



Discussion at: Joint Independent Ethics Committee (JIEC)

JIEC Date: 12 March 2025

Subject/ Dilemma: **Role of Naloxone in Policing**

Report of: West Yorkshire Police

Presenter: Detective Superintendent Steven Greenbank

1. PURPOSE

1.1 To get independent advice and opinion from the Joint Independent Ethics Committee Members to inform and influence decision making.

1.2 For JIEC Members to highlight areas of focus for the Mayor, Deputy Mayor and Chief Constable to consider.

2. SUMMARY

West Yorkshire Police are currently conducting a trial for front line officers with the carry of Naloxone. Naloxone is a treatment that prevents a person suffering from an opioid overdose. This is a nasal spray that can be administered.

- 27 out of 45 territorial forces have provision of Naloxone in a permanent capacity all voluntary – mandatory in Scotland though PC – Insp
- 17 forces are either piloting/agreed to pilot
- There have been 978 administrations of Naloxone since 2019. 532 in Scotland and 311 in England and Wales. The IOPC have confirmed that they do not have any referrals which are a direct result of Naloxone. The IOPC relate to Naloxone as something to save a life and put it in the same category as a defib or epi – pen.
- The police federation support the force in the pilot for Police Officers
- Consultations done with the Unions who agreed re the involvement of PCSO's in the pilot
- Forward Leeds provided the training and kits for Leeds
- Turning point same for Wakefield
- 49 trained and carrying in Leeds
- 26 trained and carrying in Wakefield
- Pilot start date 13th Jan – end date 13th May

3. KEY QUESTIONS/ SPECIFIC AREAS OF FOCUS FOR THE COMMITTEE

- 3.1 Are the Police the right organisation to carry Naloxone considering the right care right person agenda?
- 3.2 Should carry be mandatory?
- 3.3 If the Police carry this piece of equipment should they also carry other pieces of similar equipment to deal with other medical emergencies de- fib etc
- 3.4 This piece of kit needs to be considered with the increased risk of overdose from synthetic opioids.
- 3.5 Should the Police have all PCSO's carrying Naloxone?
- 3.6 Who should be paying for the equipment?
- 3.7 Members discussed the topic at length. Discussion summary:
 - i. Unanimous consensus that the carrying of Naloxone on an optional basis was positive.
 - ii. It is important that colleagues carrying feel comfortable, and by introducing on a voluntary basis, this felt supportive of personal preference which would bolster comfort and confidence.
 - iii. Police were felt as an appropriate organisation to carry as the likelihood of coming across a person in need was proportionately higher for beat/ NPT/ response officers and PCSOs.
 - iv. The preservation of life superseded and any 'right care, right person' suggestion, with the understanding that administering Naloxone was a tool used to buy time until a medical professional could attend.
 - v. Understanding the above point, a proportionate approach should be taken and it is therefore not practical to expect police officers to carry other medical equipment. Officers have the ability to utilise resources in the same way as members of the public; requesting medical professionals, using local resources such as locally placed defibrillators and calling for help verbally at a scene.
 - vi. Officers should be provided with clear, accessible information and be able to ask questions and feel confident to use the drug.
 - vii. Officers acting in good faith should have proactive support and protection. This includes omission to administer, failed administration or a negative incident due to administration.
 - viii. Financing of the equipment is being explored, and is something that is being addressed nationally.

4. SUPPORTING DOCUMENTS

4.1 Please click on the links:

[How UK Border Force are detecting synthetic opioid drugs – Channel 4 News](#)

[What is Naloxone?](#)