

Naloxone: A *life-saving* opportunity



In the UK, 10 people die every day because of drug poisoning involving an opioid. **These lives might be saved by naloxone.**

1. Contents

1. Foreword	4
2. Introduction	5
3. Context: A public health emergency	6
4. What is naloxone?	11
5. How does The Salvation Army use naloxone?	13
6. How to expand access to naloxone	17
7. Conclusion	25
8. Appendix	26

VIDEO: NALOXONE

This video features insights from Lee Ball, Director of Addictions, and Major Dr Will Pearson, Assistant Director of Addictions at The Salvation Army. They discuss naloxone's vital role as an emergency antidote for opioid overdose.

Naloxone is safe, easy to use, and highly effective. Available as a nasal spray or injection, it provides temporary reversal of opioid overdose symptoms, offering critical time for emergency medical help to arrive.

Watch the video by scanning the QR code or visiting:

youtube.com/watch?v=-wY36DhfWM



VIDEO: WHAT IS NALOXONE?

Naloxone is a life-saving medication that rapidly reverses the effects of an opioid overdose. It is completely safe and has no impact on individuals who do not have opioids in their system.

At The Salvation Army, we are committed to a harm reduction approach in supporting individuals facing addiction. This model prioritises compassion and non-judgemental care, aiming to reduce harm and minimise risk.

Watch the video by scanning the QR code or visiting:

youtube.com/watch?v=B8B2GcJDSJ8



1. Foreword

“Do not withhold good from those to whom it is due, when it is in your power to do so.” (Proverbs 3:27)



This Biblical principle has underpinned the work of The Salvation Army ever since its inception 160 years ago. We are in the business of doing good whenever we can and with whoever we can. It’s also the premise on which this report is built. Quite simply, we each have a responsibility to help someone else when it is within our power to do so.

Drug use is a complex issue. There are multi-faceted reasons why someone might be dependent on substances and require a lot of different interventions and long-term support.

However, before even this, there is the more basic question of how we can keep people alive long enough to potentially benefit from those interventions. After all, as our Addictions Director Lee often says, “You can’t recover if you are dead”.

It is heartbreaking to see the number of people losing their life to drugs. Behind every statistic is a real human life with their own personality and their own story. Alongside this are their friends and family going through the trauma of losing a loved one. It is remarkable, then, that we have the power within our hands to save lives through naloxone and prevent people from becoming another lifeless statistic.

I am delighted to be able to say that in The Salvation Army, naloxone has become widely known and is increasingly used in our different settings. My hope is that this report further helps to demonstrate why and how naloxone should become a familiar word in wider society. Let’s do what we can together, with the power that we have, to save lives.

God bless you

Nick Coke

Lieutenant-Colonel

Secretary for Communications

Territorial Co-ordinator for Justice and Reconciliation

2. Introduction

ABOUT THE SALVATION ARMY

The Salvation Army is a Christian church and registered charity present in communities across the UK. The Salvation Army has a 150-year history of journeying alongside people living with addiction. We believe in each and every person's unique strengths, character, and capacity to live life to the full given the right circumstances.

We actively engage people to tell a more powerful and profound story about themselves, one that shapes their future so that it is not dominated and dictated by their past.

We follow a harm reduction philosophy within a broadly Christian framework, supporting people to stay as safe as possible and minimise risks to themselves and others.

The following report shines a light on the vital drug intervention, naloxone. As well as explaining what it is, how it can be administered and the impact it has had on lives across the UK, this report outlines a number of policy changes that we believe can help expand access to naloxone and thus save lives.

To note

The terms opioids and opiates are often used interchangeably, however in this report we will use the umbrella term 'Opioids'. The only exception will be where we are referring to official statistics where we will refer to the word used by said publication.

3. Context: a public health emergency?

Drug related deaths are currently at a record high.

Every person whose life was cut short by drugs was someone's parent, sibling, child or friend. These deaths are tragedies that could and should have been prevented.

Now synthetic opioids, new man-made drugs that are 50 times stronger than heroin and cheaper to produce, are putting even more lives at risk.

