

## Naloxone for Community Agencies Frequently Asked Questions

Many community agencies are considering making naloxone available to staff who might witness an opioid overdose in the course of their work. This infosheet answers basic questions about naloxone and its use within non-medical, community agencies.

### Q: What is naloxone?

Naloxone is a medication that reverses an opioid overdose and restores breathing. Emergency medical staff have used naloxone for decades. Many states, including Washington, have recently passed laws that now allow lay (non-medical) persons to also possess and administer naloxone.

Naloxone is sprayed into the nose or injected into a muscle. It has a long, proven safety record and adverse reactions are extremely rare. Naloxone has no effect or harm on someone who is not using opioids. Naloxone stops the effects of opioids and can cause withdrawal, so it cannot be used to get high and is not addictive.

Although naloxone is a prescription medication, there are several ways in WA State to distribute naloxone even without a visible prescription (see below).



The 2 injectable and 2 intranasal products currently available.

### Q: What are the laws in WA State about naloxone?

Several laws in WA State allow lay persons to possess and administer naloxone and provide immunity from liability when assisting in an overdose.

#### Possessing, using and distributing naloxone

WA State law [RCW 69.50.315](#) allows anyone “at risk for having or witnessing a drug overdose” to obtain naloxone and administer it in an overdose. This includes people who use opioids, family members, friends and professionals. WA State’s 2015 “Naloxone law” [RCW 69.41.095](#) also permits naloxone to be prescribed directly to an “entity” such as a police department, homeless shelter or social service agency. Together, these laws allow a community agency to have naloxone on site and its employees to carry and administer naloxone in an overdose event.

RCW 69.41.095 also permits non-medical persons to *distribute* naloxone under a prescriber's standing order (see side box).

#### Immunity from liability

Several laws in WA State (commonly called “Good Samaritan” laws) give certain protections to laypersons trying to assist in a medical emergency. [RCW 4.24.300](#) provides immunity from civil liabilities when responding in a medical emergency. [RCW 69.50.315](#) further protects both the overdose victim and the person assisting in an overdose from prosecution for misdemeanor drug possession.

In a **standing order**, a prescriber authorizes specific people (e.g., health educator, counselor, syringe exchange volunteer) to conduct specific tasks within specific protocols on behalf of that prescriber. For example, a medical director, advising physician or local health officer could issue a standing order to allow trained staff to distribute naloxone to clients at risk for overdose.

### **Q: How and where can my agency get naloxone?**

There are several ways that non-medical agencies or staff themselves can obtain naloxone. Which method to pursue depends on the needs and resources of the agency. It can be helpful to consult with a medical provider affiliated with your organization or with your county health officer.

The agency can:

- Purchase naloxone directly from a pharmacy that has a take-home naloxone program, which does not require a customer to present a prescription. This is allowed under an arrangement called a “collaborative drug therapy agreement” (CDTA) in which the pharmacist can directly dispense the naloxone. Not all pharmacies have a CDTA, so consult the current list at <http://www.stopoverdose.org/faq.htm>. The pharmacy will either bill an insurance plan and/or offer a cash price.
- Obtain naloxone from a local program that distributes naloxone in the community. Some programs prioritize distribution for clients and may not offer naloxone to professionals, so inquire with the program.
- Permit individual staff to obtain naloxone on their own that can then be stored for common access by any staff member. Some agencies reimburse any out-of-pocket costs.

An individual staff person can:

- Get a direct prescription from his/her own health care provider. Many insurance plans (including Medicaid) will cover at least one form of naloxone. Check with your insurer to confirm coverage and co-pays.
- Go to pharmacy that has a CDTA.
- Find a local program (e.g., a syringe exchange) that distributes naloxone in the community.

For a current list of pharmacies, syringe exchanges, and community agencies that offer naloxone, go to: [www.stopoverdose.org/faq.htm](http://www.stopoverdose.org/faq.htm).

### **Q: Can anyone on staff use the naloxone if it's not their own prescription?**

Yes. By law, it is permissible for anyone acting in good faith to administer naloxone. WA State law RCW 18.130.345 states, “*The administering, dispensing, prescribing, purchasing, acquisition, possession, or use of naloxone shall not constitute unprofessional conduct*” if the person is acting in good faith to intervene in an overdose situation.

For clarity, most agencies develop internal policies to outline the procedures staff should follow in an overdose situation, including which staff may administer naloxone.

### **Q: How much does naloxone cost and how can we pay for it?**

A standard overdose response kit should include 2 doses (or 2 devices) of naloxone. The four naloxone products currently available vary in price from less than \$50/dose to several hundred dollars per dose/device. Sometimes a pharmacy will also charge a small fee for the brief training provided.

Most agencies must find internal resources to pay for naloxone they purchase for employees. A few counties have designated limited funds for community naloxone distribution, primarily through syringe exchange programs. Check with your local health department if there are funds in your area.

Medicaid will cover the cost of naloxone for Medicaid recipients. To provide naloxone for their clients who receive Medicaid, some agencies have worked with a pharmacy who can directly bill Medicaid for the naloxone.

**Q: Do we need a health care provider or medical director, on or off site, in order to have naloxone at our agency?**

No medical supervision is required, but a medical provider should review your overdose response protocols.

**Q: What should we include in a formal naloxone policy at our agency?**

Your agency should already have protocols for staff and volunteers on how to handle on-site medical emergencies, which would include opioid overdose. Sample protocols can be found at [www.stopoverdose.org](http://www.stopoverdose.org). In general, a policy should outline:

- the specific steps staff should follow to identify an overdose, call for emergency medical help and secure the scene.
- who is allowed to administer different types of direct medical aid (e.g., CPR, rescue breathing, naloxone).
- how staff will be trained on overdose response and naloxone and given refresher training.

**Q: What else do we need to consider?**

Storage: Naloxone should be stored away from direct light and extreme temperatures. It will generally withstand Pacific Northwest temperatures inside car glove boxes, but should be removed in case of temperature extremes.

Expiration Dates: Naloxone expires in about 18-24 months, so consider how your agency will monitor expiration dates and replace expired kits.

Communication and Training: Staff will have many questions about overdose and administering naloxone. Your agency should have a clear method for communicating its policies to all staff and training staff how to respond to an overdose, including administering naloxone. It can also be helpful to designate a “point person” for questions and refresher training on overdose and naloxone at each site that carries naloxone.

**Q: Where can we get training or more information about naloxone or opioid overdose?**

The place that gives you the naloxone will also train you how to use it properly. The website [www.stopoverdose.org](http://www.stopoverdose.org) also provides comprehensive information about opioid overdose and naloxone including online training videos, training materials, and community resources.

Regardless if they will be administering naloxone, all staff and volunteers can be trained to recognize signs of an opioid overdose, seek medical help and perform rescue breathing until medical help arrives. The Center for Opioid Safety Education (COSE) also provides in-person trainings and technical assistance to organizations and communities across WA State on opioid use, overdose prevention, and treatment for opioid use disorder. Contact COSE staff at 206-221-4041 or via email: [info@stopoverdose.org](mailto:info@stopoverdose.org)