

Factsheet WALES

This factsheet is part of the EMCDDA [Take-home naloxone – topic overview](#)

General information	Geographical coverage	Started as pilot project/trialled in 4 community-based locations: Newport, Cardiff, Swansea, North Wales; expanded to national coverage
	Type of Intervention	Regular programme
	Starting year	2009 (pilot) 2011 (national)
	Settings	<ul style="list-style-type: none"> * prison * in-patient detox/ rehab/ treatment * substitution treatment * low-threshold setting * community

Regulatory challenges	Prescription	A range of drug treatment services can order naloxone from a wholesaler so that people engaged or employed in their services can, as part of their role, make a supply of the naloxone available to others without a prescription. This is so that the naloxone supplied to others can be used in the case of a suspected heroin (or other opiate) overdose to try and save a life.
	Distribution	Naloxone could be supplied to any of the following: an outreach worker, a hostel manager, people who use opioids, a carer, a friend, or a family member of a person at risk and any individual working in an environment where it is considered there is a risk of opioid overdose
	Administration	Although the new regulations do not allow those individuals who have been supplied the naloxone by a lawful drug treatment service to supply it on to others for their possible future use at a later date, it remains the case that in an emergency situation anyone can use any available naloxone to save a life.
	Barriers	<ul style="list-style-type: none"> * In order to optimise distribution of THN in the community, assertive outreach and peer distribution networks require further development alongside provision within community pharmacy NSP providers. Such methods would substantially increase access to THN for hard to reach groups such as young people, the homeless, Black, Asian Minority Ethnic (BAME) populations, and those not in contact with specialist services. * Following changes to the Human Medicines Act (Amendment) (No.3) Regulations (2015) further efforts should be focussed on the delivery of training and provision of THN to parents and wider family members, partners, carers, professionals and peers of those at risk of opioid drug poisoning.

Medication	Product used	Prenoxad® Nyxoid®
	Application	* injecting/ intramuscular* nasal (Nyxoid)
	Content of THN Kit	<ul style="list-style-type: none"> * pre-filled syringe with needles (Prenoxad®) * 2 x 1.8mg Nyxoid atomizers (each one containing 1.8 mg of naloxone dihydrate) * first aid instructions, e.g. emergency telephone number, ABC
	Number of doses per kit	5 (Prenoxad) 2 (Nyxoid)

Distribution, refill and post-training monitoring	Distribution of THN	<ul style="list-style-type: none"> * on-site at low threshold agencies * on-site at outpatient treatment centers * on-site at inpatient treatment centers * to clients of OST programmes * in prison setting/on release * police * first responders * families, partners, friends, carers likely to witness opioid overdose event
	Mandatory training	Yes
	Content of training	<ul style="list-style-type: none"> * recognising overdose symptoms * overdose management * aftercare procedures * cardiopulmonary resuscitation (CPR) training * effects of naloxone * possible adverse reactions to naloxone * possible risks and benefits of THN-programme * application of naloxone * how to store naloxone * legal aspects * practicing of the skills trained
	Training format	<ul style="list-style-type: none"> * brief training in low-threshold or waiting settings (up to 15 min.) * THN-training is part of a general overdose-management training * refresh sessions provided
	Content of questionnaire for refill	<ul style="list-style-type: none"> * reason for re-fill * description of the drug emergency/ situation * ambulance involved * outcome of emergency
Post-training monitoring	<ul style="list-style-type: none"> * interview or questionnaire when THN programme client returns for re-fill * independent evaluation, cohort study * national data system to alert when naloxone replenishment and training update required for all THN recipients 	

Performance and resources	Inception and training development	<ul style="list-style-type: none"> * health professionals: 120 hours/year * physicians: 30 hours/year * administration: 200 hours/year * <i>Resources for development of curriculum in 2009/2010: 350hours/year</i> 			
	Implementation and monitoring	<ul style="list-style-type: none"> * staff: 180 hours/year * update of training material: 20 hours/year * post-training monitoring: 60 hours/year * administration: 60 hours/year * other: 320 hours/year 			
	Price of THN kits	£ 15/kit Prenoxad £27.50/kit Nyxoid			
	Source of funding	<table border="1" style="width: 100%;"> <tr> <td>Programme</td> <td>* specific national funding</td> </tr> <tr> <td>Training (if different)</td> <td>* specific national funding</td> </tr> </table>	Programme	* specific national funding	Training (if different)
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Additional information	Project reports, evaluations and scientific papers	Bennett, T. and Holloway, K. (2012), 'The impact of take-home naloxone distribution and training on opiate overdose knowledge and response: An evaluation of the THN Project in Wales', <i>Drugs: Education, Prevention and Policy</i> 19(4), pp. 320–28.
	Training materials	N/A
	Contacts	Josie Smith josie.smith@wales.nhs.uk www.publichealthwales.co.uk/substancemisuse