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**Report to: Council**

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**Date of Meeting: 29 June 2023**

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**Subject: Naloxone Policy**

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**Report by: Senior Manager, Justice Services**

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## **1.0 Purpose**

- 1.1. To provide a report on the current legal developments around the handling and supply of Naloxone as would apply to Clackmannanshire Council services and staff.
- 1.2. To seek approval from Council for the Clackmannanshire Council Naloxone Policy (Appendix 1).

## **2.0 Recommendations**

- 2.1. **It is recommended that the Council:**
  - 2.1.1 Approves the Clackmannanshire Council Naloxone Policy to support the training and safe administration of Naloxone by employees who volunteer to do so.

## **3.0 Considerations**

- 3.1 Naloxone is a medicine used to temporarily reverse the effects of an opiate overdose. Opiates include drugs like heroin and methadone, which were implicated in 89% of drug deaths in Scotland in 2020. When a person overdoses on opiates their breathing becomes restricted, but Naloxone acts to reduce the level of opiate uptake in the brain to allow time to call for emergency medical assistance. Naloxone can be administered either as a nasal spray or, more commonly, as an injection from a container similar to the EpiPens used in cases of severe allergic reaction.
- 3.2 Naloxone has been approved for use in overdose situations by professionals and members of the public in Scotland for many years. Prior to the COVID-19 pandemic Naloxone was only legally available on prescription or from a limited number of drug treatment services. In 2020, as a result of the Covid

pandemic, the Lord Advocate issued new guidance<sup>1</sup> which allowed for much greater uptake of Naloxone among the public and non-specialist services. The Scottish Government have set out their commitment to extend the Lord Advocate's guidance to ensure 'that those changes remain in place, and, if possible, new legislation is introduced at a UK level to make them permanent.'<sup>2</sup> They want everyone who is affected by drug use to be able to access Naloxone and this has been encouraged by major national campaigns.

- 3.3 Clackmannanshire Council does not currently have a corporate policy around Naloxone. In light of this, the Lead Officers for Clackmannanshire and Stirling Alcohol and Drug Partnership (CSADP) and Clackmannanshire Community Justice Partnership (CJP) sought approval from Council Senior Leadership Team to develop a Naloxone Policy for Clackmannanshire Council. On 10 August 2022, SLT agreed to the development of a policy that would take account of the legislative changes in relation to Naloxone since 2020. Current policies in other local authority areas have not been updated to reflect the Lord Advocate's guidance. In addition, it was agreed to consult with staff who work in settings where they may encounter people in overdose situations in order to raise awareness and address concerns in relation to the introduction of a Naloxone Policy. The responses to questions raised by staff are reflected in the Frequently Asked Questions appendix to the Policy.
- 3.4 The uptake of training and subsequent carrying and use of Naloxone will be voluntary, with no obligation on employees to do so. The policy sets out details of available training for staff which can be accessed free of charge and takes less than an hour. In addition, supplies of Naloxone can be provided by NHS Forth Valley at no cost. The policy only applies to employees acting in the course of their duties who have undertaken the appropriate training.
- 3.5 The Policy proposes the introduction of a Naloxone Champion to be appointed within each service area who will have responsibility for ensuring that records of Naloxone training and supply are kept up to date. In addition, a central record will be kept through Health and Safety and Workforce Development and Learning.
- 3.5 The Naloxone Policy forms part of wider joint working that has been taking place between CSADP and Clackmannanshire CJP over the past 18 months to align policies that promote harm reduction interventions, reduce drug deaths and address stigma and discrimination faced by people with substance use issues in any situation. It will allow Council staff to access training and be equipped to administer a potentially life-saving intervention should they encounter a suspected opiate overdose.

