** Dispensing Naloxone in Drug Treatment Settings**

Dear Drug Treatment Provider,

Arizona is currently experiencing the highest death rate from unintentional overdose that we have ever seen. In 2014, 1,211 Arizonans lost their lives to an overdose. As of August 6, 2016, access to the life-saving overdose reversal medication *naloxone* (also known as Narcan) has been expanded. This means that a prescriber may prescribe the medication either directly or through standing order to any person who may be at risk of an overdose, and to any person who may be in a position to assist an overdose victim.

Naloxone is a relatively inexpensive, safe, and effective medication used to reverse an opioid overdose in seconds. It is not a controlled substance and has no potential for abuse – its only side effects are immediate opioid withdrawal symptoms. Its use is recommended by the Office of National Drug Control Policy, CDC, SAMHSA, and the American Society for Addiction Medicine in order to save lives.

**Why is this important for treatment programs?**

Overdose prevention programs fit in with a variety of drug treatment modalities, including methadone and buprenorphine clinics, residential treatment facilities, detox centers, and outpatient clinics. Treatment providers have a unique opportunity to reduce accidental overdose deaths because you have access to people at risk for overdose and the responsibility of ensuring the health and safety of your clients.

While drug users in treatment may have lower risk for overdose while in treatment, they are at extremely high risk of overdosing if they begin using again after a period of abstinence. Integrating overdose prevention and education messages into treatment planning, relapse prevention groups, and most importantly discharge planning does not encourage relapse or drug use. Instead, it offers practical, honest information and resources to someone who may begin using again.

**How would it work?**

There are many ways to incorporate information about overdose prevention and naloxone access in your program. Classes on overdose prevention, education, and response can be incorporated as part of a rotating group schedule. For patients on opioid replacement therapy, one-on-one counseling on overdose prevention during the induction phase can be very useful. Medical staff can write prescriptions for naloxone to all new patients so they can obtain the medication upon release, if in detox or inpatient. Clients can be referred to an outside agency to obtain overdose prevention education and naloxone. These are just several examples.

If you are interested in incorporating overdose prevention and naloxone into your treatment model, please get in touch with us. We hope that together we can expand our options for fighting preventable death among Arizonans.

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