

Frequently Asked Questions

Naloxone

What is naloxone?

Naloxone, also known as Narcan[®], is a drug to treat the effects of opioids and can save the life of someone overdosing on opioids. The enhanced surveillance also allows us to track how many times naloxone has been dispensed by a pharmacist or given to someone who may be suffering from an opioid overdose.

What is the difference between naloxone administration and dispensing?

Naloxone Dispensing is when a pharmacist provides a package and/or “kit” of naloxone/Narcan[®] to someone for them to have and keep for their use in an emergency (or in case a friend or family members needs it). Pharmacists may also dispense naloxone to certain community-based organizations so that the organizations can then provide the kits to people who may need them. ADHS’s [standing order](#) allows pharmacists to dispense naloxone to any individual in Arizona.

Naloxone/Narcan[®] administration is the act of getting a medication (in this case naloxone) into a person's blood stream.

How is naloxone administered?

Depending on the packaging, naloxone/Narcan[®] can be administered in one of three ways:

- (1) Via a mist sprayed into a person's nose;
- (2) Via an injection directly into a person’s muscle usually in the top of their upper thigh or in the muscular portion of their upper arm or shoulder;
- (3) Via a needle that has been placed into a person’s vein, usually on the inside of their arm.

The first two methods (#1 and #2) are the most common for the out-of-hospital setting.

ADHS’s [standing order](#) allows any individual to purchase naloxone/Narcan[®] from any pharmacy in Arizona. It is important to read and follow the instructions provided with the naloxone so that you know how to use it. The third method (#3) is for certified/licensed healthcare professionals.

Who needs naloxone immediately accessible to them?

Ideally, naloxone should be immediately accessible to family members and friends of people at risk of opioid overdose, first-responders to opioid overdose patients, and medical providers.

Where is naloxone available?

Patients can receive naloxone prescriptions through their medical providers. Patients and members of the public can now purchase naloxone from any pharmacy without a prescription (see [the standing order for naloxone](#)). There are also substance abuse treatment organizations that distribute naloxone.

Are there guidelines for prescribing of naloxone to patients?

The [CDC 2016 Guideline for Prescribing Opioids for Chronic Pain](#) recommends clinicians consider offering naloxone when there are factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, and higher opioid dosages.

Who can administer naloxone?

Under [A.R.S. § 36-2267](#), any person may administer an opioid antagonist, like naloxone, to a person who is experiencing an opioid-related overdose. The statute further states, "A person who does this in good faith and without compensation is not liable for any civil or other damages as the result of the act."

What are the legal protections for those prescribing and/or administering naloxone?

The Arizona Revised Statutes regarding the prescription and administration of opioid antagonists, like naloxone, are as follows:

[A.R.S. § 36-2266](#) – Prescribing and dispensing; immunity; good faith statement; definition.

[A.R.S. § 36-2267](#) – Administration of opioid antagonist; exemption from civil liability; definition.

[A.R.S. § 36-2228](#) – Administration of opioid antagonist; training immunity; designation by director.

Why is the administration and dispensing of naloxone reportable?

On June 5, 2017, Arizona Governor Doug Ducey declared a [Public Health State of Emergency](#) due to the opioid epidemic. More than two Arizonans die every day due to opioid-related overdoses. The resultant [Enhanced Surveillance Advisory](#) went into effect June 15, 2017 as a first step toward understanding the current burden in Arizona and to collect data to best target interventions.

Who needs to report the *administration* of naloxone?

See [Reporting](#) for information on required reporters, health conditions to be reported, and reporting systems. Required reporters include law enforcement officers, emergency medical services/ambulance agencies, and healthcare facilities/providers.

Who needs to report the *dispensing* of naloxone?

See [Reporting](#) for information on required reporters, health conditions to be reported, and reporting systems. Required reporters include pharmacists.

Do community members need to report the administration of naloxone?

No, required reporters include healthcare providers, licensed healthcare facilities, correctional facilities, medical examiners, law enforcement officers, EMS and ambulance agencies, and pharmacists (see [Reporting](#)).

However, it should be noted that EMS, law enforcement, and the fire department are responsible for reporting bystander/layperson administration of naloxone.

If naloxone is administered to a hospitalized patient, does that need to be reported?

All patients requiring naloxone to reverse a suspected opioid overdose need to be reported (see [Reporting](#)). Patients that receive naloxone to reverse IV sedation or anesthesia are not reportable.