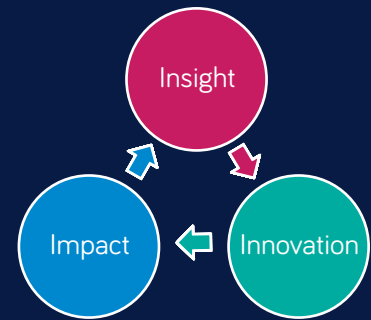


Take Home Naloxone: best practice in preventing fatal opioid overdoses for prison leavers



Pulse is a series of briefings from The Forward Trust for staff, partners, commissioners and stakeholders to communicate:

- **Insight** from our research team's analysis of client data and other findings
- Examples of **innovation** and continuous service improvement
- Evidence of our personal, social and economic **impact**

We also aim for these briefings to contribute to wider policy and practice debates.

The Forward Trust (Forward) provide a range of care, support and employment services to people struggling with drug or alcohol dependence or who have a history of offending. Despite our clients being amongst the most marginalised in society, we believe in everyone's ability to transform their lives and to achieve recovery from a lifestyle of addiction and crime.

Executive Summary

- Every year, Forward empowers over 10,000 prisoners with drug and alcohol problems to break the cycle of crime and addiction and to achieve transformational change – from initial advice, harm minimisation and clinical treatment, to intensive programmes that instil and sustain recovery, and access to networks of support upon release to the community.
- Drug-related deaths in England and Wales are at record levels: 3,756 deaths in 2017/18, of which 53% involved an opioid (e.g. heroin) overdose. Death rates among prisoners (especially those on post-release supervision) are many times higher than in the general population. There were 955 deaths of offenders in the community in England and Wales in 2017/18. The few weeks immediately after release from prison is a particularly high-risk period for drug-related death.
- In response to these findings, and as part of our commitment to continually improve services and to deliver the best care possible, Forward have instigated a highly-targeted initiative to increase the number of service users being released from prison with Take Home Naloxone (THN), a drug that can save lives by reversing the reduced breathing rate caused by an opioid overdose.
- First piloted at HMP Lewes in 2018, and since implemented in 10 other prisons, Forward's initiative has centred on nominating a dedicated practitioner as 'Naloxone Lead' to take responsibility for training prison leavers on how to use the drug (administered by injection) and for providing THN kits upon their release.
- As a result of this initiative, National Drug Treatment Monitoring System statistics show that **42% of opioid service users across these 11 prisons have been released with THN, more than three times the national average of 12%**, with many lives saved as a consequence.
- Building on these impressive results, Forward aims to further improve take-up rates of THN in prisons where it has already been introduced and to promote the initiative in all other prisons where we operate. As part of these plans, and in line with our ethos of service user empowerment, we will upskill peer supporters so they can train service users on how to use THN.

42%

of opioid service users across 11 prisons now take Naloxone home and help to save lives in the community, as part of Forward's new initiative

Context

Rise in drug-related death

The number of drug-related deaths in England and Wales is at an all-time high, with 3,756 deaths in 2017. 53% of these deaths involved an opioid.¹

Deaths involving fentanyl – a synthetic opioid that is 50 times more potent than heroin – rose by 29% in 2017.² There does not currently appear to be widespread demand for fentanyl-laced heroin in the UK³ and it is hard to tell from sight alone whether a batch of heroin contains fentanyl. This suggests that heroin users may be consuming fentanyl unknowingly.

People leaving prison are at the highest risk of overdose and drug-related death in the first weeks following release.^{4,5} This is likely due to reduced tolerance to heroin, increased purity of drugs compared to those used in prison⁶ and the tendency of some released prisoners to return to previous drug use patterns.

Increasing the uptake of Take Home Naloxone (THN) amongst opioid users leaving prison (and in the community) can help reduce the number of drug-related deaths⁷ amongst this high risk population.

Drug-related deaths

What is Take Home Naloxone (THN)?

