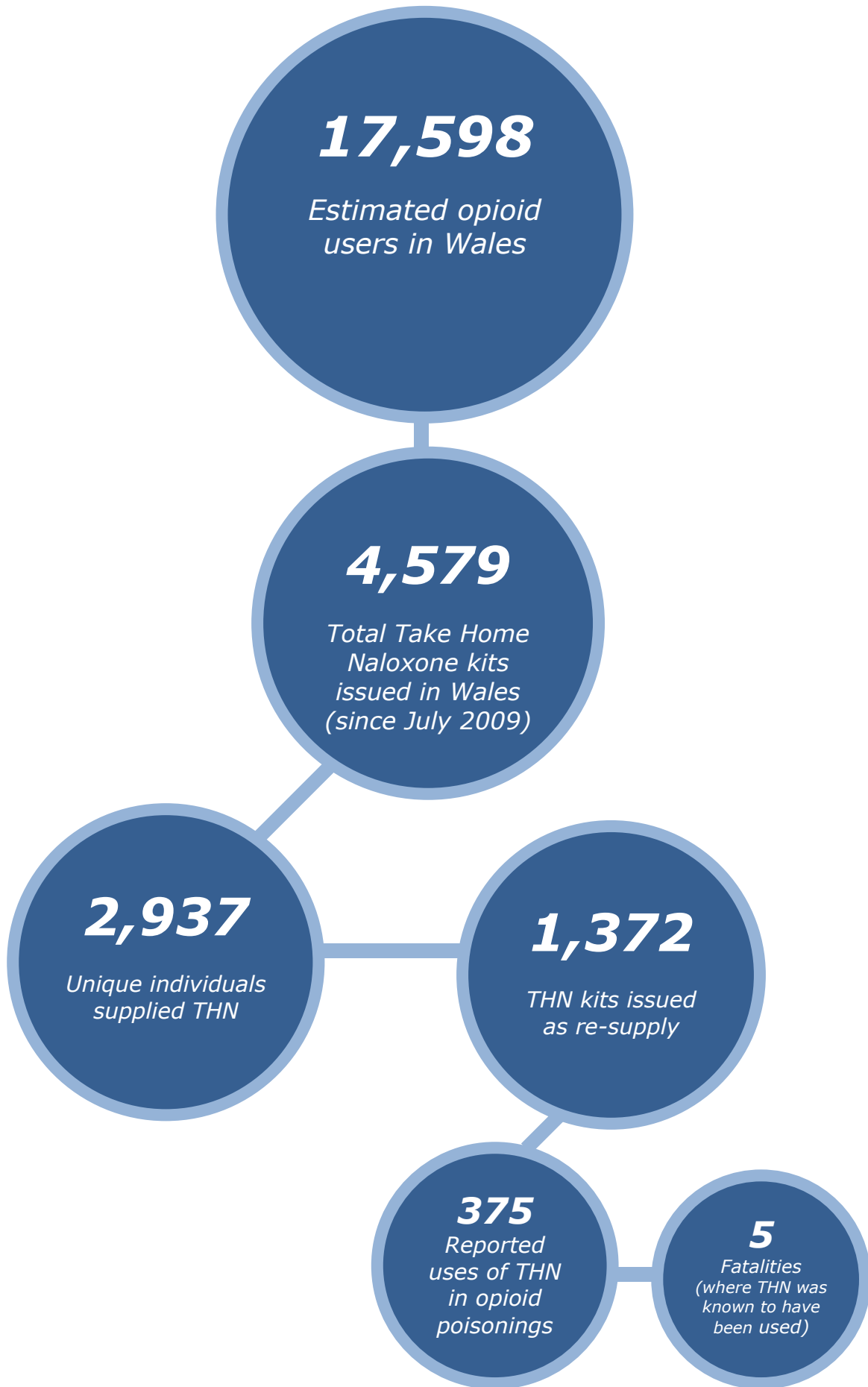
Harm Reduction Database Wales: Take Home Naloxone 2013-14

Public Health Wales would like to thank all those that contributed to the Harm Reduction Database Wales: Naloxone service users, their families, friends and carers, Naloxone staff and all provider organisations including specialist substance misuse services, Criminal Justice services including DIP and IOIS and specialist housing and hostel/homelessness service providers.

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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 37 registries across Wales recorded on the Harm Reduction Database Wales (HRD) during the period 1st April 2013 to 31st March 2014. See *Appendix 1 & 2* for further information and links to previous reports.

Key findings:

- Since 1st July 2009 4,579 THN kits have been issued to 2,937 unique individuals in Wales – this includes 3,207 kits to new individuals and 1,372 kits as re-supply following use, loss, or expiry of previous kits.
- A total of 1,802 THN kits were issued (supplied and re-supplied) in Wales during 2013-14 – an increase of 75 per cent from the previous year
- During 2013/14, 807 new individuals were supplied THN and 413 existing service users were re-supplied.

THN used in fatal/non-fatal opioid poisoning events

- Since 1st July 2009 THN has reportedly been used during 375 opioid poisoning events.
- THN was reportedly used in 160 opioid poisoning events during 2013-14. The outcome was reported for 152 of uses, of which two fatalities were recorded.
- 61 per cent of all reported opioid poisoning events occurred within a private residence.
- Follow-on care (ambulance) was requested and provided in 59 per cent of all cases where THN was used in an opioid poisoning event.

THN and fatal opioid poisoning prevention training

- During 2013-14 nearly 1,500 individuals in Wales were trained in the administration of THN. Of which 81 per cent had never been trained before.
- Nearly 90 per cent of individuals accessing training were service users.

New client demographics (2013/14)

- Of those newly issued with THN 30 per cent were female and 70 per cent male.
- Around 26 per cent of those issued were aged 30-34 years old. The age range was 18 to 62 years; 5 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. This is an increase on the last year.

Re-supply of THN

- The number of kit re-supply events that took place in Wales was 538. 'Kit Lost' accounted for 41 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.
- The HRD currently indicates that nearly 900 individuals issued with THN from 1st July 2009 – 31st March 2012 have never presented for re-supply.

Recommendations

1. In order to ensure optimal data quality, the following data items will become mandatory fields on the HRD: *Ethnicity, Housing Status, Risk Behaviour and Non Fatal Poisoning History*.
2. Services should ensure that the training and provision of THN is offered to all individuals receiving Opioid Substitution Therapy in addition to those using opioids and not in treatment.
3. Training provision of THN administration has been greatest amongst those directly at risk of opioid poisoning. Further emphasis should be based upon the delivery of training to professionals, and the family members of those at risk. In addition, service providers should ensure training completion is recorded as evidence on the HRD.
4. Records indicate that approximately 2,360 service users have not received refresher training in the administration of THN and fatal poisoning prevention. Training providers should ensure that THN training is re-visited on an annual basis for all service users and other relevant individuals.
5. Saturation of THN distribution amongst the opioid using population has not yet been achieved; wider distribution of THN in the community is required.
6. A high number of individuals provided with THN are not presenting for kit re-supply following expiry. Service providers should ensure that all clients provided with THN are alerted and offered an appointment for re-supply prior to expiry. This will maximise the effectiveness of THN in opioid poisoning events.

2 Service Quality

At present demographic information gathered for input into the Harm Reduction Database Wales (HRD) is incomplete in all Substance Misuse Area Planning Boards (APBs). Table 5 provides the completion rates across all seven APBs for demographic fields where gaps in data entry have been identified during the period 1st April 2013 – 31st March 2014. For all other demographic fields and data items the HRD has been configured so that it is mandatory to record such information prior to moving to the next section of the database.

Table 5: Percentage of completed demographic data for unique individuals supplied THN (N=1,345) by APB (1st April 2013 – 31st March 2014)

	ABMU	Aneurin Bevan	BCU	Cardiff and Vale	Cwm Taf	Hywel Dda	Powys Teaching
Ethnicity	95% (n=267)	84% (n=179)	96% (n=154)	83% (n=225)	99% (n=84)	86% (n=87)	100% (n=24)
Housing Status	78% (n=221)	71% (n=151)	90% (n=145)	79% (n=215)	84% (n=71)	54% (n=55)	96% (n=23)
Risk Behaviour	57% (n=160)	54% (n=115)	84% (n=135)	65% (n=178)	41% (n=35)	53% (n=54)	21% (n=5)
Non Fatal Poisoning (Overdose) History	73% (n=205)	89% (n=190)	83% (n=134)	73% (n=198)	75% (n=64)	89% (n=90)	50% (n=12)

Recommendation I

In order to ensure optimal data quality, the following data items will become mandatory fields on the HRD: *Ethnicity, Housing Status, Risk Behaviour and Non Fatal Poisoning History*

3 Fatal Poisonings in Wales

Over the last decade (2003-13) 1,278 drug misuse deaths were recorded in Wales of which Heroin/Morphine was recorded as a cause of death in 41 per cent (n=522) of cases. *Chart 1* indicates a rising trend in the number of deaths related to Heroin/Morphine prior to and during initial implementation of THN Wales. Between the years 2003 and 2010 Heroin/Morphine deaths increased by 75 per cent. However, this has been followed by a decline of 40 per cent since phased implementation of THN registries in Wales.

Up until 2012, Methadone/Buprenorphine deaths followed an upwards trend, increasing overall by 328 per cent. This highlights the importance of THN provision not only to those presenting as active users of Heroin/Morphine, but also individuals prescribed OST treatment.

