Washington State
Hospital Association

Naloxone Distribution Guidance for Hospitals

Issuance: June 2026

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INTRODUCTION TO

Naloxone Distribution Guidance for Washington Hospitals

Washington state continues to experience higher rates of non-fatal opioid overdoses than the national average. And while opioid overdose deaths are slowly beginning to decline, new risks have emerged.

Fentanyl, one of many powerful synthetic opioids, is now found in many other illicit drugs, leading to unintentional opioid exposures and greatly increasing the risk of overdose. Overdose deaths are a leading cause of maternal mortality in Washington state. Rates of accidental poisoning in children 0-3 are climbing at alarming rates.

These challenges put significant pressure on hospitals. Emergency departments are seeing more overdose cases and care can be complex and time-intensive, and staff experience higher rates of moral injury when they lack the resources needed to provide appropriate care.

Opioid overdoses can happen even when opioids are prescribed and used as directed. Across Washington, prescribers are working to improve prescribing practices and offer more options for pain management. One important step is providing or co-prescribing naloxone.

Naloxone, the opioid overdose reversal medication, is a lifesaving intervention. It is safe, easy to use, and can be the difference in someone surviving long enough to receive medical care. Effective naloxone distribution is a meaningful way hospitals can care for their communities and reduce deaths from opioid overdose.

This guidance document is designed to support hospital leaders and healthcare teams in safely and effectively providing naloxone in their care settings. It offers an overview of opioids, opioid overdoses, and how naloxone works, outlines relevant state statutes regarding naloxone distribution, provides practical guidance to meet the statewide mandate for distribution in specific hospital departments and offers resources for distribution in other settings highlighting the work of hospitals across the state.

NALOXONE

Overview

To effectively engage in or support naloxone distribution practices, it is important to understand what naloxone is, how it works, what happens during an opioid overdose, and the importance of providing non-stigmatizing post-overdose care.

UW ADAI Empathy Lens Collection

BASICS

Naloxone (often called Narcan) is a medication that can reverse an opioid overdose and save a life. It works by attaching to opioid receptors in the body and pushing out the opioids that are causing harm. This quickly restores breathing that has slowed or stopped.

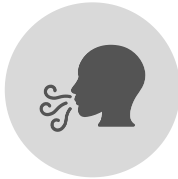
Naloxone is simple to use and is most often given as a nasal spray. It is widely available, either by prescription, over the counter and through hospitals and community programs. Because someone experiencing an overdose cannot give naloxone to themselves, having it nearby and making sure others know how to use it is critical.

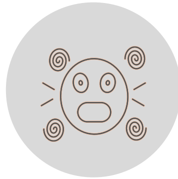
Naloxone is very safe. It can be used for people of all ages, including during pregnancy. If it is given to someone who does not have opioids in their system, it will not cause harm.

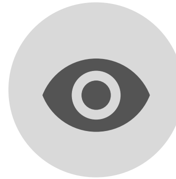
OPIOID OVERDOSES

An opioid overdose happens when there is too much opioid in the body. This slows or stops breathing, which can lead to death if not treated quickly.

Signs of an overdose can include:


Slow or no breathing


Gurgling or gasping


Very small pupils

Being unable to wake up

If you think someone is overdosing, act right away by calling 911, giving naloxone, providing rescue breaths if trained, and staying with the person until help arrives. If they are not breathing on their own after a few minutes, a second dose of naloxone may be needed.

Naloxone can save a life, but it may also cause the revived person to experience precipitated withdrawal, a sudden, intense, painful arrival of withdrawal symptoms, especially if they receive multiple naloxone doses. Even so, using naloxone in an overdose is always the right step.

AFTER AN OVERDOSE

Overdoses can be scary, traumatic experiences for everyone involved. The person who overdosed may feel scared, confused and physically unwell, especially if they experience sudden withdrawal after receiving naloxone. People responding to the overdose may also feel anxious or unsure about how the person will react. Showing calm, respect and compassion during this moment is important. A caring response can help the person feel safer and more willing to accept medical care and support.