#### **4.0 Sustainability Implications**

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<sup>1</sup> *Lord Advocate's guidelines: Supply of naloxone during COVID-19 pandemic*; COPFS: accessed at <https://www.copfs.gov.uk/publications/lord-advocate-s-guidelines-supply-of-naloxone-during-covid-19-pandemic/>

<sup>2</sup> *Drug Deaths Task Force Response: A Cross Government Approach*; Scottish Government (2023).

4.1. No sustainability implications are identified.

## 5.0 Resource Implications

### 5.1. Financial Details

There are no financial implications identified.

### 5.2. Staffing

Staff who volunteer will be required to undertake Naloxone training.

Naloxone Champions will require to be identified in each service area.

## 6.0 Exempt Reports

Is this report exempt? Yes  (please detail the reasons for exemption below) No

## 7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

### (1) Our Priorities (Please double click on the check box )

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all

Our families; children and young people will have the best possible start in life

Women and girls will be confident and aspirational, and achieve their full potential

Our communities will be resilient and empowered so that they can thrive and flourish

### (2) Council Policies (Please detail)

N/A

## 8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes  No

## 9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers.

Yes  No

## 10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix A – Clackmannanshire Council Naloxone Policy

## 11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)


Yes  (please list the documents below) No

- 'Lord Advocate's guidelines: Supply of naloxone during COVID-19 pandemic'; COPFS.
- 'Drug Deaths Task Force Response: A Cross Government Approach'; Scottish Government

### Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Scott McDonald	Senior Manager, Justice Services	2326

### Approved by

NAME	DESIGNATION	SIGNATURE
Lorraine Sanda	Strategic Director, People	



**Clackmannanshire  
Council**

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Comhairle Siorrachd  
Chlach Mhanann

# NALOXONE POLICY

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## 2023



## 1 INTRODUCTION

- 1.1 Naloxone is a prescription-only medicine used to temporarily reverse the effects of an opiate overdose. Its proven safety record makes it ideal for use in any situation where opiate overdose is suspected, and its use is now widely supported across Scottish society. Opiates include drugs like heroin and methadone, which have for decades been implicated in the majority of drug-related deaths in Clackmannanshire and Scotland generally.
- 1.2 Reviews of drug-related deaths show that people who have died through overdose are frequently known to Council services. With this in mind, we have an opportunity to support Council staff to identify overdose situations and reduce the harm from them, potentially saving lives.
- 1.3 This policy sets out how Naloxone supply and use by appropriately trained volunteers, is encouraged by Clackmannanshire Council as part of our wider commitment to supporting efforts to reduce harm from substance use. It sets the terms by which Clackmannanshire Council employees, who volunteer, are supported to be trained and to use Naloxone safely.
- 1.4 There is no duty on Council employees, trained or otherwise, to use Naloxone in any situation. In adopting this policy Clackmannanshire Council aims to encourage the uptake of Naloxone as a safe harm reduction measure, it does not place any additional obligation on any member of staff or service to provide for Naloxone's supply or administration.

## 2 BACKGROUND

- 2.1 Loss of consciousness and restricted breathing are common symptoms of opiate overdose, and without attention can result in death or brain injury to the person. Naloxone acts by reducing the level of opiate uptake in the brain, pausing the effects of overdose and giving time for emergency medical assistance to be sought.
- 2.2 In cases where the symptoms of opiate overdose prompt a trained person to administer Naloxone, but the underlying cause is not an opiate overdose, Naloxone remains safe to use. It will have no effect, but the person believed to be experiencing overdose will not be harmed.
- 2.3 Naloxone can be administered either as a nasal spray or, more commonly, as an injection from a container similar to the EpiPens used in cases of severe allergic reaction. Legal controls on Naloxone apply uniformly across all means of administration.

