Devon Drug and Alcohol Strategic Partnership Naloxone Strategy, 2025-2028

Contents:

Background

Naloxone is a safe, evidence-based medication which is listed as a World Health Organisation (WHO) essential medicine. It is the first choice for treating opioid induced respiratory depression including by lay-people witnessing an overdose. Naloxone is a prescription-only medicine, so cannot be sold over the counter in pharmacies, however anyone can use available naloxone to save a life in an emergency.

In addition to the existing emergency use of naloxone, evidence shows that supply of naloxone kits (Take-Home Naloxone (THN)) in community settings is effective at reducing opioid overdose deaths among people who use drugs, and that THN is cost effective in reducing drug related deaths.

In recognition of the effectiveness of the supply of Take-Home Naloxone kits as a harm reduction measure and:

(i) the current adulterant crisis in the illicit drug supply in the UK and the risks posed by synthetic opioids;
(ii) the fact that the majority of those using opiates are not in treatment;
(iii) the need to take action to reduce drug related deaths;

The Government has acted to make changes to legislation which mean that in addition to those working for drug treatment services, the groups of people who can supply naloxone without a prescription have been widened to include people employed or engaged by:

- medical services of the armed forces
- police forces and services, including drug treatment workers commissioned to work in these settings

- prison services
- probation and youth justice services
- registered nurses and midwives
- pharmacists and pharmacy technicians
- registered paramedics

Any one of these could now supply THN for use in an emergency, for example to:

- a person at risk of overdose
- a family member or friend of a person at risk of overdose
- an outreach worker for a homelessness service whose clients include people who use opioids[i]

A clear rationale for changes is set out in the Coroner's Preventable Future Deaths report in the Joseph Forbes Black Inquest (see Box 1) and the Government's legislative intent is clear from their response to that report (see extract from the Department of Health and Social Care – Box 1).

The groups of people who can supply take home naloxone will be extended further when the mechanisms for registration of further groups under Route 2 of the new regulations are brought online.[ii] In addition changes may be made more quickly following the Government's consultation on expanding access to naloxone, in particular in relation to priority groups (Expanding access to naloxone: supply and emergency use) [iii]

Box 1: Joseph Forbes Black – Coroner's Preventable Future Deaths Report

"In my experience, from this inquest and others, a significant proportion of illicit drug users are not engaged with or decline to engage with substance misuse services for a number of possible reasons. The evidence in the inquest was that, if a drug-user wanted to have naloxone in their possession as a safety-net measure, they would need to obtain this from a local substance misuse service.

I am concerned that this set of circumstances raises the risk of future deaths occurring because the provision of naloxone kits could be made more widely available to those most likely to need them. The present situation appears to be that naloxone is most easily accessed through the very service(s) that many drug-users are not engaged with.... likely a nationwide issue... action should be taken more widely.....

....the need for action is heightened by the increased incidence of heroin having been adulterated with 'nitazenes' (particularly potent synthetic opioid drugs), which increases the risk of drug users unwittingly overdosing."

Joseph Forbes Black: Prevention of Future Deaths Report 02/01/2025 Coroners Area: Inner North London

"I am pleased to say that we have already taken action on this critical issue. On 2nd December 2024, the Government amended the Human Medicines Regulations 2012 to expand access to naloxone beyond drug and alcohol treatment services. There are two key changes in the legislation to be aware of. The first increases the number of services and professionals specified in the regulations **that are able to give out take home naloxone (for example nurses, paramedics, police offers and probation officers) therefore increasing the likelihood of those who are most vulnerable receiving it, regardless of whether they are engaged in drug and alcohol treatment.** The second enables the creation of a registration service for services and professionals that could not be explicitly named in the legislation through route one – for example, supported accommodation services. **These changes aim to capture more services and professionals who may encounter those at risk of opioid overdose, including the services you have rightly pointed out as important services to distribute take-home naloxone."**

PARLIAMENTARY UNDER-SECRETARY OF STATE FOR PUBLIC HEALTH AND PREVENTION Department for Health and Social Care 28 February 2025

Purpose

The widening of the supply of THN beyond supply by those working for drug treatment services, falls under Devon Drug and Alcohol Strategic Partnership's (DDASP) priorities and key deliverables for 2025 to 2028. Particularly:

- **Local Priority 5: Prevent future drug and alcohol related deaths**

And corresponding deliverable:

- **Promote and deliver a suite of evidence- based harm reduction measures.**

This strategy aims to promote and deliver the supply of THN through widening the number of organisations who can supply THN in line with Government policy and legislative intent, alongside strengthening existing access to and confidence in the use of emergency naloxone for the purpose of saving lives throughout the Devon system thereby preventing drug related deaths.

