

 WARWICKSHIRE POLICE		POLICY
Security Classification	Official	
Warwickshire Police public internet site	Yes	

Please note, all Policies marked 'Official', will be published on the Warks Police Internet unless indicated otherwise. Please make it clear if the policy is not to be published. Provide rationale in Section 10.0 Assessment and Analysis.

POLICY TITLE	Naloxone Carriage and Administration
REFERENCE NUMBER	WP331
Version	1.0

POLICY OWNERSHIP	
DIRECTORATE	Local Policing
BUSINESS AREA	Public Contact

DATE FIRST IMPLEMENTED	21/10/2026
CURRENT VERSION EFFECTIVE FROM	21/10/2026
REVIEW DATE	21/10/2028
RISK RATING	HIGH
EQUALITY ANALYSIS	LOW
TIER	1

Warwickshire Police welcome comments and suggestions from the public and staff about the contents and implementation of this policy. Please e-mail policiesandprocedures@warwickshire.police.uk

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1.0 POLICY OUTLINE / EXECUTIVE SUMMARY

The purpose of this policy is to support police officers in preventing opioid-related deaths by enabling them in the administration of Naloxone where an opioid overdose is suspected and appropriate conditions are met. When Naloxone is administered, officers will provide ongoing care and support to the patient until professional medical assistance arrives.

Failure to comply with this policy and the procedure linked it, could result in drug related death, which could have been prevented if Naloxone was administered, impacting trust and confidence, noting one of our key priorities to protect and preserve life.

2.0 PURPOSE AND SCOPE OF THE POLICY

The carriage and use of Naloxone aligns with existing force policies and procedures relating to the protection of life and the prevention of harm. It also supports the Force's Drug Strategy, contributing to the reduction of drug-related harm, the prevention of overdoses, and broader public health objectives in partnership with local agencies.

2.1. Naloxone is a Prescription-Only Medicine (POM) under the Human Medicines Regulations 2012. See hyperlink here: [The Human Medicines Regulations 2012](#)

However, it is included in Schedule 19 of those Regulations, which permits administration by any person for the purpose of saving life in an emergency. Amendments to the Regulations (most recently in 2024) also enable police officers and staff to lawfully carry and administer Naloxone without a prescription, subject to appropriate training delivered by local alcohol and drug service providers and supported by robust governance arrangements.

2.2. This policy also aligns with our Service Level Agreement (SLA) signed and agreed on 4th February 2025, with Change Live Grow (CGL) our partners and trainers in the use of Naloxone.

2.3. Background - Between 2023 and July 2026, there have been over 1,000 drug-related deaths nationally linked to novel synthetic opioids (NSO), including substances such as nitazene's, xylazine, and other emerging compounds. The drug market continues to evolve, with new synthetic opioid substances appearing regularly. In the past 12 months, this has included so-called "orphine-type" substances, such as cyclorphine and spirochlorphine which have also caused DRDs. (All NSOs and emerging compounds are to be referred to as "relevant Substances.")

2.4. Under the provisions of Schedule 19, officers acting in accordance with this policy are protected when administering Naloxone in an emergency to preserve life. The administration of Naloxone in such circumstances is recognised as an appropriate and proportionate life-saving intervention.

2.5. The Independent Office for Police Conduct (IOPC) is aware of police forces, including Warwickshire Police, being training and equipping officers with Naloxone. The IOPC has

expressed support for this approach, recognising that the protection and preservation of life is a core operational duty of policing.

2.6. In unfortunate circumstances where a patient dies as a result of a drug overdose, the administration of Naloxone by an officer would be viewed as a legitimate attempt to save life and would not, in itself, be a cause for concern. No routine investigation by the IOPC would commence.

2.7. The carriage and use of Naloxone is also supported at a national level by the National Police Chiefs' Council (NPCC) Drugs Lead. Further reassurance is provided through correspondence from the IOPC, which endorses the use of Naloxone by police officers as part of their life-saving responsibilities. Letters of support from the IOPC and NPCC have also been provided.

2.8. Through CGL 130 x Officers have been trained to carry Naloxone. This currently provides sufficient coverage across the county to have every Patrol shift with officers carrying 24/7.

3.0 FORCES APPROACH

Our approach is to ensure county-wide availability of trained police officers carrying Naloxone at all times, increasing the likelihood that a suitably equipped officer is in close proximity and able to respond rapidly in a dual response ahead of ambulance arrival. As a suspected drugs overdose all incident must be treated as medical emergencies and we should always refer to ambulance. Through this training, officers are equipped with the knowledge and confidence to recognise the signs of a suspected opioid overdose and exercise their professional judgement in administering Naloxone, where appropriate, as a timely, life-saving intervention.

4.0 IMPLICATIONS of the POLICY

The carriage and use of Naloxone is aligned with the College of Policing Code of Ethics, particularly the principles of integrity, honesty, objectivity and selflessness, as it prioritises the preservation of life. Officers administering Naloxone act in accordance with their duty to protect life and prevent harm, demonstrating professionalism, compassion and sound professional judgement.

4.1. The administration of Naloxone generates operational information which must be recorded, managed and retained in line with MoPI principles, ensuring accuracy and appropriate handling of incident records.

4.2. Naloxone presents low clinical risk; however, individuals may regain consciousness rapidly and display confusion or aggression, posing potential risks. Officers must follow health and safety guidance, including the use of PPE, maintaining situational awareness and applying conflict management skills. Overall, Naloxone remains a safe and proportionate intervention.

