

FAQ for Naloxone Distribution in Behavioral Health Settings

SB 5195 Frequently Asked Questions for Frontline Staff

Is naloxone safe and effective when used in community settings?

Yes, naloxone has been proven to effectively reverse opioid overdoses in community settings administered by people with no medical training. Naloxone will not cause harm if it is administered to someone who is not having an opioid overdose.

Does naloxone distribution encourage drug use?

No, the availability of naloxone does not correlate with an increase in drug use frequency or quantity. In fact, the distribution of naloxone combined with access to harm reduction services has been shown to have a positive impact on substance use behaviors.

Does naloxone help people get better, or does it just allow someone to stay alive and continue using drugs?

Many people who are at risk for an opioid overdose will reduce their risk over time and make positive changes, provided they are alive to do so. By distributing naloxone along with overdose prevention education, you are confirming that the lives of people who experience an opioid overdose are worth saving.

How will this affect my clinical practice?

Naloxone is a simple way to save lives. Offering naloxone to people at risk of opioid overdose can immediately shift the therapeutic relationship you have with your client. Often people who use opioids experience stigma and shame in their interactions with the health system. Building positive rapport and sharing resources on how to stay healthy may make the client's experience more healing and your job more satisfying.

Where can I learn more about reducing the harms related to drug use?

There are a lot of resources out there, and harmreduction.org and stopoverdose.org are two good websites to start learning more. You can also connect with your local syringe services program, as they are experts in your community and refer to the Washington Department of Health Drug User Health Page: <https://www.doh.wa.gov/YouandYourFamily/DrugUserHealth>.

What words should I use and what words should I avoid when talking about drug use?

The words you use matter. It is important to see your patient as a person, and not as an illness or a behavior. Words like junky, addict, drug-seeker, clean or dirty, etc. can perpetuate stigma. An alternative approach is to use person-first language, such as "people who use drugs" or "people who inject drugs".



How can I help my clients “get sober”?

Many people who use drugs will end up on a path to recovery. Abstinence is only one way to recover from a substance use disorder. Collaborating with your client and identifying their recovery or use goals is also a way to orient conversations. Medications for opioid use disorder (MOUD), such as buprenorphine and methadone, are associated with a 50% reduction in mortality. Use of medication treatment is not replacing one drug with another and is one way of recovering from opioid use disorder. Providing information on MOUD and ways for client’s to get and stay healthy are direct ways to support a client. Any positive change in how someone uses drugs is another way to start a recovery process. Patients who carry naloxone and reduce overdose risk are making positive change for themselves and others.

What are some effective ways to talk with people about overdose risk?

Approaching clients with curiosity and compassion may help facilitate conversations about overdose risk. In line with motivational interviewing, you can ask open ended questions, include the client’s experiences and existing knowledge, and center them as the experts on their own use and lived experience. If you would like more structure, consider the following approach:

1. Build rapport	I would like to take some time to talk about your risk of opioid overdose and naloxone. Can you tell me what you know about naloxone and how to use it?
2. Pros and Cons	What do you do that might put you at risk for overdose? What actions do you currently take to reduce that risk?
3. Provide information and get feedback	I have some additional information on overdose risk and how naloxone works, can we review it together?
4. Assess readiness	So, on a scale of 0 to 10, how prepared do you feel to use naloxone / recognize an overdose / tell other people how to use it on you / etc.
5. Make an action plan	Based on our conversation, what are some options that might work for you to help you stay healthy and safe? What supports do you have for making this change? Those are great ideas. I have a few more that be helpful (link to additional support, programs, telling people where the naloxone is stored, etc.)