THN is a prescription-only drug that can reverse the effects of opioids such as heroin, morphine, buprenorphine, codeine, methadone, opium, pethidine and fentanyl. It does not affect non-opioid drugs such as crack cocaine, ecstasy and cannabis (among others). THN can reverse the reduced breathing rate caused by an opioid overdose and therefore prevent death.⁸

THN is supplied in a kit that includes a syringe pre-filled with naloxone and needles. Once a needle has been twisted onto the syringe, it can be injected into the muscle. It takes approximately 2-5 minutes for naloxone to have an effect which lasts for 20-30 minutes. More than one dose can be given if someone returns to an overdose state after the effects have worn off.⁹

Since October 2015, drug services in prisons and the community can supply THN to service users without a prescription. Pharmacists who provide services such as needle exchange programmes can also supply THN. This means that any opioid users at risk of overdose, as well as their family, friends and peers, can obtain naloxone to save a life in an emergency.¹⁰

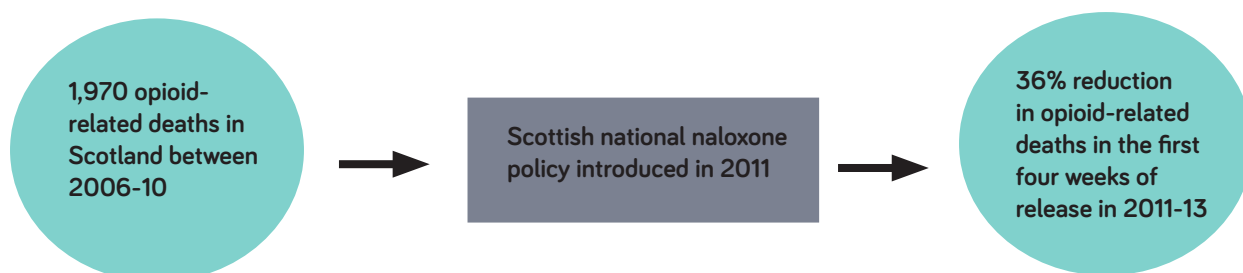


National policy and practice recommendations

Public Health England have published guidance on the amount of THN that each local authority should make available to prevent opioid overdose deaths. The suggested quantity of THN supplied is based on each local authority providing 20 times the number of THN kits as there are drug-related deaths in the area. As a minimum, every opioid user in contact with treatment services should be provided with THN, with extra supplies available for those not accessing treatment, e.g. those living in hostels.¹¹

In January 2011, Scotland became the first country to implement a funded and evaluated National Naloxone Policy (NNP). In 2006-2010, there were 1,970 opioid-related deaths amongst ex-prisoners in Scotland – 9.8% of these were within the first four weeks of release. In the first three years (2011-2013) of Scotland's NNP, 2,273 THN kits were given to opioid users leaving prison, 5.9 times the national rate of opioid-related deaths. During this time, there were 1,212 opioid-related deaths, of which 6.3% were in the first four weeks of release. The introduction of a NNP was therefore associated with a 36% reduction in opioid-related deaths in the first four weeks of release from prison.¹²

In 2017/18, only 51% of prisons in England had a THN programme and only 12% of opioid service users were released with THN.¹³

