

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)

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)

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)

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)

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)

The Royal College of Physicians of Edinburgh welcomes these proposals. Fellows of the College wished to emphasise the need for effective training provision for all who may be involved in these expanded locations and consider this is a priority to ensure success.

In addition to the current proposals, some Fellows also wished to emphasise the importance of naloxone-on-release from prison for inmates with a history of opioid use disorder (OUD) and asked for reassurance that all prisons in England and Wales are resourced to offer naloxone-on-release (nasal or IM) to eligible prisoners on release. Further, they suggested that naloxone-at-hospital-discharge for patients with OUD-history should be fully enabled.

Fellows said that the operation of emergency locked boxes needs to be competent so that, when a box is opened, there is naloxone in situ. Re-supply statistics should be carefully audited from the outset. The location of locked boxes is likely to be critical and prior to

deciding upon the location of locked naloxone supplies, there needs to be analysis of a) where opioid overdose fatalities occurred in the past 5 years; separately of b) where non-fatal overdoses were attended by ambulance call-outs and/or were brought from to A&E by others.

Fellows suggested there should be a detailed deployment plan, in consultation with community partners, to prioritise specific locations with a history of overdoses. It must be ensured that these locations have adequate lighting for all hours during which the site is publicly accessible, have protection from the weather (both water damage and extreme temperatures.)

As indicated persons associated with the site and in general need to be trained in opioid overdose recognition and response. In addition, the Good Samaritan Principle should be applied so those acting are not subject to legal redress for acting in good faith.

The following should also be incorporated and considered:

- **Inclusion of written guidance, which is sufficiently durable, perhaps with lamination.**
- **Consideration of the materials also being in a language other than English.**
- **Are specific individuals designated for providing oversight of the units, including maintenance and re-stocking.**
- **Is there signage at strategic locations throughout the site or campus directing individuals to the specific location of the naloxone housing**

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)

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)