**Questionnaire**

**Supplying naloxone to patients and clients of your services.**

At the minute legislation only allows for the supply of naloxone by a person employed by a drug treatment service, provided by, or on behalf of an NHS body; a local authority; Public Health England; or Public Health Agency.

Release is seeking evidence for widening the definition of who, or what services, can supply naloxone. The aim of this sort questionnaire is to see whether and how your service or organisation might benefit from reform of the current legislation. Some of you may already be accessing naloxone through an agreement with your drug treatment provider, the proposed legislative reforms should make it easier for your service to obtain naloxone and supply it to those who need it.

Thanks in advance for your assistance with this work. **Please respond by Monday 22 June 2020 and email to** **niamh@release.org.uk**

**Name of organisation:**

**Type of organisation/services provided:**

**Contact person: (Optional)**

(All information provided is subject to Release’s Date Protection Policy which incorporates its legal obligations under the Data Protection Act 2018 – a copy of that policy is available on request)

**Date:**

1. Do you currently supply naloxone to your service users through an agreement with your local drug service? (If No, got to Q4)
2. a) What worked well with this agreement?

b) What didn’t work so well?

3. How would your organisation benefit from being able to obtain and supply naloxone directly to service users?

4. How would the service users you work with benefit from being able to access naloxone directly from your organisation? Can you please provide examples.

5. What barriers currently exist in accessing naloxone to supply to your service users?

6. If your service was able to supply naloxone, what safeguards would you be able to put in place? Please tick (more than one option is fine)

 a nominated person responsible for the management of naloxone purchase, storage and supply

safe storage facilities on site

systems for recording who naloxone is supplied to, whether it is used and when it needs to be replaced (expiry date)

other safeguards (specify)

6. Finally have you any examples or case studies of where directly supplying naloxone would have benefitted your service users.