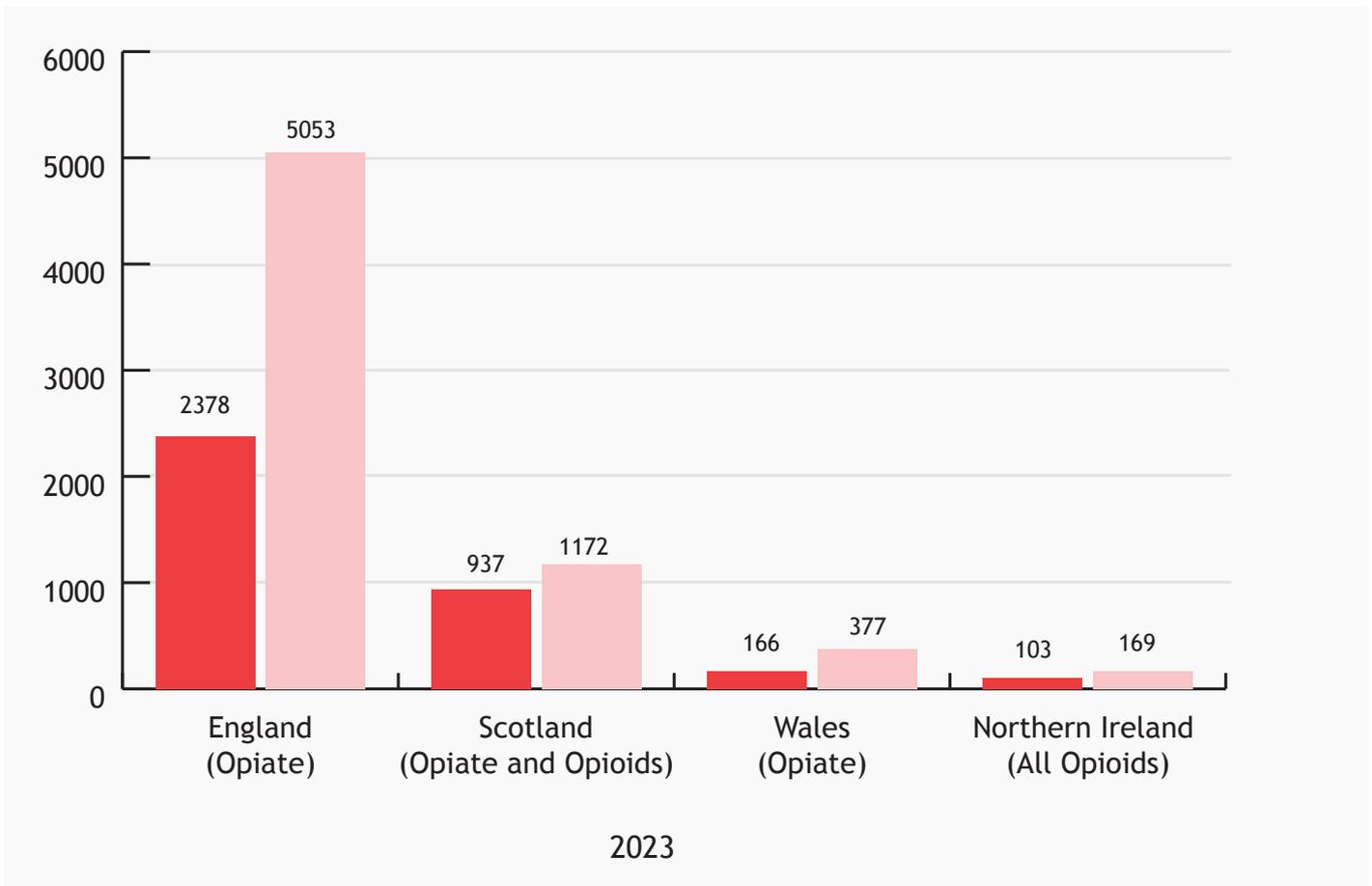
A harmful addiction to drugs is not a lifestyle choice or a moral flaw; it's a life-threatening chronic health condition and should be treated as such.

For these reasons, The Salvation Army is calling on the UK Government to treat the rise in drug deaths as a public health emergency.

Opioids are involved in a high proportion of drug-related deaths across the UK. In Scotland, 80% of drug-related deaths involve "opiates and opioids"¹. Northern Ireland has a similarly high figure of 61%², whilst in England and Wales the proportion is lower but still the most common form of substance, involved in 47% and 44% of drug poisonings respectively³.

1. National Records of Scotland, 2024, Drug-related deaths in Scotland in 2023 - National Records of Scotland (NRS)
2. Northern Ireland Statistics and Research Agency, 2025, Drug-Related Deaths | Northern Ireland Statistics and Research Agency
3. ONS, 2024, Deaths related to drug poisoning in England and Wales - Office for National Statistics

