



Department  
of Health &  
Social Care

Parliamentary Under-Secretary of State for Public Health and Prevention

39 Victoria Street  
London  
SW1H 0EU

Our ref: [REDACTED]

HM Coroner Ian Potter  
St Pancras Coroner's Court  
Camley Street  
London  
N1C 4PP

By email: [REDACTED]

20 February 2024

Dear Mr Potter,

Thank you for the Regulation 28 report of 2<sup>nd</sup> January 2025 sent to the Secretary of State, Department of Health and Social Care about the death of Joseph Forbes Black. I am replying as the Minister with responsibility for Public Health and Prevention.

Firstly, I would like to say how saddened I was to read of the circumstances of Joseph Forbes Black's death, and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over the availability of naloxone to those at risk of opioid overdose and the lack of services that are legally permitted to distribute take-home naloxone to those at risk. The report raises concerns over substance misuse services being the only route legally permitted to provide naloxone without a prescription, a service which many drug users are not engaged with.

I agree that it is vital that we expand access to this life-saving medication. We know that over half of people struggling with opiate addiction are not engaged in treatment at all. This means that significant numbers of an incredibly vulnerable population are at increased risk of accidentally overdosing and dying.

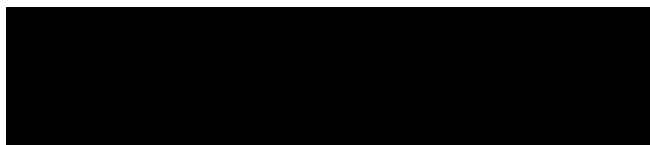
I am pleased to say that we have already taken action on this critical issue. On 2<sup>nd</sup> December 2024, the Government amended the Human Medicines Regulations 2012 to expand access to naloxone beyond drug and alcohol treatment services. There are two key changes in the legislation to be aware of. The first increases the number of services and professionals specified in the regulations that are able to give out take home naloxone (for example nurses, paramedics, police officers and probation officers) therefore increasing the likelihood of those who are most vulnerable receiving it, regardless of whether they are engaged in drug and alcohol treatment. The second enables the creation of a registration service for services and professionals that could not be explicitly named in the legislation through route one – for example, supported accommodation services. These changes aim to capture more services

and professionals who may encounter those at risk of opioid overdose, including the services you have rightly pointed out as important services to distribute take-home naloxone.

We continue to monitor and respond to the threat posed by synthetic opioids, including nitazenes, and we are taking a lead role in the cross Government Synthetic Opioids Taskforce. We remain committed to increasing the numbers in treatment for opiates and enhancing our surveillance system which monitors changing drugs markets and drug related harm. Part of that surveillance system includes a toxicology data collection. Many toxicology labs, with the support of their Coroners, are providing us with pre-inquest toxicology information to allow for more timely monitoring and response to drugs causing deaths. We would strongly encourage you to consider participating by confirming with your toxicology provider that they can share relevant reports with the Office for Health Improvement and Disparities.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

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**PARLIAMENTARY UNDER-SECRETARY OF STATE FOR PUBLIC HEALTH AND  
PREVENTION**