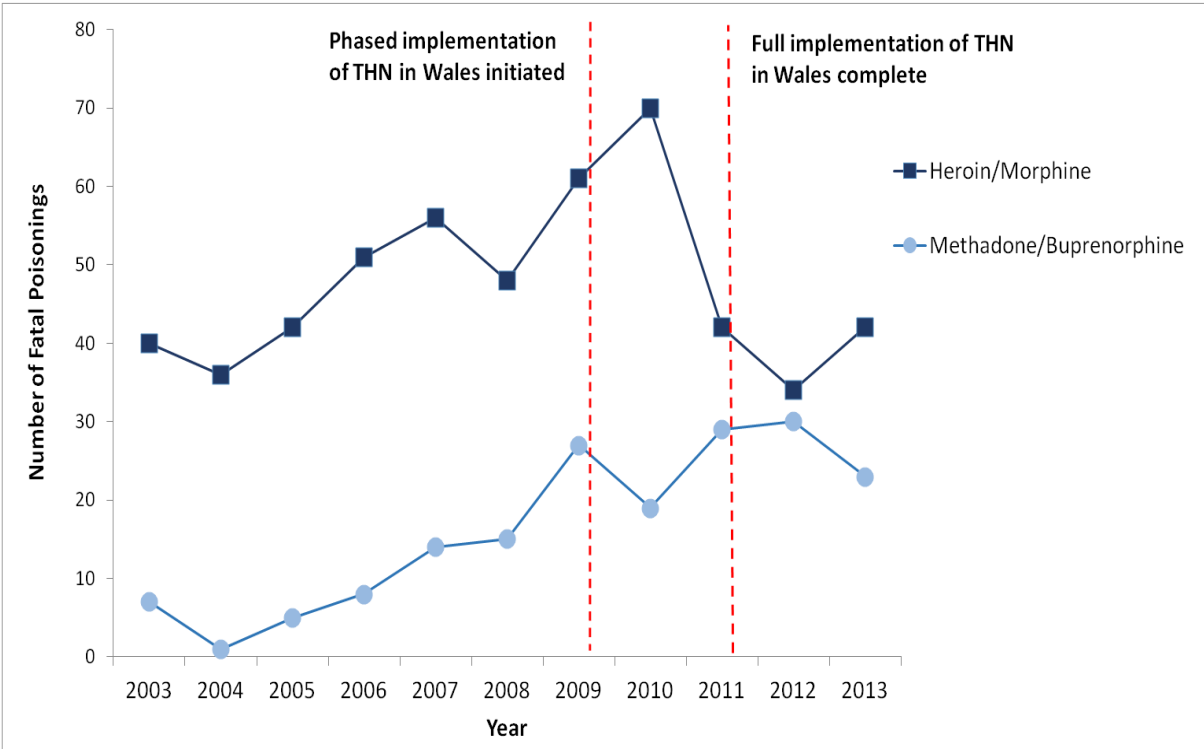


Chart 1: Annual number of Fatal Drug Poisonings in Wales by substance listed in primary position on death record

Recommendation 2

Services are to ensure that the training and provision of THN is offered to all individuals receiving Opioid Substitution Therapy in addition to those using of opioids and not in treatment.

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

THN was reported to have been used in 160 opioid poisonings events Wales-wide between 1st April 2013 and 31st March 2014. The 160 kits were issued to 110 unique individuals, of whom 25 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 2).

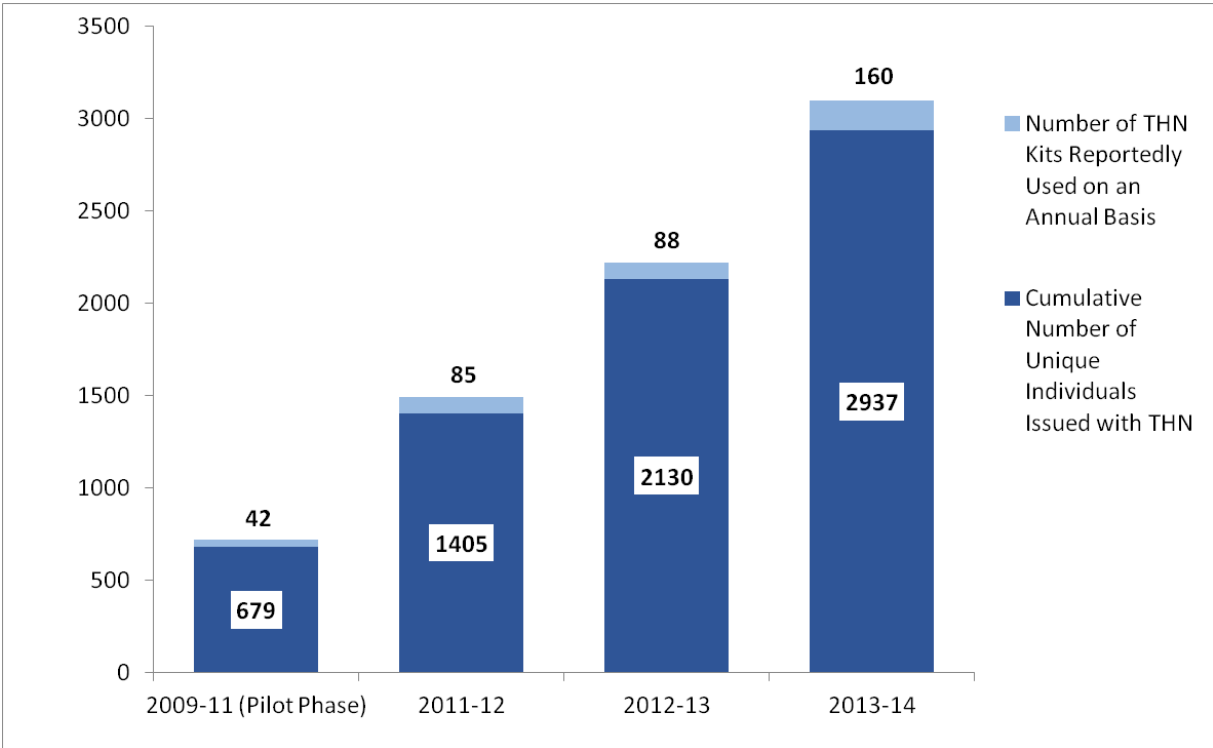


Chart 2: Annual number of THN kits reportedly used in opioid poisoning events and the cumulative total of unique individuals issued with THN by year 2009-2014

4.1 Outcome of poisoning

The outcome of a poisoning event was reported for 95 per cent (n=152) of cases where THN was used. Death occurred in 1.3 per cent (n=2) of cases in 2013-14. Ambulance teams were called to both events. All kits used during these fatal poisonings were used within their expiry time period.

4.2 Demographics

The following data refers to the unique individuals (n=110) whose THN was used during fatal/non-fatal opioid poisoning events:

Gender profile

29.1 per cent (n=32) were female, and 70.1 per cent (n=78) male. This is representative of the overall profile of individuals issued THN Wales-wide (see section 6.3 – *Demographics*).

Age profile

The 30-34 year age range accounted for 27.3 per cent (n=30) of all individuals. 12.3 per cent (n=14) of individuals were under the age of 25. This differs from the number of young people presenting as new clients (see section 6.3 – *Demographics*), and therefore indicates a greater representation of this age group amongst those using THN. None were under the age of 18 years.

Ethnicity

Ethnicity was reported for 97 per cent of individuals whom had used THN during poisoning events. Of which 95.3 per cent (n=102) were White Welsh or White British.

Housing status

Housing status was recorded for 86 per cent of individuals whom had used THN during poisoning events. Of which over 70 per cent (n=68) of individual lived in secure accommodation (see *Table 1*).

Table 1 Self-reported housing status of unique individuals who used THN during fatal/non-fatal opioid poisonings (1st April 2013 – 31st March 2014)

Housing Status	Total	% by housing type
Owner	2	71.6% in secure accommodation
Private rented	19	
Council rented	22	
Housing Association rented	9	
Live with family	16	
B & B	3	17.9% in non-secure accommodation
Hostel	9	
Hostel - Probation	1	
Live with friends	4	
NFA – Relatives House	1	10.5% with no fixed accommodation
NFA – Mixed	1	
NFA – Street Homeless	8	

Risk behaviour & non-fatal opioid poisoning history

Poly-drug use was reported as the primary risk factor for 83.3 per cent (n=65) 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 6.3 – *Demographics*).

Self-reported lifetime history of non-fatal opioid poisoning was reported by 50 per cent (n=45) of individuals who had used THN. Comparison 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 during an opioid poisoning event. Of those who had experienced non-fatal opioid poisoning, 33.3 per cent (n=15) had experienced 2 or more poisonings within the last year.

4.3 The recipient of THN

In 92.5 per cent (n=148) 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 7.5 per cent (n=12) of cases.

4.4 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 160 kits of THN were administered during opioid poisoning events. As such the majority, 61% (n=99), of all reported poisonings occurred in private residence.

4.5 Follow-on care

Of the 160 events where THN was used during an opioid poisoning, paramedic teams were called in 59.4 per cent (n=95) of cases. Of these 45.3 per cent (n=43) of individuals were taken to hospital, and the remaining 54.7 per cent (n=52) 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.

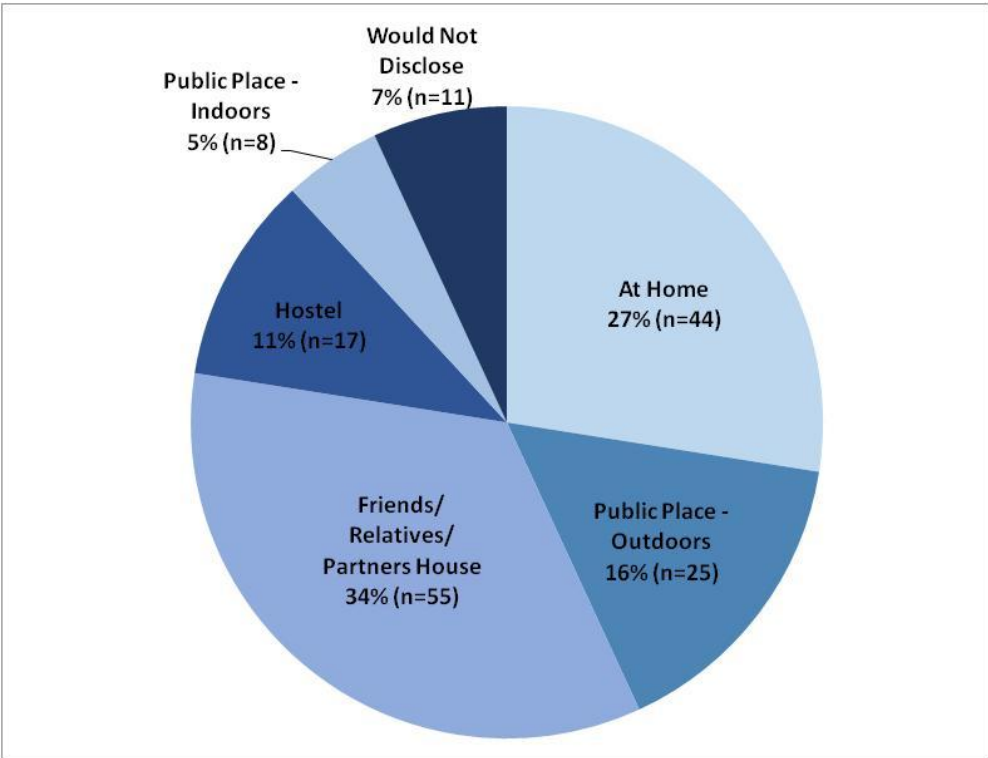


Chart 3: Location of opioid poisoning events 2013-14

5 THN & fatal poisoning prevention training

Since 1st July 2009 3,698 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 4* indicates increases in training distribution throughout Wales.

