

## **Royal College of Physicians of Edinburgh response to the consultation from the Department of Health & Social Care on Proposals to expand access to take-home naloxone supplies**

### Question 1

**To what extent do you agree or disagree with the proposed list of named services and professionals that can supply naloxone without a prescription?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree

The College supports this expanded list. Some Fellows suggested medical services of the armed forces could be expanded to mention military police specifically. It is imperative to ensure continued training and education is offered for all involved in the expanded list.

### Question 2

**To what extent do you agree or disagree that the training requirements for named services and professionals should include the storage and supply of naloxone, as well as how to support those supplied with naloxone with its storage and administration?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please explain your answer. (Maximum 500 words)

While broadly supportive of the need for training, some Fellows argued the training should be concise, focused and not excessive. In addition, they highlighted that some naloxone recipients may not wish to be “trained” by the supplier (nor indeed need such training if being re-supplied).

### Question 3

**To what extent do you agree or disagree with enabling services and organisations to supply naloxone without a prescription, through the registration route?**

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please explain your answer. (Maximum 500 words)

We support efforts to make naloxone as accessible as possible and consider that this model has worked effectively in Scotland. Fellows would wish to see the registration route as streamlined and un-bureaucratic as possible.

Question 4

**If you think there are any other requirements that services under route 2 should meet to ensure safe supply of naloxone, please outline them. (Maximum 500 words)**

Fellows consider that the model used in Scotland may provide some relevant information here.

Question 5

**If you think there are other requirements that non-public or statutory services and organisations under route 2 should meet to ensure safe supply of naloxone, please outline them. (Maximum 500 words)**

Fellows consider that the model used in Scotland and experiences of that process may provide some relevant information here.

Question 6

**To what extent do you agree or disagree that the named services and professionals that supply naloxone to individuals should be provided with a legislative gateway to support the sharing of data on the supply of naloxone?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree

Fellows consider that the sharing of data on the supply of naloxone is important and that named services and professionals should be appropriately and proactively supported to share data. Equally, it will be vital for effective data protection safeguards to be embedded in any processes and legislation.

#### Question 7

**If you have any further comments on the detail of the draft legislation, please outline them. (Maximum 500 words)**

Fellows with knowledge and experience of Public Health Scotland wanted to highlight the successful role its officials have played in monitoring and analysing Scotland's National Naloxone Programme (SNNP). Further, Fellows have indicated that two PHS officials in particular have indicated their willingness to provide assistance to the drafters of the documentation or guidance, if this is helpful, to ensure it is practical, effective and informative. The College will be happy to provide the relevant contact details if needed.

While outwith the scope of this consultation, some Fellows expressed the view that it may be time for a broader debate about whether naloxone's classification as prescription-only medicine remains necessary. They suggested that more than a decade after SNNP's start in 2011 and given the immense evidence base on the safety of Take Home Naloxone (THN)/naloxone-on-release, it may be an appropriate time for a review.

Some Fellows suggested high quality videos on channels such as youtube should be available so that family and friends, as well as criminal justice professionals and user-peers can see and/or be reminded about how to administer THN or naloxone-on-release. They indicated that well over a decade ago, the Medical Research Council funded the pilot N-ALIVE trial, which provided such a DVD for prisoners and the public, please see <https://www.mrcctu.ucl.ac.uk/studies/all-studies/n/n-alive> . They indicated that the part that prisoners found most useful was Professor (Sir) John Strang's talking through "how to administer". An updated video for general release that includes a demonstration of the administration of intranasal naloxone would be helpful.