Local Government Association

Research

Naloxone survey 2017

REPORT OF THE
NALOXONE SURVEY 2017

INTRODUCTION

The Naloxone Survey 2017 was conducted by the Local Government Association's Research and Information team between 16th June and 5th July 2017 on behalf of the LGA and Public Health England in order to better understand the use of naloxone across local authorities, and to demonstrate how it is considered by local authorities as part of their response to drug-related deaths.

The survey was sent to a single contact in 134 local authorities in England, fewer than the total number of authorities (152) as some services are shared. A total of 120 responses were received, equivalent to a response rate of 89.6 per cent (of 134). In all, 29 responses covered more than one authority so that the 120 responses covered a total of 135 local authorities, equivalent to 88.8 per cent (of all 152 authorities). Figures quoted in the tables and commentary are based on local authorities rather than respondents.

By type of authority, response varied between 83.3 per cent of metropolitan districts and 96.3 per cent of counties; by region, it varied between 82.6 per cent in the North West and 100.0 per cent in East of England, East Midlands and South West. Given the uniformly high response rate, the results should be taken as a good indication of the picture across all local authorities in England.

SUMMARY

The main findings are as follows:

- 90 per cent of respondent local authorities currently made available take-home naloxone.

- 99 per cent of respondents which made it available provided it through drug treatment services, 25 per cent did so through hostels and 25 per cent using outreach workers.

- 95 per cent of respondents which made it available provided it to drug treatment service users, 79 per cent to family/friends/carers of opiate users, and 64 per cent to opiate users not in treatment.

- 76 per cent of respondents which made it available had a policy or framework for its provision.

- 50 per cent of respondents which did not currently make it available (14) indicated that they would make it available if there were an increase in opiate overdoses in their area or an increase in drug-related deaths in their area.

- 29 per cent of respondents which did not currently make it available reported that the low number of local opiate-related deaths was a factor in their decision, and 21 per cent referred to the low number of local opiate overdoses.

SURVEY RESULTS

Does your local authority (or authorities) currently make available take-home naloxone for people at risk of overdosing on opiates, either directly or by commissioning one or more services to make it available? (Table 1)

Nine in ten respondent local authorities (90 per cent) currently made available take-home naloxone.

Six of the fourteen respondents which did not currently make naloxone available subsequently commented that they were either considering, planning or about to make it available.

Table 1: does your local authority (or authorities) currently make available take-home naloxone for people at risk of overdosing on opiates, either directly or by commissioning one or more services to make it available?		
	Number	**Per cent**
Yes	121	90%
No	14	10%
Don't know	0	0%
Total	135	100%

Which services or organisations provide take-home naloxone in your area? (Table 2)

Those respondent authorities which made available naloxone were asked to indicate the organisations providing it.

By far the most common were the drug treatment services (99 per cent of respondents. The next most common were hostels (25 per cent), outreach workers (25 per cent), pharmacy needle and syringe programmes (21 per cent), and other drug users (18 per cent), and.

Respondents were invited to write-in details of other organisations which were not listed on the questionnaire, and 30 did so. A wide variety were each mentioned by a handful, the most common being prisons (4 respondents). Others included police, sexual health services, and homeless teams.

Table 2: which services or organisations provide take-home naloxone in your area?		
	Number	**Per cent**
Drug treatment service	120	99%
Hostels	30	25%
Outreach workers	30	25%
Pharmacy needle and syringe programme (NSP)	26	21%
Peers (other people who use drugs)	22	18%
Primary care (GP, nurse)	15	12%
Community pharmacies	7	6%
Accident and emergency departments	6	5%
Other	30	25%
Total	121	100%

To which groups is take-home naloxone provided in your area? (Table 3)

Those respondent authorities which made available naloxone were asked to indicate the groups to whom it was provided.

It was most commonly provided to drug treatment service users (95 per cent of respondents), family/friends/carers of opiate users (79 per cent), and opiate users not in treatment (64 per cent). Smaller proportions provided it to hostel managers/staff (45 per cent) and hostel residents (41 per cent).

Respondents were invited to write-in details of other groups which were not listed on the questionnaire, and 28 did so. A wide variety were indicated, most commonly prison leavers (6 respondents) and needle exchange users (2).

Table 3: to which groups is take-home naloxone provided in your area?		
	Number	Per cent
Drug treatment service users	115	95%
Family/friends/carers of people who use opiates	96	79%
People who use opiates, not in treatment	77	64%
Hostel managers/staff	55	45%
Hostel residents	50	41%
Other	31	26%
Total	121	100%

Is there a policy or framework for your authority's provision of naloxone? (Table 4)
Those respondent authorities which made available naloxone were asked whether the authority had a policy or framework for its provision.

Overall, three-quarters (76 per cent) had a policy or framework. Just under a third (30 per cent) had a position statement specifically on provision of naloxone, around one in six (17 per cent) had a policy on drug-related deaths, and one in nine (11 per cent) had a broader position statement on dealing with drug misuse.