DEATHS INVOLVING OPIOIDS

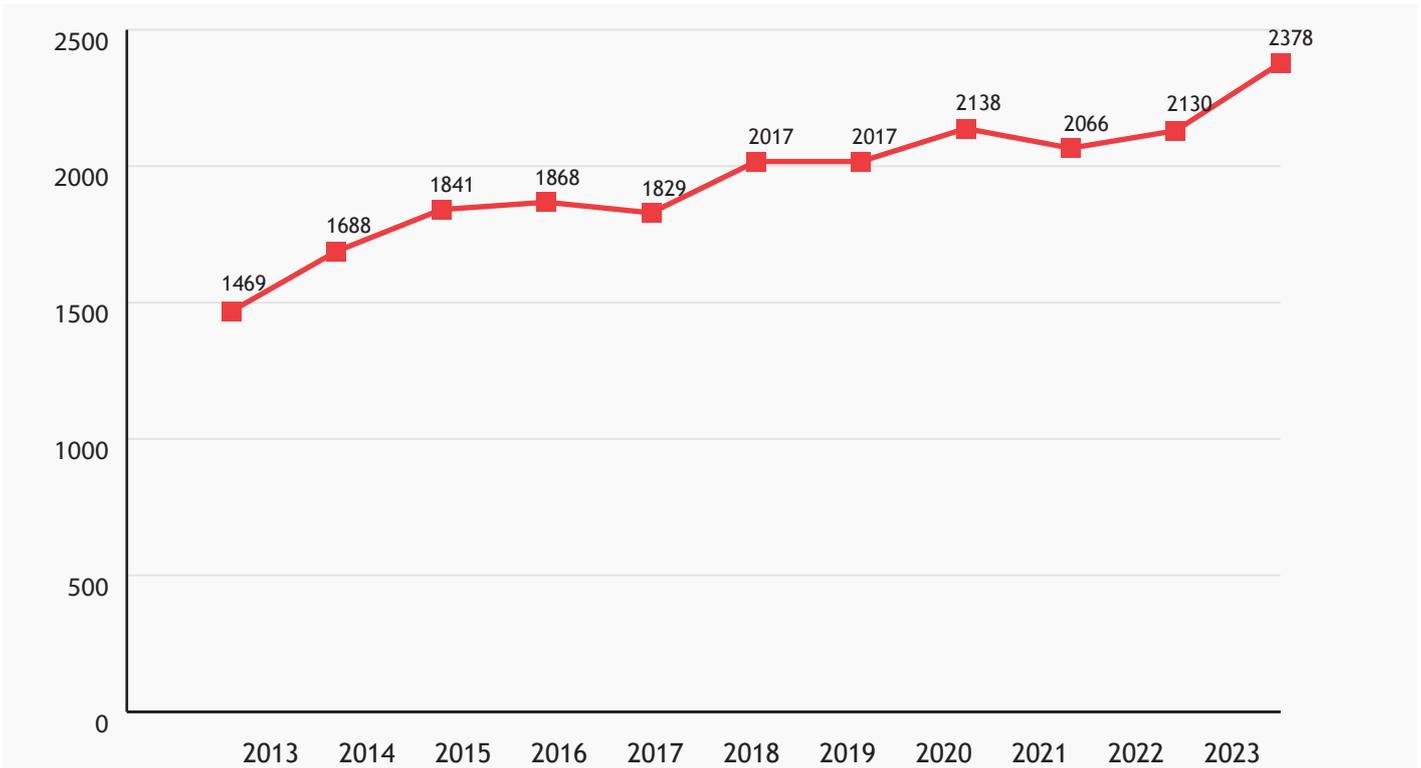


- Overall drug poisoning deaths
- Opiate/Opioids

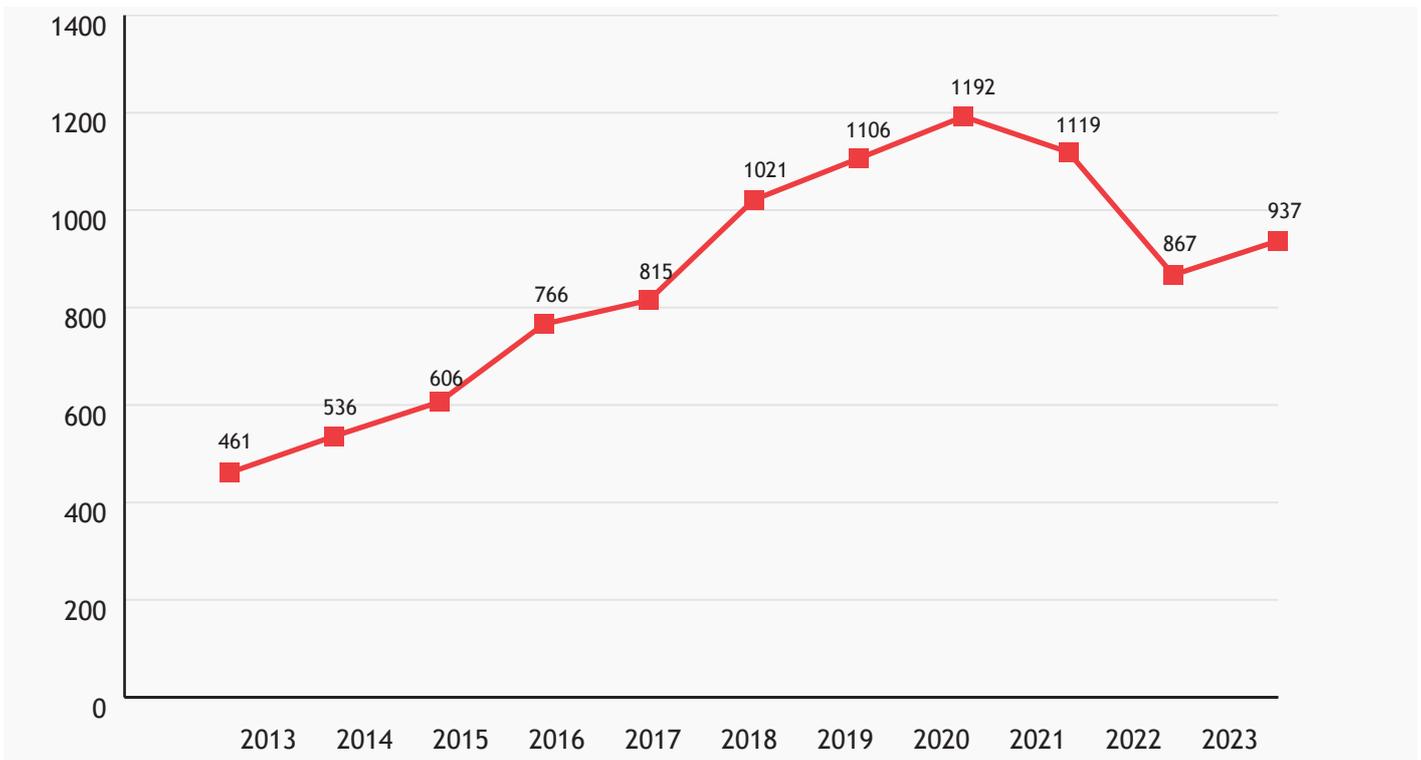
Data drawn from national statistics^{1,2,3}