People who use drugs often face stigma and discrimination in healthcare settings. This can lead to fear, delayed care, or avoiding care altogether, even in life-threatening situations. When they do seek care, they often report being told their condition is not important, are assumed to be “drug seeking,” or they should just stop using drugs.

It is important to understand that substance dependency is not a choice. It is a chronic medical condition that affects how the brain works. Treating patients with respect and dignity helps build trust and improves care.

REGULATORY SUPPORT

Distributing medication like naloxone directly to patients and using the medication in a medical emergency requires regulatory support. These rules create the structure that allows for medication to be distributed safely and within the boundaries of state and federal law.

Standing Order

Washington has a statewide standing order to support better access to naloxone. Standing orders allow patients to receive tests, vaccines, or other health care without a separate prescription. The naloxone standing order can be used to obtain naloxone from any pharmacy, and it also supports hospital distribution by permitting "any person or entity" to distribute naloxone. Any naloxone distributed under the standing order must be accompanied by instructions on how to use it.

Labeling Requirements

When medications are dispensed from pharmacies, there are rules that govern labeling requirements. The labeling requirements are waived for opioid overdose reversal medications as outlined in RCW 69.41.095.

Clarifying Professional Roles

The ability to distribute naloxone as health care professionals has led to many questions about what is allowed. The Washington Board of Nursing and Pharmacy Quality Assurance Commission both maintain detailed FAQs regarding naloxone distribution for nurses and pharmacists, respectively.

Mandated Distribution in High-opportunity Care Settings

Due to the ongoing impacts of opioid-related harm, hospitals and specific behavioral health settings in Washington have been required to distribute naloxone at discharge to individuals at risk of harm from opioids since January 1, 2022. The following section expands on this issue.

2SSB 5195

Implementation of the Naloxone Mandate

In an effort to reduce opioid overdose deaths in Washington state, 2SSB 5195 was passed in 2021, mandating distribution of naloxone by hospital emergency departments (EDs) and organizations with a Behavioral Health Agency (BHA) designation to any person who is at risk of harm from opioids. In 2022, HB 1761 clarified that nurses may distribute naloxone under this mandate. This section highlights information hospitals need to comply with required naloxone distribution.

WHICH HOSPITALS ARE INCLUDED IN THE NALOXONE DISTRIBUTION MANDATE?

The mandate includes hospitals with an emergency department, including those operating a freestanding or obstetrical emergency department, an inpatient psychiatric unit, and freestanding psychiatric hospitals.

WHO IS REQUIRED TO BE OFFERED NALOXONE?

The statute requires naloxone be offered to patients who present with symptoms of:

- Opioid Overdose
- Opioid Use Disorder
- Other adverse event related to opioid use

Adverse events related to opioid use are broad and can include abscesses and need for wound care, exacerbation of mental health symptoms such as suicidal ideation, and withdrawal symptoms such as muscle aches, vomiting, and diarrhea.

Adverse events can also include unintentional exposure to opioids due to the presence of fentanyl in the drug supply. Due to this concern, hospitals should ensure these patients are included in the at-risk population. A recommended list of diagnosis codes is available, or hospitals can use their own internal processes.

All patients meeting criteria for one of these categories must be offered take-home naloxone at discharge. There is no legislative requirement of how patients are identified, and many hospitals have developed flags in the EHR to easily identify at-risk patients and initiate the workflow for distribution.

REQUIRED PATIENT EDUCATION MATERIALS

Patients receiving naloxone must also receive education that includes the signs and symptoms of an opioid overdose and instructions for how to administer naloxone, and information about medications for opioid use disorder and education about other harm reduction resources like syringe services programs.

What is Harm Reduction?

There are lots of ways to get and stay healthy if you use drugs. If you don't want to quit, or are not sure if you want to quit, harm reduction practices can help. In harm reduction the focus is on "any positive change" and you decide what that means.

