

Supplying naloxone from community pharmacies: A quick intervention approach

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This training will take you 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
- ✓ It is based on research funded by Pharmacy Research UK undertaken at the University of Bath
- ✓ 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 you need to watch please.



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What is naloxone?

- Naloxone is a medicine which reverses the effects of opioid drugs like heroin and methadone
- It is available in the UK as an injection and as a nasal spray. This training is about supply of the injection.
- Naloxone is an opioid antagonist. It is a first aid emergency medicine. Watch this [3 minute film](#), which explains how naloxone works [this is an American film, so of course in the UK 999 is our emergency number]



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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.



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Why is naloxone supply important?

- In 2018, opioid related deaths were the highest since records began in 1993
- In England and Wales in 2018, there were **2,208** drug deaths where an opioid was mentioned on the death certificate. This is **nearly five times** as many as in 1993. In Scotland this figure was **1,021**.
- 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.



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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 drug services are not.
- Pharmacy needle exchanges see people who do not attend drug treatment services. They are the people most at risk of overdose.
- During the national Covid-19 response, necessary larger volume supplies of methadone and disruption in drug supply networks may increase risks of overdose



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You are being asked to supply a pre-filled naloxone injection called 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.



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How to offer naloxone:

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



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How to offer naloxone:

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

- (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)



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How to offer naloxone:

- (4) **Prioritise supply** over giving detailed advice. The patient information leaflet is in the box and the tear off 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**

- (6) Don't make supply contingent on using the consultation room. Be discreet, successful suppliers said they often issue at the counter.

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



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How to supply naloxone:

Ideas on useful phrases to make the offer

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

'Overdose deaths are soaring, so lots of people are now carrying naloxone in case they see someone overdose. It is free and easy to use, I'd like to give you one to take away'

After agreement

'There are five doses in the kit, you give each dose, injected into the thigh, 2 minutes apart to avoid bringing people round in a bad withdrawal'

'There is a leaflet in the kit that explains how to use it. You need to attach the needle first' [Offer tear off leaflet if you have one]

'Phone an ambulance too. Try to carry it with you always'



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As you gain experience, 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
- Example of client in a rush supply

<https://youtu.be/kxGpa55tKaY>

<https://youtu.be/XnL7kxJnHps>



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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 its benefits. But some people do refuse. Do 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 and they have it as a nose spray for people who fear needles'

'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.



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There is an example of naloxone refusal possible scenario on YouTube:

<https://youtu.be/1PECI41w4V4>



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Reasons people refuse naloxone

- They might not need it. For example they inject drugs that are not opioids such as amphetamines.
- 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.
- They are afraid the police will use it as a reason to search them. However most police forces encourage naloxone carrying and some supply it from custody suites.



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Some closing points

- Think of naloxone supply more like an OTC sale than a detailed intervention such as Emergency Hormonal Contraception, it should be quick.
- Hooking your offer of naloxone to a request for needle exchange or methadone can be helpful
- Anyone 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 kit for demonstration, contact us.

Any comments or Qs: graham.parsons@turning-point.co.uk j.a.scott@bath.ac.uk



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Thank you for supporting this effort to reduce opioid related deaths

Suggested further training for pharmacists and pharmacy technicians:

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



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