- 2.4 As a registered medicine, Naloxone requires to be handled in line with regulations. NHS Forth Valley is the local supplier of Naloxone for any service wishing to receive support, with both the Prenoxad (injectable) and Nyxoid (nasal) forms available according to need.
- 2.5 Prenoxad is supplied in a pack sized to fit in the pocket of a bag, with a hard plastic casing which allows for safe transport. Each pack contains the necessary material to safely administer Naloxone. Packs are not reusable and should be disposed of in a yellow sharps bin after use.
- 2.6 Nyxoid is supplied in packaging similar to other nasal sprays used for example in the treatment of colds. Each pack should also only be used once and disposed of appropriately.

### 3 **NALOXONE IN LAW**

- 3.1 Scotland was the first country in the world to adopt a national Naloxone programme to equip people with a medicine they can use in opiate overdose situations to save lives. Since 2011 the Scottish Government has funded the supply of Naloxone with NHS Health Boards responsible for local supply.
- 3.2 Naloxone is available in different forms, as explained later in this policy. Each form of Naloxone has been approved for use in Scotland as a medicine, this policy applies to all forms of Naloxone approved for use in Scotland.
- 3.3 Since 2014 Scotland has seen an unprecedented increase in the number of drug-related deaths, most cases of which involve the use of opiates. Naloxone's ability to temporarily reverse the effects of overdose make it an important part of our support for people at risk of drug-related death.
- 3.4 In 2020 the Lord Advocate, Scotland's chief public prosecutor, issued new guidance which set the stage for Naloxone's supply and use to be taken up on a wider basis across Scotland. This guidance remains in effect and establishes that supply of Naloxone is available through more providers registered with Scottish Government. This allowed in practice for national organisations including Scottish Drugs Forum and Scottish Families Affected by Alcohol and Drugs to begin offering training and supply of Naloxone to citizens across Scotland, regardless of their employment status or personal circumstance.
- 3.5 As such, it is possible for people across Scotland to undertake training in Naloxone's use and be supplied by a national organisation. This extends also to people who may be employed by Clackmannanshire Council, and so this policy sets out how Council employees, in the course of their duties, can be trained and supported to safely use Naloxone in response to a suspected opiate overdose.

## 4 RESPONSIBILITIES AND ORGANISATIONAL ROLES

### **Employee/ Individual Responsibilities**

- 4.1 Once a Council volunteer is trained in the identification of potential opiate overdose, and administration of Naloxone, they are able to use it in the course of their duties as a Council employee in exactly the same way as they would outside of a work situation.
- 4.2 Trained employees who have volunteered to administer Naloxone who are travelling to different sites should be able to access a supply of Naloxone for administration in the course of their work. Procedures for the safe storage and carrying of Naloxone can be confirmed with NHS Forth Valley ahead of a supply of Naloxone being made available.
- 4.3 In a situation where a Council employee, in the course of their duties as a member of staff, encounters an apparent opiate overdose situation there is no expectation that they should administer Naloxone unless they are trained and judge that it is safe to do so. Emergency medical assistance should always be sought where a person is found with reduced consciousness or other signs of apparent overdose. Scottish Ambulance Service routinely carry Naloxone and are trained to administer it.

### **Chief Officers and Senior Managers Responsibilities**

- 4.4 Chief Officers and Senior Managers are accountable to the Chief Executive Officer, and have responsibility for the coordination and compliant delivery and implementation of the Council's policies, guidance and procedure. With regards to the Naloxone policy, Chief Officers and Senior Managers will ensure that operational teams across the Council are supported to be aware of this policy and to facilitate training and availability of Naloxone in their area of service.
- 4.5 This can include consultation with the Community Justice Coordinator and Alcohol and Drug Partnership Lead Officer to ensure adequate training and supply of Naloxone for operational purposes, encouraging staff uptake of training through regular CPD and personal review processes, and reflection on the strategic effectiveness of practical arrangements with the partnerships above.
- 4.6 A central record of Naloxone training and supply will be kept. Senior managers will appoint a Naloxone Champion with responsibility for ensuring that appropriate records of Naloxone training and supply are kept for their area of service.

