

SERVICE SPECIFICATION

Take Home Naloxone Provision: Service Specification

April 2025 – March 2026

1. General Overview

Community pharmacists play a key role in our local strategy in preventing drug-related deaths among opiate users in the community. This includes distributing both nasal or injectable naloxone and advising service users on its use.

Nationally, drug-related deaths have increased every year since 2012, with almost half of all drug poisoning deaths involving an opiate. The advent of synthetic opioids, which are considerably stronger than heroin, increases the risk of fatal overdose. Contamination or adulteration of heroin with synthetic opioids, including fentanyl and nitazenes, has been identified in London and Islington.

Naloxone is a medication that reverses the effects of an opiate overdose. As part of our response to increasing concerns for opiate users' safety, we have increased the distribution, promotion, and uptake of naloxone. Islington has increased its distribution of naloxone year on year since 2022.

What are synthetic opioids?

Synthetic opioids, such as Nitazenes, are typically more potent than traditional opioids and as such pose increased risk to individuals that use them. They can be mixed into other drugs (such as heroin, benzodiazepines) without the user's awareness and so it is hard for them to determine the risk. Due to their high potency, synthetic opioids can lead to fatal overdoses even in extremely small amounts.

Synthetic opioids have been detected in a variety of opiate and non-opiate substances, leading to a broader and more complex risk profile than in the past when contamination risk typically centred around opiates only. For example, synthetic opioids have been found in tablets sold as benzodiazepines, in crack cocaine, and, in rare cases, in cannabis. This increases the risk for users who may not expect to encounter opioids in these substances.

What is Naloxone?

Naloxone is an emergency medication that can reverse the effects of an overdose of opioids like heroin or methadone. A naloxone dose can be administered via injection or nasal spray and can save someone's life if it's used quickly after they've overdosed on opioids and before emergency help arrives.

The effects of naloxone don't last very long, so it's important to always call 999 and ask for emergency help when you use it.

As synthetic opioids become more prevalent, it is important that partners across the Borough work together to strengthen overdose prevention strategies.

2. Aims and Purpose

2.1 The pharmacy will:

- Ensure delivery of the naloxone programme is in line with the following best practice guidance:
[NICE: NALOXONE HYDROCHLORIDE](#)
- Provide information and advice on how to administer both nasal or injectable naloxone.
- Safely store and monitor expiry dates of naloxone
- Assist service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support
- Reduce drug-related deaths (immediate death through overdose)
- Provide focused harm reduction advice and initiatives, including advice on overdose prevention (e.g. risks of poly-drug use and alcohol use) including updated information of the increased prevalence of synthetic opioids such as nitazenes.
- Provide and reinforce harm reduction messages.
- Help service users access drug treatment to refer to other specialist drug (and alcohol) treatment services.
- Aim to maximise the access and retention of all injectors to the service, especially the highly socially excluded, through the low-threshold nature of service delivery and interventions provided.
- Maximise access and retention of service users to treatment and related health interventions.

3. Key Requirements

Service Description

3.1 Pharmacies to issue either injectable or nasal naloxone alongside the Needle & Syringe Programme (NSP), based of service user preference.

3.2 Pharmacies will provide access to and information on naloxone. Including how and when to administer.

3.3 This service is for adult opiate drug users whose stated age is 18 years or over.

3.4 The service user will be provided with appropriate health promotion materials relating to safer injecting practices or other harm reduction materials as provided by substance misuse commissioners.

Service Requirements

3.5 An appropriately accredited pharmacist present during the hours the pharmacy is open.

3.6 The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and discretion for service users.

3.7 Pharmacies must have a standard operating procedure to cover all the processes involved in the scheme, which is readily available to and understood by all staff (and locum pharmacists) involved with the scheme.

3.8 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

3.9 The pharmacy contractor will ensure substance misuse commissioners are updated with the lead pharmacist information; this lead pharmacist will be responsible for cascading relevant information to other colleagues regarding this service specification.

3.10 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery (including stock control) and audit.

3.11 Appropriate protective equipment, including gloves and materials to deal with spillages, should be readily available close to the storage site.

Training and information requirements

3.12 All pharmacies providing naloxone will be monitored by drug and alcohol commissioners to ensure contractors meet the service specification and staff have undertaken the appropriate training.

3.13 All staff involved in the delivery of naloxone must have an appropriate level of competency to undertake these services.

Training required for pharmacists would be:

Requirement	Details	Link to training
Naloxone Training	All staff should receive training in current harm reduction approaches and how to communicate these to residents, such as not using alone and using “test doses”, alongside how to administer Naloxone itself.	Training is provided by Better Lives – email nlft.betterlivesreferrals@nhs.net to arrange.
Safeguarding Adults Level 1	Successful completion of the distance learning package “Safeguarding Adults Level 1 (eLearning for healthcare)” from CPPE, or possession of a certificate of completion within the last 3 years.	https://www.cppe.ac.uk/programmes/l/safeguarding_elfh-e-01
Good Conversations for MECC	Successful completion of ‘Good Conversations for MECC’ online course or possession of a certificate of completion within the last 3 years.	Camden & Islington MECC - Making Every Contact Count in Camden & Islington

Requirement	Details	Link to training
Introduction to Harm Reduction	Harm reduction via the Vernacare Medical e-Learning platform eLearning - Needle Exchange. Frontier Medical will facilitate face-to-face training and provide a visual aid of packs/products.	Exchange Harm Reduction Vernacare Vernacare Academy

3.15 The pharmacy has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service as demonstrated through continuing professional development and personal development plans. Substance misuse commissioners will monitor this as part of Contract and Performance management.