As well as being involved in a high proportion of drug deaths, the raw number of deaths involving opioids has broadly been increasing in recent years

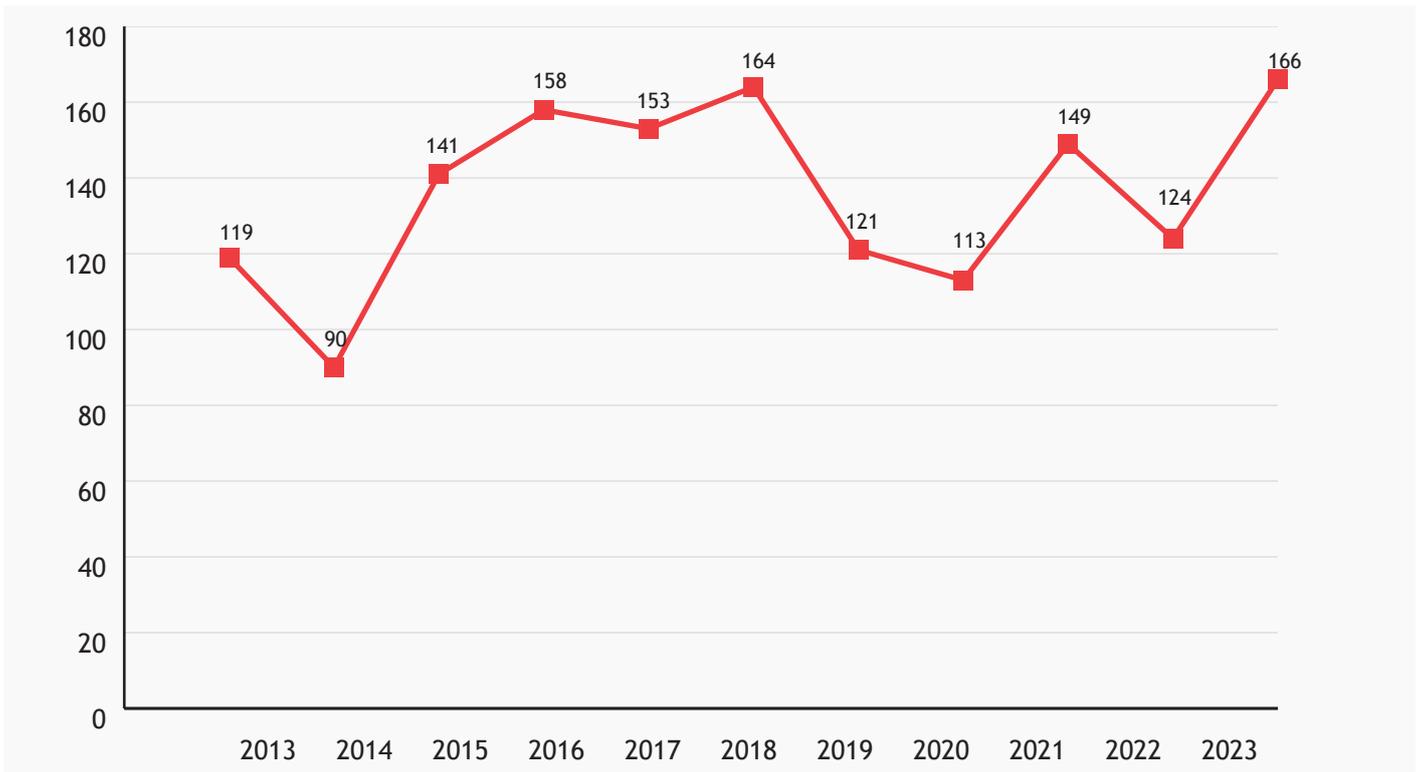
DEATHS IN ENGLAND INVOLVING AN “OPIATE”