### **Line Management (including supervisory staff) Responsibilities**

- 4.7 Anyone with line management responsibility who is interested in supporting the uptake of Naloxone by themselves or their direct reports should inform the relevant



senior manager who will make contact with the CJP Coordinator or ADP Lead Officer. Practical arrangements for the training and supply of Naloxone can then be made, reflecting the particular circumstances of each service.

- 4.8 Details of training will be made available to all team leaders across Clackmannanshire Council. This will be sourced centrally through NHS Forth Valley. Only locally facilitated training delivered by NHS Forth Valley and Recovery Scotland, or training delivered by accredited Scottish Government programmes (administered by Scottish Drugs Forum or Scottish Families Affected by Alcohol and Drugs) should be completed under the terms of this policy.
- 4.9 Naloxone Champions should ensure that the central record of training is updated with staff who are trained in Naloxone use. Records should be reviewed at least annually, and reflect the current provisions for Naloxone supply among trained staff.
- 4.10 A service agreement for each service outlining the processes for accessing training and supply of Naloxone should be made available through the Naloxone Champion. Where employees choose not to undertake training themselves, they should be aware of how they can respond to a suspected overdose situation through emergency procedures. This service agreement should be reviewed annually, and implemented with oversight from the ADP Lead Officer and CJP Coordinator, and Naloxone Lead in NHS Forth Valley.
- 4.11 Naloxone supplied to Council services should only be administered by staff trained in its use. Naloxone can also be delivered by Scottish Ambulance staff who should be contacted by calling 999 in the event of any suspected overdose. A trained member of staff with access to Naloxone, in any situation where a suspected overdose is recognised, is able to administer Naloxone as a potentially life-saving intervention as with other forms of harm reduction such as first aid or defibrillation.

#### **Corporate Health and Safety Team Responsibilities**

- 4.12 The Corporate Health and Safety Team will make arrangements for expiration dates on supplies to be checked annually.

#### **4.13 Clackmannanshire Council Corporate Responsibilities**

The Senior Manager: Justice Services will ensure that any registration required with Scottish Government Population Health Directorate to ensure compliance with the Lord Advocate's Guidance is in place. They will also be responsible for ongoing review and any necessary updates to the registration.

## 5 TRAINING

- 5.1 As a registered medicine, Naloxone should be used by people trained to identify the signs of an overdose and administer it. This policy applies only to Council employees acting in the course of their duties who have undertaken the appropriate training in identifying opiate overdose situations and administering Naloxone.
- 5.2 Training can be sourced locally through the Peer Naloxone Training Programme. This is ideal for staff groups who may wish to be trained, as sessions are delivered in-person in under an hour, with the opportunity for Q&A.
- 5.3 Online training is also available through Scottish Drugs Forum, which can be completed at any time and covers the same material. Like the Peer Naloxone Training Programme, this training covers both how to identify a potential opiate overdose situation, and how to administer Naloxone.
- 5.4 Any employee who has completed training for Naloxone is encouraged to make their service aware through their line manager. This will allow a register of people to be kept so that supply and training refreshers can be offered, and our support for harm reduction activity can be comprehensive.
- 5.5 Council services seeking a supply of Naloxone can contact NHS Forth Valley either through the Peer Naloxone Training Programme or via the Alcohol and Drugs Partnership Lead Officer.
- 5.6 A set of Frequently Asked Questions have been developed based on consultation with staff prior to development of this Policy. These are set out in Appendix 1.

