

St Mungo's Submission to the Department of Health and Social Care's consultation on 'Expanding access to naloxone: supply and emergency use'

March 2026

St Mungo's is a leading homelessness charity with national influence. We work in partnership with local authorities, health colleagues and communities, to end homelessness and rebuild lives. Last year, we supported 23,827 people who were homeless, or at risk of homelessness through 147 services. We support almost 3,000 people every night. Our ambition is to end rough sleeping in this country, and we believe that policies and interventions can be put in place to end all forms of homelessness for good.

Consultation response submitted by:

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About you

In what capacity are you responding to this survey?

- An individual
- **On behalf of an organisation**

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

- Governmental
- Public sector
- Arm's length body
- **Charity**
- Community interest company
- Professional representative body
- NHS trust
- Criminal justice
- Other

Where does your organisation operate or provide services?

- **England**
- Wales
- Scotland
- Northern Ireland
- The whole of the UK
- Outside of the UK

Which area of England does your organisation operate or provide services?

- North East England
- North West England
- Yorkshire and the Humber

- East of England
- East Midlands
- West Midlands
- **South East England**
- **South West England**
- London

Expanding the route 1 list of services and professionals

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

The government are proposing to bring requirements for pharmacists supplying take-home naloxone in line with other route 1 suppliers by amending regulation 253 of the Human Medicines Regulations (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)

Expansion of access to naloxone without a prescription would be a positive and life-saving initiative for staff and clients of homelessness support services.

Support service eligibility

Whilst we support the expansion of naloxone to hostels, day centres and outreach services for people experiencing homelessness, we believe there could also be vital services that would not be covered within this criteria such as semi-independent housing, Housing First programmes, and residential care homes. The criteria which determines whether a service can provide naloxone without a prescription should be broadened. This would address the gaps where support is provided to someone experiencing homelessness who may require naloxone but will not be able to access it as the service is not included in the route one list. We recommend that any organisation that provides one of the proposed additional route one services be considered eligible to also supply naloxone in their other service provisions, such as semi-independent housing, Housing First and residential care homes.

Training and guidance

To ensure safe delivery, we would advise that training and guidance on naloxone administration be made accessible to staff and clients in services added to the route one list for supply expansion. Since April 2025, St Mungo's have trained 344 staff and 88 clients in overdose and naloxone awareness and already has access in some services to naloxone via agreements with local drug services. This training provision ensures that staff and clients are prepared to administer naloxone in emergencies.

Creating a new route of supply

The government 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

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 agree with the provision that naloxone should be made available in publicly accessible emergency locked boxes for the public to administer in the event of an overdose, under certain conditions. Firstly, locked boxes should contain training leaflets and instruction manuals on how to administer, containing the same information that would be provided during training on naloxone administration to ensure it can be utilised effectively by a member of the public. Secondly, areas of high incidence of overdose and death should be prioritised for locked boxes given the resource-intensiveness of supplying naloxone and training materials. We believe that whilst the provision of publicly available naloxone via locked boxes is important, this expansion should not come at the cost of reduced funding for access at drug and alcohol treatment services – they should be the priority.

Comments on the full legislation

If you have any further comments on the detail of the draft legislation, please include them here. (Optional, maximum 500 words)

The definition of an “outreach service for homeless people” could be interpreted as referring exclusively to street outreach. Many services deliver in-tenancy floating support and preventative homelessness support which function as outreach in practice but may not be commissioned under that title. Clarification is required to ensure these services are included. Accompanying statutory guidance should include practical examples to prevent overly narrow interpretation. Without this, there is a risk of variation in local implementation depending on how commissioners and providers interpret outreach. Providing clarity at this stage would help ensure the naloxone expansion achieves its intended impact – reaching people at risk of opioid overdose wherever they are being supported, not only those engaged through traditional street outreach models.

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