It is intended to be a living document and will seek to learn from experience within the system and will sit alongside and learn from the work envisaged by the Devon Drug and Alcohol Strategic Partnership Communications Strategy, 2025-28.

Drug related harm is multifactorial and the impact of homelessness, a lack of universal trauma informed care and attitudes and practices which give rise to stigma all contribute to drug related harm. This multifactoriality and complexity is captured within the DDASP priorities and deliverables. This strategy is about progressing one specific element, widening access to naloxone, in accordance with the delivery plan. It should be recognised however that this strategy does not sit in isolation and far broad action is needed if we are to reduce drug related harm.

Priorities

The key purpose of the legislative changes is to widen access to THN beyond existing routes of supply, in response to drug-related death rates; the changing illicit drug supply and a recognition that the majority of those using opiates are not in treatment. This is the case both nationally and locally in Devon.

The logic of this change is to increase the availability of naloxone kits for use in an emergency through widening supply of such kits beyond supply by those working in drug treatment services, to other named organisations initially (route 1) and then to extend this even further through registration of further organisations (route 2).

The logic model behind the strategy of widening access to naloxone can be expressed as:

Expand access to take home and emergency naloxone > Increase likelihood of naloxone being at scene of overdose > Increase likelihood of naloxone being administered at an overdose > Reduce fatal overdoses and drug deaths This, by definition, involves a whole system response and a commitment to several key priorities as set out below.

Priority 1: Ensure existing emergency administration of naloxone pathways are optimised across the Devon system

Priority 2: Ensure all existing pathways (pre-regulations change) for the provision of THN Naloxone are optimised across the Devon system.

Priority 3: Ensure new opportunities for supply of THN under route 1 (route 1 suppliers) are implemented and optimised across the Devon system.

Priority 4: Ensure that the system is prepared to extend the supply of THN further when the addition of route 2 suppliers is introduced.

Priority 5: Ensure learning from the implementation of this strategy and associated work is shared and incorporated going forwards including close alignment with the co-production of associated harm reduction communications as envisaged by the Devon Drug and Alcohol Strategic Partnership Communications Strategy, 2025-28.

A systematic response to the challenge requires optimising preexisting emergency administration pathways and preexisting THN supply routes (e.g. through existing prescribers and drug treatment services) in addition to widening the supply of THN to include those organisations specifically empowered to supply under the amended legislation.

Figure 1 below is a visual representation of the protection around an individual at risk including the extension envisaged by the legislative changes to the existing system. The existing and extended roles of the different parts of the system are represented in Figure 1 which illustrates the way the different parts of the system link to promote the overall aim of saving lives and reducing drug related deaths.

The risks to groups of individuals can be stratified to identify particular at-risk populations to focus and target resource. These priority groups are identified in the following section and defined in terms of the context of their substance use and what is currently known about the associated risks. These risk groups should be kept under review in response to national and local intelligence as to drug trends.

In what follows references to overdose recognition and naloxone training include the importance of training as to the short acting nature of naloxone and the need to educate family and friends that an ambulance must be called and that help is needed after successful use. This is of particular importance in the context of potent synthetic opioids where multiple doses may be required.