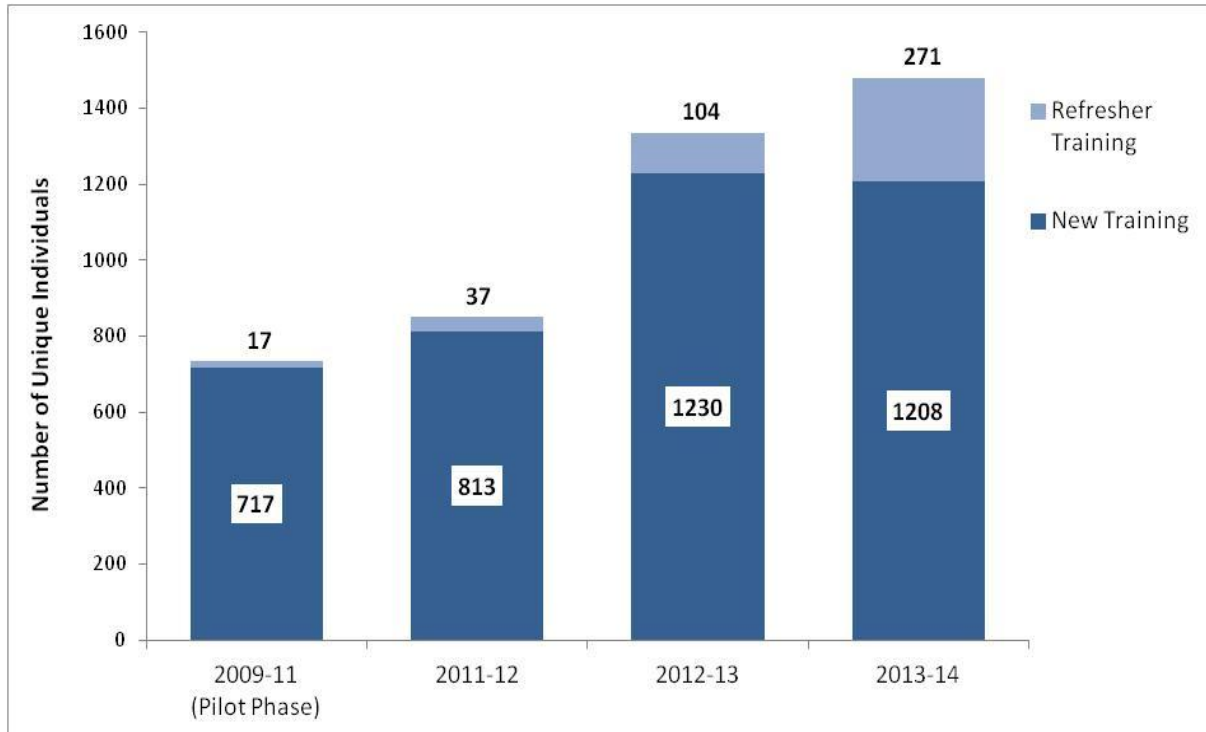


Chart 4: Number of unique individuals in Wales trained in the administration of THN and the prevention of fatal poisoning by year 2009-2014

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 2,358 service users who have been trained since implementation have not received follow-up training.

In addition, of those attending training 2013-14 approximately 90 per cent (see *Chart 5*) of individuals were service users. 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.

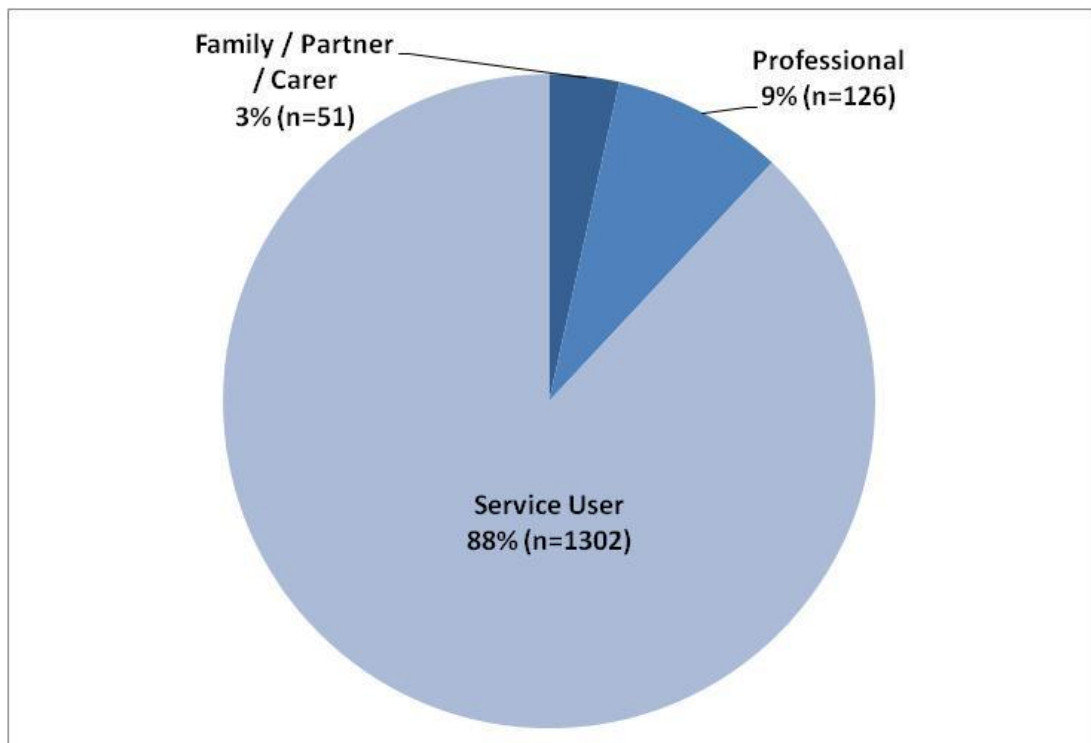


Chart 5: Number of unique individuals in Wales trained in the administration of THN and the prevention of fatal poisoning by status (1st April 2013 – 31st March 2014)

Recommendation 3

Training provision of THN administration has been greatest amongst those directly at risk of opioid poisoning. Further emphasis should be based upon the delivery of training to professionals, and the family members of those at risk. Service providers should ensure training completion logs are recorded as evidence on the HRD.

Recommendation 4

Records indicate that approximately 2,360 service users have not received refresher training in the administration of THN and fatal poisoning prevention. Training providers should ensure that THN training is re-visited on an annual basis for all service users.

6 THN distribution Wales-wide

6.1 Number of THN kits issued

From 1st July 2009 until 31st March 2014, 4,579 THN kits have been issued Wales wide. *Chart 6* 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.

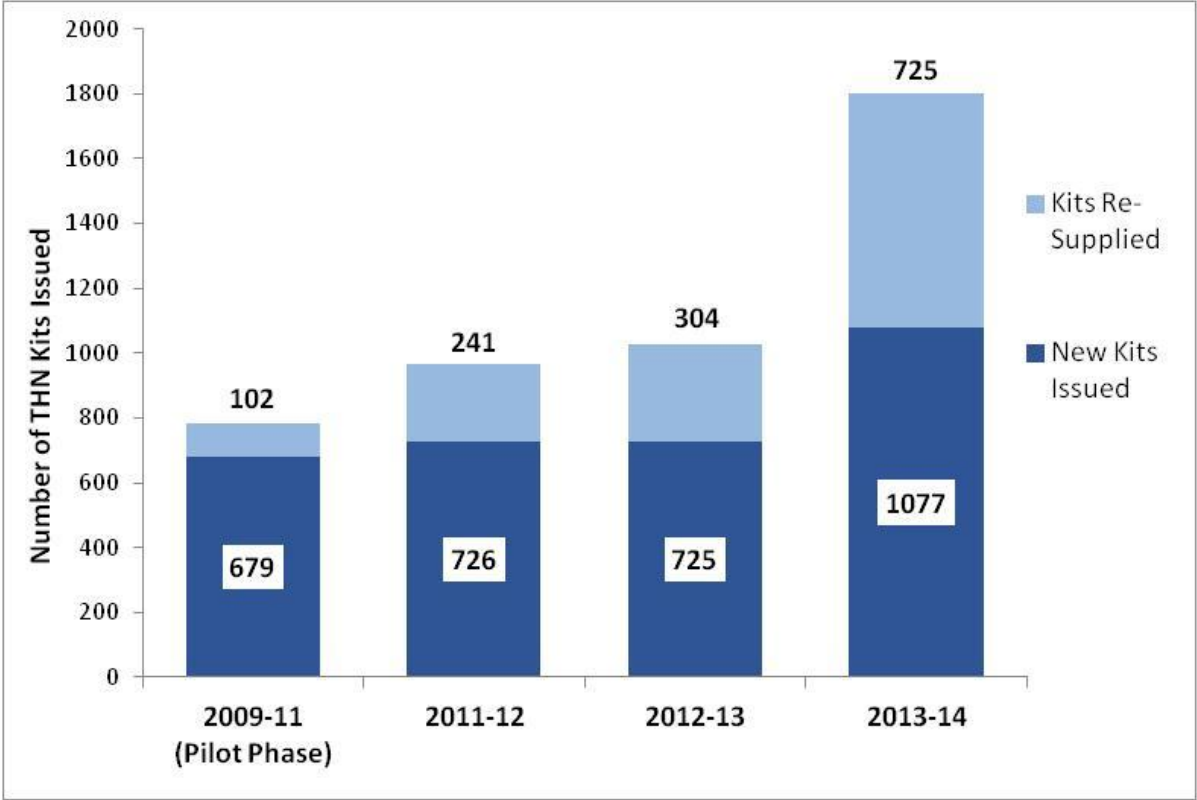


Chart 6: Total number of THN kits issued and re-supplied in Wales by year 2009-2014

Since the last report the HRD has been amended to record the distribution of multiple kits during a single supply episode. During 2013-14 there were 440 separate presentations for THN where multiple kits were issued. This may account for the inflated rate of supply during 2013-14 compared to previous years. The remainder of this report will focus upon the individuals to whom THN was supplied and the events in which THN was re-supplied.

