



Overdose Prevention and Naloxone Programming FAQ

Q: Who should have access to Naloxone at my organization?

A: Everyone! Every staff and client has the potential to save a life regardless of whether they use drugs or not. It is unethical to keep this medication from anyone.

Q: How will my organization pay for Naloxone?

A: There are several different options - if your organization is able to bill a client's insurance, and the client is on AHCCCS, this medication is free to them. For clients without insurance, whose insurance will not cover Naloxone or for any other reason cannot access the medication, Sonoran Prevention Works will provide as many free kits of Naloxone as needed for your facility. Best practices is to ensure that a client does not leave your facility without a kit of Naloxone in hand. Writing prescriptions and expecting clients to pick up the medication creates barriers and often results in the client going without this life-saving medication. Some clinics utilize pharmacy delivery for this purpose, or just give their clients one of our kits.

Q: How will we store Naloxone?

A: Naloxone is an incredibly stable medication with a shelf life of about 18 months. Naloxone should be stored between 59-86 degrees, somewhere easily accessible where everyone (staff and clients) know where it is. It should be kept out of direct sunlight and never be refrigerated or frozen. It should be kept at room temperature as much as possible. Because this medication is so stable there is little concern if the medication is left in a hot car overnight or kept in a clients backpack that sleeps outside. Several studies have shown leaving Naloxone in direct heat/sunlight for 30 days only degrades the medication by about 10%.

Q: How does Naloxone fit into an abstinence-based program? Does it send the wrong message?

A: Naloxone fits into any kind of programming because the message is simple: "we care about you, and we don't want you to die, regardless of your drug use." There are ways to frame Naloxone distribution to clients in abstinence-based programming that encourages, affirms and honors their recovery process. This can look like training clients on how to use Naloxone because once they leave your facility they are likely going home to family/friends/neighbors/acquaintances that still use drugs and your client has the potential to save someone's life that is still struggling with substance use disorder. It is incredibly empowering for folks in recovery to see themselves as positive members of their communities

with the capacity to support others. Relapse is the rule, not the exception, with opioid use disorder. Clients most at risk for overdose are those coming out of inpatient treatment, prison/jail, or the hospital. If you work at one of these facilities, your organization has the ability to drastically decrease overdose deaths by having hard conversations with clients and providing them Naloxone upon discharge. It's literally the least we can do.

Q: How long is Naloxone good for? When does it expire?

A: Naloxone has a shelf life of 18-24 months. Every dose of the medication will have an expiration date on it.

Q: Can my organization be sued for giving out Naloxone? What are the liability concerns?

A: No, organizations cannot be sued for distributing or administering Naloxone. In the history of community based Naloxone no person, entity or organization has been sued due to distribution or administration of Naloxone. Several pieces of legislation have passed since 2015 ensuring liability protections for all Arizonans. This includes criminal, civil and professional liability protection.

Q: What if our clients use the syringes in the Naloxone kit to shoot drugs?

A: First, the intramuscular syringes are not the type of syringes that folks use to inject drugs with, they are way too thick and long. Second, if a person is in need of sterile syringes in order to prevent disease and infection then your staff should be providing resources for syringe service programs throughout the state.

Q: Who will train my staff? Who will train the clients?

A: Sonoran Prevention Works provides training and technical assistance to organizations throughout the state. This means an SPW trainer can come to your facility train your staff, identify who will be training staff long term and provide a train-the trainer session, help set up policies and procedures AND train your clients so staff can see how easy and necessary it is to have these conversations with clients. SPW has training videos, training checklists, sample policies and procedures, brochures and other literature to ensure that distributing Naloxone to clients is as easy as possible and just another part of your existing programming.

Q: How long is the training?

A: Our typical Overdose Prevention and Naloxone training is two hours long, and can be tailored to your specific facility, team, organization. We can work around your schedule and modify the training to fit your needs. When training clients on how to use Naloxone this can be incorporated into existing group schedules, can be done at intake or discharge, can be one on one with a case manager and can be as simple and short as showing a five minute training video (found on SPWs website). Sonoran Prevention Works is happy to provide technical assistance to organizations working to figure out these different options for sustainability.

Q: Can't we just refer our clients to Sonoran Prevention Works?

A: While we welcome referrals and distributing our literature, it is very rare that one of your clients will contact us to receive Naloxone. This is because of stigma and other barriers that can be mitigated by your facility distributing Naloxone. A client is much more likely to take this life-saving medication from your staff that they already know and trust. Expecting them to call a random phone number, identify themselves as an opioid user to a complete stranger, get transportation to meet up with one of our staff, etc. is unrealistic and not best practices.

Q: What do we do with expired Naloxone?

A: Expired Naloxone can be used for training purposes at your facility, or can be given back to Sonoran Prevention Works and we will use it for training purposes.

Q: Do we need a standing order to distribute Naloxone?

A: Your facility can use a standing order from a prescriber associated with your organization to create ease in ordering and filling Naloxone prescriptions. SPW has examples of Naloxone standing orders in our sample policies and procedures template. If your facility has a pharmacy on-site they can utilize the state-wide standing order provided by the Arizona Dept of Health Services.

Q: Is Naloxone covered by insurance?

A: Naloxone is fully covered by Medicaid. Naloxone is covered by most private health insurance, but clients may have a co-pay. If insurance coverage is ever a barrier to someone receiving Naloxone, your facility can distribute free Naloxone kits from Sonoran Prevention Works.

Q: Should we prescribe Naloxone or hand out SPW kits?

