

# **Public Health Agreement for Take Home Naloxone Service 1 April 2021 to 31 March 2022**



**SURREY**  
COUNTY COUNCIL

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# 1.0. Introduction

1.1. Drug Misuse and its complications pervade every part of society and social classes and are a problem found across the whole country. The number of heroin and/or crack users in Surrey is estimated to be 3391; these are figures for the period of 2016/17<sup>1</sup>. Surrey County Council currently commission enhanced services through Community Pharmacy for people who inject drugs, through the provision of needle exchange programmes and a Supervised Consumption service.

1.2. Deaths related to drug misuse (England and Wales) – In 2018 there were 4359 deaths related to drug poisoning registered in England and Wales, the highest number, and the highest annual increase (16%) since the time series began in 1993. 2917 of these deaths were related to drug misuse<sup>2</sup>.

## 2.0. Background

### What is a drug misuse death?

A drug misuse death is defined as a death when:

- The underlying cause is drug abuse or drug dependence
- The underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved<sup>3</sup>.

2917 deaths relating to drug poisoning in England and Wales in 2018 equates to a rate of 50.9 deaths per million people.

### Drug misuse deaths in the South East by local authority, registered 2015-17 and latest update 2016-18

The Office for National Statistics website shows [data on drug misuse deaths](#).

### Potential factors relating to the rise in drug misuse deaths

- Increase in availability and purity of heroin and other drugs. The apparent sudden increase in drug-related deaths have, at least in part, been attributed to an increase in the availability, purity and affordability of heroin, and other drugs.
- Ageing heroin users. A proportion of older heroin users aged 35 and over, in treatment with co-occurring health conditions has been increasing in recent years and is likely to continue to rise. Co-occurring health conditions attribute to their vulnerability.
- Lack of resources. Reality is that there are less resources due to funding cuts. This in part may contribute to the obstacles in engaging those who are not already engaged in treatment which we know to be a protective factor.
- Potential link to emerging numbers of rough sleepers. Drug-related deaths of homeless people have more than doubled over six years. Due to different methodologies employed across the UK, it is difficult to access the extent of drug use among homeless populations however there is evidence that suggest a strong reciprocal association between being homeless and having an increased risk of problematic drug use<sup>4</sup>.

### Common circumstances of opioid overdose

We know that the majority of fatal overdoses can be avoided with certain interventions. Facts relating to opioid overdoses can include:

- Being in one's own or friends home
- History of a recent non-fatal overdose
- Several hours between overdose and death
- Other drugs present
- Older more experienced injecting drug users
- Recent abstinence/reduction in use

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<sup>1</sup> [Opiate and crack cocaine use: prevalence estimates by local area - GOV.UK \(www.gov.uk\)](#)

<sup>2</sup> [Deaths related to drug poisoning in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>3</sup> [Health matters: preventing drug misuse deaths - GOV.UK \(www.gov.uk\)](#)

<sup>4</sup> [Drug-related harms in homeless populations.pdf \(publishing.service.gov.uk\)](#)

- Not in treatment
- Witnesses present
- Not recognising the signs of overdose

## **Naloxone and its use**

Across Europe, illicit opioid users are 10 times more likely to die than their peers of the same age group and gender, and 6100 deaths were attributed directly to opioid overdose in 2012.

Naloxone is a potentially life-saving medicine when used in settings associated with opiate misuse and overdose.

There is evidence that take-home naloxone given to service users, and training family members or peers in how to administer naloxone, can be effective in reversing heroin overdoses.

Its legal status means that anyone can administer naloxone for the purpose of saving a life, and it has been supplied by some drug treatment services since 2005<sup>5</sup>.

## **What is naloxone?**

Naloxone Hydrochloride 1mg/ml:

- 2ml prefilled syringe
- 2 23g 1.25" blue needles
- Luer lock fitting
- PIL with a flowchart
- Tamper proof tape

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine, and fentanyl).

The main life-threatening effect of heroin and other opiates is to slow down and stop breathing.

Naloxone blocks this effect and reverses the breathing difficulties.

The provision of needle exchange in pharmacies provides the benefits of increasing availability of needle exchange across a wide geographical area, providing more flexibility in provision of services including more flexible opening hours. This results in a reduction of drug-related harm and risk behaviours, helps engage drug users into treatment and provides vital opportunities for interventions to take place such as offering naloxone and providing advice around overdose awareness.

