

# **Expanding access to naloxone: Supply and emergency use consultation**

## **Social Work Scotland response**

**March 2026**

### **Introduction**

The Department of Health and Social Care (DHSC), the Department of Health (Northern Ireland) (DoH (NI)), the Scottish Government and the Welsh Government are consulting on the viability of proposals to further expand access to naloxone. Naloxone is a medication that reverses the effects of an opioid overdose, helping to prevent overdose deaths and save lives.

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome the opportunity to provide a response to the consultation on the expansion of naloxone.

### **Summary**

Members expressed strong overall support for the aims of the consultation, recognising that expanding access to naloxone, both for take-home supply and emergency use, is an essential measure to reduce preventable overdose deaths and improve public health.

There was broad agreement with the direction of all three proposals, particularly the need to widen access within homelessness services and to introduce new

emergency supply routes such as locked boxes. At the same time, members highlighted several practical considerations that must be addressed to ensure effective implementation, including clarity around legal responsibilities, sustainable funding, appropriate training and public education, and the need to account for the specific challenges faced in rural and remote areas.

Overall, members welcomed the proposals in principle while emphasising that successful delivery will depend on clear guidance, robust infrastructure and a whole-system approach that supports both professionals and communities.

## Questions and responses

### ***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)*

Social Work Scotland and our members strongly support extending Route 1 supply of naloxone; however, successful implementation requires attention to several practical and legal considerations raised in discussion.

Firstly, staff need clear national guidance to address concerns about potential conflict with Section 8 of the Misuse of Drugs Act. Services must not feel that holding naloxone implies condoning drug use on the premises. Consistency in approach (with local policing agreements where appropriate) would help reduce anxiety and ensure workers feel protected when acting to save lives.

Secondly, increasing availability must be matched with appropriate training and wider public education. Workers across social care, community services and non-specialist roles are increasingly likely to encounter overdose situations. They need confidence in administering naloxone and support for the emotional impact of responding. Public-facing education is also important to reduce stigma and ensure communities understand the purpose of naloxone provision.

Thirdly, it is important to recognise that overdose risk extends beyond traditional drug services. People supported in community care, those with complex needs or neurodiversity, and individuals in rural or remote areas may all benefit from improved access. Any expansion should ensure equity across geographic areas and service types.

Overall, the proposal is welcome and necessary. With strong guidance, adequate resourcing and a clear focus on education and stigma reduction, expanding the Route 1 list will enhance safety for some of the most vulnerable people in our communities by ensuring naloxone is available where it is most needed.

***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)*

No comments to add from members.

*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)*

As we are a membership organisation for social work leaders and managers in Scotland, we do not feel we have the expertise to answer this.

### ***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 support the proposal to introduce a new route of supply through publicly accessible emergency locked boxes, as increasing rapid access to naloxone can play a critical role in preventing overdose deaths. However, several important considerations must be addressed to enable safe and workable implementation.

Firstly, the operational requirements need further clarity. The success of locked-box provision depends on a reliable system for registration, monitoring and replenishment. Current experience with defibrillator boxes shows responsibility often falls to local volunteers or community groups, which may not be sustainable or appropriate for naloxone. Clear national guidance is required on who maintains stock, how usage is reported, and how responsibilities are coordinated across services.

Secondly, costs, both of procurement and ongoing replenishment, must be properly funded. Given the differing price points of injectable and nasal naloxone, and the possibility that multiple doses may be required, local areas will need assurance that financial support accompanies any new statutory option.

Thirdly, rural and remote areas face additional barriers. A one-size-fits-all model may risk uneven provision; therefore, guidance should specifically address how

locked-box deployment can be adapted for communities with limited services, long ambulance response times or dispersed populations.

Finally, strong public education will be essential. Without stigma reduction and clear messaging about the purpose and safety of naloxone, some communities may resist installation.

Overall, with appropriate funding, clear governance, and strong public communication, this proposal could significantly strengthen overdose response capacity across the UK.

### ***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)*

No further comments to add.

*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)*

No further comments to add.

*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)*

As we are a Scottish based membership organisation, we feel unqualified to provide a view on this.

## **Conclusion**

Members were united in their support for the overarching intention of the consultation: to reduce harm and save lives through greater, more equitable access to naloxone. While the proposals present clear opportunities to strengthen emergency response and widen take-home provision, their success will depend on practical considerations being fully addressed.

Members emphasised the importance of clear national guidance, sustainable funding, consistent training, and effective community engagement to ensure these changes are both safe and workable. They also highlighted the need for implementation approaches that recognise the diversity of local contexts, including the challenges faced in rural and remote areas.

With these factors in place, the group strongly believes that the proposed legislative changes will make a meaningful contribution to improving public health outcomes and safeguarding vulnerable individuals across the UK.

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**March 2026**