A: Both! Your facility can do prescriptions for clients on AHCCCS and provide our free kits to clients who don't have insurance, are underinsured or can't afford the co-pay. If your facility has the ability to write prescriptions it is best practices to utilize pharmacy delivery to ensure that additional barriers are not in place for clients to receive Naloxone. Whatever is needed to certify that clients are able to easily receive this medication and that they do not leave your facility without Naloxone in hand is the way to go.

Q: What if someone is overdosing on multiple drugs, will Naloxone work?

A: If someone is experiencing a poly-drug overdose, the Naloxone will block the effects of the opioids but have no effect on other drugs such as stimulants, benzos, alcohol, etc. 911 should always be called before administering Naloxone in case opioids are not the only drug causing the overdose.

Q: If someone is not overdosing on opioids and you give them Naloxone what happens?

A: Naloxone can only *help*, it cannot *hurt*. The only function of Naloxone is to block the opioid receptors in the brain, so if someone has no opioids in their system this medication will have no effect on them. Naloxone does not increase blood pressure, interact with other medications or have any other contraindication concerns. Individuals and organizations can not be held liable

for giving this medication to someone who was *not* overdosing on opioids. It falls under good samaritan statutes that as long as someone is “acting in good faith” in giving this medication because they believe it will help someone in an emergency situation they are protected under the law.

Q: What do we do with the used syringes after administering Naloxone?

A: If your facility has a sharps container the syringes should be disposed in the sharps containers, following all your agency’s typical safety standards. If your facility does not have a sharps container, when EMS arrives they can dispose of the syringes for you.

Q: What is the risk period for an OD to reoccur after giving naloxone?

It depends on: the person’s metabolism (how quickly the body processes things); how much drug they used in the first place; the half-life of the drug they used (i.e. methadone has a much longer half-life than heroin), how well the liver is working; and if they use again. Naloxone is active for about 30 – 90 minutes in the body. So if you give someone naloxone to reverse an opioid overdose, the naloxone may wear off before the opioids wear off and the person could go into overdose mode again. Because naloxone blocks opioids from acting in the brain, it can cause withdrawal symptoms in someone that is chemically dependent. After giving someone naloxone, they may feel sick and want to use again right away. It is very important that they do not use again for a couple of hours because they could overdose again once the naloxone wears off.

Q: Can someone overdose on naloxone or what if I give too much naloxone?

A: It is not possible to give so much naloxone so as to harm a person. However, if a person is dependent on opioids (including people without substance use disorders, but on chronic pain medication) or is chemically dependent, the more naloxone they get, the more uncomfortable they will be because of withdrawal symptoms.

Q: Can I overdose from touching fentanyl?

A: Brief skin exposure to fentanyl and other potent opioid analogs poses no threat of overdose. In fact, pharmaceutical companies have spent millions of dollars developing an effective transdermal patch for chronically-ill patients. The CDC has corrected some of its previously misleading language regarding casual fentanyl exposure; first responders can safely administer naloxone to a person experiencing overdose.

Q: Is naloxone the same as suboxone or subutex? Can I use suboxone to reverse an overdose?

A: Naloxone is not the same as suboxone, or buprenorphine. Naloxone is used to reverse an opioid overdose and suboxone is used to treat opioid use disorder. Using buprenorphine to reverse an overdose is not something that has been scientifically studied. However, there are reports of this working. This is probably because the buprenorphine has a stronger affinity or attraction to the opioid receptors than heroin or other opioids, so it displaces the opioids.

Remember: during an overdose it is all about time and oxygen. Anything that is done to reverse an overdose should not sacrifice time or oxygen. Preparing a Suboxone to inject takes precious time, and waiting for the pill to dissolve in the mouth takes even longer.

Q: What happens if I give naloxone to a pregnant person?

A: Although this is a particularly dangerous situation, giving the pregnant person Naloxone is better than doing nothing. As with any overdose situation, be sure to call 911 first. Giving Naloxone may mean putting both the pregnant person and the baby into opioid withdrawal, but the alternative of not giving Naloxone means they will go without oxygen longer causing serious, if not fatal, outcomes.

Q: Is nasal naloxone better than intramuscular?

A: The nasal and intramuscular forms of naloxone are equally effective. Due to cost, the IM form is more readily available. However, in Arizona, most people on AHCCCS can obtain the nasal medication at no or low cost, without a prescription.

Q: Can I use naloxone on a child?

A: Yes. You would follow the same steps as responding to an adult. When Naloxone is given to a person who is chemically dependent on opioids the medication puts them into immediate opioid withdrawal which can induce side effects like nausea, vomiting, diarrhea, etc.. Because it is unlikely a child will be chemically dependent on opioids they will not have these same side effects.

Q: Naloxone makes people violent, right?

A: Naloxone itself does not evoke 'violent' reactions in folks – rather, having too much Naloxone administered to them (if they are chemically dependent, the more naloxone that is given, the sicker they will feel), or their environment at the time of them 'coming to' may be a vitriolic one... imagine waking up, feeling very sick, not knowing what happened, maybe you are in a strange place or en route to a hospital, and people are yelling at you to wake up, or perhaps you are restrained...Being uncomfortable and/or disoriented is certainly a combination that could cause someone to act unkind, even if you or another bystander may have just saved their life. The person may feel better if they are told that the naloxone will only last about a half hour and then they will go back to feeling how they did before. Even if angry at the time, some may return later to thank you. The OD reverser may feel better later by venting to a staff person at a naloxone program.