Substance Use Disorder Peers

Substance Use Disorder (SUD) peers can help you find treatment, or help you improve your health and quality of life. They also have experience with substance use disorder and are usually in recovery. SUD Peers support you in making positive changes. Locate SUD Peers on the MOUD Locator by following this link: warecoveryhelpline.org/moud-locator/

Syringe Service Programs (SSPs)

Programs can help people who use drugs stay healthy. SSPs provide clean syringes and injection equipment, syringe disposal, naloxone, and access to healthcare. These programs often have free HIV and hepatitis C testing. Find out more about SSPs and find a local site at: doh.wa.gov/SSPDirectory.

If you inject drugs there are injection strategies that can reduce your risk of harm. You can read about them here: nextdistro.org/saferinjection

Treatment for Hepatitis C

In Washington State, anyone with Medicaid can get free treatment for hepatitis C. Newer treatments are usually two months long, have no or few side effects, and work — almost everyone who is treated is cured!

To get help accessing treatment visit this website: hepeducation.org/what-we-do/medical-case-management

HIV Testing and Prevention

For locations that offer HIV testing you can search this web address: bit.ly/HIV_testing

There are medications that can prevent HIV before or after a potential exposure. Learn more on the DOH website at: Pre-Exposure Prophylaxis (PrEP) bit.ly/DOH_PrEP and PrEP Drug Assistance Program (PrEPDAP) bit.ly/DOH_PrEPDAP

The legislation required the Washington Health Care Authority to create these educational materials and translate them into common languages spoken in Washington. Hospitals are permitted to use other educational materials, as long as they cover all the required information outlined in statute.

HOSPITAL REIMBURSEMENT FOR NALOXONE

Hospitals should bill for naloxone to ensure this remains a sustainable practice. Information about billing can be found in the HCA Prescription Drug Program Billing Guide (naloxone billing codes shown below). Most hospitals are distributing naloxone nasal spray, which requires use of a modifier for billing accuracy.

Specifics about reimbursement rates can be found in the HCA Outpatient Hospital (OPPS) or Professional Administered Drug Fee Schedules and contact information for additional questions can be found on the HCA webpage dedicated to naloxone distribution.

HCPCS Code	Modifier	Drug	Unit
J2310		Naloxone injection	1mg
J2311		Naloxone injection, Zimhi™	1mg
J3490	HG	Naloxone 4mg nasal spray	1 single-spray device*
J3490	TG	Naloxone 8mg nasal spray	1 single-spray device*

EDUCATING STAFF TO IMPLEMENT THE MANDATE

Hospitals should ensure all staff who may be part of the distribution process understand the expectations established by this law. Staff needing to be trained will vary across location and hospital workflows, but may include providers, nursing staff, social workers, and peers. Examples of training materials can be found in Appendix C.

Naloxone in Other Care Settings

While naloxone is required in the care settings outlined above, hospitals are uniquely positioned to serve their communities and aid in reducing harm from opioids by expanding their naloxone distribution practices.

WHEN PRESCRIBING OPIOIDS FOR PAIN

When opioids are prescribed for acute pain, best practice is to use the lowest effective dose for the shortest duration, prioritize non-opioid and multimodal therapies and actively address overdose risk. National guidance confirms that even short-term opioid prescribing carries a risk of respiratory depression and overdose, particularly in opioid-naïve patients, making risk mitigation an essential component of safe acute pain management.

Naloxone co-prescribing with acute opioids is a critical patient safety standard and should be considered the minimum level of care. Health systems that normalize naloxone co-prescribing demonstrate improved prescribing safety without compromising pain control.

However, co-prescribing alone is insufficient. Evidence shows that naloxone prescription fill rates remain low, even in states with co-prescribing requirements, meaning many patients leave care without timely access to this life-saving medication. For this reason, direct naloxone distribution at the point of care (emergency departments, inpatient discharge, surgical units) is superior to prescribing alone and is strongly recommended to reduce preventable overdose deaths and advance health equity.

For Washington State hospitals, aligning acute opioid prescribing with routine naloxone co-prescribing and prioritizing direct distribution whenever feasible, supports evidence-based harm reduction, meets emerging standards of care and strengthens statewide overdose prevention efforts.

