



Naloxone Consultation

Proposing to make further legislative changes to:

- allow hostels, day centres and outreach services for people experiencing homelessness to supply naloxone without a prescription
- create publicly accessible emergency naloxone boxes, similar to defibrillator cabinets
- clarify rules for workplaces at risk of opioid contamination (accidental exposure)

Consultation questions

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

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

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

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

If you have any further comments on these proposals, please include them here.



We strongly agree that access to THN needs to be available from the services and organisations identified in the consultation. The coroner's concerns in the Joseph Forbes Black Preventable Future Deaths Report^[1] outline the importance of this in terms of preventing future deaths. The evidence was that neither the supported accommodation provider nor the mental health NHS Trust that was treating Mr Forbes Black were permitted to provide THN to their residents/patients using drugs. The coroner raised concerns that this set of circumstances risked future deaths occurring and that the provision of THN could be made more widely available. The present situation appeared to be that THN is most easily accessed through the very service(s) that many people who use drugs are not engaged with. The current adulterant crisis increases the background risk of fatal overdose and underscores the importance of timely action to widen access to naloxone and overdose response training.

The funding of such proposals need to be considered and we have concerns that these costs should not be expected to be fully covered by already stretched drug treatment service budgets. Such services will need to be supported by contributions from funding streams across the system.

[\[1\] Joseph Forbes Black: Prevention of Future Deaths Report - Courts and Tribunals Judiciary](#)

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?



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

Agree

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?

Agree

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?

Agree

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?

Agree

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

Further comments:

The proposal will potentially serve to widen access to a life-saving medication. There needs to be clear information around the need to call emergency services and for the likely need for more than one dose.

The funding of lockboxes need to be considered and will need to be supported by contributions from alternative funding streams across the system. We must underscore the concern that given the pressure on drug treatment budgets, these costs should not fall fully on such budgets. Alternative sources, as are provided for defibrillators, could be explored.



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.

No comment

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?

Don't know

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.

No comment

Do you agree or disagree with this assessment?

Neither agree nor disagree