



CLINICAL GUIDELINE

Take Home Naloxone in acute setting to individuals at risk of future opioid overdose

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	4
Does this version include changes to clinical advice:	Yes
Date Approved:	13 th August 2025
Date of Next Review:	31 st August 2028
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Approval Group:	Medicines Utilisation Subcommittee of ADTC
Guideline ID number:	329

Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Scope

This guideline focuses on the role of naloxone in preventing opioid overdose and its supply to at risk individuals within the acute setting. The guideline is intended for reference by Acute Services medical and nursing staff in the management of patients admitted to hospital who use drugs and are at risk of opioid overdose.

Background

The Scottish Government's alcohol and drug strategy ⁽¹⁾ has a particular focus on reducing drug deaths as part of Scotland's public health priorities ⁽²⁾. Drug related deaths (DRD) continue to increase within Scotland. In 2023, a total of 1,172 individuals lost their life to a DRD in Scotland, with 355 of these deaths being from within NHS Greater Glasgow and Clyde ⁽³⁾. This is an increase of 12% (121 deaths) compared with 2022 and although this is the second lowest number in the last six years, DRD are still much more common than they were in 2000. After adjusting for age, the rate of drug misuse deaths were 4.2 times as high in 2023 than 2000 ⁽³⁾

On average over the last five years, 85% of drug-related deaths in Scotland involved an opioid. Individuals are most likely to be aged 35 years and over, often with co-morbidities. Conditions such as a respiratory illness, blood borne viruses, epilepsy, anxiety and depression are commonly recorded conditions in the six months prior to death ⁽⁴⁾. There are an estimated 18,700 problem drug users within NHS GGC ⁽⁵⁾. The main drugs implicated in drug related deaths are opioids (i.e heroin/morphine and/or methadone being the most common) and benzodiazepines (street benzos, being the most common). All of these drugs are central nervous system depressants and in overdose will cause respiratory depression.

Naloxone, an opioid antagonist, is routinely used within the hospital setting to reverse the effects of opioids and is stocked in wards along with other emergency medicines. In the Human Medicines Regulations naloxone is on the list of parenteral prescription only medicines which can be administered to anyone by anyone for the purpose of saving a life in an emergency.

Over 151,000 naloxone kits have been issued in Scotland since 2011 via local naloxone programmes, including over 46,000 kits in NHS Greater Glasgow and Clyde ⁽⁶⁾.

Overdose awareness and naloxone supply is currently offered to people at risk and to individuals likely to witness an opioid overdose. This can be accessed from local alcohol and drug recovery services, recovery hubs, Glasgow Drug Crisis Centre, a range of injecting equipment providers, participating community pharmacies and prisons. Naloxone is supplied using a competency framework by appropriately trained staff and naloxone peer volunteers or via prescription.

Drug users are at high risk of a drug related death following discharge from hospital ⁽⁷⁾. A history of non fatal overdose is also an identifiable risk factor for drug users ⁽⁸⁾. Around half of the individuals who had died in 2019/20 in Scotland had previously experienced a non-fatal overdose with 16% having overdosed at least five times prior to death and 23% of individuals overdosing within the three months prior to their death⁽⁴⁾.

Overdose Awareness & Naloxone Training

Overdose awareness and naloxone training will be offered to patients who are identified through assessment by acute addiction liaison nurses as being at risk of future opioid overdose. This risk is associated with patients who have a current or previous history of using opioids such as heroin or methadone. Training is in the form of a brief conversation using a checklist (Appendix 1). On completion of training the acute addiction liaison nurses will request for the prescriber to add the relevant naloxone product to the immediate discharge letter (IDL) to be dispensed by the hospital pharmacy for discharge and inform the relevant ward nursing staff of the intervention. Acute addiction liaison nurses will also provide the patient with a leaflet (Appendix 1).

Training covers the following:

- Common drugs involved in drug related death
- The main causes of drug overdose and high risk times
- The signs & symptoms of opioid overdose
- Calling 999, Basic Life Support, Recovery Position and administering Naloxone.

Naloxone Supply

There are two naloxone products listed in the NHS GGC Medicines Formulary. Prenoxad (Naloxone 2mg/2ml pre-filled injection) and Nyxoid (naloxone 1.8mg nasal spray).

All individuals receiving a take home supply of naloxone should be supplied with naloxone 2mg/2ml prefilled injection (Prenoxad®) as the first line option. Nyxoid® should only be offered as a second line option in exceptional circumstances including for example: refusal of injection supply due to fear of needles. Patients should be prescribed a quantity of either one or two take home naloxone kits.