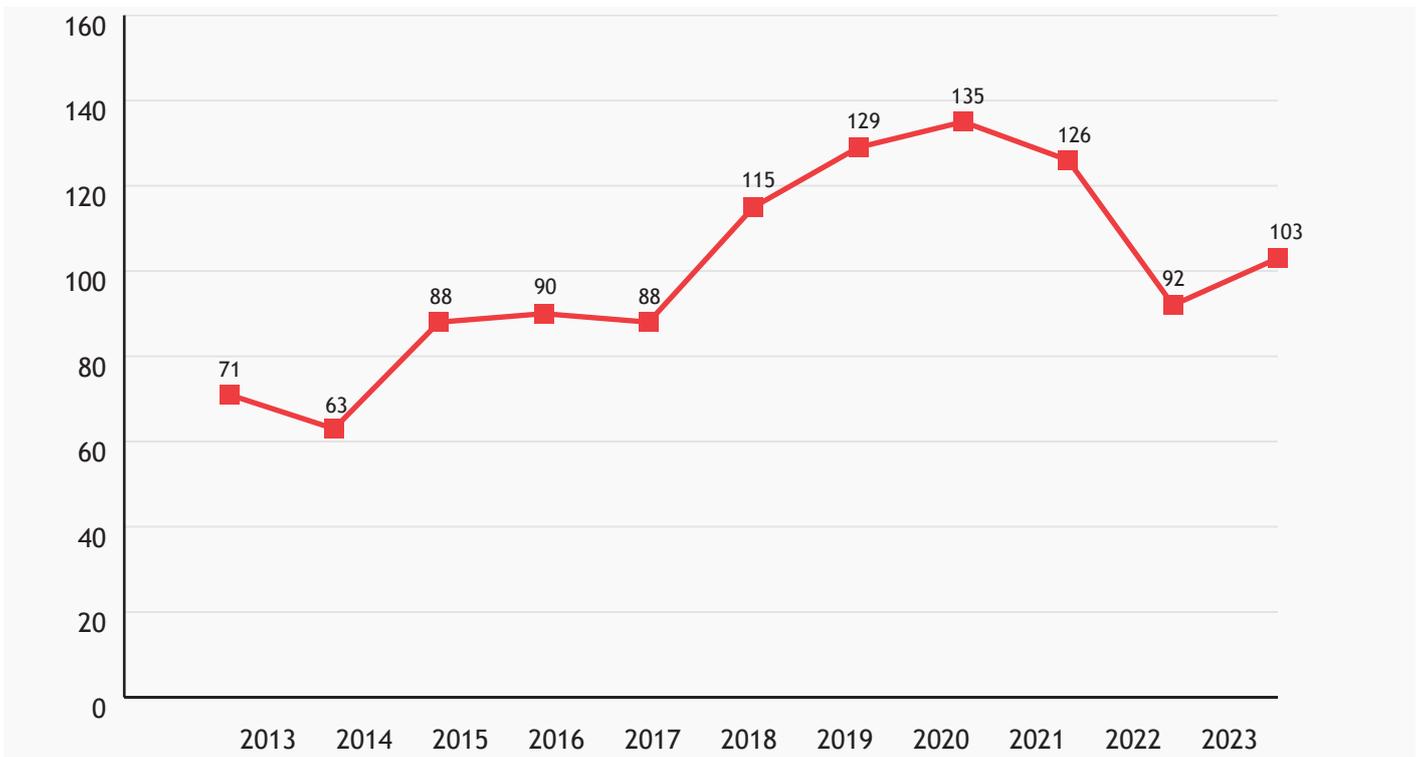
DEATHS IN SCOTLAND INVOLVING AN “OPIATE/OPIOID”



DEATHS IN WALES INVOLVING AN “OPIATE”



DEATHS IN NORTHERN IRELAND INVOLVING AN “OPIOID”



UK OPIOID DEATHS ESTIMATE

We have used the previous five years' drug death figures to estimate how many people will die of drug poisoning involving an opioid if current trends continue.

The Salvation Army estimates that, if recent trends continue, another 20,000 people could lose their lives because of drug poisoning involving opioids by 2030.

Released (R) Estimate (E)	Year	England and Wales	Scotland	Northern Ireland	UK (Combined)
R	2019	2,160	1,106	129	3,395
R	2020	2,263	1,192	135	3,590
R	2021	2,219	1,119	126	3,464
R	2022	2,261	867	92	3,220
R	2023	2,551	937	103	3,591
E	2024	2,525	845	89	3,459
E	2025	2,603	779	79	3,461
E	2026	2,681	713	70	3,463
E	2027	2,759	646	60	3,465
E	2028	2,837	580	51	3,467
E	2029	2,915	514	41	3,470
E	2030	2,993	448	32	3,472
E	Total 2025-2030	16,797	3,680	332	20,798

4. What is naloxone?

With opioids involved in many of the drug-related deaths across the UK, timely interventions targeting this type of drug are desperately needed. One such intervention is called naloxone.

Naloxone is a medicine that reverses the effects of an opioid overdose. It does this by attaching to opioid receptors and thus blocking the effects of the opioid taken.

It can be administered in two different ways:

- Nasal spray
- Injection

The effect is instant and temporary, but it gives enough time to call emergency services and for them to arrive, which is why it is considered a potentially life-saving intervention.

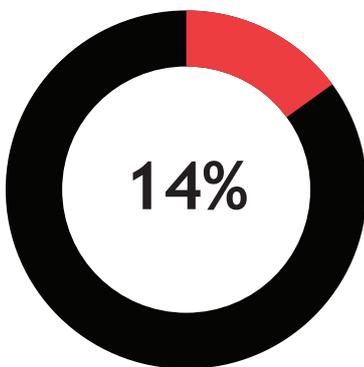
In the UK anyone is legally allowed to administer naloxone in an emergency situation. Distribution of take-home naloxone (where you can take it home to use at a later time) is more limited to key professions such as drug and alcohol support providers, healthcare professionals, pharmacies, prison officers etc. However, recent policy changes have meant that other organisations are able to apply to become a THN distributor should they meet certain criteria.

