

# ROYAL PHARMACEUTICAL SOCIETY

## Expanding access to naloxone consultation Royal Pharmaceutical Society Response

**Question 1: To what extent do you agree that the current regulations mean naloxone is difficult to access in the event of an overdose?**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Please provide a reason for your answer and any evidence to support it, including any experiences you or your organisations have had trying to access naloxone (max 1,000 words).**

Supply and availability are variable so it can be difficult for someone to know where to go to access naloxone especially in an emergency situation.

**Question 2: To what extent do you agree that the following settings or individuals should be able to supply take-home naloxone without a prescription?**

**Outreach and day services for people who experience homelessness or rough sleeping:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Police officers:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Drug treatment workers commissioned by PCCs to work in police custody suites:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Prison officers (orderly officers and duty governors):**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Probation officers:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Registered nurses:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Registered paramedics:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Registered midwives:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Pharmacists:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Please provide a reason for your answers with reference to any, some or all of the above settings and any supporting evidence (max 1,000 words).***

People who are experiencing homelessness can struggle with access to medication in general. Some are not in touch with any treatment services which would allow them to receive prescriptions for naloxone. Allowing settings or individuals who are in contact with these people the ability to supply naloxone would increase the availability and the chance of it being used to save a life.

Release from prison and significant life events are times of risk for people who use drugs and the professionals who see people at these times can sometimes be restricted in their ability to make a supply. It can be a lack of flexibility in the current regulations which mean people who use drugs cannot access this life saving medication.

It is advised that paramedics are called whenever there is a suspected overdose or a use of naloxone. However, patients will often refuse to go to hospital once they have been stabilised. Allowing paramedics to supply naloxone would mean the person would have it close at hand.

**Question 3: If you represent any of the following services or individuals, do you think it is likely that they would keep a stock of and supply naloxone if the regulations were changed such that they were eligible to do so?**

**Outreach and day services for people who experience homelessness or rough sleeping:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

**Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

**Police officers:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

**Drug treatment workers commissioned by PCCs to work in police custody suites:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

**Prison officers (orderly officers and duty governors):**

- highly likely
- somewhat likely
- somewhat unlikely

- highly unlikely
- I do not represent these individuals

**Probation officers:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

**Registered nurses:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

**Registered paramedics:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

**Registered midwives:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

**Pharmacists:**

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely

- I do not represent these individuals

***Please provide a reason for your answers (max 1,000 words).***

Some community pharmacy teams already provide a naloxone supply service. However, we believe that it would be beneficial for every community pharmacy team to be able to offer naloxone to anyone they believe to be at risk of an overdose or to anyone who may witness an overdose. This should be offered as part of a package of care which promotes not only the safe use of naloxone but also the importance of carrying it and of naloxone being accessible. Knowing that naloxone can be easily supplied by any pharmacists would mean patients could also be directed to get a supply at times when they are particularly vulnerable to overdose, for example, during the initial stages of treatment or upon release from prison or hospital.

Pharmacists based in other settings, e.g. specialist services, GP practices, should also be engaging patients in conversations about harm reduction. They should be offering education around naloxone and ensuring patients have a supply. This would be made easier if the regulations were changed. A supply could be given there and then, rather than a prescription issued which may never be filled.

Pharmacists are the most accessible healthcare professional which makes interventions, such as supplying naloxone, possible on a regular basis. This is true for not only patients but also family members, friends and those in the community. Changing the regulations would make it easier for pharmacists to make those supplies when required, ensuring as many patients as possible have naloxone.

We also believe that naloxone should be included in the emergency boxes in any setting where people who use drugs may attend and first aid staff trained to use it, including pharmacy teams.

***Question 4: Are there any settings not explicitly cited in the above questions that you would support being able to obtain or supply naloxone? Please provide a reason for your answer with reference to any supporting evidence (max 1,000 words).***

***Question 5: To what extent do you agree that the labelling requirements on prescription-only medicines, such as the name of the individual to whom the medicine is being supplied, should be disapplied when naloxone is given out by services without a prescription?***

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Question 6: To what extent do you agree that allowing the below settings or individuals to supply take-home naloxone without a prescription would help to reduce the incidence of opioid overdose and drug-related deaths?**

**Outreach and day services for people who experience homelessness or rough sleeping:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Police officers:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

**Drug treatment workers commissioned by PCCs to work in police custody suites:**

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Prison officers (orderly officers and duty governors):***

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Probation officers:***

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Registered nurses:***

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Registered paramedics:***

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Registered midwives:***

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Pharmacists:***



- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Please provide a reason for your answers with reference to any, some or all of the above settings and any supporting evidence (max 1,000 words).***

If the settings and individuals listed above were able to make supplies without prescriptions it would allow more opportunistic supplies to those who may have no contact with services where they could obtain a prescription. This group of people are at high risk of overdose and this could ensure they have access to naloxone.

With regards prison officers etc. release from these settings is a high risk time so making access to naloxone easier upon release will mean the treatment is accessible and could be used in the event of an overdose.

***Question 7: To what extent do you agree that there are risks associated with the administration of naloxone in either nasal or injectable form?***

***Nasal naloxone:***

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Injectable naloxone:***

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

***Please provide a reason for your answer and any evidence to support it, making sure to be clear which form of naloxone you are referring to (max 1,000 words).***

We believe the effect on availability is a positive and desirable one and that by increasing supplies, there would be a corresponding decrease in drug deaths.

We accept that naloxone is short acting and the effect can wear off leading to a patient returning to a state of overdose. However, by retaining the need for brief, concise training on the use of the medication upon supply and the need to call emergency services, we believe these risks would be mitigated. Also, allowing emergency services to supply naloxone would mean that even those refusing any further assistance could be given a supply.

**Question 8: What safeguards do you think should be required in the settings from which naloxone is supplied? (max 1,000 words).**

It is important that naloxone is always supplied with the appropriate training on its use, its limitations and the importance of calling emergency services. However, to ensure this training is delivered consistently it needs to be clear and concise both for those being trained to supply and those being trained to use. The medication is straight forward to use and well packaged and the training should reflect that. In the case of pharmacists training to supply, this training would also need to be accessible e.g. a short online module which could be completed at a time that suited them.

**Question 9: If your organisation distributes naloxone, have you received training on how to use it?**

- yes
- no
- not applicable to me

If 'yes', do you believe said training is sufficient? (max 1,000 words).

**How easy do you think it would be to expand this training to additional settings? Please provide a reason for your answer and any evidence to support it, making sure to be clear if referring only to nasal or injectable naloxone (max 1,000 words).**

**Question 10: Is there anything else you would like to share on the risks and benefits of naloxone which you have not provided in answers above? If so, please provide further information and include any evidence and research you may have to support your response (max 1,000 words).**

With regards question 5 concerning labelling we wish to be clear that we would always advocate that patients only take medication intended for them, with their name on it and not to supply medication to, or share their medication with, others. However, we feel that in this unique case, the aim of naloxone programmes is to ensure supplies are readily available to anyone who needs them and that any supply, regardless of who it has been supplied to, is given on the basis it is to be used on someone in need. We believe the removal of the patient's name may remove what could be conflicting advice.

In Scotland already, when asked the reason for requesting a resupply, most reported uses are for 'someone else'.

The RPS also believe it is important that emergency stock holding of naloxone is kept at key locations i.e. community pharmacies and anywhere people who use drugs may attend. If this happened consistently, any member of the public, or any professional person, assisting someone they suspected of having overdosed would know where to access a supply quickly.

**Question 11: 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? If so, please provide details (max 1,000 words).**