



Community Pharmacy England's response to DHSC's consultation on proposals to expand access to naloxone: supply and emergency use

February 2026

Consultation questions

In what capacity are you responding to this survey?

- On behalf of an organisation.

What is the name of your organisation?

- Community Pharmacy England

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

- Other

About Community Pharmacy England

We are the voice of community pharmacy in England, representing all 10,000+ community pharmacies across the country.

We champion community pharmacies across the country – representing all community pharmacy owners and giving them the support they need, negotiating the best deal with the Government and NHS, and influencing positive change.

We represent community pharmacy businesses of all sizes in England and are responsible for negotiating the NHS Community pharmacy Contractual Framework (CPCF), under which all community pharmacies operate, with the Government and the NHS.

We are recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.

We work closely with everyone in the community pharmacy sector to meet our goals and to promote the value of community pharmacy. Because everyone in society needs community pharmacy to thrive.



Our goal is to develop the NHS community pharmacy service to enable community pharmacies to offer an increased range of high-quality and fully funded services that meet the needs of their local communities and provide value and good health outcomes for the NHS and the public.

We welcome the opportunity to be able to provide our response to the consultation on proposals to expand access to naloxone: supply and emergency use.

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

- England

If you said England, which area of England does your organisation operate or provide services? Select all that apply.

- All areas selected.

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; and
- 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?

- 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?

- 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?



- 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.

- Strongly agree

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

We would request that the proposal is extended further so that all registered pharmacy professionals, pharmacists and pharmacy technicians, can supply take-home naloxone in line with other route 1 suppliers without the requirement to make a record of such a supply.

We would also suggest that the proposal could extend even further to include other appropriately trained and competent members of the pharmacy team under the supervision of a pharmacist or a pharmacy technician.

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

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

- No additional comments.



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?

- No

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

- No additional comments.

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

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?

- 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 disagree

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

We think the following additional requirements should be considered when setting up publicly accessible locked boxes:

- Emergency boxes must be placed in highly visible, clearly signposted locations and be easily reachable to prevent delays. They must be tamper-evident, with consideration for vandalism, accidental activation, misuse, child access and liability risks if the box is empty or inaccessible.
- Boxes should be clearly marked “for emergency use” in line with Resuscitation Council UK guidance.
- They must support ambient medicine storage and maintain temperatures between 8°C and 25°C to protect naloxone from extremes of temperature.
- Robust processes must be in place to ensure routine checking, auditing, restocking, maintaining stock and date-checking occurs.
- Supplies should be stored in original packaging and include the manufacturer’s patient information leaflet.
- Procedures must also be in place to document and action any product recalls.
- Formal risk assessments should be in place to cover potential public misuse, theft or diversion, delays in emergency access, local response times, and how these factors influence the quantity of medication needing to be stored.

Injectable naloxone should not be publicly accessible without training because it requires technical skills to use and administer. Needles also introduce significant safety and contamination risks associated with handling and inappropriate disposal.

Nasal spray naloxone is safer to support public use. It is easier to administer with minimal guidance and the product presentation offers two doses in a single package. These make it a more suitable option for untrained responders.

We would also like to extend the opportunity to discuss any aspect of our response further if needed.



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 additional comments.

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.

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

- No additional comments.

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?

- Don't know

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

- No additional comments.

For more information or support, please contact Community Pharmacy England:

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Community Pharmacy England is the operating name of the Pharmaceutical Services Negotiating Committee.