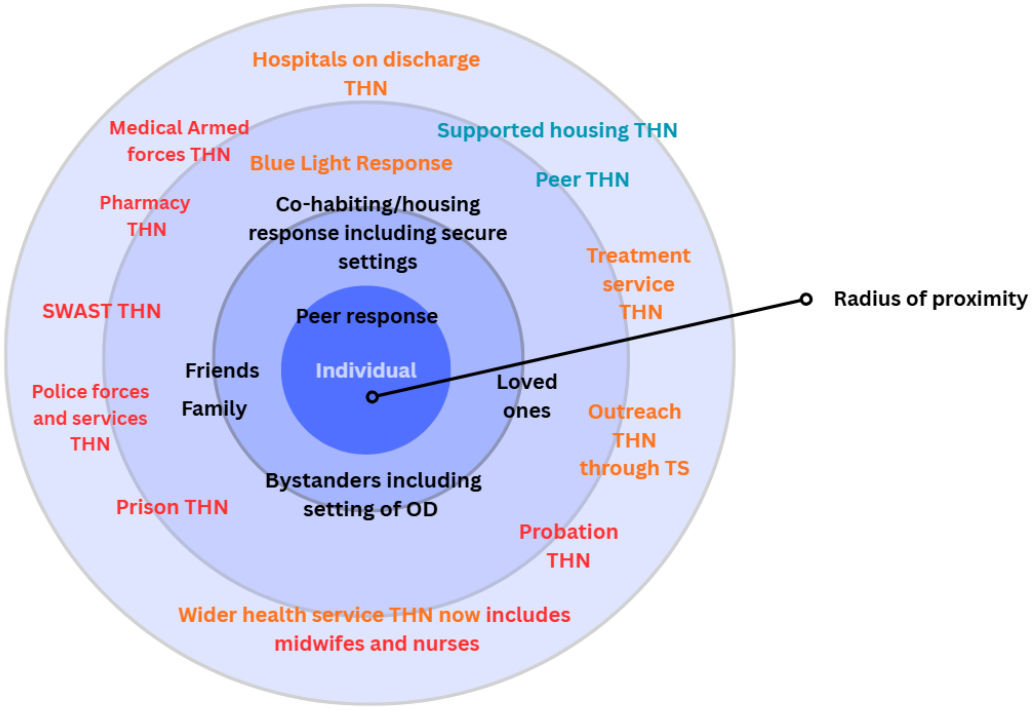

Figure 1 The protection around an individual at risk

Priority groups

The key populations at risk in order of known risks are set out below in Table 1 and comprise;

- **People who use opiates not in treatment;**
- **People who use opiates in treatment;**
- **People not in treatment who use illicit drugs (not knowingly opiates);**
- **Non-opiate treatment population;**
- **People not in treatment not identifying as illicit drug users, using counterfeit medicines;**
- **People prescribed opiates and their family members/carers**

The intersection/co-existence of additional inclusion health group status can be assumed to increase risk and be associated with increased barriers to access. The monitoring and evaluation of the supply of and reach of THN activity across a range of providers, will therefore include monitoring and evaluation of the reach in terms of inclusion health groups.

Geographical priorities

The rate of drug related deaths and current naloxone training provision (and therefore the likelihood of those in close proximity to an overdose being able and confident to administer naloxone) is not evenly distributed across Devon with certain localities being associated with increased rates of drug related deaths. The specific gaps and priority localities have been identified as:

- Exeter
- North Devon
- East Devon
- Torridge

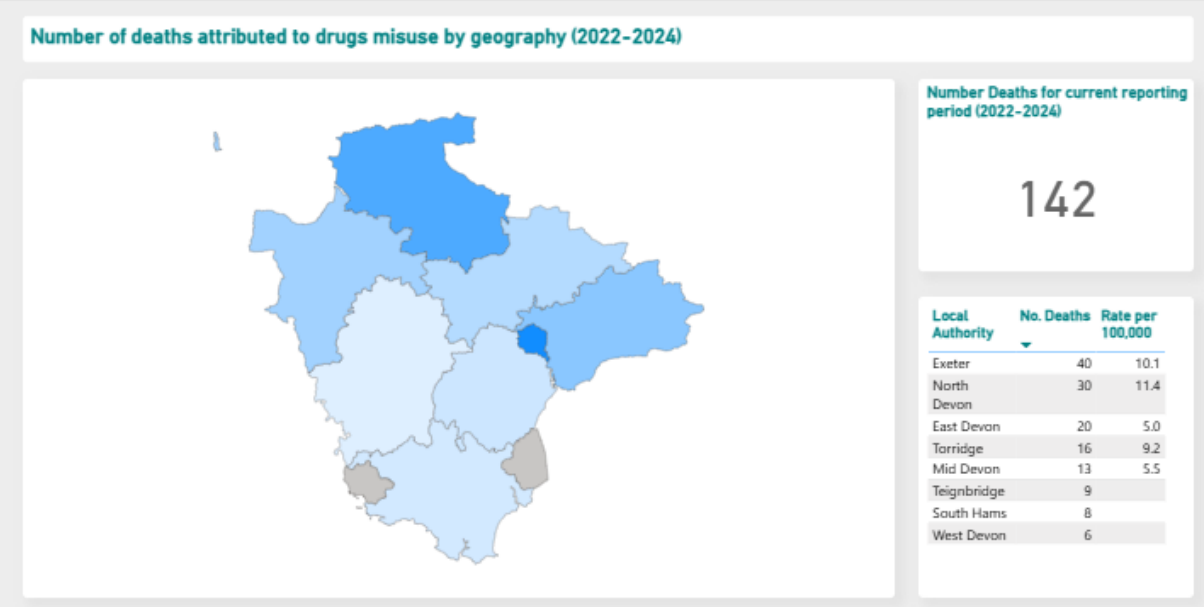

Figure 2: Map plotting Deaths related to drug misuse 2022-2024 (source ONS,2025)

A combination of nationally published data and analysis of local intelligence has supported the identification of specific gaps in naloxone training coverage and priority areas where enhanced provision is urgently required.

This intelligence has allowed for the development profiling of these areas:

- **Exeter** – Urban setting with concentrated populations and higher prevalence of substance use.
- **North Devon** – Rural and coastal communities where access to services may be limited.
- **East Devon** – Mixed rural/urban profile with emerging trends in drug-related harm.
- **Torridge** – Rural locality which may present significant barriers to timely overdose response.

Geographical gaps and differences will be continuously monitored as part of this analysis, to ensure robust provision.

Addressing these gaps is critical to reducing preventable deaths and improving equity in harm reduction efforts across the county. Expanding naloxone training and distribution in these areas will ensure that individuals most likely to witness an overdose are equipped with the knowledge, confidence, and resources to act swiftly and effectively.

Table 1: Priority Groups

Population	Issue and Risk	Existing Mitigation	Existing gaps (e.g. geography/settings)	Objectives
People who use opiates not in treatment	***Issue:*** known exposure without access to harm reduction/treatment services ***Risk:*** Increasing risk due to changing drug supply. ***Risk level:*** ***Very High and increasing*** – known exposure without access to harm reduction/treatment services In addition population size: **Majority of opiate users.**	No formal mitigation. Need to ensure whole system response to mitigating risk. See Figure 1. Dependent on ability of those at scene having access to and feeling confident to use naloxone. **Wider healthcare system recognition and mitigation of risk /opportunistic interactions e.g. THN from healthcare services.**	**High risk settings**: (legislation: probation/prison/police and ambulance services). **Supported accommodation** high risk population including intersection with other Inclusion Health Group status. **High risk geographies (see Figure 2):** Areas with highest drug related death rates and areas where lack of knowledge/training. Exeter, North Devon and Torridge and East Devon	**Need both to:** 1. maximise ability to respond to overdose (OD recognition and naloxone training) and 2. increase availability through optimising all THN supply routes OD recognition and naloxone training across system. **In addition:** **Improved access to healthcare** link to anti-stigma work and work with professionals Devon Drug and Alcohol Strategic Partnership Communications Strategy, 2025-28 (actions 15-25) and multiagency working in particular regarding co-occurring conditions (e.g. work to progress mental health/substance misuse joint working protocol)
People who use opiates in treatment	***Issue and Risk***: – the extent to which treatment mitigates the risks associated with opiate use is decreasing and level of risk is linked to potential use (e.g. topping up/use of other adulterated . substances) in addition risk	**Treatment** is a mitigating factor but reducing as such. **Naloxone** coverage high 88%. Carriage unknown and indication need to	**High risk Settings:** Supported accommodation. **Transitional settings/moving**: Risks upon leaving treatment	**As above plus:** **Insights into carriage and harm reduction messaging:** Insights from lived experience work suggest barriers to carriage and also messaging around telling others you are carrying. **Target transitions** Any setting where risk of disruption to continuity of care.

