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▶ Consideration of naloxone.

Advisory Council on the Misuse of Drugs.

[UK] Advisory Council on the Misuse of Drugs, 2012.

The UK's official drugs law and policy advisory body recommends that alongside training, the opiate-blocker naloxone be made more widely and easily available to enable drug users and those who work and associate with them to prevent opiate overdose deaths.

SUMMARY The UK's Advisory Council on the Misuse of Drug was established under the Misuse of Drugs Act 1971 to keep under review the drugs situation in the UK and to advise government ministers. This report from the council offers advice to government on the evidence regarding the [opioid](#) antagonist naloxone and whether to make the drug more widely available to prevent overdose deaths. Naloxone rapidly, but temporarily, reverses the effects of heroin and other opioids, preventing overdose progressing to a fatality. For several years it has been distributed in emergency kits to heroin users worldwide including in England, Scotland, and Wales, and in New York State, Los Angeles and Chicago in the USA. It has also been distributed over the counter in pharmacies in Italy. International and UK research has found that naloxone provision may be effective at preventing opiate-related deaths. Wider benefits around engaging with drug users and empowering family members and carers have also been reported.

Executive summary

Naloxone is a safe, efficacious drug for reversing the effects of opioid overdoses.

In the UK there are hundreds of deaths related to heroin use every year and a lesser number due to the abuse of other opioids. Preventing drug-related deaths has been, and continues to be a government priority.

Naloxone is already used by emergency services personnel to reverse heroin and other opioid overdoses. In 2005 it was made available under UK law to be administered by anyone for the purpose of saving a life. However, naloxone remains a prescription-only drug, and is only licensed for use in injectable form. This means that at present it is not able to be distributed to anyone without a named prescription. Because it is prescription-only, non-medical services which may experience frequent opiate-related overdoses are not able to legally hold stocks of naloxone to use in an emergency.

There is evidence that giving take-home naloxone to drug service users, and that training carers or peers how to administer naloxone, can be effective at reversing heroin overdoses. Wider provision of naloxone could result in a reduction in overall drug-related deaths in the UK.

However, wider provision of naloxone alone is not sufficient to prevent drug-related deaths. The council considers itself aligned with UK and worldwide research indicating that, alongside naloxone provision, training service users, peers and carers in all aspects of how to respond to an overdose is important.

Through its 2011 Lord Advocate's guideline, Scotland has already made provisions to make naloxone more widely available. This promotes the availability of naloxone to approved services without prescription for use in an emergency. It also protects medical professionals supplying naloxone in cases of liability.

Conclusions

There are more than one thousand fatal opioid overdoses in the UK each year, which could be prevented by naloxone. Evidence shows that providing naloxone has benefits that include, but are not limited to, a reduction in opioid-related deaths.

Opportunities to assist unnamed individuals in an overdose situation with naloxone are limited by its prescription-only status. It cannot be supplied directly to individuals who may have a good opportunity to intervene in an overdose, such as hostel staff.

Given the opportunities for reversing overdoses and saving lives, the benefits of providing naloxone are greater than any potential risks. Risks and concerns around malicious use of naloxone, or the potential for users to be more reckless with their drug use, are not supported by evidence.

The council commends the Lord Advocate's guideline and the Care Inspectorate guidance, which are already allowing wider provision of naloxone in Scotland. It would be timely to review the marketing authorisation of naloxone by the Medicines and Healthcare Products Regulatory Agency as a prescription-only medicine.

Training carers in naloxone administration may be beneficial, but training all those likely to encounter an overdose would have a greater impact on overdose rates. Naloxone availability to a wider group of people will further highlight the risks of opioid overdose, and have educational and public health benefits.

Naloxone provision is just one of several tools in a package of interventions to prevent opioid overdose, including basic life support training. It is important that individuals possessing naloxone are given suitable training in how to respond to an overdose, as well as how to administer naloxone.

Recommendations

To tackle the high numbers of fatal opioid overdoses in the UK, naloxone should be made more widely available.

Government should ease the restrictions on who can be supplied with naloxone.

Government should investigate how people supplied with naloxone can be suitably trained to administer it in an emergency and to respond to overdoses.

FINDINGS COMMENTARY Since this report was published, in May 2013 [Prenoxad](#), the world's first licensed naloxone product for use in opioid overdose emergencies by non-medical personnel, became available in the UK after approval by the Medicines and Healthcare Products Regulatory Agency. The naloxone comes as part of a kit including a pre-filled syringe, a leaflet containing product instructions, and first aid guidelines appropriate to managing opioid overdose. This approval is seen as an important step to widening availability as recommended by the featured report. It means GPs across the UK can prescribe the naloxone injecting kits to suitably trained drug users and with their permission to their associates and family. Patient Group Directions also enable doctors to authorise pharmacists and nurses to supply the kits to drug users at risk, such as those who might be seen at needle exchanges. This

development still leaves the prescription-only restrictions which the featured report wanted reviewed.

For background on the promise and limitations of naloxone see [this analysis](#) of a British study of the impact of training opiate-using patients in overdose prevention and providing them with a take-home supply of naloxone. Further guidance is available in the appendices to [a study](#) of the training of the carers of opiate users conducted by the English National Treatment Agency for Substance Misuse. In 2008 staff from one of the English NHS trusts which piloted naloxone training for families and carers produced a UK-focused [practical guide](#) to naloxone prescribing, training and use. The Scottish Drugs Forum runs a [web site](#) offering resources, advice, guidance, information and news on naloxone programmes and administration. This [international web site](#) offers advice and practical assistance on starting a take-home naloxone programme. [Guidance](#) on overdose prevention in general with an emphasis on the role of naloxone has been produced by the Eurasian Harm Reduction Network. In the USA the Chicago Recovery Alliance has produced a freely available [training video](#). The manufacturers of the naloxone preparation Prenoxad licensed for emergency use in the home or other non-medical setting by appropriate individuals for reversing opioid overdose [offer advice](#) on its use. For more Findings analyses on naloxone in overdose prevention run [this search](#), and for more on overdose prevention in general and developments in the UK see this ['hot topic' entry](#).

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[Impact of training for healthcare professionals on how to manage an opioid overdose with naloxone: effective, but dissemination is challenging](#) STUDY 2011

[Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence](#) DOCUMENT 2009

[Drug Matrix cell C1: Management/supervision: Reducing harm](#) MATRIX CELL 2013

[Consideration of the use of foil, as an intervention, to reduce the harms of injecting heroin and cocaine](#) DOCUMENT 2010

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