For additional support on caring for patients with an opioid prescription or how to safely support opioid tapering, see the [2026 WSHA Opioid Tapering Guidance document.]

The Washington State Health Care Authority (HCA) "Starts with One" campaign is a statewide opioid harm-prevention initiative and collaborative with WSHA, focused on early, patient-provider conversations at the point of prescribing for acute pain. Its core aim is to reduce opioid misuse and overdose by equipping both clinicians and patients with practical education on safe prescribing, non-opioid alternatives and risk mitigation strategies.

> Learn More

WHEN PROVIDING CARE TO A PREGNANT OR POSTPARTUM PATIENT

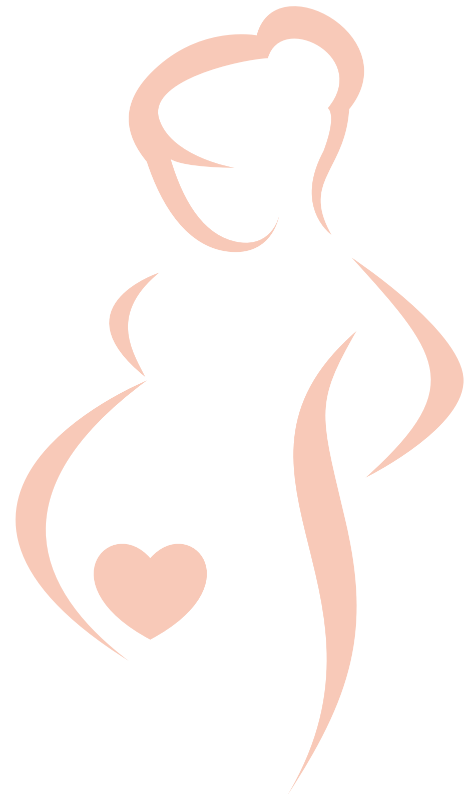
Behavioral health concerns, including suicide and overdose, are a leading cause of maternal mortality in Washington state, and 82% of pregnancy-related deaths are preventable. The risk of overdose during the postpartum period is particularly high due to a loss of tolerance if use was stopped or reduced during pregnancy.

The 2025 Washington State Maternal Mortality Review Panel report included a recommendation regarding naloxone as a life-saving intervention:

Facilities should give birth parents who use or have used opioids or other prescribed substances take-home doses of naloxone—not just a prescription—before they discharge from the hospital. Patients and families should be trained on its use. Ensure that Medicaid and private plans fully reimburse facilities for the purchase of naloxone.

In 2026, the WSHA Safe Deliveries Roadmap program led the Naloxone Saturation Sprint, a five-month targeted improvement project to support interested birthing hospitals in integrating routine naloxone distribution into perinatal and postpartum care. The project included hospitals across the state adopting new distribution practices or strengthening current workflows.

Interested birthing hospitals can also pursue the Centers of Excellence for Perinatal Substance Use certification through the Washington State Department of Health (DOH). This certification was established by a collaborative effort with DOH, HCA, and WSHA to recognize hospitals implementing best practices for providing care for perinatal and postpartum patients with substance use disorders. Effective naloxone distribution to pregnant and postpartum patients is one of the criteria for the certification.



WHEN EXPANDING LOW-BARRIER ACCESS TO THE COMMUNITY

Hospitals are partners in improving community health, and naloxone distribution provides a tangible resource to support overall community wellness and reduce overdose deaths. Committing to low-barrier access requires identifying sustainable funding strategies and many hospitals successfully partner with local agencies to identify sustainable funding streams. Listed below are examples of strategies hospitals across Washington are already using to increase access to this life-saving medication.

Photo Courtesy of Klickitat Valley Health

Vending Machines

Hospitals are a natural fit for hosting naloxone vending machines due to 24-hour access and co-location with medical care. Vending machines generally include some strategy for easier tracking of distribution rates but also incur significant cost and additional maintenance needs. These are most successful as a collaborative effort where multiple community organizations work together to secure initial funding for purchase of the machine and ongoing funding for stocking and maintenance, and the hospital serves as the host site.

