

Expanding Access to Naloxone Consultation – NIADA

Question 1-

To what extent do you agree that the current regulations mean naloxone is difficult to access in the event of an overdose?

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree

Northern Ireland Alcohol and Drugs Alliance (NIADA) accept that the use of Naloxone is accessible under current regulations. However, it is felt that the access to it in NI is limited via a small number of service groups such as NHS addiction services and low threshold services, meaning that the drug may not always be readily available when it is needed. The expansion of access to Naloxone via others will increase its availability at scenes of overdose.

Question 2 -

To what extent do you agree or disagree that the following settings or individuals should be able to supply take-home naloxone without a prescription?

Outreach and day services for people who experience homelessness or rough sleeping

- **Strongly agree**
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping

- **Strongly agree**
- Agree
- Neither agree or disagree
- Disagree

- Strongly disagree

Police officers

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Drug treatment workers commissioned by Police and Crime Commissioners (PCCs) to work in police custody suite

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Prison officers (orderly officers and duty governors)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Probation officers

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Registered midwives

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Registered nurses

- Strongly agree
- Agree
- Neither agree or disagree
- disagree
- Strongly disagree

Registered paramedics

- Strongly agree
- Agree
- Neither agree or disagree
- disagree
- Disagree strongly disagree

Pharmacists

- Strongly agree
- Agree
- Neither agree or disagree
- disagree
- Strongly disagree

NIADA believes that the access of Naloxone should be made readily available via as many services as possible to ensure it is available where overdoses occur.

NIADA believes that from our collective perspective more services should be able to supply naloxone and also be able to administer the drug, where appropriate to those displaying signs of opioid overdose.

To enable these services to take on the supply of naloxone to people at risk of overdose, training will need to be provided on how and when to use naloxone and the relevant paperwork.

Question 3 –

If you represent any of the following services or individuals, do you think it is likely that they would keep a stock of and supply naloxone if the regulations were changed such that they were eligible to do so?

Outreach and day services for people who experience homelessness or rough sleeping

- **Highly likely**
- Somewhat likely
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping:

- **Highly likely**
- Somewhat likely
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Police officers:

- Highly likely
- **Somewhat likely**
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Drug treatment workers commissioned by PCCs to work in police custody suites:

- Highly likely
- Somewhat likely
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Prison officers (orderly officers and duty governors):

- Highly likely
- Somewhat likely
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Registered nurses:

- Highly likely
- Somewhat unlikely
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Registered paramedics:

- Highly unlikely
- Somewhat unlikely
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Registered midwives:

- Highly unlikely

- Somewhat unlikely
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Pharmacists:

- Highly likely
- Somewhat unlikely
- Somewhat unlikely
- Unlikely
- I do not represent these individuals

Question 4 -

Are there any settings not explicitly cited in the above questions that you would support being able to obtain or supply naloxone? Please provide a reason for your answer with reference to any supporting evidence.

NIADA believes that peers should be able to supply naloxone to people at risk of overdose. They are readily accepted by this group and can reach people others cannot. We also believe that counsellors, relevant staff in local councils, youth workers and social workers should be able to supply naloxone.

Question 5 -

To what extent do you agree that the labelling requirements on prescription-only medicines, such as the name of the individual to whom the medicine is being supplied, should be disapplied when naloxone is given out by services without a prescription?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Question 6 -

To what extent do you agree that allowing the below settings or individuals to supply take-home naloxone without a prescription would help to reduce the incidence of opioid overdose and drug-related deaths?

1. Outreach and day services for people who experience homelessness or rough sleeping:

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

2. Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping:

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

3. Police officers

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

4. Drug treatment workers commissioned by PCCs to work in police custody suites:

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree

- Strongly disagree

5. Prison officers (orderly officers and duty governors):

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

6. Probation officers:

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

7. Registered nurses:

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

8. Registered paramedics:

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

9. Registered midwives:

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

10. Pharmacists:

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

NIADA members have administered naloxone on numerous occasions in NI since 2012, saving many lives. We support the expansion of those who can supply it to include all the above and others listed in our response to question 4. Currently access to Naloxone is restricted and therefore may not take into account those at potential risk of opioid overdose who may not be accessing existing services. Hence, NIADA supports the expansion of Naloxone so that more people will have access and ability to administer. We would also welcome it being changed from a Prescription Only Medicine to a less restrictive category such as to the General Sales List in pharmacies.

Question 7 –

To what extent do you agree or disagree that there are risks associated with the administration of naloxone in either nasal or injectable form?

Nasal naloxone

- Strongly agree
- Agree
- Neither or disagree
- Disagree
- Strongly disagree

Injectable naloxone

- Strongly agree
- Agree
- Neither or disagree
- **Disagree**
- Strongly disagree

There are few risks with either delivery method when training on their use has been provided. There is however a slightly higher risk with the injectable version because of the needle involved, the main risk is of accidental needlestick injury. We believe that the type of naloxone supplied should be the choice of the person being offered naloxone.

Question 8 -

8. What safeguards do you think should be required in the settings from which naloxone is supplied?

- 1) Robust recording of Naloxone supplied via an organisation*
- 2) Fully trained staff team, thereafter able to competently provide that training onwards to people at risk of overdose/others in contact with them*
- 3) Safe and appropriate storage facilities*
- 4) Relevant legislation updated by Department of Health in Northern Ireland (NI DoH) and communicated in full to organisation supplying Naloxone*
- 5) All organisations amend Policies and Procedures to reflect the Department of Health in Northern Ireland (NI DoH) updated legislation.*
- 6) The Department of Health in Northern Ireland (NI DoH) should make itself available and advise any organisation that wishes to take part in the take home Naloxone provision regarding updated policies and procedures for said organisation*
- 7) Clear directions on the handling, storage and ordering of Naloxone*
- 8) All organisations ensure a monthly stocktake of all Naloxone is carried out to assess for damage and expiry date.*
- 9) Clearly defined times regarding order and delivery of Naloxone for each organisation.*
- 10) All organisational leads for Naloxone provision are communicated regularly and in a timely fashion regarding any changes to the service and any new information regarding Naloxone.*

Question 9 –

If your organisation distributes naloxone, have you received training on how to use it?

- Yes
- No
- Not applicable to me

Question 10 –

Is there anything else you would like to share on the risks and benefits of naloxone which you have not provided in answers above? If so, please provide further information and include any evidence and research you may have to support your response.

The use of Naloxone saved many lives and will continue to do; therefore, the expansion is fully supported by NIADA, and it is something everyone should be a part of to try and help and save the lives of the most vulnerable in our society. The UK has seen around 6,000 overdose deaths in 2020, most of which involved an opioid and were preventable.

Question 11 –

Do you think the proposals risk impacting people differently, or could impact adversely on any of the protected characteristics covered by the Public Sector Equality Duty set out in section 149 of the Equality Act 2010 or by section 75 of the Northern Ireland Act 1998? If so, please provide details.