



OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION IN WASHINGTON STATE

Office of Infectious Disease

What is an opioid overdose?

- An opioid overdose happens when someone has an amount of opioids in their system that causes their breathing to slow down too much.
 - Certain receptors in the brain – mu opioid receptors – become overwhelmed and breathing becomes suppressed.
- Without help, a person's breathing can continue to slow until it stops. This can happen quickly and can be very dangerous.

Fentanyl & Recent Increases in Opioid Overdose

- Fentanyl is 50 – 100 times stronger than other opioids like heroin and morphine
- No clinically-confirmed cases of overdose from touching fentanyl or inhaling secondhand fentanyl smoke
- Most fatal drug overdoses in WA state since 2024 were polysubstance related (fentanyl & methamphetamine)



Photo from New Hampshire State Police Forensic Lab.

Risk factors associated with opioid overdose

Periods of abstinence/recently released from substance use treatment

***Polysubstance use (*especially alcohol and benzos*)

Being recently released from jail/prison

Due to fentanyl's half life, the need to use more often

Route of administration (e.g., injection, smoking, snorting)

Using street drugs/illicit drugs of unknown purity or origin

***Using alone

Having a history of drug overdose

Having other, non-drug use related ailments (diabetes, COPD, etc.)

Signs of an Opioid Overdose

- Not breathing, breathing very slowly, or making strange sounds like choking, gurgling, or snoring.
- Unconscious and can't be woken up.
- Skin, lips, or nails look pale, discolored and/or blue.

What is naloxone?

- A safe and effective medication used to reverse the effects of an opioid overdose.
 - No harmful effect if administered to someone who has not taken opioids
 - Does not reverse overdoses from other types of drugs
 - Some products available OTC
- Safe for use in people of all ages, including pregnant people, newborns, infants and toddlers.
- Naloxone works on all opioids, including fentanyl.