4.3. The policy supports Article 2 of the European Convention on Human Rights (Right to Life) and is applied fairly and without discrimination, ensuring all patients receive appropriate care regardless of background.

4.4. Data relating to Naloxone must comply with Data Protection legislation and may be subject to FOI requests, requiring professional and accurate recording at all times.

4.5. Naloxone is legally permitted for use by non-medical personnel in life-saving emergencies. Officers act under the principles of necessity and duty of care and are protected when acting in good faith within training. Ambulance attendance must always be requested.

4.6. Financial implications include procurement, replenishment and training; however, costs are reduced through support from CGL, including free training and provision of kits.

4.7. Further funding options are being explored, including partner contributions. Costs remain proportionate when balanced against the potential to save lives and reduce harm, with longer-term benefits likely.

4.8. Implementation requires training and accreditation, distribution and tracking of kits, integration into operational procedures, via internal systems, and ongoing monitoring and governance by the Force Drugs Tactical Lead and Drug Focus Desk, supported by data collection to inform continuous improvement.

4.9. This approach supports Warwickshire communication Police's mission to protect people from harm and deliver a safe, secure community, reinforcing its commitment to public safety and harm reduction.

5.0 EXPECTATIONS ON STAFF

Police officers are expected to support and implement this policy by ensuring they are trained and competent in recognising suspected opioid overdoses and administering Naloxone safely in line with their training. Trained officers should carry Naloxone when on duty, remain familiar with current procedure, and use their professional judgement to respond promptly to life-threatening situations.

5.1. All staff must ensure emergency medical assistance is requested in every case, with Naloxone used as an immediate first aid intervention rather than a replacement for clinical care. Officers must maintain situational awareness, manage any risks associated with sudden recovery or agitation, and adhere to health and safety procedures. Following use, incidents must be accurately recorded and a clear handover provided to ambulance services. The Drug Focus Desk and Force Drugs Tactical Lead will provide ongoing support, reinforce compliance, and use feedback to inform continuous improvement and governance.

5.2. Routine naloxone administration does not require a Professional Standards Department (PSD) referral, including where a patient is taken to hospital for further assessment. But where a death or serious injury occurs, a referral should be made in line with normal PSD reporting processes.

6.0 KEY ROLES AND RESPONSIBILITIES

Officers who volunteer and are trained to carry Naloxone, accept personal responsibility for maintaining competence, carrying Naloxone when on duty, and using it appropriately in line with training and policy.

7.0 RELATED DOCUMENTATION

Running alongside this Policy is the 'Naloxone carriage and use procedure document v1.0'. This document outlines the procedure to follow when suspecting an opioid related drugs overdose.

[Here is the latest letter of support offering reassurance to officers from the IOPC to NPCC National lead for Drugs Mark Lay MBE.](#) (June 2025)

[Here is a letter of support offering reassurance to officers from the Acting Director General of the IOPC.](#) (Sept 2023)

This policy should also be read in conjunction with:

- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The Data Protection Act 2018
- The Human Rights Act 1998 – (HRA)
- Naloxone carriage and administration procedure v1.0
- Naloxone Risk Assessment form
- UK Freedom of Information Act 2000 (FOIA)

There is also general advice on the Drug Guidance (DG) site, which hosts operational advice on drug-related harm, current threats such as synthetic opioids, and specific guidance on Naloxone use, supported by a dedicated Naloxone page containing practical information and updates.

8.0 CONSULTATION

This policy has been developed through consultation with a range of key stakeholders to ensure it reflects both national best practice and local operational needs. Input has been sought from the National Police Chiefs' Council (NPCC) Drugs Lead, providing strategic oversight and alignment with national policing direction, alongside consultation with drug and alcohol treatment partners, including CGL, who have contributed clinical and harm reduction expertise. Internally, the policy has been informed by the Force Drugs Tactical Lead and the Drug Focus Desk, drawing on operational experience, intelligence, and learning from the 12-month Naloxone pilot.

OFFICIAL

The procedure and policy were issued to the Policy and Procedure Consultation Group for a period of consultation.

9.0 DOCUMENT HISTORY

Please state which Head of Department or Chief Officer has been consulted on and approved this policy:

<i>Head of Dep't / Chief Officer Consulted</i>	<i>Date Approved</i>
<i>T/C Supt. 2701 Helen SCHOFIELD</i>	<i>10th July 2026</i>

The history and rationale for changes to this policy will be recorded using the chart below:

Date	Author / Reviewer	Amendment(s) & Rationale	Date of final stage approval and authoriser
June 2026	R Zarcone	New policy created	Approved by Operational Skills Policy Group on 04/08/2026 and Executive Board 15 th and 21st/10/2026. Published 21/10/2026

10.0 ASSESSMENT AND ANALYSIS

Freedom of Information:

There are no concerns with this document or part of it being released under the freedom of information act. It set out how officers deal with a suspected opioid overdose and if able to, how to administer naloxone to save a life.

An Equality Impact Analysis screening has been completed. The assessment is deemed low with negligible impact to officers or patients who received Naloxone.

A risk assessment has been completed and Health and Safety considerations and assessment made. A Risk Assessment document is linked to this policy.

11.0 REVIEW

As a minimum, this policy should be reviewed in accordance with the timeframes set by the tier level process. The Head of Department/Chief Officer may request a review at any time prior to the standard review date being reached.