## 6 EQUALITY IMPACT ASSESSMENT

Policy Name	Naloxone Policy
Department	Justice Services, People Directorate
Policy Lead	Michelle Rogers, Community Justice Coordinator
Equality Impact Assessment	
Full EQIA required	Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>

* In no please provide rationale	
Date Full EQIA complete	14.4.23
Date Approved	
Review Date	

DRAFT

## APPENDIX 1

### CLACKMANNANSHIRE COUNCIL NALOXONE POLICY

#### NALOXONE FAQs

##### 1. What puts people at risk of overdose?

The main risk factors for overdose are:

- Reduced tolerance –tolerance to a drug can reduce (often within a few days) when a person has stopped using a drug. High risk times for overdose include release from prison/custody, discharge from hospital, following residential rehab or stopping Opiate Substitution Therapy.
- Using a combination of different drugs (not necessarily at exactly the same time). Due to how long some drugs can stay in the system, people can still be ‘mixing drugs’ even if they are not taken on the same day in some instances. Long-acting drugs may be present in the body for several days. Other factors such as poor physical health, mental health and social factors can also increase the risk of overdose.

##### 2. Who is likely to witness an overdose?

People most likely to witness an overdose are people who use drugs, family members, friends, staff working in drug services, homeless service staff, hostel staff, outreach workers, police officers, social workers .. the list is endless. Anywhere people might be using drugs.

##### 3. What are the signs and symptoms of an overdose?

Unresponsive

Slow/shallow/rasping breathing (often mistaken for snoring)

Pale skin and may have blue lips (cyanosis)

Pinpoint (constricted) pupils (indicates that opiates have been consumed) however opiate overdose should not be ruled out if pinned pupils are not present

##### 4. What is Naloxone?

Naloxone is a medication that reverses the effect of opioids. In an emergency overdose situation it can be a lifesaver. It will last for around 20-30 minutes after administration and is designed as a first aid intervention that can be carried out whilst waiting for emergency services to arrive.

It does not cause any kind of ‘high’ or intoxication, its only job is to reverse the effects of respiratory depression caused by opioids. Opioids include methadone, codeine, tramadol, fentanyl and morphine amongst others, so it is not only for use in suspected heroin overdoses.

## **5. How is Naloxone administered?**

Naloxone can be given by injection (Prenoxad) or by a nasal spray (Nyxoid). They are both equally as effective.

## **6. Can I make someone worse by giving them Naloxone when they haven't taken an opioid overdose?**

No. It is safe to give naloxone to someone even if it turns out they haven't taken opiates. However, it also won't improve their condition as it won't reverse the effects of alcohol or other drugs such as cocaine or benzodiazepines although they may contribute to an overdose.

## **7. Can I be prosecuted for using Naloxone?**

In 2005 Naloxone was added to a list of medicines that anyone can legally administer in an emergency to save a life. You must suspect an opiate overdose prior to administering Naloxone.

In 2020 the Lord Advocate, Scotland's chief public prosecutor, issued new guidance which set the stage for Naloxone's supply and use to be taken up on a wider basis across Scotland. The guidance states that *'it would not be in the public interest to prosecute any individual working for a service registered with the Scottish Government Population Health Directorate who supplies naloxone to another person for use in an emergency to save a life. Nor will it be in the public interest to prosecute employees of NHS bodies who supply such services with stocks of naloxone.'*

This statement of policy is subject to the condition that appropriate instruction on the use of naloxone and basic life support training will be provided to persons receiving the medication for such use alongside the medication.

## **8. How many times can someone be given Naloxone?**

Sometimes people need more than one dose of Naloxone to reverse the effects of the opioid they have taken. There is no limit to how many times naloxone can be administered so it will be dependent on supply available at the time. Like CPR, you can continue to give naloxone until the person regains consciousness or the emergency services arrive.

If the person who has overdosed is physically dependent on opioids they may experience acute withdrawal syndrome following naloxone administration, the risk of which increases with the amount of naloxone that has been administered.

Naloxone is very short-acting and the effects will begin to wear off after 20-30 minutes. It is very important that the person does not use any further drugs while the naloxone is active as when it wears off they would likely overdose again.

### Reference

My 1<sup>st</sup> 48 Hours Out; Guidelines for naloxone provision upon release from prison and other custodial settings; Frankfurt University of Applied Sciences and Scottish Drugs Forum, 2018.