Expanding access to naloxone is a key aim for anyone wishing to reduce the number of lives lost to opioid overdoses.

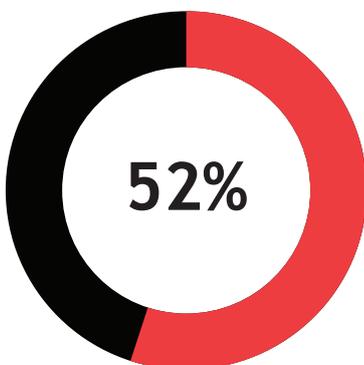
NEW RESEARCH - AWARENESS OF NALOXONE

Despite its life saving potential and the ease of use, naloxone is not widely known about. New research by YouGov, commissioned by The Salvation Army, has revealed that just over one in ten people aged 18+ in the UK know what naloxone is. This is despite 52% of people aged 18+ knowing someone who has used an opioid.

Awareness is particularly low in England where only 12% of adults are aware of naloxone. This contrasts with 34% of adults in Scotland, where more policy changes have sought to expand access to naloxone. Wales and Northern Ireland have awareness levels that sit between these two with 20% and 17% respectively.



of adults aged 18+ in the UK,
know what naloxone is.



of adults aged 18+ in the UK, either
have themselves used or know
someone who has used an opioid.

5. How does The Salvation Army use naloxone?

Within The Salvation Army, all of our homelessness services hold naloxone on site as our services deal with people who are vulnerable to overdose. This means that our staff are equipped to help save lives on a daily basis.

We also help people to have access to their own naloxone kits through different schemes that have staff trained to be able to offer these services daily. Naloxone has been a positive intervention for our services, and we have seen the difference it can make.

The schemes that we have in place for staff include:



Having naloxone in each Lifehouse for staff to be able to use on people if they overdose, working closely with drug and alcohol services to allow this.



Our Lifehouses have the ability to distribute take-home naloxone kits (THN) to people in some areas, initially with Scotland and Wales and then further in England, due to national partnership agreements with drug and alcohol services.



In Wales our Lifehouses can also access the peer-to-peer scheme to help train staff and residents frequently in how to use naloxone. We will continue to roll out these provisions for our staff to reach people within our services.



Through our work we see that drugs are often a way to cope with despair and distress due to a feeling of hopelessness for many reasons including personal trauma and poverty. Every death that results from overdose is a tragedy, even more so when that life could have been saved with naloxone. It is safe, simple and effective, and it's quick and easy to use

Lee Ball, Director of Addictions, The Salvation Army

Between April 2024 to March 2025 our trained staff in homelessness services gave out 339 take-home naloxone kits to people; and from the 'train the trainer' approach that has enabled us to ensure that our residents and service users have access to naloxone and are able to use it if needed and if they are with anyone who may overdose. This is helping to reduce stigma and have open conversations regarding how to save lives and what can happen when someone overdoses⁴.



Between April 2024 to March 2025 our trained staff in homelessness services gave out 339 take-home naloxone kits to people

4. The Salvation Army operates supported accommodation services across the UK and the Republic of Ireland. We call these services 'Lifehouses' because they are more than a place to stay. They are places where people can get support with their housing issues - but also find support with other aspects of their lives such as employment, debt problems, training, spirituality, loneliness, addiction or mental health.

CASE STUDY - Julie

Naloxone is available in our service and is offered to all clients and staff. All our staff in our service are trained in using naloxone.

I have put together some grab bags which are situated in our safety zones around the building which are easily accessible for staff if they are in any area of the building and should need to use it.

The bag contains naloxone, gloves, aprons, blue roll and antibacterial wipes.

Quite a few of our staff including myself unfortunately have had to administer naloxone, but by administering it have saved several lives.

I feel without naloxone on site the outcome could have been very different. The reality is these people could have died.

It is absolutely paramount that we have the naloxone kits on site, especially in our service where it is known that substance use is problematic.

It is also paramount that people who do not use substances, but may be prescribed opiate-based medication, carry naloxone as this could also save the life of that individual or of another.

I am confident that any individual in our service who is overdosing or at risk from an overdose stands a better chance of surviving since we have naloxone present in our centre and all staff are trained to use it. Without this they may have a very different outcome.

I feel confident in my role and when entering landings and rooms daily, knowing that I have the life-saving medication at hand.

I have administered naloxone several times, and whilst administering can be daunting at first and quite scary, knowing that you have given that individual another chance at life outweighs any fears you may have had initially.

I have had several clients come to me the following day and thanked me for saving their lives, saying things such as 'If it weren't for you, I wouldn't be here now.'

I also carry naloxone in my bag and in my car, as you never know when you may need it to help save someone's life.

**Julie Haythornwhite, Specialist Support Worker,
Homelessness Services, The Salvation Army**

CASE STUDY - Andy

At Devonport House naloxone is freely distributed from the needle and syringe programme (NSP) and encouraged by staff to be carried by residents.

All new intakes to the centre are offered nasal or injectable naloxone or both, along with training for use, and are encouraged to leave one on their window ledge.