Low-barrier Access on the Hospital Campus

Many low-cost options exist to easily provide community access to naloxone on the hospital campus. Known examples include repurposed old equipment, like newspaper dispensers and fire extinguisher cabinets, and placing baskets in common areas like lobbies and emergency department entryways.

Photo Courtesy of Astria Health

Photo Courtesy of North Valley Hospital

Cross-Organization Partnerships

In addition to establishing access within the hospital, there are opportunities to partner with other local organizations to equip them with naloxone for community response. In some communities, this looks like the hospital pharmacy partnering with local law enforcement to ensure all first responders have naloxone on hand when responding to calls where an overdose may have occurred.

APPENDIX A

Naloxone Frequently Asked Questions

OVERVIEW

What is naloxone?

Naloxone (often called by the brand name Narcan) is a medication that can reverse an opioid overdose and save a life. It works by attaching to opioid receptors in the body and pushing out the opioids that are causing harm. This quickly restores breathing that has slowed or stopped.

Is naloxone safe?

Yes – naloxone is very safe! It can be used for people of all ages, including young children or people who are pregnant or breastfeeding. If it is given to a person who does not have opioids in their system, it will not cause harm.

Who can carry naloxone?

Anyone can carry naloxone and it can easily be obtained without need for a separate prescription. The standing order states any “person or entity in a position to assist a person at risk of experiencing an opioid-related overdose” can carry naloxone and a standing order serves as a pre-authorized prescription, available for use by anyone in the state.

Where can I get naloxone?

Naloxone can be purchased over-the-counter or filled as a prescription through the standing order. It can also be found at many locations participating in community naloxone distribution. Use the Washington State Department of Health’s Naloxone Finder to identify resources in your community.

Naloxone Frequently Asked Questions

DISTRIBUTION OF NALOXONE

Are nurses allowed to distribute naloxone?

Yes! Many hospitals utilize a nurse-initiated order set to strengthen naloxone distribution processes. More detailed information about nursing scope of practice can be found in the Washington Board of Nursing Frequently Asked Questions under "Prevention and Treatment of Opioid-Related Overdoses."

What is a standing order and how does it increase access to naloxone?

A standing order is a pre-authorized prescription, available for use by anyone in the state, to access a medication, vaccine, or service without an individual prescription. The naloxone standing order increases access to naloxone by removing barriers to who can distribute it, and how and where it can be accessed.

Does my hospital have to give naloxone to patients?

Yes, if your hospital has an emergency department, freestanding emergency department, obstetrical emergency department, inpatient psychiatric unit, or if your hospital is a freestanding psychiatric hospital, you must offer naloxone to patients in those settings when they present with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use. See RCW 70.41.485 and RCW 71.24.594 for acute hospitals and behavioral health agencies, respectively. Hospitals may elect to distribute naloxone under the standing order in other departments.

APPENDIX A

Naloxone Frequently Asked Questions

DISTRIBUTION OF NALOXONE

Are there other ways to distribute naloxone? How do we get a vending machine?

Yes, hospitals can participate in naloxone distribution in a variety of ways! Naloxone vending machines allow for easy access and they are attention-grabbing, so they are asked about frequently. Hospitals who have vending machines have done so through collaborative efforts with community partners like the regional Accountable Community of Health (ACH), local health departments, and payors with access to grant funding.

However, vending machines require a variety of steps that may be time- or cost-prohibitive. There are many hospitals who have chosen lower barrier options such as refurbishing unused fire extinguisher cabinets or newspaper dispensers, setting up a basket in the lobby, including naloxone in a take-home first aid kit, or giving away naloxone at community events. These approaches are more affordable and are equally successful in getting naloxone into the hands of community members who could respond to an overdose and save a life.

APPENDIX A

Naloxone Myths

MYTH | Giving naloxone to people who use drugs will enable ongoing drug use rather than helping them.