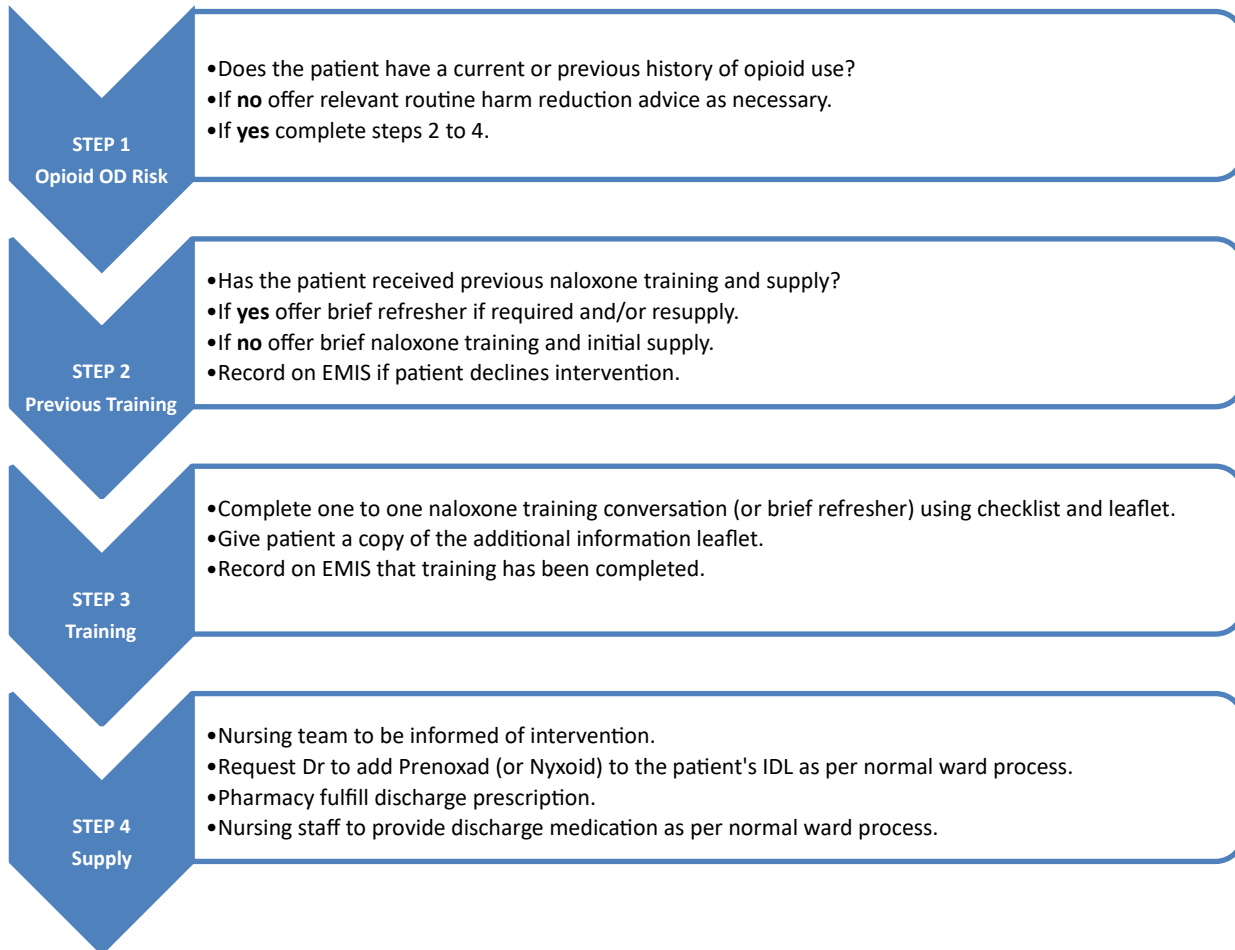
Prenoxad® Injection

- Is the only licensed take home naloxone injection available and contains information leaflets and needles.
- **It MUST be prescribed and dispensed as 'PRENOXAD'.** Other naloxone injections DO NOT contain needles and would be of no use in an emergency situation.
- One dose (containing 0.4mg in 0.4mls) of injection solution is to be injected into the outer thigh muscle (or upper arm).
- There are five doses in each syringe.

Nyxoid® Nasal Spray

- One single dose (containing 1.8mg naloxone) should be administered into one nostril.
- Each nasal spray applicator is for single use and contains one dose only.
- Each take home pack contains two singles doses of naloxone 1.8mg nasal spray.

