

Decision maker:	Officer: Director for Adults and Wellbeing
Decision date:	March 17th 2017
Title of report:	Community Opioid Overdose Management Programme (Take Home Naloxone)
Report by:	Director of Public Health

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To approve variation to the council's contract with Addaction to provide an Opioid Overdose Management Programme.

Recommendation(s)

THAT: (all recommendations to be in bold)

- (a) Approval is given for £5K to be added to the 2016/17 budget to cover the initial training, publicity and supply costs; and**
- (b) Approval for £2K to be added to the budget for the subsequent 2 years of the contract to cover, ongoing, training (including refresher sessions), publicity and (re-)supply of Naloxone.**
- (c) The contract with Adaction is varied to include provision of an Opioid Overdose Management Programme at a total cost of £9K.**

Alternative options

- 1 The only alternative is not to run the programme with the risk that there will not be a reduction in deaths from opioid overdose.

Reasons for recommendations

- 2 The availability of Take Home Naloxone will reduce the number of opioid overdose deaths and support Herefordshire's move towards recovery based substance misuse interventions.

Key considerations

- 3 Deaths by drug poisoning for the UK in 2014 stood at the largest number since 1993, when records began. Those deaths which involved heroin/morphine showed a rise since 2012 of two-thirds from 579 to 952. In Herefordshire, in 2014/15 and 2015/16 there were five deaths each year, in those in treatment for opiate use, figures which are in line with those for comparable areas of the country. These figures do not, however, include deaths that occurred to people previously known to service who were not in treatment, and those not known to treatment services. In many cases the deaths could have been prevented with better advice on safe injecting, greater peer networks and access to naloxone and basic CPR.
- 4 There are occasions when a person is most vulnerable to adverse reaction to opioid use; Public Health England in the guidance (Take-Home Naloxone for opioid overdose in people who use drugs, August 2015) identifies those individuals most at risk, including those:
 - (a) Released from prison
 - (b) Using alone
 - (c) Who use after a period of abstention
- 5 Experience of naloxone programmes in Scotland, Wales and elsewhere, strongly indicates that people's perception of drug use and sense of responsibility (to themselves and others) changes with the adoption of schemes such as Take Home Naloxone. However, this can only be successful as part of a suite of interventions.
- 6 As a result, programmes of overdose management are seen nationally as the key harm reduction mechanism, which will not only save lives directly, but also change service user and wider community attitudes in favour of recovery. Local adoption of such a programme is, therefore, in line with national guidance.
- 7 For the scheme to be effective, it doesn't merely rely on the availability of naloxone to the relevant individuals and organisations. It requires a co-ordinated approach, which ensures the safety and reduction in harm to all those who engage in injecting drug use, their families and carers. Only by adopting such an approach will the outlay in medicines be justifiable and effective.

- 8 Several of the overdose deaths which have occurred in Herefordshire in the last two years, have been where the individual was injecting on their own or where the signs and indications of overdose were not recognised and acted upon. In these situations, naloxone alone would have been of no or little value.
- 9 It is clear, therefore, that opioid overdoses can be best managed by a consistent and robust approach, which includes naloxone as one element of the response. The other elements include:
- (a) Robust and widely available needle and syringe programmes which educate users about safe injecting and personal safety during injecting
 - (b) A robust peer programme which provides a protective umbrella to all those who continue to inject drugs generally, till such time as they are ready to move towards recovery
 - (c) A protocol that encompasses the activities of all partners in responding to overdose episodes
 - (d) Education to service users, families and carers, professionals and all who may be in contact with people who inject drugs (PWID), on the latest first aid and resuscitation techniques and procedures, including the use of naloxone
- 10 Such community management must include the council, CCG, emergency services, hostels, homelessness workers, substance misuse services and other specialist, targeted and universal services where PWIDs may engage, PWIDs themselves and their significant others. This list is not exhaustive: all practitioners and service users should be mindful of the process underscored by “making every contact count”, which states that every opportunity should be taken to engage with people about issues, including those which might threaten life.
- 11 The Herefordshire Take Home Naloxone Group, representing the interests above, was therefore established in June 2016 to develop and monitor a comprehensive community opioid overdose management programme to be managed by Addaction.
- 12 The objectives of the programme are to:
- (a) Facilitate a reduction in drug related deaths in Herefordshire through the provision of naloxone to all who might be present at an overdose following appropriate training in its use
 - (b) Implement a communication plan to inform the population of Herefordshire about the use of Naloxone in general and the local programme specifically
- 13 This programme forms a natural development to the work already undertaken under the existing Addaction contract. Therefore, it is recommended that the contract is varied to include the provision of an Opioid Overdose Management Programme for the remaining 2 years of the contract.

Community impact

- 14 This programme will contribute to the following Corporate Plan priorities for 2016 – 2020;
- (a) Improve the provision of good information and signposting to enable people to support themselves and each other, getting the right help at the right time as needs change
 - (b) Build supportive relationships and resilient communities, acting as a catalyst for communities to become stronger

Equality duty

- 15 By making the training in overdose awareness, Naloxone administration and supply of the product available via a number of organisations, including the Herefordshire Service User Group and Street Pastors, the programme will ensure equality of access.

Financial implications

- 16 These proposals will cost £5K in year 2016/17 and £2K p.a. for the remaining 2 years of the Addaction contract. The total additional cost of £9K will be met from Public Health reserves set aside for this purpose.
- 17 The Home Office Report “Measuring the harm from illegal drugs using the Drug Harm Index” estimates that the total cost of a drug related death to be £1,440,390.

Legal implications

- 18 Local councils have, since 1 April 2013, been responsible for improving the health of their local population and for public health services including services aimed at reducing drug and alcohol misuse.
- 19 Regulation 72 of the Public Contracts Regulations 2015 permits modification to an existing contract where the need arises from circumstances which a “diligent contracting authority” could not have foreseen, and where doing so would not change the overall nature of the contract, and where the increase in price is less than or equal to 50% of the contract value. Therefore variation is permitted.

Risk management

- 20 If the proposals are accepted there is a small risk that demand could outstrip the budget. The Take Home Naloxone Group will monitor this situation quarterly and will agree a mechanism to limit supply to priority users.
- 21 If the proposals are not accepted there is high risk of further overdose deaths. To mitigate this risk, there would need to be a cost/benefit analysis of all the elements of the Addaction service to see where disinvestment could be undertaken to fund Take Home Naloxone.

Consultees

22 All key stakeholders were invited to take part in the Take Home Naloxone Group although the ambulance service was unable to participate. The following organisations were represented effectively and consulted on the elements of the programme:

- (a) Addaction.
- (b) Herefordshire Clinical Commissioning Group (CCG)
 - i. Governance pharmacist
- (c) Herefordshire Council
 - i. Communication team
 - ii. Community safety team
 - iii. Homelessness outreach team
 - iv. Public health team
- (d) Herefordshire Service User Group (HSUG)
- (e) Martindale Pharma
- (f) Vennture Street Pastors
- (g) West Mercia Police

Appendices

None.

Background papers

None identified.