REALITY

Naloxone helps by reversing the life-threatening effects of an opioid overdose, giving them time to receive additional medical care such as beginning medications for opioid use disorder (MOUD). The belief that harm prevention efforts like naloxone distribution are enabling is rooted in a historical understanding of addiction as a personal choice. Evidence now supports understanding addiction as a chronic, treatable brain disease, that changes the structure of the brain. Giving a lifesaving medication to people at risk of dying from their medical condition is a reasonable standard of care, not enabling.

MYTH | Naloxone should only be given to people with opioid use disorder.

REALITY

Naloxone is for everyone, and there are two primary reasons why. First, an opioid overdose can happen in many scenarios outside of just individuals who use illicit opioids. Fentanyl in the illicit drug supply means individuals using other substances like stimulants are at higher risk of dying from unexpected opioid exposure. People with acute opioid prescriptions can accidentally take more than the prescribed dose. Children can accidentally ingest medication not intended for them. Having naloxone available in case of an overdose is like having a fire extinguisher or wearing a seatbelt – it is there if you need it! The other reason why naloxone is for everyone is because it cannot be self-administered. It requires another person to administer and call for help, so the more people who have naloxone and know how to use it, the greater the likelihood of saving a life in the event of an overdose.

APPENDIX A

Naloxone Myths

MYTH | People get angry and aggressive after being revived by naloxone.

REALITY

Experiencing an overdose and then being revived by naloxone is traumatic. Imagine waking up feeling scared, confused, or disoriented, while also being potentially surrounded by strangers or medical personnel, and in pain from withdrawal symptoms – that would be overwhelming in any situation! Giving the person space and speaking in a calm tone can help address any discomfort.

MYTH | Pregnant patients should not use naloxone.

REALITY

Naloxone is safe in pregnancy and should be used if a pregnant person experiences an opioid overdose. The risk for complications from withdrawal during pregnancy are higher so it is very important that the pregnant person receives emergency follow-up care after receiving naloxone.

APPENDIX B

Patient-facing Resources

These materials were developed by HCA to meet the educational requirements of the naloxone distribution mandate.

HCA MOUD & Harm Reduction Education *(English)*

- Print handouts in 20 different languages

HCA Opioid Overdose Education & Naloxone Instructions *(English)*

- Print handouts in 20 different languages

These materials are specifically designed for pregnant and postpartum patients at risk of an opioid overdose.

Academy of Perinatal Harm Reduction + National Harm Reduction Coalition: Opioid Overdose and Pregnancy

Oregon Perinatal Collaborative: Opioid Overdose and Pregnancy

For patients who are receiving an opioid prescription, Starts With One provides clear education about the importance of naloxone as a safety measure.

Understanding Opioids: Side Effects, Risks, and Safe Use

Carry Naloxone: Opioid Safety Starts With You

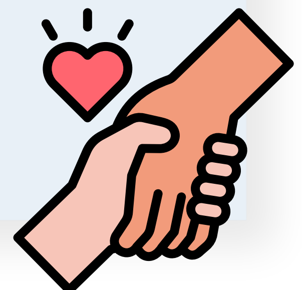
Naloxone Prescription Education

Naloxone After Visit Summary

Patients may also need resources on how to access additional naloxone, and these resources can help with that.

Naloxone Finder | Washington State Department of Health

Get naloxone – Friends For Life



APPENDIX C

Hospital Leader Resources

Resources for providing person-centered care are important tools for effective naloxone distribution. Offering naloxone is important, and so is treating all patients with compassion.

People First: A Team Approach to Stigma Reduction - Bridge to Treatment

Words Matter - Terms to Use and Avoid When Talking About Addiction

A Caring Culture in Healthcare - Bridge to Treatment

Video Training: Screening, Brief Intervention, & Referral to Treatment | Washington State Hospital Association

Gaining comfort talking about new topics can take practice, and offering naloxone is no different. Resources are available to provide scripts and conversation guidance for a variety of scenarios.