6.2 New clients issued THN

During 2013-14, 807 unique individuals have been 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 7* for figures).

Current data relating to the number of problem drug users in Wales estimate a figure of 17,598 opioid users¹. Data taken from the Needle and Syringe Programme (NSP) module of the HRD Wales (2013-14) indicate that there were 4,052 unique individuals accessing voluntary and statutory NSPs (this excludes community pharmacy NSP provision) 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.

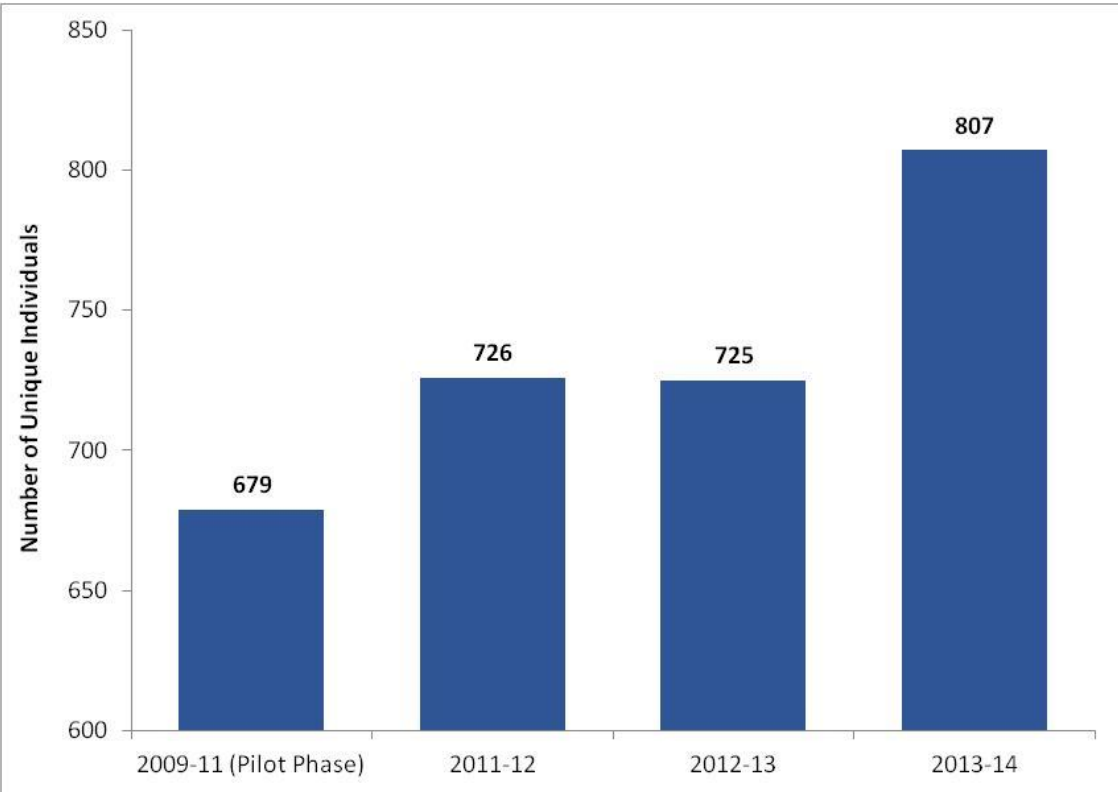


Chart 7: Number of new unique individuals issued THN kits in Wales by year 2009-2014

Recommendation 5
Saturation of THN distribution amongst the opioid using population has not yet been achieved; wider distribution of THN in the community is required

¹ Substance Misuse Programme, Health Protection, Public Health Wales (2014)

6.3 Demographics of new clients

Gender profile:

Of the 807 unique individuals newly issued with THN, 29.7 per cent were female (n=240) and 70.3 per cent male (n=567).

Age profile

Ages ranged from 18-62. The 30-34 year age range accounted for 25.9 per cent (n=209) of the total. See *Chart 8* for age/gender differences.

Young people

Those under 25 years of age made up 5.1 per cent of the total issued with THN. There were five individuals aged 18 to 19 years, and a further seventy two aged 20-24 years. No new individuals supplied with THN were under the age of 18 years.

Older people: Those aged 50+ years accounted for less than 5 per cent (n=29) of the overall population. One individual was aged 60 or above.

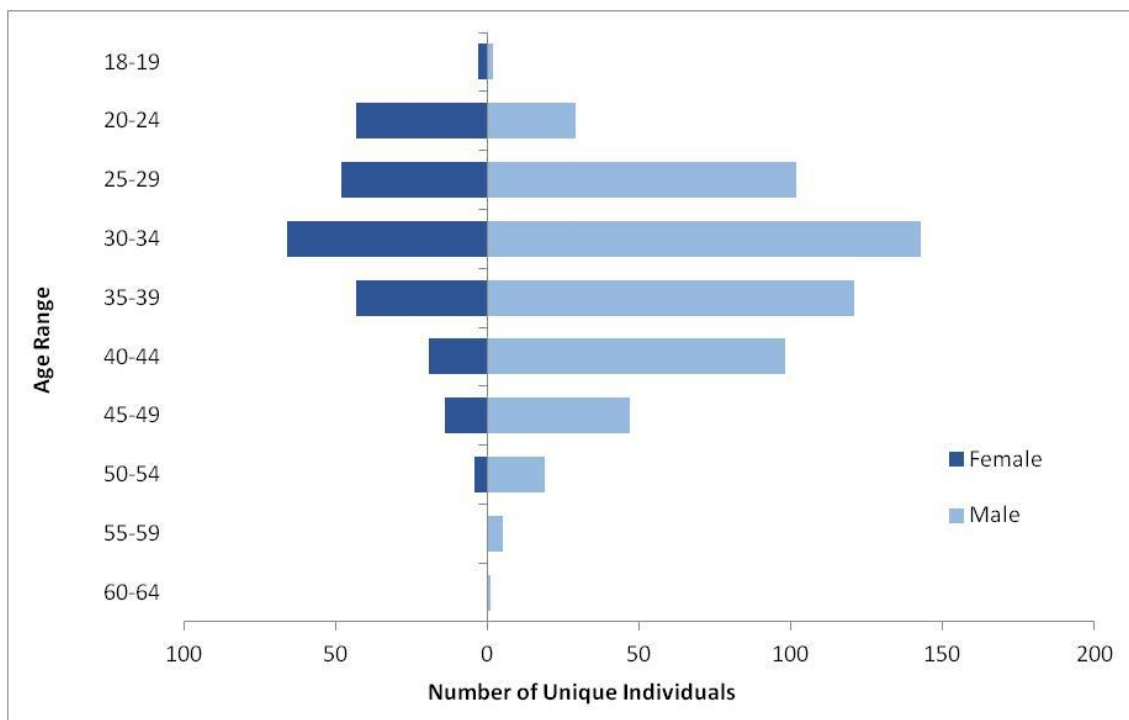


Chart 8: Age and gender profile of new unique individuals issued THN across Wales 2013-14

Ethnicity

Of those reporting 93.4 per cent (n=670) were White Welsh or White British. The ethnic profile of the remaining 6.6 per cent (n=47) is shown in *Chart 9*.

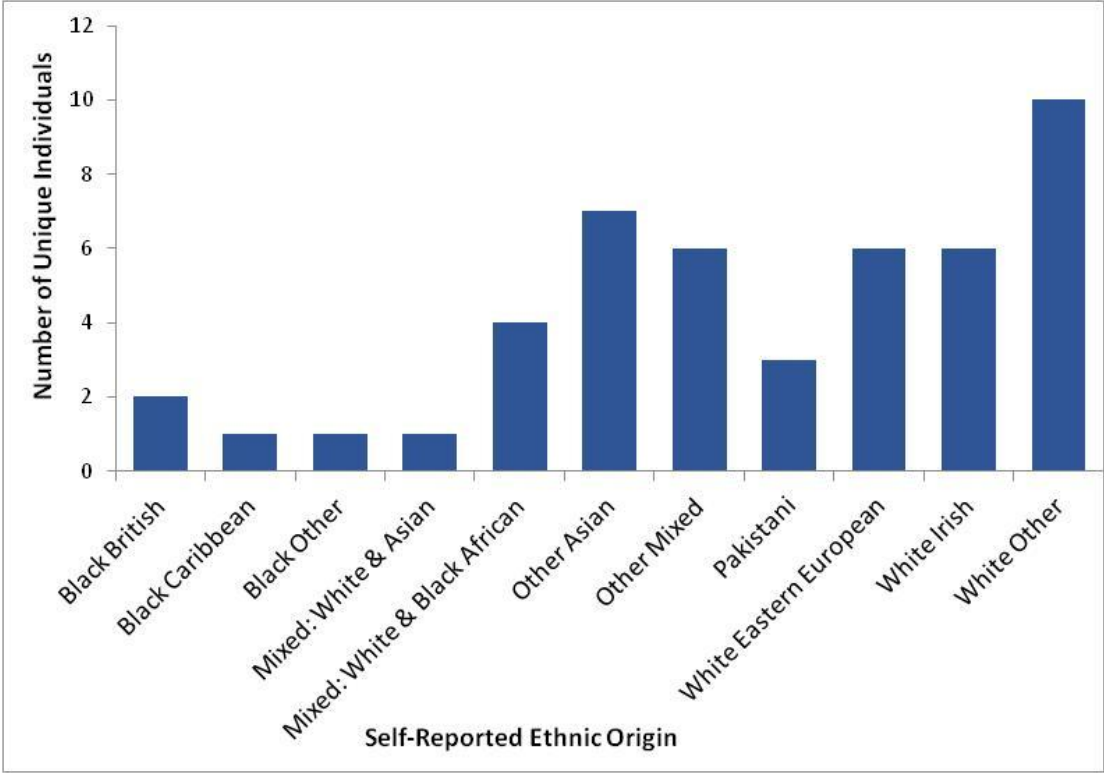


Chart 9: Self reported ethnic origin (excluding white Welsh and white British) of new unique individuals issued with THN 2013-14

Housing status

Housing status is shown in *Table 2*. 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.