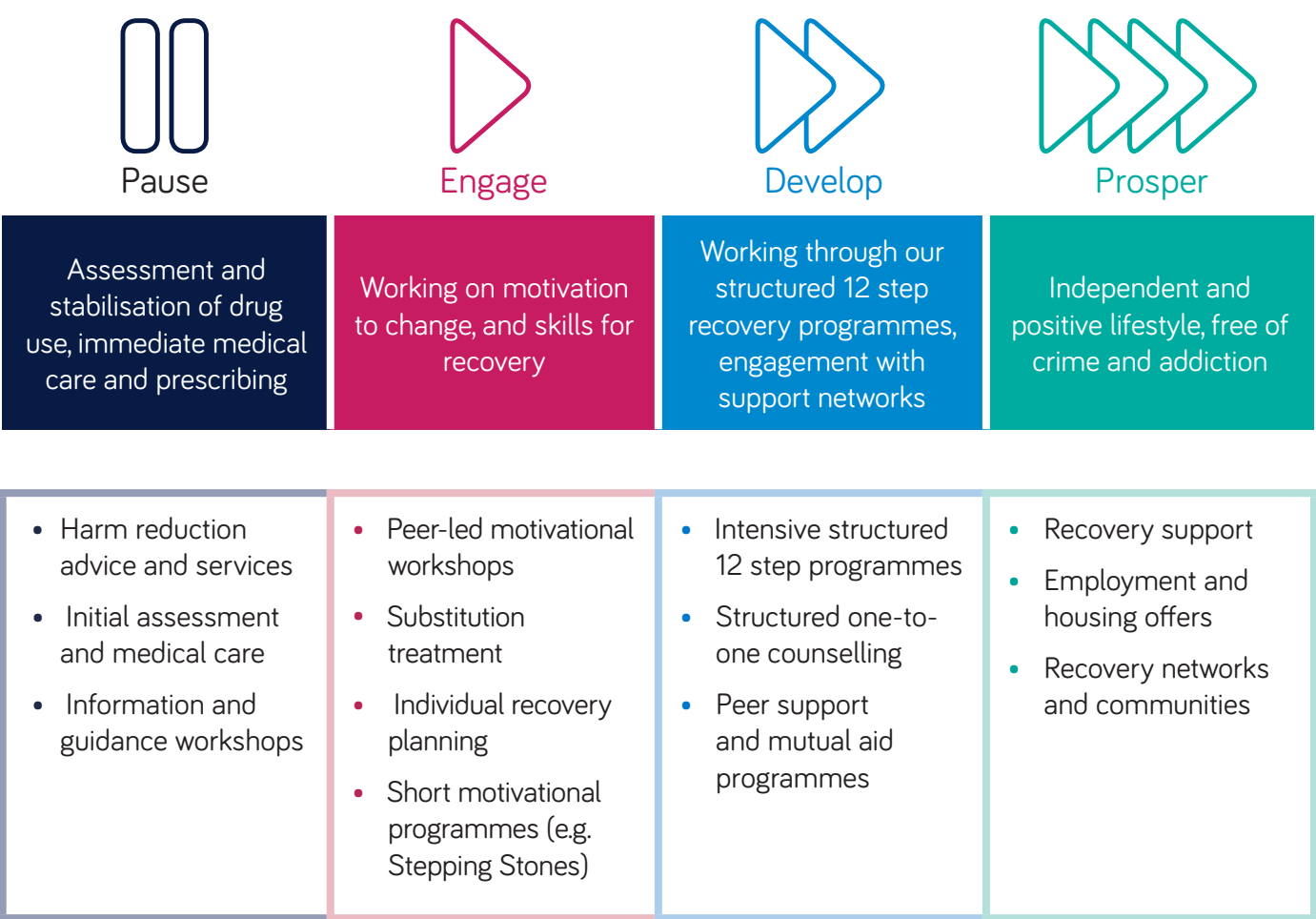


Recommendations have been made by the Advisory Council on the Misuse of Drugs to improve coverage but the reasons for prisons not having a THN programme include prisoners mainly being transferred to other establishments rather than released directly back into the community, or high churn of people entering and leaving prison. Foreign national prisoners or those subject to immigration control are not given THN as the legal status of naloxone varies internationally.¹⁴

Where THN programmes are available in prison, there are a number of factors contributing to low take-up by opioid users leaving prison.¹⁵ Service providers in prisons with a high number of individuals on remand or with a high churn have a limited window of opportunity to offer THN. Opioid service users who are not receiving opioid substitution therapy are less likely to be offered THN, perhaps due to providers focusing THN distribution on those they believe to be at highest risk of overdose upon release. Finally, service users may be offered THN, but refuse it because they believe they will not use opioids again and therefore think they have no need for it.