	is affected by access to services, continuity of care access to wider healthcare services ***Risk level*: High and increasing:** adulterants in illicit substances, increasing frailty and barriers in accessing wider healthcare service.	improve harm reduction communications around carriage. **Drug alerts** reach into population.	evident in drug deaths statistics. **Knowledge** around carriage is a gap both in this and non-treatment population	**Ensure new routes maximise protection and improve existing routes**: see Figure 1. **Improved access to healthcare** link to anti-stigma work and work with frontline professionals Devon Drug and Alcohol Strategic Partnership Communications Strategy, 2025-28 (actions 15-25)
People not in treatment who use illicit drugs (not knowingly opiates)	***Issue:*** May unwittingly consume contaminated street drugs or counterfeit medicines. ***Risk:*** Evidence supports exposure to synthetic opioids in substances sold as benzodiazepines, ketamine, cocaine, or spice. ***Risk level:* High and likely increasing** but dependent on use (very varied population group), current drug trends, knowledge and access to services.	Very limited Drug alerts/comms Existing drug checking services e.g. wedinos Need for LDIS information flow (particularly outside of Exeter) Wider healthcare system recognition and mitigation of risk /opportunistic interactions.	**Likely disproportionate risk in certain groups including Inclusion Health Groups (IHGs)** with limited/no access to information and services such as wedinos/drug alerts comms/supportive key worker relationships.	**As above plus**: Improve Treatment service comms: naloxone provision not dependent on being in treatment and public facing comms to wider audience Devon Drug and Alcohol Strategic Partnership Communications Strategy, 2025-28 (actions 12-14) and work with professionals/wider healthcare system (see also Comms strategy actions 15-25).
Non-opiate treatment population	***Issue:*** Limited harm reduction coverage (20%) increases vulnerability to overdose from unexpected	20% issued Naloxone	Less than 20% are issued Naloxone, despite potential	As above plus work to extend take home naloxone coverage to those at risk and associated harm reduction comms and messaging Devon Drug and

	adulteration. Varying tolerance if period of abstinence ***Risk:*** Exposure to synthetic opioids in substances sold as benzodiazepines, ketamine, cocaine, or spice. ***Risk Level:*** **High** dependent on use, current drug trends, knowledge and naloxone and OD training provided by treatment services.	Drug alerts/comms (e.g. re adulteration risk) Existing drug checking services e.g. Wedinos (although recognise limits within context of dependency)	exposure to adulterated substances.	Alcohol Strategic Partnership Communications Strategy, 2025-28 (actions 5 and 12-14)
People not in treatment and do not identify as illicit drug users, but use counterfeit medicines	***Issue:*** Self-medication for pain or mental health using counterfeit prescription drugs ***Risk:*** Unknowingly exposed to synthetic opioids or other harmful adulterant, also standard overdose risk ***Risk Level: High*** dependent on use, current drug trends, and knowledge.	Very limited exposure to Drug alerts/comms Existing drug checking services e.g. wedinos (but awareness of these services questionable) Not well connected to existing harm reduction efforts and lack of knowledge of risk.	Likely disproportionate risk in certain groups including IHGs with limited/no access to information and services such as wedinos/drug alerts comms (see Appendix 1).	As above plus public facing comms to wider audience Devon Drug and Alcohol Strategic Partnership Communications Strategy, 2025-28 (actions 12-14) and work with professionals/wider healthcare system (see also Comms strategy actions 15-25).

People prescribed opiates and their family members/carers	***Issue and Risk:*** Risk of accidental overdose or misuse within the household ***Risk:*** South West Ambulance Foundation Trust data shows Naloxone is most commonly administered to those aged 65+.	Limited to information provided upon prescription	Isolated patients and carers Potential gap in prescription of naloxone alongside opiates in appropriate cases (e.g. within primary care) as a safety measure	As above plus public facing comms to wider audience Devon Drug and Alcohol Strategic Partnership Communications Strategy, 2025-28 (actions 12-14) and work with professionals/wider healthcare system (see also Comms strategy actions 15-25).