Risk behaviour

Amongst the unique individuals who received THN, the majority, 67.4 per cent, reported poly-drug use as their risk behaviour (see *Chart 10*).

Table 2: Self-reported housing status of new unique individuals issued THN (1st April 2013 – 31st March 2014)

Housing Status	Total	% by housing type
Owner	16	73.6% in secure accommodation
Private rented	121	
Council rented	173	
Housing Association rented	45	
Live with family	97	
B & B	7	10.6% in non-secure accommodation
Hostel	42	
Hostel - probation	4	
Live with friends	12	
NFA – Friends House	20	15.8% with no-fixed accommodation
NFA – Mixed	42	
NFA – Relatives House	10	
NFA – Street Homeless	25	

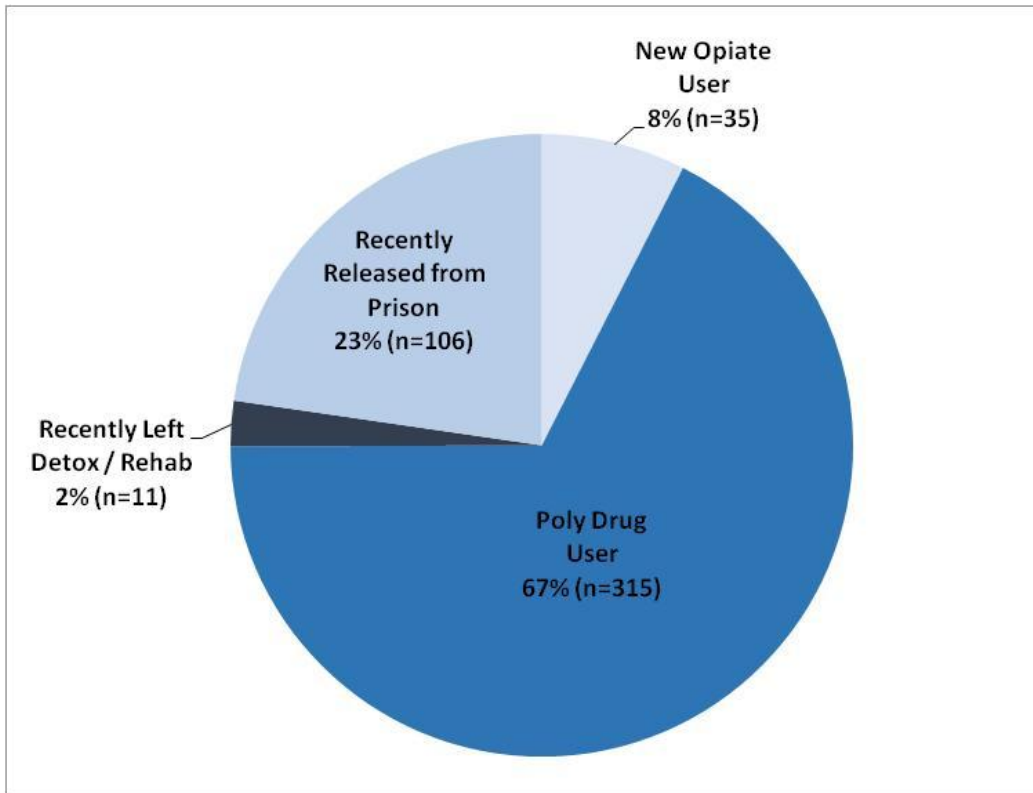


Chart 10: Risk behaviour of new unique individuals prior to receiving THN 2013-14

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, 38.4 per cent (n=239) reported at least one previous non-fatal opioid poisoning. *Chart 11* indicates the frequency of non-fatal opioid poisonings amongst all unique individuals prior to receiving THN.

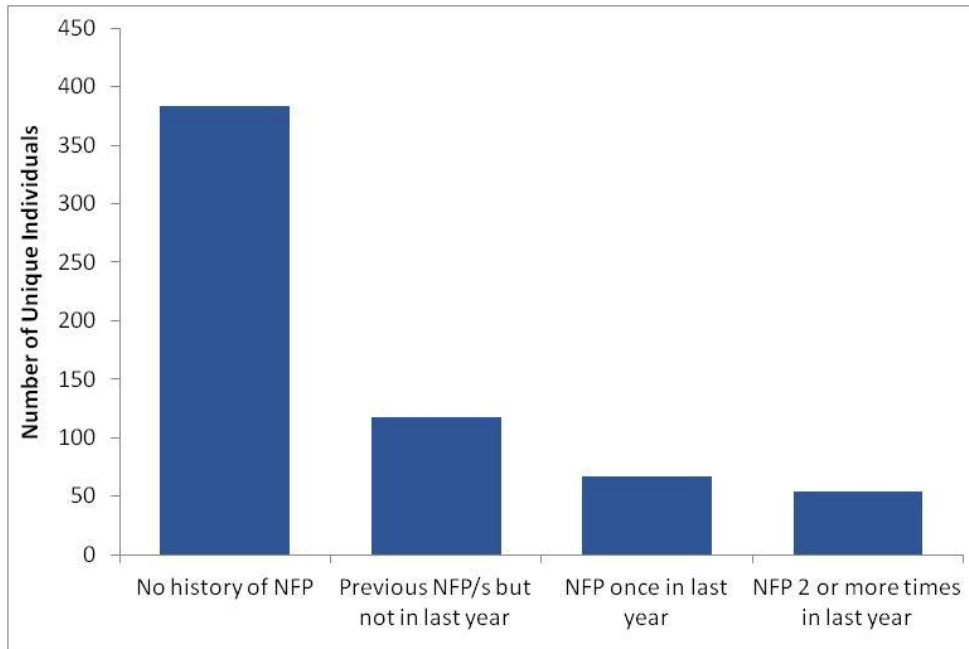


Chart 11: Frequency of self-reported non-fatal opioid poisoning (NFP) prior to issue of THN 2013-14

6.4 Re-supply of THN – for any reason

In addition to the supply of THN to new individuals, 538 re-supply events took place across Wales from 1st April 2013 to 31st March 2014 involving 413 unique individuals. Since implementation of the THN pilot in Wales re-supply of THN has increased annually (see *Chart 12*).

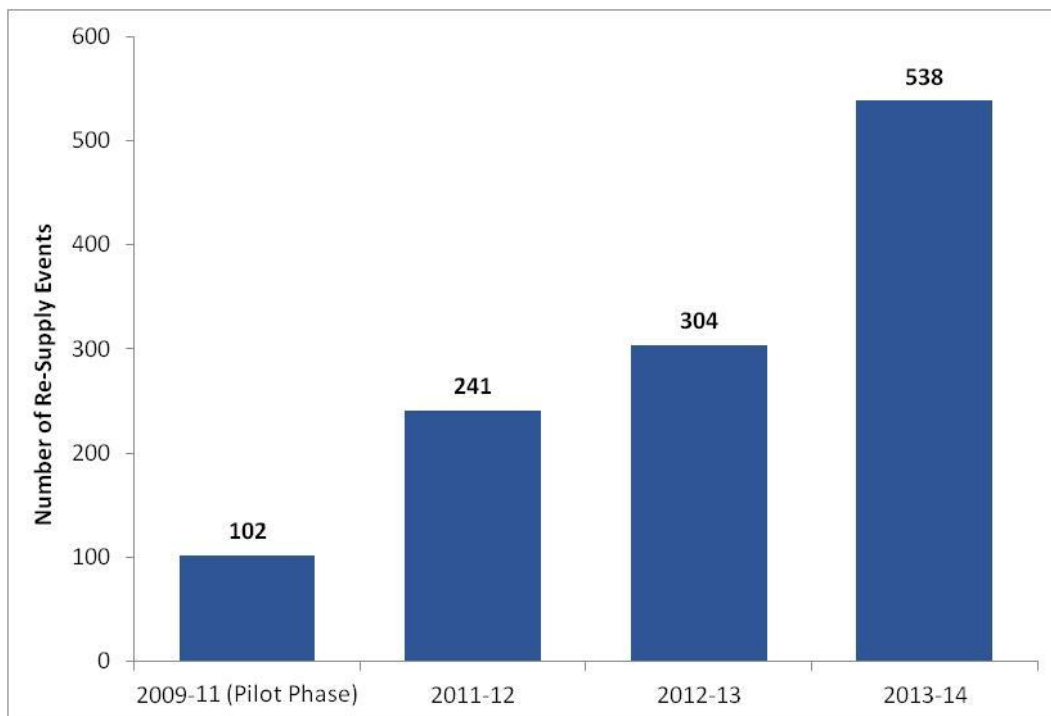


Chart 12: Number of re-supply events across Wales by year 2009-2014

Of those unique individuals whom were re-supplied, *Chart 13* indicates the number of individuals who were re-supplied THN throughout 2013-14 on multiple occasions (n=109) for any reason.