Our approach

Every year, Forward supports over 10,000 prisoners with drug and alcohol problems to break the cycle of crime and addiction and to achieve transformational change. Our Theory of Change framework (illustrated below) outlines how we give our service users the care and inspiration to believe that a different way of life is possible. Although every individual's journey is different and not always smooth or linear, our drug and alcohol recovery services start with keeping people safe, whilst increasing motivation to change, building skills for recovery and increasing engagement with support networks. We work with service users in this way to help them achieve their recovery goals and live positive lives, free from crime and addiction.



Within this framework, we offer THN as a ‘pause’ intervention to opioid users as part of our range of harm reduction services. It is especially important for those on remand or short sentences with whom we do not have much time to work before they are released into the community. However, even in these instances, training service users on using THN and having discussions with them about overdose can instigate the process of change in their drug-using behaviour, making them stop and think, and motivating them to take the first few steps on their recovery journey. THN is also important for those further advanced in recovery (who have reached ‘Develop’ in our Theory of Change) in case of relapse upon release or to enable them to help others who might overdose in the community.

Maximising take-up of THN

Forward have developed the following best practice process to increase the number of service users accepting THN ahead of their return to the community:

1. Assign a Naloxone Lead in each service

The Naloxone Lead (a clinical practitioner) is responsible for monitoring and coordinating all aspects of THN training and provision. They ensure all staff are trained and up to date with local processes.

2. Add all new receptions to the naloxone waiting list, regardless of release date

Every new opioid service user is added to the naloxone waiting list as soon as they engage with us in each prison. Service users who are due for release are booked in for a THN appointment in the two weeks before they leave prison. This appointment is also an opportunity to give wider release advice and information.

3. If a service user declines THN, we offer again at another time

Sometimes service users refuse the naloxone or the training when it is first offered, for different reasons. When this happens, we give service users other opportunities to engage and to undertake the training. Context and timing is important in how the drug is presented; all members of staff are confident and ready to speak to service users about naloxone, when the moment is right, to encourage uptake.

4. Provide THN training in group sessions

Forward's Living Safely programme (a series of workshops providing safe coping skills to minimise risk of harm and relapse) includes a session on reducing the risk of overdose. Our clinical practitioners attend this session to provide group training on naloxone. Training needles are used to show service users how to open the THN pack and assemble the needle. Everyone in the group has a chance to practice this.

5. Re-offer and reminders on the day of release

If a service user has previously refused training, a nurse takes a THN kit to reception on their release date, re-offers training and provides the kit if the service user changes their mind and accepts. If a service user has already accepted THN, information and advice is provided again on the day of release.

6. Accurate recording and good communication skills

Good communication between Forward team members and other departments in each prison ensures that we gain release dates for our service users in a timely manner. Without accurate recording of release dates and training completion, we would not be able to provide THN and training to many of our service users before they are released.

Impact

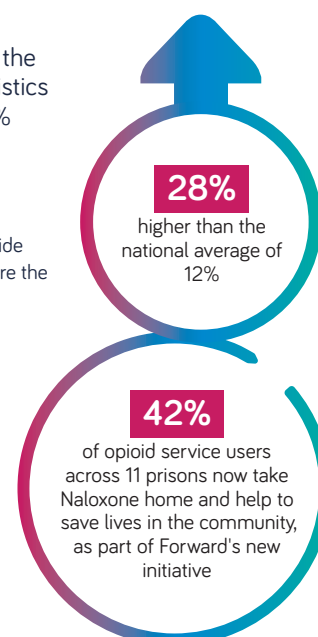
The comprehensive approach to THN described above was first implemented by Forward in HMP Lewes in 2018. Within a year of implementing the initiative, the number of opioid service users at HMP Lewes who were released with a naloxone kit was at 48%, 4 times higher than the national average. Following an unannounced inspection of HMP Lewes in January 2019, Her Majesty's Inspectorate of Prisons praised our approach to THN and how it contributed to good discharge planning for prisoners.

