

# journey to recovery

## How to Start a Naloxone Program

### 1. PLANNING

Many tribes are including Naloxone distribution in their opioid response strategies. Follow this series of guide sheets to start a Naloxone distribution program in your own community.



#### Get the Facts

Go to **StopOverdose.org** for fact sheets, information on Naloxone products, training materials, and other helpful resources.



#### Develop a Plan

Map out a distribution plan with the following details:

- Who will receive the Naloxone (tribal police, Wellness Center patients, any tribal member who wants/needs it)?
- Who will oversee the program, distribute the Naloxone, and provide training?
- Where will the Naloxone be stored (away from direct light and extreme temperatures)?
- How much Naloxone will be needed?
- What are the estimated costs and are there funds available to pay for it?
- Who will prescribe the Naloxone standing order?



#### Check Good Samaritan Codes

Ask a tribal attorney about the need for new or amended tribal ordinances that protect first responders and laypersons who administer Naloxone from civilian and criminal liability. Some tribes defer to Washington State laws; others adopt their own good-faith immunity provisions. Search tribal codes at **narf.org/nill/triballaw**.



#### Seek Approval

Present the Naloxone distribution plan, standing order (see “Purchasing Naloxone”), and ordinance revisions to Tribal Council for approval.

Naloxone program information  
**StopOverdose.org**

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### 2. PURCHASING NALOXONE

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#### Identify a Prescriber

A Wellness Center medical director, tribal clinic provider or any private healthcare provider with prescriptive authority may write a standing order for Naloxone distribution.

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#### Get a Standing Order

A prescriber's standing order authorizes certain people to do tasks within protocols on behalf of the prescriber. For example, a physician could issue a standing order to allow trained Wellness Center staff to distribute Naloxone to patients at risk of overdoses.

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#### Purchase the Naloxone

Purchase no more than a three-month supply at one time (Naloxone kits expire in 18-24 months). Purchasing options include:

- Your tribal pharmacy can fill prescriptions from medical providers or prescribe Naloxone directly to individuals through a Collaborative Practice Agreement under Indian Health Services protocols. You may be able to order through existing medical supplies or pharmaceutical wholesaler accounts.
- Partner with a non-tribal pharmacy that has an equivalent Collaborative Drug Therapy Agreement (CDTA) to directly prescribe Naloxone. Find one at [stopoverdose.org/section/find-Naloxone-near-you](https://stopoverdose.org/section/find-Naloxone-near-you). Any pharmacy can fill provider prescriptions for Naloxone; many offer delivery services.
- Order Narcan® nasal spray online through ADAPT Pharma at [narcandirect.com](https://narcandirect.com). You'll need your prescriber name and standing order.

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### 3. TRAINING AND TRACKING

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#### Share the Facts

Train those who will distribute the Naloxone on how to recognize and respond to an opioid overdose and how to administer Naloxone. A variety of training materials and videos are available at [StopOverdose.org](https://www.stopoverdose.org) (no cost).

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#### Connect with a Trainer

The University of Washington Alcohol & Drug Abuse Institute can connect you with a local trainer for in-person trainings and technical assistance on overdose prevention and response, Naloxone, and treatment for opioid use disorder. Call **206-221-4041** or email [stopovd@uw.edu](mailto:stopovd@uw.edu).

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#### Monitor and Report

Designate a point person to oversee Naloxone distribution, answer questions, and report regularly to Tribal Council or others about the program's progress and results. Also consider how you will:

- Monitor inventory and replace expired Naloxone kits.
- Replace individuals' Naloxone kits that have expired or been used in a reversal.
- Document distribution or collect data on reversals. Reliable data can be helpful in assessing needs and gaps in overdose prevention and applying for future funds.

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