Acute Addiction Liaison Naloxone Training & Supply Process



Important Points to Consider

- When reviewing patients consider whether the patient is likely to leave hospital against medical advice.
- If there is a concern regarding unplanned discharge, request that the prescriber add naloxone to the IDL and send to pharmacy for processing following review (discharge medications can be added at a later date).
- This will ensure a supply of naloxone can still be given to the patient should they leave the ward earlier than advised.
- If a patient is unwilling to wait for a hospital supply of naloxone or does not want to engage with Alcohol and Drug Recovery Services, they should be informed that naloxone training and supply can also be accessed via [Scottish Families Affected by Alcohol and Drugs \(SFAD\)](#).

Out of Hours / Weekend Discharge Process – Information for ward staff

- The acute addiction liaison service is available 9am-5pm Monday to Friday.
- For unplanned discharges out with these core hours and the patient has been assessed as being at increased risk of overdose / drug crisis, ward staff should consider referral to the Crisis Outreach Service (Glasgow city), the Harm Reduction Response Team (Renfrewshire), the West

Dunbartonshire Intensive Assertive Outreach Team (West Dunbartonshire) or the Overdose Response Team (Inverclyde). Contact details can be found in the table below.

- Referrals received by the Crisis Outreach Service for board area out with Glasgow City will be forwarded to the appropriate local ADRS service.

Out of Hours Outreach Teams Contact Details

Service	Contact Number	Email Address for Referrals
Crisis Outreach Service (COS)	0141 201 3102	ggc.prog@nhs.scot
Harm Reduction Response Team (HaRRT)	0141 314 4364	Ggc.ciharrrt@nhs.scot
West Dunbartonshire Intensive Assertive Outreach Team	08088 008 011	WDOreferrals@turningpointscotland.com
Inverclyde Overdose Response Team	01475 715 351	Addiction.liaison@inverclyde.gov.uk

Pharmacy

- Prenoxad® (or Nyxoid®) stock should be ordered via the Pharmacy Distribution Centre (PDC).
- All hospital pharmacy sites with acute addiction liaison support should hold a designated minimum number of supplies of Prenoxad® (and Nyxoid®)

Prenoxad Dispensing

- Prenoxad® should be labelled 'Inject 0.4ml (400micrograms) into the outer thigh muscle. If no response, repeat at 2 – 3 minute intervals.
- The cellophane should not be removed from the packaging. Patients are instructed during training to keep the pack unopened until required in an emergency situation. Police will remove open packs from individuals.

Nyxoid Dispensing

- Nyxoid® should be labelled as 'Administer one nasal spray into the nostril. If no response, repeat at 2 -3 minute intervals in alternate nostrils.'

Staff Awareness Raising

Acute addiction liaison staff will highlight the provision of take-home naloxone during routine addiction training held for new members of nursing and medical staff.

Take Home Naloxone Supply from Community Settings

Acute addiction liaison staff will highlight to patients how they can access further supplies within the community.

Prenoxad®

- Patients can access further supply from Alcohol and Drug Recovery Services, Injecting Equipment Providers, participating community pharmacies and their GP.

Nyxoid®

- Patients can access further supply on prescription via their GP, or if they attend an Alcohol and Drug Treatment Service, they can request via their Care Manager or Prescriber.

References

- (1) Rights, Respect and Recovery: alcohol and drug strategy, Scottish Government, 2018. <https://www.gov.scot/publications/rights-respect-recovery/>
- (2) Scotland's public health priorities, Scottish Government, 2018. <https://www.gov.scot/publications/scotlands-public-healthpriorities/>
- (3) Drug Related Deaths in Scotland in 2023, National Records of Scotland. <https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/>
- (4) The National Drug-Related Deaths Database (Scotland) Report. Analysis of Deaths Registered in 2019 and 2020. PHS https://publichealthscotland.scot/media/29629/2024-10-08_ndrdd_report.pdf
- (5) Prevalence of Problem Drug Use in Scotland. 2015/16 Estimates. NHS National Services Scotland, Information Services Division. Published March 2019.
- (6) National Naloxone Programme Scotland Monitoring Report 2021/22 and 2022/23, PHS. <https://publichealthscotland.scot/publications/national-naloxone-programme-scotland-annual/national-naloxone-programme-scotland-monitoring-report-202122-and-202223/>
- (7) Merrall E., Bird S., Hutchinson S. A record-linkage study of drug-related death and suicide after hospital discharge among drugtreatment clients in Scotland, 1996-2006. Addiction 2012; 108: 377-384.
- (8) Darke S., Williamson A., Ross J., Mills K., Havard A., Teesson M. Patterns of Nonfatal Heroin Overdose over a 3-year Period: Findings From the Australian Treatment Outcome Study. J Urban Health. March 2007; 84(2): 283-291