Summary of actions

The key priority actions under the respective priority are set out below. The review and maintenance column sets out suggested outcome measures including process measures. We will build on these measures and develop an evaluation framework based on the logic model set out above.

Priority 1: Ensure existing emergency administration of naloxone pathways are optimised across the Devon system

This relates to the initial ring of protection around the individual in terms of the immediate emergency response to an overdose. It requires **overdose recognition** and **availability** and **confidence** in using naloxone at the overdose situation.:

Table of Priority 1 Actions

Action	Ownership	Review and Maintenance
1.1 Ensuring training and confidence in overdose recognition & administration of naloxone in an emergency is business as usual (BAU) for blue light services (Police, SWAST) and high-risk settings (e.g. prison; probation; supported housing). Include embedding train the trainer model to ensure sustainability and resilience.	Respective organisation Police, SWAST, prison and probation, with strategic support from wider DDASP partners In the case of supported housing the Local Authority will work to develop a service level agreement with supported housing providers for the storage and usage of naloxone initially targeting high risk settings and geographies to include a baseline stock level.	Review progress of action plan/ organisational progress at 6 monthly intervals. To include measures of knowledge and confidence in overdose recognition and administration of naloxone.
1.2 Work to increase the number of potential peers and bystanders trained and confident in the administration of naloxone in an emergency (through THN supply programs see below and training of staff likely to come into contact with those at risk of overdose).	Respective, organisation responsible for THN supply, with strategic support from wider DDASP partners	Review progress of action plan/ organisational progress at 6 monthly intervals. Baseline numbers trained and confident in naloxone administration and at 6 monthly intervals.
1.3 Monitor and evaluate supply of, access to and reach of THN activity across range of providers including as to inclusion health groups.	Owned by respective organisation responsible for THN supply, with strategic support from wider DDASP partners.	Review progress of action plan/ organisational progress at 6 monthly intervals. Baseline potential routes of supply compared with routes of supply at 6 monthly intervals. Baseline routes of actual supply compared with route of actual supply at 6 montly intervals

		Measure of knowledge of how to access and actual access in priority groups and inclusion health groups.

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Priority 2: Ensure all existing pathways for the provision of Take-Home Naloxone are optimised.

This relates to ensuring that all the existing (pre legislation change) means of supplying THN are optimised including existing supply through prescription in healthcare services and supply through drug treatment services including services commissioned by the NHS or the local authority to provide harm reduction services such as needle and syringe programs.

Action	Ownership	Review and Maintenance
2.1: Extend/ensure reach of THN provision to those who leave treatment or who otherwise do not engage with treatment services following referral;	Treatment Provider	Review progress of action plan/ organisational progress at 6 monthly intervals. Measure rates of offer of and subsequent take up of THN by those leaving or not otherwise engaging Measure knowledge and confidence around OD recognition and administration
Action 2.2: Explore possibilities of a peer to peer harm reduction service (including provision of THN and NSP)	Local Authority	Review progress of action plan/ organisational progress at 6 monthly intervals Review progress If service established, measure rates of offer of and take up of THN by those leaving or not otherwise engaging Measure knowledge and confidence around OD recognition and administration Capture use of THN in NFOD
2.3 Explore possibility of developing a service level agreement with supported housing providers for the storage and usage of naloxone initially targeting high risk settings and geographies.	Local Authority in partnership with supported accommodation providers and treatment provider	Review progress of action plan/ organisational progress at 6 monthly intervals. Review progress as to SLA If and when service established measure rates of offer of and take up of THN by those in priority groups Measure knowledge and confidence around OD