Naloxone is a prescription only medication (POM). However, the Human Medicines (Amendment) (No. 3) Regulations 2015 (2015/1503), further amended in February 2019 allows the formulations listed above to be supplied without a prescription, PGD or PSD by a drug treatment service including community pharmacy commissioned by a local authority or the NHS to any individual needing access to naloxone for saving a life in an emergency to someone who is at risk of opioid overdose.

This includes, carers, relatives or friends and others who may be involved in the management of overdose for example hostel staff or those working in substance misuse services.

There are two formulations of naloxone suitable for use in the home and non-medical setting, and therefore can be used to supply as part of the take home naloxone programme and also for emergency however due to budgetary constraints we will only be supplying Prenoxad® solution for injection in the pharmacy setting until otherwise updated.

- Prenoxad® solution for injection – each kit contains 1 2ml pre-filled syringe (Naloxone Hydrochloride 1.0mg/1ml) and 2 23g 1.25" needles for intramuscular injection.
- Nyxoid® nasal spray – each spray contains 1.8mg naloxone hydrochloride. It is a single use product, the recommended dose being one spray (1.8mg) into the nostril. Each pack contains two individually sealed nasal sprays.

## **3.0. Agreement**

3.1. This Public Health Agreement is between Surrey County Council and the Provider, in this instance, the Pharmacy Contractor. The Public Health Agreement is managed on behalf of Surrey

<sup>5</sup> [Widening the availability of naloxone - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

County Council. The authorised officer empowered to act on behalf of the Council is the Director of Public Health. The Council will serve a 1-month termination notice to either stop or revise the service.

## **4.0. Service description**

4.1. The service will be offered to suitable Needle and Syringe Programme and Supervised Consumption Service Providers. Services users over 18 in contact with opioids along with friends, family or appropriate representatives are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. Once the training is completed, a take-home naloxone kit may be issued to the service user by the provider. The provider will only operate the scheme when supervised by a pharmacist or when the pharmacist is contactable.

There is no legal restriction under the legislation on the supply to children or young people of naloxone by a drug treatment service. However, any decision to supply naloxone to a child would need very careful consideration and oversight and would need to be made on a case by case basis. Therefore, anyone presenting who is under 16 years and wishing to be provided with naloxone should be signposted to the Young Persons Treatment Service Catch 22 and the Service Manager informed (please refer to the Young Persons NSP Safeguarding Policy on Pharmoutcomes).

## **5.0. Service outline**

5.1. To identify and potentially supply suitable clients with naloxone through engagement in pharmacy, particularly those accessing needle exchange and/or opioid substitution therapy, including friends and family of and front-line workers. Inform clients about harm reduction including signs and symptoms of opiate overdose and promoting the benefits of naloxone.

5.2. The provider will offer a user-friendly, non-judgemental, user-centred, and confidential service.

5.3. The service user will be provided with appropriate health promotion materials including the required overdose awareness training which is mandatory when providing the kit.

5.4. Observing the Making Every Contact Count (MECC) model; the provider will make the most of opportunities to engage with and have 'healthy' conversations with the service user. This will include providing support and advice to the service user, including sign posting to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them.<sup>6</sup>

5.5. These services will require use of consultation area. As part of the Healthy Living Pharmacy criteria, a consultation room shall be made available to deliver this service when appropriate. This consultation area must provide sufficient privacy and safety.

5.6. Any young person under 18 requesting equipment must be referred to the young people's specialist substance misuse service. Please refer to the Young Persons Needle Exchange Policy on Pharmoutcomes.

5.7. The provider will maintain appropriate records to ensure effective ongoing service delivery and audit. It is preferable that the consultation area will have access to a computer to enter the patients details directly onto Pharmoutcomes. This data must be completed in full.

5.8. The pharmacy may only hold 5 kits in stock at one time. Larger quantities of stock held must be agreed with the service manager.

Naloxone has been subjected to stability studies at 40 degrees centigrade which showed the product shelf life was fully compliant at this temperature for up to 6 months however it should be protected from light. Inappropriate storage and handling may shorten the shelf life.

Service users must be advised to keep the take home naloxone out of reach of children and pets and encourage to return for replacement dose should they have used or lost the medication or when it has expired.

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<sup>6</sup> [Making every contact count - Healthy Surrey](#)

Service users must be advised of the safe disposal of needles following the use of the take home naloxone. Naloxone has a low potential for misuse however carriers should be discouraged from opening kits to use needles for other purposes.