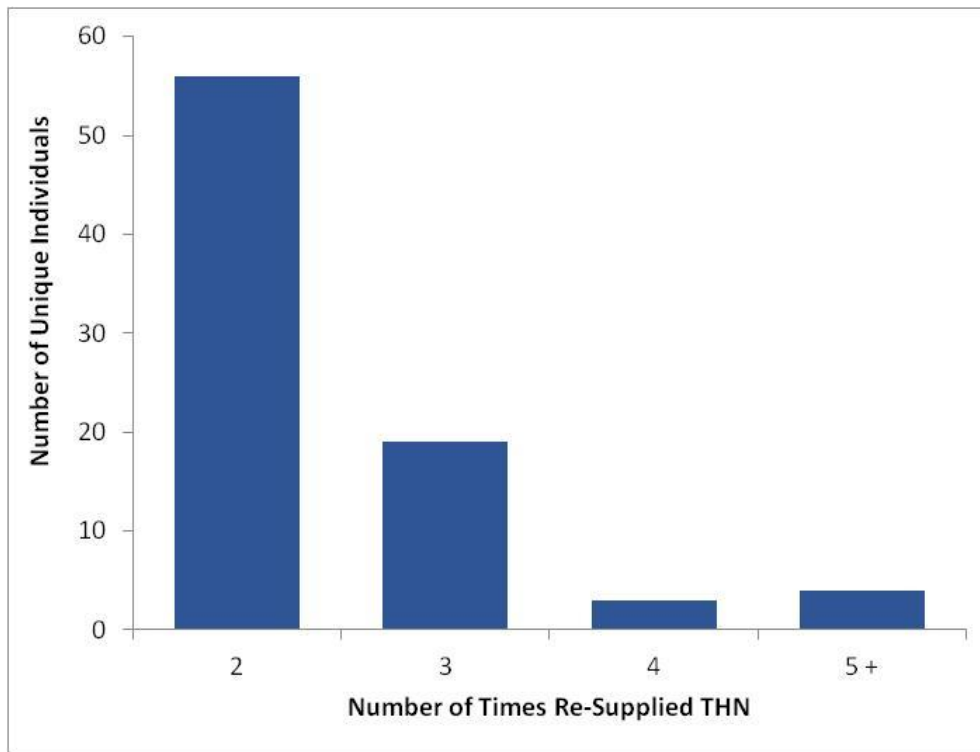


Chart 13: Number of unique individuals who were re-supplied THN on multiple occasions for any reason 2013-14

6.5 Reasons for re-supply

Reasons for re-supply are indicated in *Chart 14* for all 538 episodes where THN was re-supplied across Wales between 1st April 2013 and 31st March 2014. As indicated 'Kit Loss' represented the largest proportion of reasons presented for re-supply.

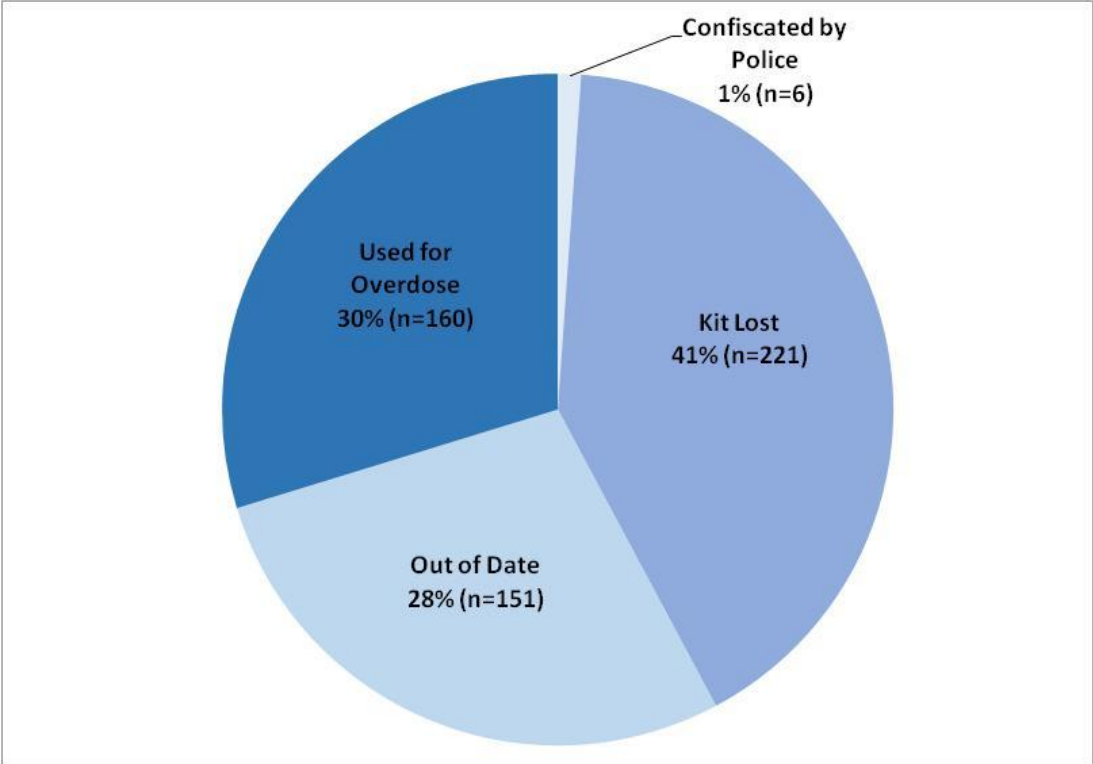


Chart 14: Reasons for re-supply of THN across Wales (1st April 2013 – 31st March 2014)

Whilst re-supply events have increased on an annual basis a much more rapid increase in re-supply would have been expected. This expectation is due to number of THN kits which would have surpassed their 24 month date of expiry following issue. Current records on the database indicate that approximately 64 per cent (n=895) of individuals issued with THN from 1st July 2009 – 31st March 2012 have never presented for re-supply, and are therefore currently in possession of an expired kit.

Recommendation 6

A high number of individuals provided with THN are not presenting for kit re-supply following expiry. Service providers should ensure that all clients provided with THN are alerted and offered an appointment for re-supply prior to expiry. This will ensure the effectiveness of THN should it require use.

6.6 Demographics of clients re-supplied – for any reason

Gender profile

Of the 413 unique individuals who were re-supplied THN, 28.1 per cent were female (n=116), and 71.9 per cent male (n=297).

Age profile

The 30-34 years age range accounted for 29.5 per cent (n=122) of the population re-supplied. See *Chart 15* for age/gender differences.

Young people

No individuals under the age of 18 years old presented for re-supply. Individuals under 25 years of age accounted for 10.4 per cent (n=43) of the population re-supplied.

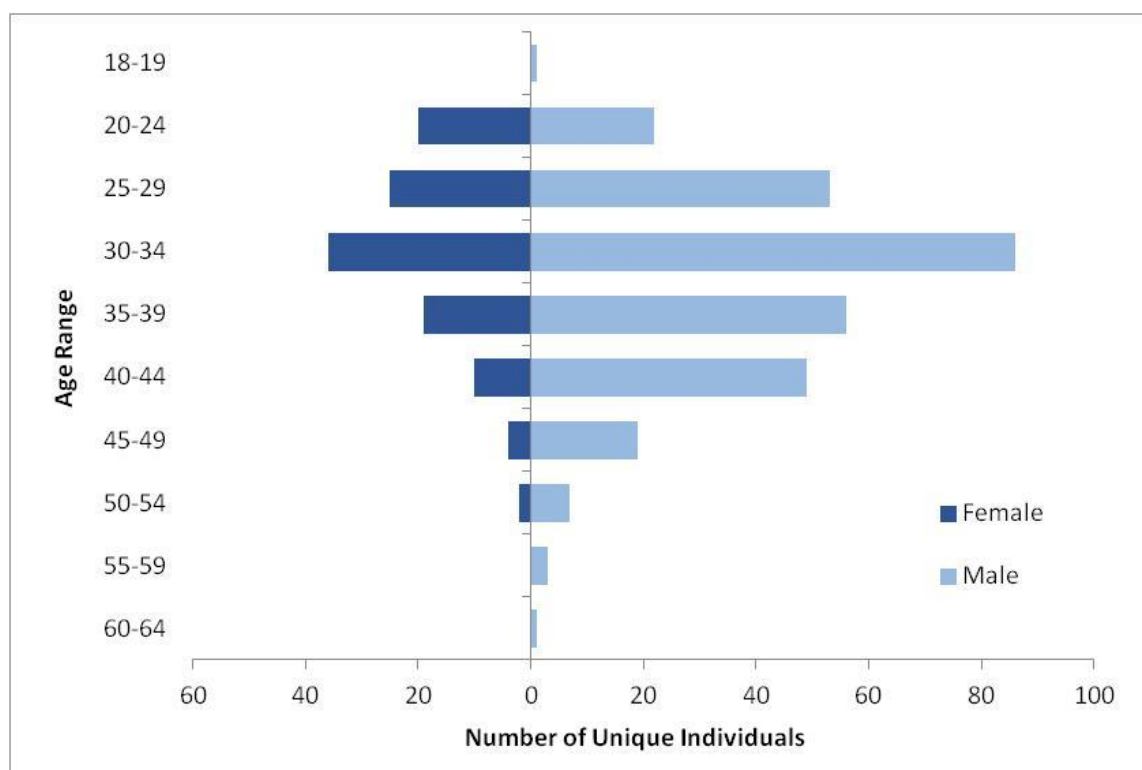


Chart 15: Age and gender profile of unique individuals who have been re-supplied THN for any reason

Ethnicity

Of those reporting their ethnicity, 93.5 per cent (n=357), were White Welsh or White British.

Housing status

- 64.7 per cent (n=218) lived in secure accommodation.
- 13.9 per cent (n=47) lived in non-secure accommodation e.g. B&B, hostels.
- 21.4 per cent (n=72) had no fixed accommodation.

Risk behaviour

Of those reporting risk behaviours, 73.5 per cent (n=200), reported poly-drug use only as a risk behaviour. Recently being released from prison accounted for 19.9 per cent (n=54) of unique individual's risk status. New opiate use and recently leaving detox combined only accounted for 6.6 per cent (n=18).