		recognition and administration Capture use of THN
2.4 Work with treatment service specifically Y-SMART (young person's treatment provider) to address an existing gap in provision of THN by treatment services and supply Nyxoid (THN) to young people at risk of experiencing or witnessing a drug overdose.	Local Authority	Review progress of action plan/ organisational progress at 6 monthly intervals. Measure knowledge and confidence around OD recognition and administration Capture use of THN
2.5 Provision of THN to individuals identified to be at risk of overdose by frontline healthcare services in appropriate cases including: THN supply by acute/secondary services (ED; Acute Medicine; Mental Health Services;) 2.6: Provision of THN to individuals identified to be at risk of overdose by frontline healthcare services in appropriate cases including: THN prescription by primary care to an individual (or family member/loved one) where a person is identified to be at risk of opiate overdose and without naloxone including action to remove barriers and ensuring formulary allows for such supply.	Secondary care organisations (local authority advocacy role). Primary care, ICB, LMC with local authority advocacy role with support from DDASP partners.	Review progress of action plan/ organisational progress at 6 monthly intervals. Audit current provision Identify opportunities to improve Reaudit Review progress of action plan/ organisational progress at 6 monthly intervals.
2.7 Extend reach of THN to those at risk for whom primary substance is not an opiate	Treatment provider	Review progress of action plan/ organisational progress at 6 monthly intervals. Audit current provision Identify opportunities to improve Reaudit

Priority 3: Ensure new opportunities for supply of THN under route 1 (route 1 suppliers) are implemented and optimised across the Devon system.

This relates to the implementation of the Government's intended changes across the system.

Action	Ownership	Review and Maintenance
3.1 Work with Peninsula partners, Probation, Police , Prison and SWAST to agree a standard arrangement for them to supply THN to people who use drugs and their networks	Respective named route 1 organisation supported by DDASP partners	Review progress of action plan/ organisational progress at 6 monthly intervals. To include whether any agreement reached If so whether implemented as envisaged, review challenges Confidence in and provision of THN Numbers supplied
3.2 Work with Devon and Cornwall Police, SWAST and partners to explore setting up of a NFO pathway with Together (where Naloxone is used/ medical treatment is declined)	D&C Police with strategic support from DDASP partners	Review progress of action plan/ organisational progress at 6 monthly intervals.
3.3 Train nurses and midwifes in both emergency administration and THN supply and identify settings where nurses may be best placed to supply (e.g. sexual health services).	Universities, NHSE, ICB. Local authority advocacy/strategic oversight role	Review progress of action plan/ organisational progress at 6 monthly intervals. To include measures of knowledge and confidence in overdose recognition and administration of naloxone To include measures of knowledge and confidence in overdose recognition and administration of naloxone.
3.4 Pharmacies – explore and scope possibilities for extending/optimising community pharmacy pilot.	Local authority	Review progress of action plan/ organisational progress at 6 monthly intervals.
3.5 Medical services of Armed Forces - explore and scope possibilities for	Local authority to scope as part of local strategy and report back to DDASP	Review progress of action plan/ organisational progress at 6 monthly intervals.

optimising supply of THN in armed forces		

Priority 4: Ensure that the system is prepared to extend the supply of THN further when the addition of route 2 suppliers is introduced.

This is concerned with ensuring the system is ready and prepared to extend the supply of THN when the additional route in introduced.

Action	Ownership	Review and Maintenance
4.1 Explore opportunities to expand and re profile supply routes through Route 2 of the Naloxone legislation once guidance is published Be ready to respond to changes in legislation contained in consultation should they arise	Each organisation of DDASP to explore	Review progress of action plan/ organisational progress at 6 monthly intervals. Review need for SLA in light of changes Review and scope potential arrangements for provision of lockboxes with partners

Priority 5: Ensure learning from implementation and associated work is shared and incorporated going forwards co-production of associated harm reduction messaging as envisaged by the Devon Drug and Alcohol Strategic Partnership Communications Strategy, 2025-28.

Action	Ownership	Review and Maintenance
5.1 Monitor and evaluate progress and implementation of action plan including supply of and reach of THN activity across range of providers.	DDASP	Review progress of action plan/ organisational progress at 6 monthly intervals.
5.2 Action 5.2 Ongoing risk analysis of the drug markets and illicit drug supply	DDASP	Review progress of action plan/ organisational progress at 6 monthly intervals.

intelligence to inform risk assessment, monitoring and evaluation of action plan. [Link to Drug and Alcohol Harm Reduction Intelligence and Comms' meetings action in DDASP Communications Strategy[		

[i] Department for Health and Social Care. Supplying take home naloxone without a prescription. Available at Supplying take home naloxone without a prescription - GOV.UK

[ii] ibid

[iii] Expanding access to naloxone: supply and emergency use - GOV.UK