Used sharps and syringes should be replaced in the naloxone kit box and shut before being given to attending emergency services or returned to the specialist service of issue for safe clinical waste disposal. Un-used, unwanted, used or partially used, found and expired stock should also be returned to service of issue or handed to the ambulance service staff who attend a suspected overdose situation for safe disposal.

When naloxone is supplied, the expiry date on the kit must be recorded and this date explained to the individual the supply is being made to. The individual in receipt of the supply should be advised to return the naloxone to the pharmacy before the expiry date and collect a further supply.

5.9. Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocol.

5.10. The provider will ensure that the pharmacist and pharmacy team will have completed locally agreed training. All service users in contact with opioids are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. Once completed, a take-home naloxone kit may be issued to the service user.

The provider will only operate the scheme when supervised by a pharmacist or when the pharmacist is contactable.

5.11. The pharmacy will deal with any complaints sensitively and will report any complaints, comments and concerns to the service manager as soon as possibly by email or phone.

## **6.0. Aims and intended service outcomes**

6.1. To increase overdose awareness knowledge; informing clients and appropriate others about harm reduction and the benefits of naloxone to help reduce the rate of drug related deaths associated with opiate use.

6.2. To identify and potentially supply suitable clients with naloxone through engagement in pharmacy. This service is particularly aimed at those accessing needle exchange and/or opioid substitution therapy, however it can also include family, friends, carers, hostel managers and anyone potentially witnessing an overdose. Anyone can administer naloxone for the purpose of saving a life.

6.3. To maximise the access and retention of persons who use drugs, particularly those not already engaged in treatment services, those who are homeless and other vulnerable groups.

6.4. To act as a gateway/signpost to other services such as drug and alcohol treatment services, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening, sexual health and primary care services.

6.5. To have a close working relationship with the local drug services and where appropriate facilitate referral into treatment.

6.6. Surrey County Council will fund the cost of naloxone kits. It is the responsibility of the pharmacy to order the kits directly from the supplier Orion Medical. These kits can be ordered online (link on Pharmoutcomes) before 1pm and delivered the next day. The pharmacy can only hold a maximum of 5 naloxone kits in stock unless it has been agreed otherwise with the service manager. Naloxone kits are stock of Surrey County Council and should be kept segregated and only used for this service.

## **7.0. Operating procedures**

7.1. In accordance with the Scheme Operational Procedure, all pharmacies participating in the scheme must develop operating procedures which underpin health and safety of both staff and service users.

7.2. Pharmacy operating procedures will be in line with Needle and Syringe Programmes and Supervised Consumption Service and include:

- Service user dignity, privacy, confidentiality and data protection
- Sharps safety and needle stick injury

- Robust safeguarding policies
- Provision for young people
- Service user complaints procedure
- Untoward incident monitoring
- Return of used injecting equipment and safe disposal of used kits
- Signposting to local treatment services and to other available needle exchange services for when the pharmacy is closed

7.3. Stock must be ordered online (link on Pharmoutcomes) from the approved pharmaceutical licensed supplier Orion Medical.

There are no specific storage recommendations for Prenoxad®. The SPC for Nyxoid® states that it must not be frozen.

## 8.0. Accreditation and training

8.1. The provider has a duty to ensure that pharmacists and staff involved in the provision of the service have completed the locally agreed Overdose Prevention and naloxone training to ensure competency in the provision of the service. The e-learning module '[SMMGP Freelearn: Naloxone Saves Lives](#)' training can be completed, and certificate shared with the commissioner as proof of competence. Additionally, it is recommended that the [LPC webinar](#) is also viewed by the pharmacy team.

8.2. The provider will ensure that pharmacists and staff meet the requirements of the Competency and Training Framework for Substance Misuse Service Provision which is a mandatory requirement to provide the Needle and Syringe Programme and the Supervised Consumption Service. Completion of the following open learning CPPE pack<sup>7</sup> plus the online assessment would meet this requirement:

- Substance use and misuse
- Safeguarding Children and Vulnerable Adults

All pharmacists accredited to deliver Substance Misuse services must be registered with CPPE learning record online before approval to supply will be given by Surrey County Council.

8.3. The provider must inform Surrey County Council when the nominated pharmacist leaves and a new pharmacist joins. The new pharmacist will need to become accredited as per the training requirement outlined above. It is the responsibility of the provider to let Surrey County Council know there is a vacancy and who the replacement pharmacist is within 1 month of the vacancy arising and a new appointment being made. It is the responsibility of the provider to let Surrey County Council know when the new pharmacist has completed the appropriate training for quality assurance and continuity of service provision.