The approach was then implemented across our services in Kent and Surrey prisons*. The table on the next page sets out the impact of this approach – National Drug Treatment Monitoring System statistics showing that 42% of opioid service users across these 11 prisons have been released with THN, 28% higher than the national average of 12%.

The approach has also been welcomed by prison staff:

*These are prisons where we provide clinical treatment and where we have qualified nurses to deliver THN training and provide kits; we have not yet implemented the approach in the 8 prisons where we only deliver psychosocial interventions and where the clinical service is delivered by a partner organisation.

"The Forward Trust provide an important service to HMP Lewes, offering a comprehensive package of support to the men here which is consistently well received (including, for example, the provision of naloxone take home kits). Feedback from the men who access their services is extremely positive. I am impressed with the level of professionalism the Forward Trust demonstrate across their team and their genuine desire to work collaboratively with HMP Lewes to support the men here to address their substance misuse issues. As part of the wider Reducing Reoffending group, they offer valuable contributions across all areas of the function. As a Head of Function, I have complete trust in their focus and approach" – Sally Charles, Head of Reducing Reoffending, HMP Lewes



Forward's Take Home Naloxone figures for October 2018 – March 2019

Establishment	No. of structured clients	No. of opioid clients released	Proportion of opioid clients released with naloxone
High Down	23	234	23%
Downview	27	54	50%
Coldingley	1	4	25%
Send	16	22	73%
Lewes	69	144	48%
Elmley	124	226	55%
Swaleside	3	5	60%
Standford Hill	0	0	-
Rochester	26	64	41%
Maidstone**	0	7	0%
East Sutton Park	1	5	20%
All	320	765	42%

(**Take-up is 0% at HMP Maidstone, as all service users are foreign nationals who are not eligible to receive THN on release.)

In addition to this statistical impact, which translates into many lives saved, our THN initiative has also had the impact of empowering service users to help others, exemplifying a fundamental aspect of Forward's ethos, the importance of mutual aid and 'giving back':

“ I used it to save my life

“ My friend came round [from the overdose]

Future development

Increasing THN take-up: Forward's prison-based clinical services have made a strong start in increasing the uptake of THN amongst our service users in Kent, Surrey and Sussex. As our best practice process becomes fully embedded in every service, we expect the proportion of opioid service users released with naloxone to increase further. We have therefore set ourselves a target average rate of 50% of service users accepting THN on release across all the prisons where we provide clinical support.

Foreign nationals: Even though our service users at HMP Maidstone are not eligible to receive THN on release, we will continue to offer harm reduction information and advice throughout their treatment journey, in preparation for release. We will increase our portfolio of resources in different languages and support service users to access THN in their home country.

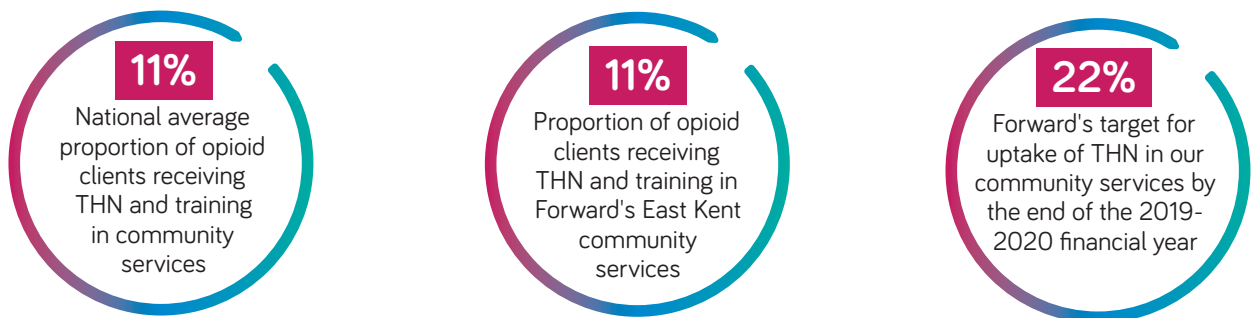
Rollout to other prison services: We plan to apply the learning from this initiative to other prison services where we offer psychosocial (non-clinical) substance misuse treatment only. Although THN is the responsibility of clinical providers, we can use our best practice to support our clinical partners and increase uptake of THN in all of the prisons we operate in.