Further Reading

www.prenoxadinjection.com

www.naloxone.org.uk

Contact Details

ADRS Central Pharmacy Team ggc.adrs.pharmacyteam@nhs.scot Tel 0141 393 8931

Acute Addiction Liaison Team

(Queen Elizabeth University Hospital, Gartnavel, Glasgow Royal Infirmary, Stobhill, Vale of Leven)

Tel 0141 201 0204

Email ggc.acuteaddiction.liaisonnursingservice@nhs.scot

Nyxoid

Quick reference

1 Check for signs of overdose

2 Call an ambulance



3 Give Nyxoid



4 Put into recovery position



5 Monitor and give support until the ambulance arrives

6 Give 2nd dose of Nyxoid if no improvement after 2–3 minutes OR overdose symptoms come back

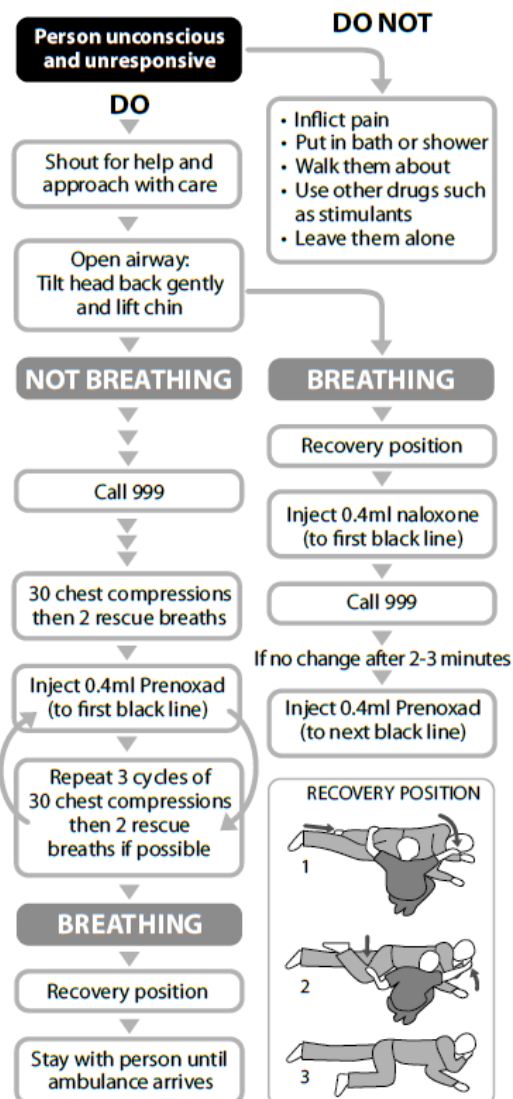


7 Take care for your personal safety: watch for acute withdrawal symptoms

8 Dispose of used Nyxoid and get a replacement

Prenoxad

Action on finding a potential overdose



Additional Patient Take Home Naloxone Leaflet

Keep the pack sealed. **DO NOT OPEN** the pack unless it is an emergency.

Remember naloxone will only work on opioid based drugs such as heroin or methadone for a short time. It is a temporary effect. Naloxone does not remove opioids from the body, after the effects of naloxone wear off there is a risk that someone may go back into an overdose. **You should always call 999 for an ambulance.** It is important that someone does not take more drugs. **Give one dose of injection (0.4ml) into the thigh muscle or one nasal spray every 2 – 3 minutes into alternate nostrils. Do not prime or test the nasal spray before use and do not allow it to freeze.**

If a pack is opened or has expired then you will need to have it replaced. If the pack is opened and used then **DO NOT** keep the pack, give it to the ambulance crew or take it to a needle exchange pharmacy for disposal. You can get a resupply of injectable naloxone from any alcohol and drug recovery service, GP, injecting equipment provider or participating community pharmacy. You can request a prescription for naloxone nasal spray from your GP or from your Care Manager if you attend an alcohol and drug recovery service.

Further overdose training or Naloxone training can be accessed via any service participating in the Take Home Naloxone Supply Programme. If you require any additional support following naloxone administration, then please also contact your nearest alcohol and drug recovery service to speak with a worker.