## 9.0. Quality indicators

9.1. The provider will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are competent to deliver harm reduction and overdose awareness advice.

9.2. Staff involved in the delivery of training for the take-home naloxone programme have been signed off by the provider as competent to do so using protocols agreed by Surrey County Council.

9.3. The provider will participate in all commissioner led audits of service provision as and when required.

9.4. The provider will co-operate with any locally agreed Surrey County Council led assessment of service user experience.

9.5. The pharmacy can demonstrate that all service user training and kits issues are recorded accurately on Pharmoutcomes.

9.6. The pharmacy undertakes the intervention in an area that ensures a sufficient level of privacy and safety.

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<sup>7</sup> [CPPE - Centre for Pharmacy Postgraduate Education](#)

9.7. The provider has appropriate health promotion material available as advised by Surrey County Council for the service user group.

9.8. The provider must have a system in place that ensures that messages are checked on a regular basis (at least weekly) on Pharmoutcomes and actioned appropriately as this is the primary communication tool between Surrey County Council and Surrey Pharmacies and is used to convey drug alert notifications.

9.9. The provider must at all times comply with the relevant regulations for complaints relating to the provision of substance misuse services. Any complaints must be submitted as part of the data return. The provider must send a copy of any serious complaints to Surrey County Council within 5 business days.

9.10. The provider will review its standard operating procedures and the referral pathways for the service on an annual basis.

## 10.0. Monitoring arrangements

10.1. Participating providers are expected to record accurate and specified data comprehensively, using Pharmoutcomes on the appropriate service template.

10.2. Access to records and documents containing information relating to service users will be restricted to authorised personnel and that information will not be disclosed to a third party. The provider will ensure compliance with the Data Protection Act, GDPR, Caldicott and other legislation covering access to confidential patient information. The provider will only share information with other health care professionals and agencies in line with RPSGB [‘Medicines, Ethics & Practice, A Guide for Pharmacists’](#).

## 11.0. Critical incidents

In the event of a critical incident such as violent, aggressive or threatening behaviour towards pharmacy staff and the public, or theft, the pharmacist and their staff are not to put themselves in any risk of injury. It is not expected that pharmacy staff will accept threatening, violent or other abusive behaviour from service users.

In the event of such an incident the service user should be asked to leave the premises with a verbal warning. The pharmacist has the right to refuse a service user access to the service on behavioural grounds.

If the service user returns subsequently and there are no changes in behaviour the pharmacist has the right to withhold services.

If a service user does not leave voluntarily when requested, the pharmacist should call the police to escort the service user from the premises.

All critical incidents should be reported to the service manager at the time of the event.

## 12.0. Safeguarding

12.1. The provider shall adopt Safeguarding Policies in compliance with Surrey County Council's:

- Safeguarding children/child protection policy<sup>8</sup>
- Safeguarding adults multi-agency procedures, information and guidance<sup>9</sup>

## 13.0. Payment arrangements

13.1. Payment will be made to the provider for the provision of the naloxone service on a monthly basis in arrears using the activity information entered onto Pharmoutcomes.

13.2. All claims are generated automatically from the activity data entered onto the Pharmoutcomes portal made available by the public health team. If data is not entered then claims cannot be met. Activity should be recorded on the day of the supply (or, at the very latest, by the next working day).

13.3. See appendix 1 for payment structure.

13.4. The council has the right to audit a pharmacy against the claims received. Reasonable notice will be given to the pharmacy prior to the audit.

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<sup>8</sup> [Surrey Safeguarding Children Partnership Procedures Manual. | Surrey Safeguarding Children Partnership](#)

<sup>9</sup> [Report concerns of adult abuse and harm - Surrey County Council \(surreycc.gov.uk\)](#)





## **Appendix 1 – Payment for providing take home naloxone in Community Pharmacy**

Naloxone supply including Overdose Awareness Training: £10 per intervention

Payment: A initial one off £50 payment if offered as a start up fee to cover initial costs such as attending training. This will be paid at the end of the financial year only if provision is made. A fee of £10 will be paid for each intervention. This covers training each client for the signs and symptoms of overdose and the provision of the naloxone kit (a second kit can be supplied upon request). Kits can be ordered directly from Orion Medical Supplies: Telephone – 01869 244423 and online through Pharmoutcomes. A maximum of 5 kits to be kept in stock (unless other arrangement agreed with service manager). Orders placed before 1pm can be delivered the next working day. The packs must be labelled with the client's name and the date of supply. Details must be recorded onto the Pharmoutcomes system. All fields must be completed in order to claim.