Talking About Naloxone with Patients Prescribed Opioids

WSHA Provider Toolkit | Starts With One

These education materials are designed to support hospital implementation of the naloxone distribution mandate.

WSHA Training Materials:

Training Video
Can be downloaded for use in LMS

Printable Slides with Talking Points

Editable Slides
For hospitals who want to modify the presentation to reflect specific internal workflows

HCA Training Materials:

Templates for Emergency Departments

Templates for Behavioral Health Agencies

Implementation toolkits support robust naloxone distribution programming, and typically include additional patient education as well as workflows, staff education strategies, and answers to common questions.

CDC Naloxone Toolkit

WSHA Perinatal Naloxone Saturation Sprint Toolkit

Oregon Perinatal Collaborative Naloxone Toolkit

APPENDIX D

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Revised Code of Washington 70.41.485 Opioid overdose reversal medications – Distribution – Labeling – Liability. https://app.leg.wa.gov/RCW/default.aspx?cite=70.41.485

Revised Code of Washington 71.24.594 Opioid overdose reversal medications – Education – Distribution – Labeling – Liability. https://app.leg.wa.gov/RCW/default.aspx?cite=71.24.594

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APPENDIX D

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University of Washington Addictions, Drug and Alcohol Institute – Washington State Opioid and Major Drug Interactive Data https://adai.uw.edu/wadata/major_drug_deaths.htm

Washington Board of Nursing Frequently Asked Questions https://nursing.wa.gov/practicing-nurses/frequently-asked-questions

Washington State Department of Health | Standing Orders Resource Page https://doh.wa.gov/public-health-provider-resources/standing-orders

Washington State Hospital Association | Distribution of Opioid Overdose Reversal Medication in Hospitals https://www.wsha.org/webfoo/wp-content/uploads/Hosptial-Opioid-Overdose-Reversal-Medication-Distribution.pdf

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APPENDIX A

Naloxone Frequently Asked Questions

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2SSB 5195

Implementation of the Naloxone Mandate

In an effort to reduce opioid overdose deaths in Washington state, 2SSB 5195 was passed in 2021, mandating distribution of naloxone by hospital emergency departments (EDs) and organizations with a Behavioral Health Agency (BHA) designation to any person who is at risk of harm from opioids. In 2022, HB 1761 clarified that nurses may distribute naloxone under this mandate. This section highlights information hospitals need to comply with the legislative mandate.

WHICH HOSPITALS ARE INCLUDED IN THE NALOXONE DISTRIBUTION MANDATE?

The mandate includes hospitals with an emergency department, including those operating an obstetrical emergency department, an inpatient psychiatric unit, and freestanding psychiatric hospitals.

WHO IS REQUIRED TO BE OFFERED NALOXONE?

The statute requires naloxone be offered to patients who present with symptoms of:

- Opioid overdose
- Opioid use disorder
- Other adverse event related to opioid use
    - Adverse events related to opioid use are broad and can include abscesses and need for wound care, exacerbation of mental health symptoms such as suicidal ideation, and withdrawal symptoms such as muscle aches, vomiting, and diarrhea.
    - Adverse events can also include unintentional exposure to opioids due to the presence of fentanyl in the drug supply. Due to this concern, hospitals should ensure these patients are included in the at-risk population. A recommended list of diagnosis codes is available, or hospitals can use their own internal processes.

All patients meeting criteria for one of these categories must be offered take-home naloxone at discharge. There is no legislative requirement of how patients are identified, and many hospitals have developed flags in the EHR to easily identify at-risk patients and initiate the workflow for distribution.

WHEN EXPANDING LOW-BARRIER ACCESS TO THE COMMUNITY

Hospitals are partners in improving community health, and naloxone distribution provides a tangible resource to support overall community wellness and reduce overdose deaths. Committing to low-barrier access presents a funding opportunity and many hospitals successfully partner with local agencies to identify sustainable funding streams. Listed below are examples of strategies hospitals across Washington are already using to increase access to this life-saving medication.