Respondents were invited to write-in details of other policies which were not listed on the questionnaire, and 48 did so. Around a half (23) noted that the service provider had a policy in place, and many specified that this was part of the contract. Four noted that they were in the process of developing a strategy.

Table 4: is there a policy or framework for your authority's provision of naloxone?		
	Number	Per cent
Position statement specifically on our provision of naloxone	36	30%
Policy on drug-related deaths	21	17%
Position statement on our use of medicines to deal with alcohol and drug misuse more widely	13	11%
Higher level policy	6	5%
Other	48	40%
No, we currently have no statement or policy for our provision of naloxone	29	24%
Total	121	100%

Under what circumstances, if any might you make naloxone available? (Table 5)
Those respondent authorities which did not currently make available naloxone were asked if they might do so under certain circumstances.

A half of these respondents (50 per cent) reported that they would make naloxone available if there were an increase in opiate overdoses in their area, and the same proportion reported that they would if there were an increase in drug-related deaths from opiates in their area.

Respondents were invited to write-in details of other circumstances which were not listed on the questionnaire, and 9 did so. Most (6) referred to the fact that they were developing plans to provide naloxone.

Table 5: under what circumstances, if any might you make naloxone available?		
	Number	Per cent
Increase in heroin/opiate overdoses in the area	7	50%
Increase in drug-related deaths from heroin and/or other opiates in the area	7	50%
If nasal naloxone were to become available (i.e. injection no longer required)	2	14%
Police warning of an apparent increase in the strength of heroin in the area, including adulteration with strong opioids like fentanyl	1	7%
PHE warning of an apparent increase in the strength of heroin in the area	1	7%
Other	9	64%
Don't know	0	0%
Total	14	100%

Which, if any, of the following factors have influenced the decision of your authority not to make naloxone available currently? (Table 6)
Those respondent authorities which did not currently make available naloxone were asked to indicate the factors influencing their decision.

All such respondents had considered making naloxone available. The two most common factors were the low number of local opiate-related deaths (29 per cent), and the low number of local opiate overdoses (21 per cent).

Respondents were invited to write-in details of other factors which were not listed on the questionnaire, and 9 did so. As above, the most common (4) referred to the fact that they were developing plans to provide naloxone.

Table 6: which, if any, of the following factors have influenced the decision of your authority (or authorities) not to make naloxone available currently?		
	Number	Per cent
Low number of drug-related deaths from opiates in the area	4	29%
Low number of opiate overdoses in the area	3	21%
Concern about providing an injectable medicine	2	14%
No agreement with NHS on who should pay for medicine	2	14%
Issues around training	2	14%
Making naloxone available is seen to condone opiate consumption	1	7%
Cost-benefit not demonstrated adequately	1	7%
Has never been considered	0	0%
Other	9	64%
Don't know	0	0%
Total	14	100%

General comments
Respondents were invited to write-in comments on the use and availability of naloxone in their area, and 60 per cent (72 out of 120) did so. Most comments fell under the following main themes:

- further details of the groups to whom naloxone was provided (22 respondents);
- reviewing or extending the use of naloxone (21);
- further details of services or organisations providing naloxone (15);
- training to deliver naloxone (14);
- the importance of naloxone in saving lives (9);
- monitoring (7);
- funding constraints (5); or
- quantifying the number of times naloxone had been used (5).

A few verbatim comments are shown below:

“A service is in development and should be available in the next few months” (North West authority).

“We are currently reviewing our use of naloxone to ensure that we are recording if and when it is used. We will also look at how we can improve the offer of naloxone to a wider group who are not in treatment” (London).

“We piloted Naloxone which ended in 2016. Unfortunately with the in year cut to the PH budget and having to find significant savings across all services it was not something we could consider at that time. We have started discussions with our providers to see how we can make it available” (Yorkshire & Humber).

“We are currently in the process of considering a naloxone pilot scheme that targets those living in homelessness centres” (North East).

“Naloxone will be available from August when it will be rolled out in a programme of action. A lot of work in progress to ensure a comprehensive service with our providers and other stakeholders. There will be an event to provide stakeholders with an update on the programme and to gain full sign up to what we are doing” (North West).

“Specialist service have developed a Standard Operating Procedure (SOP) for naloxone – focussing on administration within treatment hubs. This is currently subject to their internal approval. It will then progress to commissioner approval. We expect this to be implemented by the Autumn” (Yorkshire & Humber).

“All service users accessing our local drug treatment services are offered take home Naloxone -We have piloted the distribution of take home naloxone in 3 community pharmacies providing high level of needle exchange and are looking to expand this provision across all needle exchange pharmacies over the coming year subject to ratification” (West Midlands).

“The treatment service are the sole distributors of Naloxone for purposes of recording and monitoring distribution and use. However, it is made available to A and E staff and hostels who will report back when a kit and used and needs replacing” (North East).

“Naloxone saves lives and is a very important tool in tackling DRDs in our area” (South East).

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