

Expanding access to naloxone: supply and emergency use

RPS response

About you

In what capacity are you responding to this survey?

- An individual sharing my personal views and experiences
- An individual sharing my professional views
- On behalf of an organisation

Questions for people responding on behalf of an organisation

What is the name of your organisation? RPS

Which is the best description of the type of organisation that you represent?

- Governmental
- Public sector
- Arm's length body
- Charity
- Community interest company
- Professional representative body
- NHS trust
- Criminal justice
- Other, please specify

What is your role in the organisation? (Optional) Policy Lead

Where does your organisation operate or provide services? Select all that apply.

- England
- Wales
- Scotland
- Northern Ireland

- The whole of the UK
- Outside the UK

Expanding the route 1 list of services and professionals

We are proposing to add 3 types of services into the route 1 list of professionals and services who can supply naloxone for future use without needing a prescription. They are:

- hostels for people experiencing homelessness
- day centres for people experiencing homelessness
- outreach services for people experiencing homelessness

This is with the intention of expanding access to naloxone for people at risk of opioid overdose.

To what extent do you agree or disagree with the proposal to enable hostels for people experiencing homelessness to supply naloxone without a prescription through route 1?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable day centres for people experiencing homelessness to supply naloxone without a prescription through route 1?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable outreach services for people experiencing homelessness to supply naloxone without a prescription through route 1?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We are proposing to bring requirements for pharmacists supplying take-home naloxone in line with other route 1 suppliers by amending regulation 253 of the HMRs so that pharmacists are not required to make a record of such a supply.

To what extent do you agree or disagree with the proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further comments on these proposals, please include them here.
(Optional, maximum 250 words)

People who are experiencing homelessness can struggle with access to medication. Increasing accessibility and enabling settings or individuals who are in more frequent contact with service users, and are trusted by them, the ability to supply naloxone, would increase the availability and the chance of it being used to save a life.

It is vital that naloxone is always supplied with the appropriate training on its use, its limitations and the importance of calling emergency services, together with storage, supply and administration advice. Those providing naloxone should be trained on administering naloxone safely and effectively, including understanding dosages, routes of administration and recognising signs of opioid overdose. However, to ensure this training is delivered consistently it needs to be clear and concise both for those being trained to supply and those being trained to use. The medication is straight forward to administer and well packaged and the training should reflect that.

Changing legislation so that pharmacists are not required to make a record of take-home naloxone brings pharmacists in line with other route 1 suppliers. However, this creates a lack of tracking and data which can be helpful in establishing benefit and impact of the service. Even recording the basic supply with a few details is beneficial.

On the other hand, whilst records would be helpful to assess impact and outcomes, it is highly unlikely they could be obtained completely from all suppliers unless there was some mandated national registry, but this would be a barrier to access and would not be in the patient's best interest.

Clearly enabling organisations whose employees are at risk of opioid contamination to procure and stock naloxone for emergency use

We are proposing to amend the legislation to clarify the definition of drug treatment services.

This is to end the uncertainty about whether certain organisations are able to procure naloxone for emergency use if they have concerns about opioid contamination or accidental exposure in a workplace. These organisations may include government enforcement authorities, such as Border Force and the National Crime Agency and private bodies performing public functions, such as lab testing facilities.

This is essentially a technical change that is not expected to have a direct impact on members of the public who are not performing specialist activities.

To what extent do you agree or disagree with this proposal?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further comments on this proposal, please include them here. (Optional, maximum 250 words)

This technical amendment to clarify the definition of "drug treatment services" in the Human Medicines Regulations 2012 is a practical and proportionate step to resolve legal uncertainty and widen access to naloxone. It would explicitly enable organisations whose employees face occupational risks of opioid contamination or accidental exposure to lawfully procure and stock naloxone for emergency use. Naloxone is a safe,

effective opioid antagonist with an excellent safety profile and minimal risk when used in emergencies. Expanding access in these high-risk workplace settings supports occupational health and safety, protects frontline workers handling potent synthetic opioids (e.g., nitazenes or fentanyl analogues), and aligns with broader UK harm reduction efforts to prevent avoidable deaths and harm from the evolving drug landscape. Pharmacists and pharmacy teams already play a central role in naloxone supply, including take-home provisions without prescription following the December 2024 legislative changes. We supply naloxone, provide training on overdose recognition, administration, storage, and the need to seek emergency help, and advocate for equitable, evidence-based access. This clarification complements those reforms by extending protection to specialist roles without broadly impacting the general public or imposing significant new burdens. This proposed change should be supported by appropriate training for staff on naloxone storage, handling, administration, and emergency protocols; clear procurement, record-keeping, and audit processes to uphold quality and safety; collaboration with pharmacy professionals for supply, advice, and training where practical.

Aside from government enforcement authorities and lab testing facilities, do you know of any other organisations whose employees are at risk of opioid contamination who may benefit from procuring naloxone for emergency use?

