Naloxone consultation - March 2026

Link to consultation doc: [Expanding access to naloxone: supply and emergency use - consultation document - GOV.UK]

Below are the questions in the latest gov consultation on making further legislative changes around improving access to naloxone. This includes…

- ***expanding the route 1 list (see below) to extend the power to supply naloxone for future use to hostels, day centres and outreach services for people experiencing rough sleeping or homelessness***
- ***clearly enabling organisations whose employees may be at risk of opioid contamination (accidental exposure) as part of their employment to be able to procure a stock of naloxone for emergency purposes***
- ***creating a new route of supply by enabling publicly accessible naloxone for emergency use using a locked box model***

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)

Bringing pharmacists into line with other route 1 suppliers by removing mandatory record-keeping requirements is proportionate and appropriate. These requirements can act as a deterrent to engaging in supply of naloxone, and therefore a barrier to access

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)

Clarifying the legislation to explicitly enable organisations whose staff may be at risk of opioid contamination to procure and stock naloxone is sensible and overdue. This will remove uncertainty and support employer duty-of-care obligations. While framed as a technical change, this will have practical importance for staff safety and emergency preparedness.

This will also ensure that where organisations may see value in accessing naloxone for safety reasons but are prevented by current ambiguous legislation, they will be better supported to do so.

More broadly, as opioid overdose can occur in any workplace or public setting, consideration should be given to removing restrictions on the persons or organisations that can procure and store naloxone entirely, rather than continuing to expand access incrementally through defined categories.

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)

A wide range of organisations may face accidental opioid exposure or overdose situations in the course of their work:

- *Emergency services,ambulance crews,fire services*
- *Healthcare services, A&E, urgent care, community health services*
- *Social workers*
- *Prison and probation staff*
- *MH teams*
- *School/uni nurses/medical staff*
- *Transport staff*
- *Waste management workers*
- *Park staff/rangers*
- *retail/hospitality staff*
- *Occupation health teams*

The level of risk will vary by role and setting, but is generally influenced by frequency of contact with people who use drugs, likelihood of encountering overdose situations, and work in environments where uncontrolled substances or paraphernalia may be present.

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)

It would be appropriate for these types of lock boxes to be operated and maintained by an organisation which has experience in management of medicines and healthcare provision, owing to the nature of the box's contents and the importance of regular maintenance/replenishment. That said, we would encourage this stipulation not to prevent appropriate organisations (e.g. sheltered housing providers, community centres, supermarkets) obtaining and maintaining such a box provided appropriate protocols were in place and in evidence, or outsourced to an appropriate provider. Overdoses can happen anywhere and, much like defibrillators in the community, access is time sensitive and more likely to save a life if close by. Limiting to healthcare providers also limits access.

We appreciate the presence of the nasal formulation may be more palatable to the general public, and would likely reduce risk of inappropriate access to boxes in order to obtain needles, however we do not believe that legislation should restrict these boxes holding either formulation, as judged by the organisation maintaining the box. E.g. in a healthcare setting it would be appropriate to stock both, as experienced staff are present and each syringe holds 5 doses as opposed to 2 in a pack of nasal sprays.

Any locked box model must also prioritise ease of access in practice. Given that naloxone is administered in emergency situations, the mechanism for unlocking the box must be straightforward enough for someone who may be in considerable distress to operate quickly and without specialist knowledge.

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)

Progress has been incredibly slow on this. Back in 2016, the ACMD recommended making intra-nasal naloxone available over-the-counter. This is still not happening.

While the further adaptation of regulations to expand availability is welcome, the proposals outlined in this consultation continue a piecemeal approach to access. Reclassification to enable over-the-counter availability would represent a simpler, more proportionate solution, removing the need for repeated legislative amendments and future consultations to incrementally relax restrictions.

It would allow much greater distribution options and the option to promote and advertise it to the public, which bizarrely isn't allowed under the current prescription only meds regulations.

In addition, legislative clarity is required to remove the need for service-level agreements to enable onward supply, which currently arise due to wholesale dealing concerns. These requirements create unnecessary administrative burden and can delay or prevent timely distribution of naloxone.

Finally, consideration should be given to mandatory carriage of naloxone by first responders, such as police officers, where this is not already standard practice, to ensure consistent emergency response capability.

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)

We believe the proposed legislative changes will promote greater equity of access to naloxone, and that the proposals should go even further, as outlined above.

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