During every needle and syringe programme or harm-reduction discussion, the residents are asked if they have what they need regarding naloxone and its use.

Both emergency rucksacks that are taken on welfare checks and emergency calls are fully stocked with both nasal and injectable naloxone.

Staff undertake three monthly learning emergency drills/scenarios with naloxone, followed by reflection on what went well and what could be improved, and any other worries staff have are addressed.

The centre's minibus and all the electrical cupboards in the lift lobbies have a marked box with nasal and injectable naloxone in them.

All new staff undertake short training with a video and physical exercise using naloxone in fake skin / oranges. The Harbour drug and alcohol service will then come to train staff again when training is required.

Advertisement of naloxone via posters are around the centre and on the Harm Reduction pin board (sometimes being changed for the steps needed to take to use). Naloxone is distributed 24/7.

**Andy Perree, Specialist Support Worker - Substance Use,
Devonport Lifehouse, The Salvation Army**

6. How to expand access to naloxone

The Salvation Army is calling for everyone who needs naloxone in the UK to receive it. Below are some key actions that can help make this objective a reality.



““

Naloxone has saved my life on many occasions, if it wasn't for naloxone I wouldn't be alive today

Salvation Army resident

““

A lifesaving drug; everyone should have it - easy to carry.

Salvation Army resident

““

Naloxone saved my life on five occasions. After this it gave me a wake-up call as I never wanted to die a drug addict. It gave me the opportunity to turn my life around for the better.

Salvation Army resident

““

Naloxone should be carried by everyone who knows how to use it in or outside work. It saves lives.

Salvation Army staff member

““

I intentionally overdosed after losing my mother three years ago. Staff found me and administered naloxone. At the time I was disappointed that I was saved, but now I look back and I thank the staff for using naloxone to save my life. I got the correct support I needed and life isn't so bad after all now.

Salvation Army resident

””

It's an extra tool in the toolbox to aid in overdose emergencies. A complete game changer.

Salvation Army staff member

I have been working around homelessness in a few different roles over ten years. In all of them I have seen nasal and injectable naloxone being used and used plenty of times myself ... Without naloxone many of the incidents over the years I have attended would have ended in a fatality, I am pretty sure of that. Having naloxone as a tool for an overdose does save a life if the overdose is opiate based. Administering naloxone can give the vital extra time needed before medical professionals are on the scene.

Salvation Army staff member

I am reassured, having naloxone on site.

Salvation Army staff member

I feel safer knowing that we have naloxone on site and can administer it in an emergency to save a life. The ambulance service might be delayed in some instances, so having the medication on site reduces risk for our service users and potentially saves us the trauma of an unnecessary loss of life. It makes managing incidents far more straightforward.

Salvation Army staff member

1

Policy Call 1: Everyone who leaves healthcare environments with a support need for opioids, to be given take-home naloxone.

It is imperative that when people at risk of an opioid overdose are in contact with statutory services, they are equipped with take-home naloxone. More specifically, healthcare services will often support people using drugs and will, as part of their role, identify individuals who use substances.

After recent policy changes, more of these job roles are now legally allowed to distribute take-home naloxone. Now that the legal barriers have been removed, it is imperative that people within these roles receive training and distribute naloxone on a regular basis.

That is why we are calling for all emergency departments, mental health trusts and ambulance services across the UK to issue take-home naloxone kits for those at risk of opioid overdose.

To Note

Responsibility for policy relating to naloxone can vary between the UK Government and devolved Governments as well as individual organisations. For example, the Scottish Government has implemented a number of naloxone measures such as an awareness campaign and a national programme. However, the legislation that guides who can administer take-home naloxone rests with the UK Government.

2

Policy Call 2: Naloxone is made available at key public locations.

Recent policy developments around naloxone have focused on increasing access to take-home naloxone. This is really important for ensuring we get more naloxone into the homes and private locations where many overdoses happen.

However, overdoses can also happen in public spaces, and lives can therefore depend on whether naloxone is available nearby. In a similar way to how we treat defibrillators, we are calling for naloxone to be provided at key locations where overdoses can happen, eg festivals, bars, clubs, pubs, train stations, bus stations, GP surgeries etc.

There are various ways this can be made a reality - whether this is by altering legislation to make naloxone a mandatory item within medical kits, by a mandatory requirement of granting a premises or festival licence, or as a matter of individual company internal policy. We would welcome consultation on how to make this a reality.

3

Policy Call 3: Everyone who leaves prison to be offered take-home naloxone.

As we have already established, it is imperative that when people at risk of an opioid overdose are in contact with statutory services, they are equipped with take-home naloxone. Recent research estimates that in one year, 25,000 people left prison with a substance use support need⁵.

The risk of a drug-related death is 7.5 times higher for UK prisoners in the first fortnight following their release⁶. This is often because their tolerance levels have decreased during their stay in prison. However, statistics from 2018/2019 show that only 17% of people dependent on opioids left prison with naloxone⁷.

5. Sky News, 2022, [Most prisoners who need drug treatment on release don't get it - but one council bucks the trend](#) | UK News | Sky News
6. King's College London, [N-ALIVE](#) | King's College London
7. ACMD review of the UK naloxone implementation, 2023, [ACMD review of the UK naloxone implementation \(accessible\)](#) - GOV.UK

4

Policy Call 4: New supply network coordinators should be established as soon as possible.