- Yes
- No

Please explain your answer. (Optional, maximum 250 words)

- Postal and mail handling services
- Customs and border protection staff e.g. inspectors
- Private security firms

Creating a new route of supply

We are proposing to amend the legislation to enable organisations and services to supply naloxone for public emergency use using the delivery model of a locked box.

To what extent do you agree or disagree with the proposal to enable the supply of naloxone through a publicly accessible emergency locked box, which can be accessed in the event of an opioid overdose?

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree that enabling the supply of naloxone through a publicly accessible emergency locked box model would be a helpful tool in increasing public awareness of naloxone?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If a publicly accessible emergency locked box model was introduced, we propose the box would be supplied and operated as part of:

- the NHS
- another service that is funded wholly or partly by the appropriate national authorities or a local authority
- arrangements with the appropriate national authorities or local authority (that already have well established governance and training requirements)

To what extent do you agree or disagree that (if introduced) the publicly accessible emergency locked boxes should be supplied and operated by organisations that provide an NHS or other publicly funded service?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Not applicable - I disagree with the proposal to introduce a publicly accessible emergency locked box model

To what extent do you agree or disagree that (if introduced) the supply of naloxone in a publicly accessible emergency locked box should include both nasal and injectable naloxone products?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Not applicable - I disagree with the proposal to introduce a publicly accessible emergency locked box model

If you have any further comments on these proposals, please include them here.
(Optional, maximum 250 words)

We have concerns around the evidence to demonstrate the benefits of a locked box model and how it would work, as well a lack of clarity as to where they would be situated and how many would be required. There is the potential risk of large amounts of waste.

Practically this would be very difficult (and potentially expensive in terms of time and process) to ensure the drug was always there and ready to use, possibly across a large number and/or spread of locations. Considerations would need to include risk assessments in terms of how the medicine would be prevented from freezing or overheating. Protocols would need to ensure it was checked on a regular basis. The model needs to be affiliated with organisations with appropriate governance and training to ensure public safety as well as bearing the cost of supply.

Responsibility if the naloxone didn't work, wasn't available when it should be or was unable to be used when needed, would need to be clarified.

A balance needs to be struck between opening up access to those that need it, but also to protect the stock so that it is not interfered with and making sure that people who have accessed the medicine are followed up for further care and support.

We believe that the first step needs to be maximising the use of community pharmacies who are in the heart of local communities, although appreciating that this isn't a 24/7 arrangement in any way.

Local services should engage with communities to raise awareness about the availability of naloxone among their communities.

Comments on the full legislation

The consultation document provides a summary of the proposals in the draft legislation. We have also included the draft statutory instrument to enable respondents to see the full detail. We welcome further thoughts on the finer detail of this legislation.

If you have any further comments on the detail of the draft legislation, please include them here. (Optional, maximum 500 words)

Do you think the proposals risk impacting people differently, or could impact adversely on any of the protected characteristics covered by the public sector equality duty set out in section 149 of the Equality Act 2010 or by section 75 of the Northern Ireland Act 1998?

- Yes
- No
- Don't know

Please explain your answer. (Optional, maximum 250 words)

Considerations of inclusivity and equity in naloxone access need to be taken into account, recognising the disproportionate impact of opioid overdose on marginalised and vulnerable at risk populations. Individuals from lower socioeconomic backgrounds may face barriers to accessing naloxone due to lack of awareness, transportation issues, or limited financial resources (e.g. new prison leavers, homeless individuals). Certain ethnic groups may experience disparities in access to naloxone due to language barriers and cultural stigmas. Individuals with disabilities may face challenges in accessing naloxone if services offering naloxone distribution are not accessible. Gender-based differences must be considered e.g. women may be more likely to experience opioid overdoses in private settings, such as homes, where naloxone availability is critical. Adolescents and young adults may be at increased risk of opioid overdose due to experimentation or peer pressures, while older adults may face challenges related to polypharmacy and comorbidities. Naloxone supply efforts should consider age-specific and gender-specific risk factors, highlighting the need equitable access to naloxone across urban and rural areas (e.g. through targeted outreach, mobile distribution services, and collaboration between services), as well as the need for culturally sensitive outreach interventions.

Consideration needs to be given to the overdose risks associated with legally prescribed and dispensed opioids, especially where individual patients have known issues with tolerance, dependence or addiction. In this context, naloxone distribution services also need to take account of additional risk factors such as mental health challenges and cultural sensitivities, fears and stigma surrounding overdose in family and home settings.

In Northern Ireland, any new or revised policies must be ‘rural proofed’ in line with the Rural Needs Act (NI) 2016. The Department of Health (Northern Ireland) has assessed this and does not consider that these policy proposals will affect people differently if they live in rural areas in Northern Ireland.

Do you agree or disagree with this assessment?

- Agree
- Neither agree nor disagree
- Disagree
- Don't know

Please explain your answer. (Optional, maximum 250 words)