Non-fatal opioid poisoning history

Of individuals who were re-supplied with THN, 45.1 per cent (n=151) reported having experienced at least one prior non-fatal poisoning (NFP) during their lifetime. *Chart 16* indicates the frequency of NFPs experienced by the individuals re-supplied with THN. As indicated, self-reported history of non-fatal opioid poisoning is elevated amongst those presenting for re-supply when compared to those newly issued with THN.

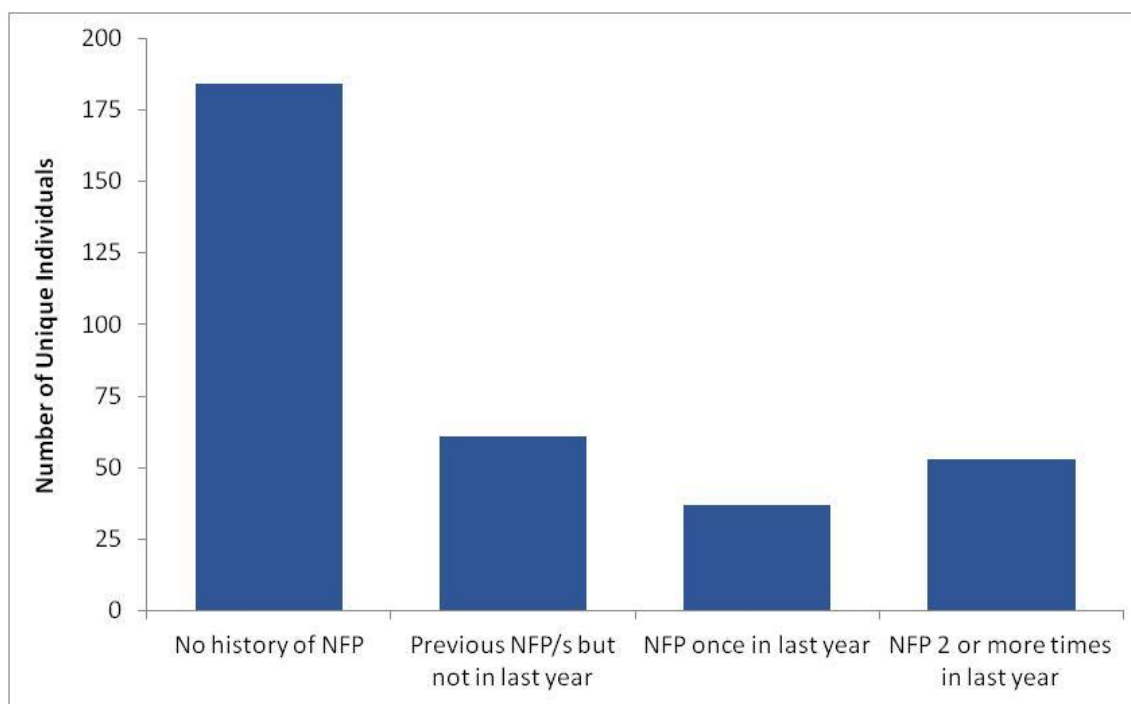


Chart 16: Frequency of self-reported non-fatal opioid poisoning (NFP) prior to initial referral for unique clients re-supplied THN 2013-14

7 THN distribution 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, 2012-13, and 2013-14. This is due to only a select number of APBs taking part in the pilot phase prior to 2011.

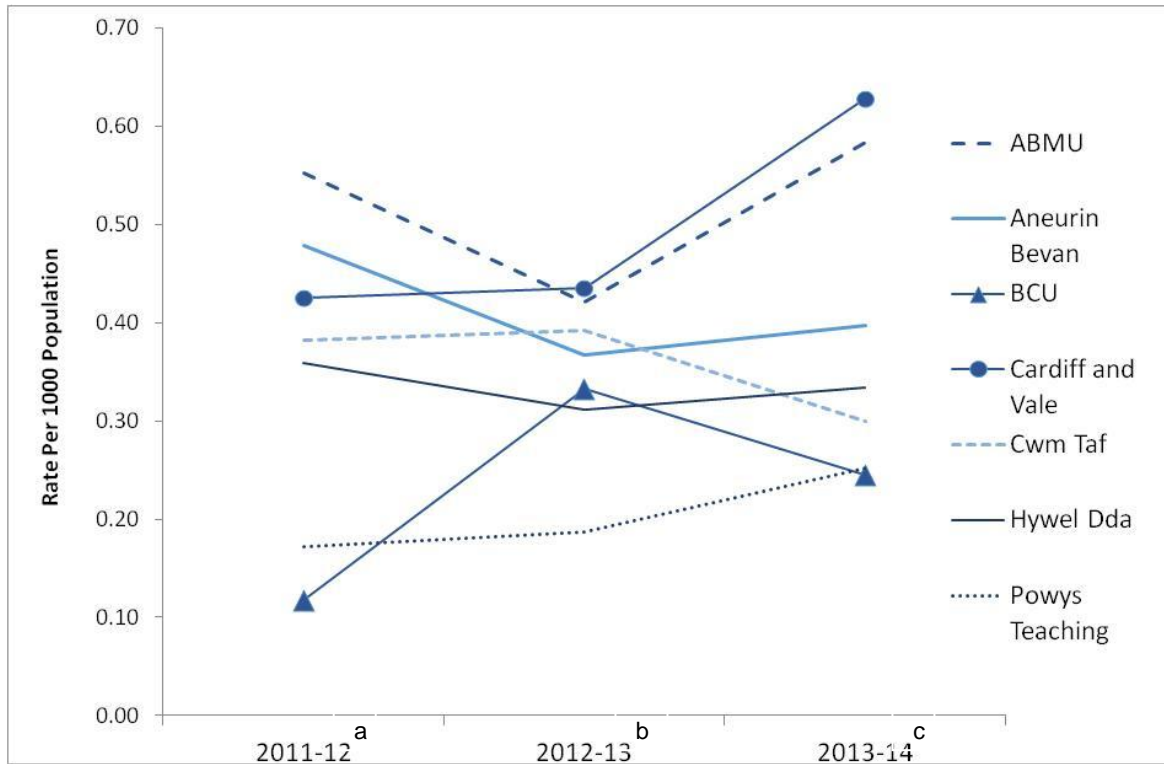
7.1 New clients issued THN by APB

Table 3 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 17).

Table 3: Unique individuals (UIs) trained and issued with THN following full implementation by APB

	UIs Issued THN 2011-12	Mid-Year Population (2011) ^a	Rate Per 1000 Population	UIs Issued THN 2012-13	Mid-Year Population (2012) ^b	Rate Per 1000 Population	UIs Issued THN 2013-14	Mid-Year Population (2013) ^c	Rate Per 1000 Population
ABMU	187	338371	0.55	142	336935	0.42	196	335755	0.58
Aneurin Bevan	178	372410	0.48	136	370727	0.37	147	369613	0.40
BCU	51	433764	0.12	143	430452	0.33	105	428050	0.25
Cardiff and Vale	137	321947	0.43	140	321844	0.43	203	323193	0.63
Cwm Taf	73	191275	0.38	75	191054	0.39	57	190204	0.30
Hywel Dda	86	239189	0.36	74	238063	0.31	79	236707	0.33
Powys Teaching	14	81513	0.17	15	80472	0.19	20	79515	0.25

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



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

Chart 17: Rate per 1000 population for THN kits issued by APB

7.2 Demographic comparisons by APB

For the majority of APBs no differences occurred when demographic items such as gender, age, and ethnicity were compared to the Wales-wide demographic profile. Hywel Dda demonstrated higher representation rates amongst the female population (45.6 per cent, n=36), and Aneurin Bevan saw greater representation amongst BME populations (16.7 per cent, n=19). Variation also occurred in relation to client housing status between individual APBs and the national profile. However, as explored in the last report, this variance was a result of differences in the location of registries within each APB. For example, APBs with greater numbers of registries placed within homelessness services indicated greater numbers of clients presenting as living in non-secure or no-fixed accommodation.

7.3 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. In addition, 5 female unique individuals (non-prisoner) were supplied THN 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=116) of male unique individuals issued with THN between 1st April 2013 and 31st March 2014 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 18*). THN provision from Welsh Prisons has been on a steady increase since full implementation of the programme in Wales (see *Chart 19*).

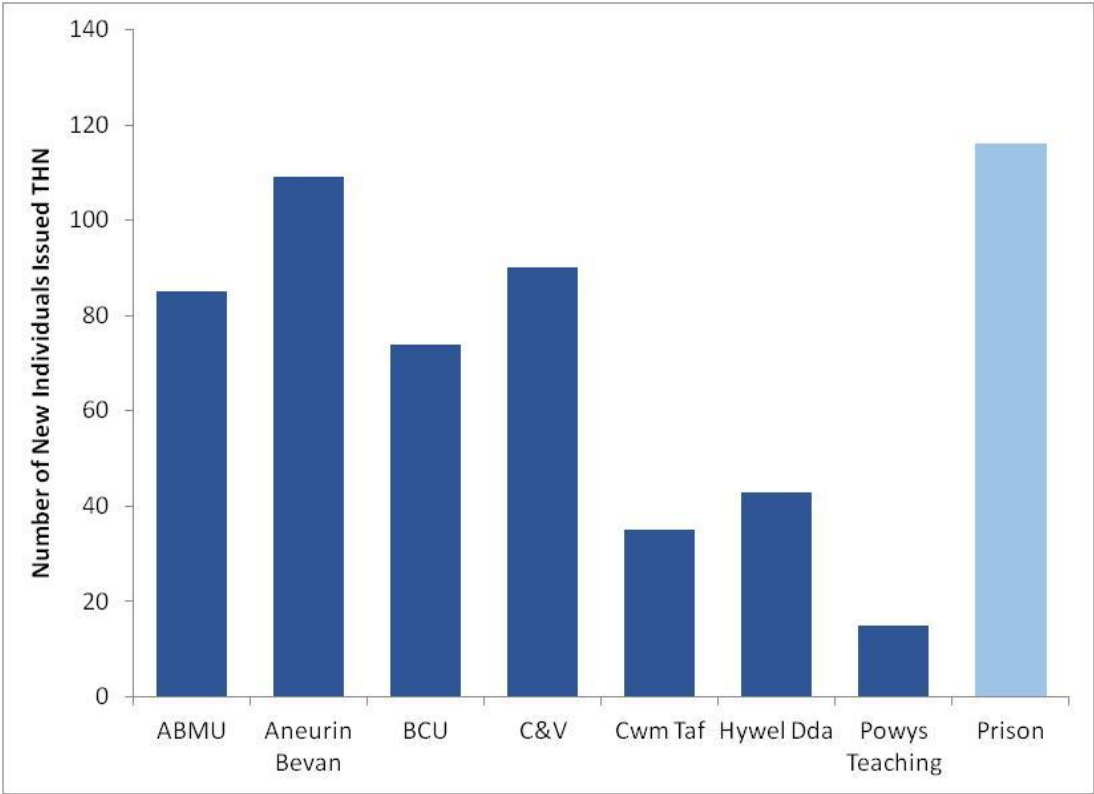


Chart 18: Comparisons of male THN distribution between APBs and Prison (New Clients)