In December 2024, the Government expanded the number of organisations legally able to distribute take-home naloxone. Part of these changes included the introduction of Supply Network Coordinators (SNCs) who will be able to make agreements with local services/organisations to become local naloxone providers.

These roles are imperative in ensuring increased access to naloxone; but at time of writing, these coordinators have not been set up.

5

Policy Call 5: A national naloxone programme

England is currently the only UK nation not to have had a specific funded national naloxone programme. This means local authorities are responsible for provision of naloxone in their locality, but this has historically led to patchy provision with some areas supplying more than others⁸.

On the other hand, Scotland, Wales and Northern Ireland have all at some point implemented a national programme. This has meant consistent supplies of naloxone have been provided across those nations, local authority funding pressures have not affected the supply, and each nation has been able to collect clear, robust data on how much naloxone has been distributed.

We are calling on England to introduce a national programme that brings it in line with the other UK nations and ensures more consistent access across the country.

8. <https://www.release.org.uk/naloxone-2017-18>

6

Policy Call 6: A National, Government-commissioned, awareness campaign

Although recent efforts to ensure people are legally able to access and distribute take-home naloxone are welcomed, the impact of this will be limited if people do not know about naloxone or how to use it.

Scotland is so far the only UK nation to have implemented a government-funded, national awareness campaign. The ‘How to Save a Life’ campaign was a joint effort between the Government and the Scottish Drugs Forum. The campaign won the Scottish Public Services Award for Communications, having seen a 126% increase in the number of THN kits distributed across Scotland.

The success of the campaign offers a blueprint for how to increase awareness and use of naloxone. This is especially important, as our newly commissioned research, covered earlier in this report, illustrates that just 14% of UK adults know what naloxone is.

We are calling for all governments within the UK to initiate a national awareness campaign for naloxone, similar to that undertaken by Scotland.

7

Policy Call 7: All local authorities to have a naloxone policy

Local authorities across the UK have a role in providing services and support to local residents. While the responsibilities of local authorities can vary between nations, they will often have a role in supporting vulnerable people and engaging with people who may be at risk of an overdose.

We are calling for all local authorities to adopt a naloxone policy, to help ensure that local authority staff and local authority locations are equipped and ready to use naloxone.

8

Policy Call 8: All frontline police officers to carry naloxone

Police officers are often first on the scene when it comes to medical emergencies on the streets. This means they are often present at a time when the use of naloxone can save someone's life.

After a series of pilots, Scotland has rolled out naloxone training to all Police Scotland officers, up to and including the rank of Inspector. In England and Wales, some police forces are offering officers the chance to become trained and equipped, although this is on a voluntary basis.

We are calling for all frontline police officers in the UK to be trained and equipped in administering naloxone.

7. Conclusion

Naloxone is a simple yet extremely effective solution to such a tragic issue as opioid overdoses.

It has been encouraging to see a range of efforts in expanding access to this life-saving medication over the last few years, whether it was Police Scotland ensuring all officers were trained in naloxone, or the UK Government's move to expand the number of people able to distribute naloxone. These developments, along with various others, have shown an encouraging direction of travel that will see naloxone embedded in communities across the UK.

However, drug death data shows there is still much more to do in order to stop what are tragic but avoidable deaths. We believe the recommendations we have set out in the report, along with other work being done in this area, will help to save lives.

We know from our own daily experiences that naloxone is a life-saver. It is time all communities across the UK knew the same.

8. Appendix: a reminder about language

At The Salvation Army we always try to avoid using terms that we feel add moral judgement or increase stigma around substance use.

We believe that the term ‘misuse’, for instance, implies judgement, similarly to the word ‘maladaptive’. We know from our own experiences that many people use substances to cope with trauma, whether that is long-term trauma from events from childhood, or coping with the current trauma they are facing, be it homelessness, domestic violence or some other reason.

Therefore the person using a substance isn’t ‘misusing’ it; they are using it perfectly well for what they want from it - in the same way that drug use is not a ‘maladaptive’ behaviour but in fact an adaptive behaviour as a response to dysfunctional circumstances.

We have therefore put together a list of recommended terminology:

Commonly used language	The Salvation Army’s recommendations
Misuse/Abuse	Use
Addict/Druggie/Junkie	Person using / depending on substances
Clean, Former Addict	Person in recovery Person who used to use drugs/alcohol Person who has stopped using drugs/alcohol
Injecting drug user	Person who injects drugs
In denial, unmotivated	Person disagrees
Using again, fallen off the wagon	Currently using drugs
Dirty/clean needle	Used/unused syringe

Authors: Jeremy Bushnell (Policy Analyst) and Helen Auger (Addictions Development Officer)

Designer: Natalie Adkins (Design and Print Unit)

With special thanks to Dr Andrew Connell (Policy Manager) and Lee Ball (Director of Addictions) for their support and advice.



Copyright © The Salvation Army 2025. The Salvation Army is a Christian Church and Registered Charity in England (214779), Wales (214779), Scotland (SC009359) and the Republic of Ireland (CHY6399)

The Salvation Army Territorial Headquarters, 1 Champion Park, London, SE5 8FJ