3.16 Participating pharmacies will use information and referral points provided by substance misuse commissioners to signpost clients who require further assistance.

Geographic coverage / boundaries

3.17 Access to pharmacy naloxone is voluntary and open access, regardless of the service user's borough of residence.

Location(s) of Service Delivery

3.18 Pharmacy naloxone will be provided from the pharmacy premises commissioned to provide this service.

Days / Hours of operation

3.19 All pharmacies providing this service must be open at least 6 days of the calendar week. Naloxone will be available during all hours which the pharmacy is open.

3.20 Pharmacy opening times should be clearly displayed.

Referral pathways

3.21 Pharmacy naloxone is available to all adult opiate users who are using drugs illicitly. Special attention should be given, where identified, to those not in contact with drug and alcohol misuse treatment services.

3.22 Access to pharmacy naloxone is voluntary and open access. Service users do not need to be in contact with other drug misuse treatment and care agencies nor do they need to be living within Islington to use the service.

3.23 Wherever possible and appropriate, pharmacy service providers should facilitate onward referral to specialist drug treatment services, GPs, other healthcare professionals in Islington including emergency services.

Exclusion criteria

3.24 This service specification for the provision of naloxone is for adults (those whose stated age is 18 years or over) only.

3.25 A person aged 17 years or under who presents to the pharmacy for naloxone should be referred to Children's Social Care in Islington. Email address drugs@islington.gov.uk and telephone 020 7527 5099.

3.26 Service users should only be excluded for behaviour that has breached accepted rules and standards at the discretion of the pharmacist but within a structure of user's right and responsibilities.

3.27 Service users may be excluded as a result of professional risk assessment and if they pose a serious risk to staff, other service users and members of the public. Where appropriate, work is carried out to engage drug users in this or other more appropriate services and referral to more appropriate services is made where possible.

Incident reporting

3.28 Serious incidents and complaints relating to the pharmacy provider and/or delivery of this service should be reported to substance misuse commissioners immediately at Publichealth@islington.gov.uk.

Stock ordering and control

3.29 Each participating pharmacy will be responsible for monitoring stock and ordering naloxone.

3.30 Each participating pharmacy will ensure that they have sufficient stock.

3.31 Participating pharmacies will order and monitor stock via the agreed system.

Information and advice

3.32 Service users will be given harm reduction and overdose prevention information.

3.33 Service users will be given information and advice on administering naloxone.

4. Termination

4.1. Pharmacy providers who wish to cease providing this service will give one month's written notice to the Substance Misuse Commissioner.

4.2. Following this period the pharmacy will return any undistributed stock to the substance misuse commissioning team for re-distribution.

4.3. Following service cessation the pharmacy will direct people requiring the service to the nearest naloxone pharmacy.

5. Activity Recording and monthly payments

- 5.1. All activity relating to pharmacy naloxone will be inputted by the participating pharmacy on a daily basis, to an agreed electronic data report as directed by substance misuse commissioners.
- 5.2. Activity reports will be generated on a monthly basis using the agreed electronic data report in order to monitor monthly activity for each pharmacy contractor.
- 5.3. Pharmacy contractors are expected to input activity via the electronic data report within 72 hours of the activity. Retrospective entries will not be accepted unless agreed in advance with substance misuse commissioners.
- 5.4. Activity data relating to this scheme will be collated via the agreed electronic data report by substance misuse commissioners and any other relevant commissioning group in order to improve performance and understand local need.
- 5.5. Where pharmacy contractors are unable to fulfil data reporting requirements substance misuse commissioners should be informed immediately.
- 5.6. Activity entered retrospectively will not be counted following the first day of the following month, other than in exceptional circumstances with the circumstances reported and arrangement agreed with commissioners in advance of the retrospective data entry.
- 5.8. Commissioners will use relevant service information including activity reporting and stock ordering for the purpose of audit.

6. Business planning and improvement

- 6.1. Pharmacy contractors shall ensure that it has a business continuity plan as part of emergency planning, for this enhanced service, to include:
- Short term major incident resulting in closure of the pharmacy
 - Flu pandemic
- 6.2. Emergency planning should include the following:
- Notification of any changes to contracted opening hours should be made to BOTH NHS England and commissioners. The pharmacy contractor shall use all reasonable endeavours to resume provision of contracted services as soon as is practicable.
 - A list of drug service contact numbers to advise of changes to opening hours and liaison regarding clients using the substance misuse service.
 - A procedure for advising substance misuse clients on the agreed process for medication collection if the pharmacy has to close.
- 6.3. Further guidance on emergency planning can be found:
- PSNC – http://archive.psnc.org.uk/pages/pandemic_flu.html
 - NPA – <http://www.npa.co.uk/Resources/>

7. Price and Cost

7.1. The Pharmacy contractor receives the following agreed fees for the naloxone service:

- £25.00 activity fee per individual that naloxone is dispensed to. Information and advice on how to administer naloxone must be provided as well as providing harm reduction advice. This will be monitored via the monthly activity record.
- The prices for the product itself will track the NHS Drug Tariff Part VIIIA Category.