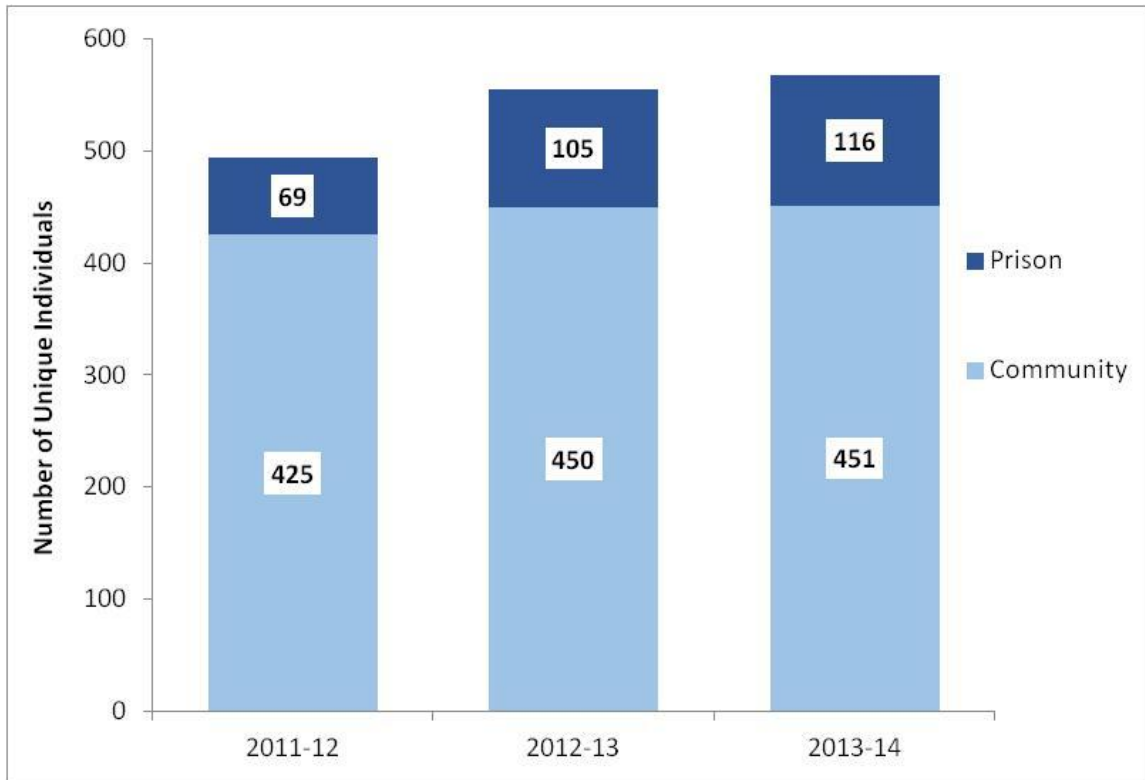


Chart 19: Comparisons between community and prisons of male THN distribution by year

Table 4: Comparisons of THN distribution between Prison sites

	New Clients issued with THN	Number of Re-Supplies
HMP Cardiff	64	32
HMP Parc	30	21
HMP Swansea	22	16
Grand Total	116	69

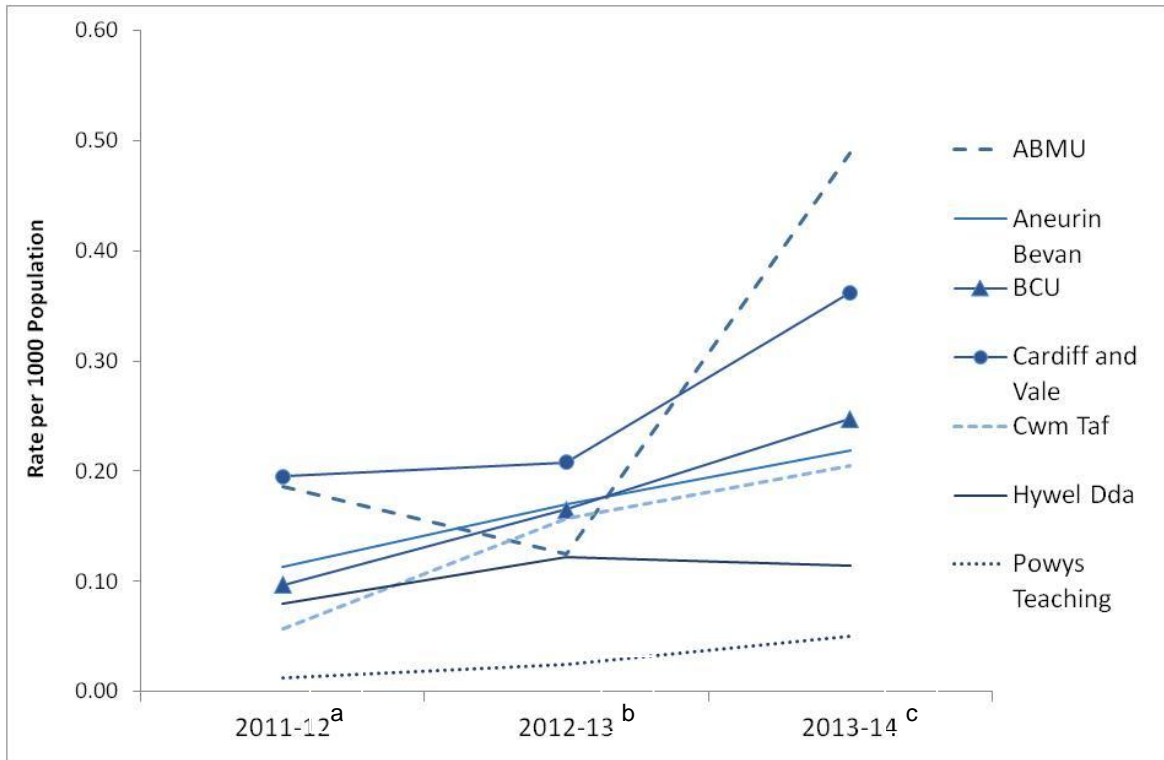
7.4 Re-supply of THN by APB

For the majority of APBs an annual increase in THN re-supply can be observed (see *Table 5 & Chart 20*). 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 (UIs) Trained and Issued with THN Following Full Implementation by APB

	UIs Issued THN 2011-12	Mid-Year Population (2011) ^a	Rate Per 1000 Population	UIs Issued THN 2012-13	Mid-Year Population (2012) ^b	Rate Per 1000 Population	UIs Issued THN 2013-14	Mid-Year Population (2013) ^c	Rate Per 1000 Population
ABMU	63	338371	0.19	42	336935	0.12	164	335755	0.49
Aneurin Bevan	42	372410	0.11	63	370727	0.17	81	369613	0.22
BCU	42	433764	0.1	71	430452	0.16	106	428050	0.36
Cardiff and Vale	63	321947	0.19	67	321844	0.21	117	323193	0.21
Cwm Taf	11	191275	0.06	30	191054	0.16	39	190204	0.11
Hywel Dda	19	239189	0.08	29	238063	0.12	27	236707	0.05
Powys Teaching	1	81513	0.01	2	80472	0.02	4	79515	0.27

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



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

Chart 20: Rate Per 1,000 Population for THN Kits Re-Supplied by APB 2011-12 to 2013-14

8 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. A full report indicating the provision of THN throughout Wales from 1st July 2009 – 31st March 2013 was published in 2013. The report is available at:

[http://www.wales.nhs.uk/sitesplus/888/page/73000#take home naloxone](http://www.wales.nhs.uk/sitesplus/888/page/73000#take+home+naloxone)

8.1 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.

8.2 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.

8.3 Data definition

This report details the THN activity data recorded on the HRD from 1st April 2013 until 31st March 2014. During this time period THN training and distribution was recorded on the HRD by 37 registries throughout Wales. This includes statutory/voluntary substance misuse services, homelessness hostels, and public/private sector prisons (see *Table 6* for details).

Table 6: List of sites where THN training and/or supply has been recorded since 1st April 2013 – 31st March 2014

ABMU	BCU	Hywel Dda
CDAT - Bridgend	CDAT – Rhyl	Catalyst
DASH	CDAT – Shotton	Cyswllt
HMP Parc		PRISM
HMP Swansea	Cardiff and Vale	Turning Point
IOIS – Bridgend	CAU – Barry	WWSMS
IOIS - Neath	CAU – Cardiff	
IOIS - Swansea	CRI – Cardiff and Vale	Powys Teaching
SANDS Cymru	HMP Cardiff	Kaleidoscope – Brecon
WCADA – Bridgend	The Huggard	Kaleidoscope - Newtown
	Wallich Hostel	Kaleidoscope – Welshpool
Aneurin Bevan		Kaleidoscope – Ystradgynlais
CRI – Blackwood	Cwm Taf	
Drugaid – Caerphilly	CDAT - Pontypridd	
Drugaid – Ebbw Vale	CRI – Merthyr Tydfil	
Drugaid – Monmouthshire	Drugaid – Merthyr Tydfil	
Drugaid – Torfaen	RISMS	
Kaleidoscope - Newport	TEDS	

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.

9 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.