Training peer supporters: To enhance our provision of THN further, we will train our peer supporters to deliver naloxone training. Peer-led initiatives such as this can have numerous benefits,¹⁶ including:

- Reducing stigma around carrying naloxone
- Utilising the lived experiences of peers to break down barriers and motivate service users to change
- Challenging myths surrounding overdose
- Reaching those not in treatment

Nasal naloxone: Following the amendment to the Government's guidance on widening the availability of naloxone, we will offer our service users the option of nasal naloxone.¹⁷ Not all service users (or their family and friends) are comfortable administering naloxone via intramuscular injection. Therefore, we expect that offering more than one method of administration will increase the uptake of THN in prisons and the community.

Community services: We will also apply the learning from our prison experience to our community substance misuse services. THN is offered to every opioid user, including those who were not offered it or declined it whilst in prison. Even though the likelihood of opioid overdose is higher following release from prison, all of our opioid service users in the community are offered THN and training. Unfortunately, only a small proportion of our opioid service users in the community accept THN. We plan to double this using the learning from our prison services and aforementioned initiatives.



How do we plan to increase uptake of THN amongst our community service users?

- New THN training programme for staff
- Re-offer THN throughout a service user's treatment journey
- Training peer supporters to deliver THN training
- Provide the choice of nasal naloxone or intramuscular injection

Find out more

To find out more about our programmes and research, contact Helen Greenard, Head of Research, Data and Performance:
Helen.Greenard@forwardtrust.org.uk

References

1. Office for National Statistics. (2018). Deaths related to drug poisoning in England and Wales: 2017 registrations. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations>
2. Ibid (see above reference)
3. National Crime Agency. (2017). Recent Deaths Possibly Linked to Fentanyl. <http://www.nationalcrimeagency.gov.uk/publications/795-recent-deaths-possibly-linked-to-fentanyl/file>
4. Phillips, J., Gelsthorpe, L., & Padfield, N. (2017). Non-custodial deaths: Missing, ignored or unimportant? *Criminology & Criminal Justice*, <https://doi.org/10.1177/1748895817745939>
5. Bukten et al. (2017). High risk of overdose death following release from prison: variations in mortality during a 15-year observation period. *Addiction*, <https://doi.org/10.1111/add.13803>
6. Merrall, E. C., Kariminia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J. et al. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction*, <https://doi.org/10.1111/j.1360-0443.2010.02990.x>
7. Langham, S., Wright, A., Kenworthy, J., Grieve, R., & Dunlop, W. C. N. (2018). Cost-Effectiveness of Take-Home Naloxone for the Prevention of Overdose Fatalities among Heroin Users in the United Kingdom. *Value in Health* <https://doi.org/10.1016/j.jval.2017.07.014>
8. Public Health England. (2017). Widening the availability of naloxone. <https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>
9. Department of Health. (2017). Drug misuse and dependence: UK guidelines on clinical management. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
10. Ibid (see above reference)
11. Public Health England. (2018). Fentanyl: Preparing for a future threat. <https://www.gov.uk/government/publications/fentanyl-preparing-for-a-future-threat>
12. Bird, S. M., McAuley, A., Perry, S., & Hunter, C. (2016). Effectiveness of Scotland's National Naloxone Programme for reducing opioid-related deaths: a before (2006-10) versus after (2011-13) comparison. *Addiction*, 111(5), 883-891.
13. Carre, Z. & Ali, A. (2019). Finding a Needle in a Haystack: Take-Home Naloxone in England 2017/18. London: Release.
14. Ibid (see above reference)
15. Ibid (see above reference)
16. Release. (2019). Naloxone Steering Group 2019. 1st April 2019, London, UK.
17. HM Government. (2019). Widening the availability of naloxone. <https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>

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