Vending Machines

Hospitals are a natural fit for hosting naloxone vending machines due to 24-hour access and co-location with medical care. Vending machines generally include some strategy for easier tracking of distribution rates but also incur significant cost and additional maintenance needs. These are most successful as a collaborative effort where multiple organizations work together to secure initial funding for purchase of the machine and ongoing funding for stocking and maintenance, and the hospital serves as the host site.

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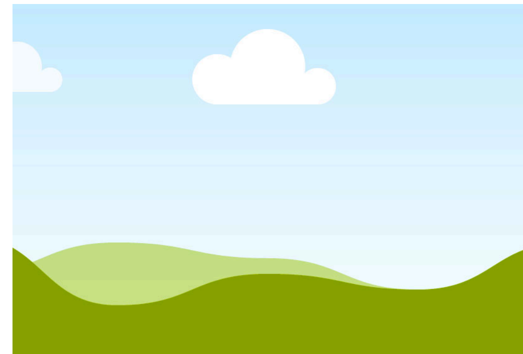
NALOXONE

Overview

To effectively engage in or support naloxone distribution practices, it is important to understand what naloxone is, how it works, what happens during an opioid overdose, and the importance of providing non-stigmatizing post-overdose care.



BASICS

Naloxone (often called Narcan) is a medication that can reverse an opioid overdose and save a life. It works by attaching to opioid receptors in the body and pushing out the opioids that are causing harm. This quickly restores breathing that has slowed or stopped.

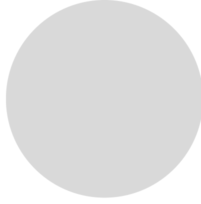
Naloxone is simple to use and is most often given as a nasal spray. It is widely available, either by prescription, over the counter and through hospitals and community programs. Because someone experiencing an overdose cannot give naloxone to themselves, having it nearby and making sure others know how to use it is critical.

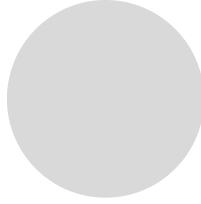
Naloxone is very safe. It can be used for people of all ages, including during pregnancy. If it is given to someone who does not have opioids in their system, it will not cause harm.

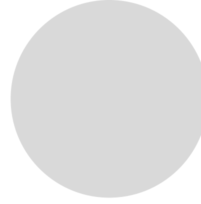
OPIOID OVERDOSES

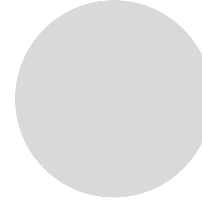
An opioid overdose happens when there is too much opioid in the body. This slows or stops breathing, which can lead to death if not treated quickly.

Signs of an overdose can include:


Slow or no breathing


Gurgling or gasping


Very small pupils


Being unable to wake up

If you think someone is overdosing, act right away by calling 911, giving naloxone, providing rescue breaths if trained, and staying with the person until help arrives. If they are not breathing on their own after a few minutes, a second dose of naloxone may be needed.

Naloxone can save a life, but it may also cause the revived person to experience precipitated withdrawal, a sudden, intense, painful arrival of withdrawal symptoms, especially if they receive multiple naloxone doses. Even so, using naloxone in an overdose is always the right step.

AFTER AN OVERDOSE

Overdoses can be scary, traumatic experiences for everyone involved. The person who overdosed may feel scared, confused and physically unwell, especially if they experience sudden withdrawal after receiving naloxone. People responding to the overdose may also feel anxious or unsure about how the person will react. Showing calm, respect and compassion during this moment is important. A caring response can help the person feel safer and more willing to accept medical care and support.

People who use drugs often face stigma and discrimination in healthcare settings. This can lead to fear, delayed care, or avoiding care altogether, even in life-threatening situations. When they do seek care, they often report being told their condition is not important, are assumed to be “drug seeking,” or they should just stop using drugs.

It is important to understand that substance dependency is not a choice. It is a chronic medical condition that affects how the brain works. Treating patients with respect and dignity helps build trust and improves care.