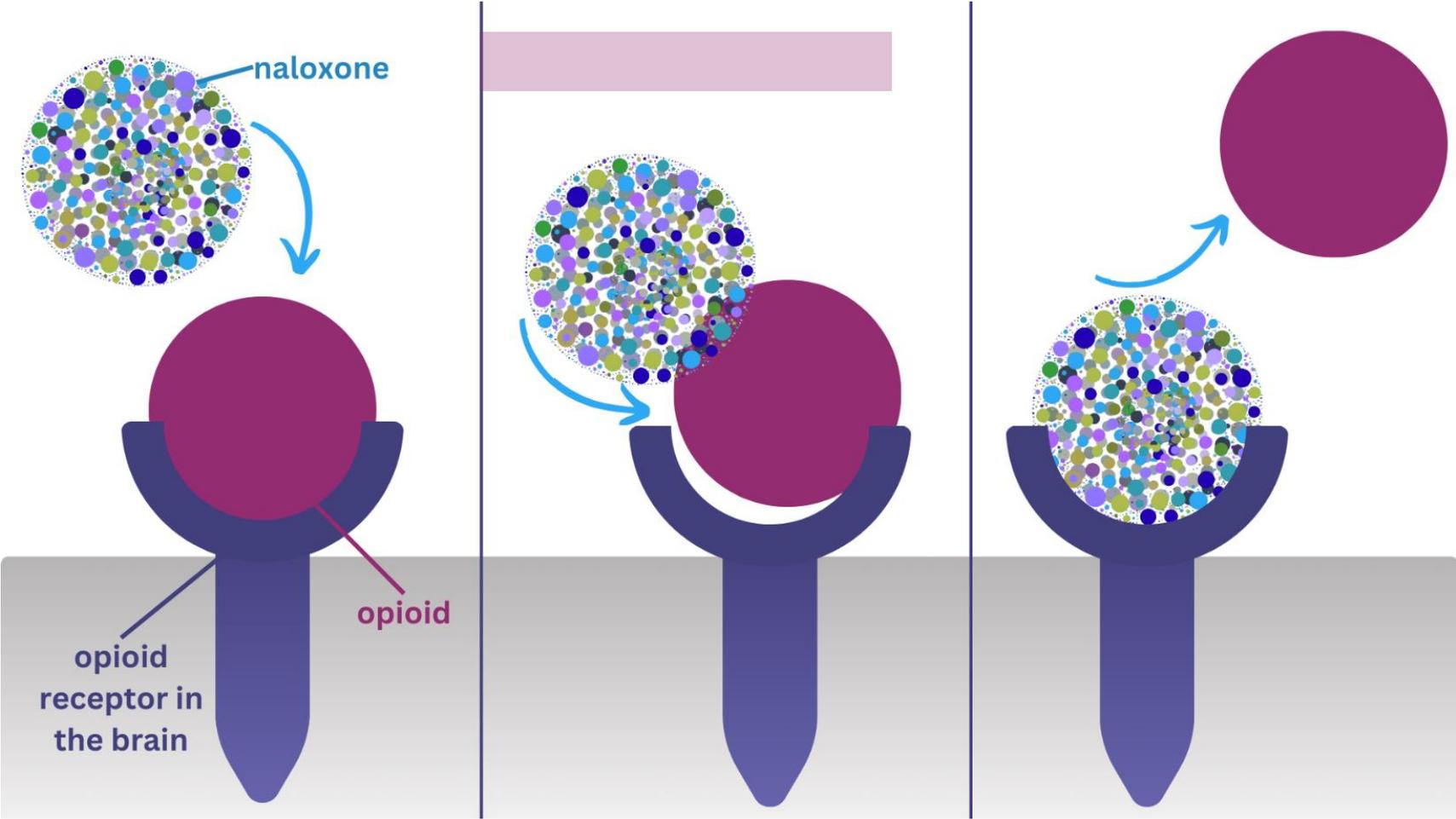


Injectable naloxone



Nasal naloxone
(commonly known by brand name
NARCAN®)

How naloxone works



A brief history of community naloxone distribution in the U.S.

1971	Naloxone hydrochloride patented in 1961 and approved by the FDA as 0.4/mg/mL injectable to treat opioid toxicity (“overdose”).
1980s-90s	Naloxone used exclusively by emergency medical personnel and in hospital settings to reverse overdoses and manage opioid-involved anesthesia. Rumors that some sympathetic EMTs and paramedics were distributing small quantities of naloxone to people who used drugs.
1996	Chicago Recovery Alliance’s Dan Bigg (co-founder and director) and Dr. Sarz Maxwell began distributing naloxone to syringe service program participants. (note that Italy pioneered community access to naloxone, with harm reduction services distributing it in the Piemonte and Lazio regions in the early 1990s and it becoming OTC in 1996).
Late 1990s-00s	Many “underground” naloxone distribution efforts by syringe service programs and other harm reduction services across the United States.

Bigg Love



Photo of Dan Bigg by Holly Bradford

Rules for Living a Bigg Life

by Suzanne Carlberg-Racich

1. Welcome all humans and furry creatures.
2. Treat others the way you want to be treated.
3. Wear whatever you want, whenever you want.
4. Take time to educate and mentor others.
5. Plan all activities around food.
6. Embrace any positive change.
7. Demonstrate radical generosity.
8. Choose people over politics.
9. Always pack an extra duffle bag of naloxone.
10. Less talk, more action!

A brief history of community naloxone distribution in the U.S.

2001	New Mexico first state to pass a naloxone access law which allowed for legal distribution through public health programs.
2000s	In the following years, legal programs followed in locations such as San Francisco (2003), New York City (2004), Baltimore (2004), and the state of Massachusetts (2006).
2015	FDA approved first naloxone nasal spray (commercial release in 2016 and generic approval in 2019).
2018	Surgeon General issues an Advisory that calls for more people to get access to naloxone.
2023	FDA approved naloxone nasal spray as OTC.

<https://remedyallianceftp.org/pages/history>

https://www.euda.europa.eu/publications/topic-overviews/take-home-naloxone_en

30 years of data showing overdose education & naloxone distribution as an evidence-based practice

Overdose education & naloxone distribution as an evidence-based practice refers to three specific models:

1. Naloxone distribution directly to people who use drugs via syringe service programs.
2. Naloxone provision upon release from incarceration.
3. Co-prescribing naloxone with opioids to people at high risk [a good use of health insurance for naloxone].

This does not mean other models of naloxone do not work or should not be explored, but these are the models for which there is robust evidence from the peer-reviewed scientific literature and models that should be prioritized. ([Doe-Simkins & Wheeler, 2024](#))

WA State Good Samaritan Law

- In WA, any person can carry or administer naloxone (2015) ([RCW 69.41.095](#))
- Any person who experiences an overdose or is acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose will not be charged or prosecuted for possession of a controlled substance (2010) ([RCW 69.50.315](#))
 - Possible exceptions to the Good Samaritan law:
 - Outstanding warrants
 - Probation or parole violations
 - Drug manufacture or delivery
 - Controlled substances homicide
 - Other crimes beyond drug possession

DOH Overdose Education and Naloxone Distribution (OEND) Program

- Goal: Provide low-barrier, high volume naloxone distribution to people who drugs.
- Started in 2019, the DOH OEND Program provides free naloxone, overdose response training, and technical assistance to organizations that distribute naloxone to people most likely to experience or respond to opioid overdose.
 - Prior to this, UW ADAI, developed a network of 24 syringe service programs in 32 counties to distribute naloxone (2016-2021). The DOH OEND Program built on this foundation.
- Prioritize partnerships with:
 - High-impact organizations that can't bill insurance such as syringe service programs (SSPs), jails, EMS naloxone leave-behind programs, and housing and shelter providers.
 - Tribes, Tribal Organizations, and Urban Indian Health Organizations.

DOH OEND Products

Intramuscular naloxone (0.4mg/mL products), intramuscular syringes, and packaging sleeves with printed instructions

Intranasal naloxone (3 or 4 mg/mL products) (RiVive[®], NARCAN[®] and its generic equivalents)

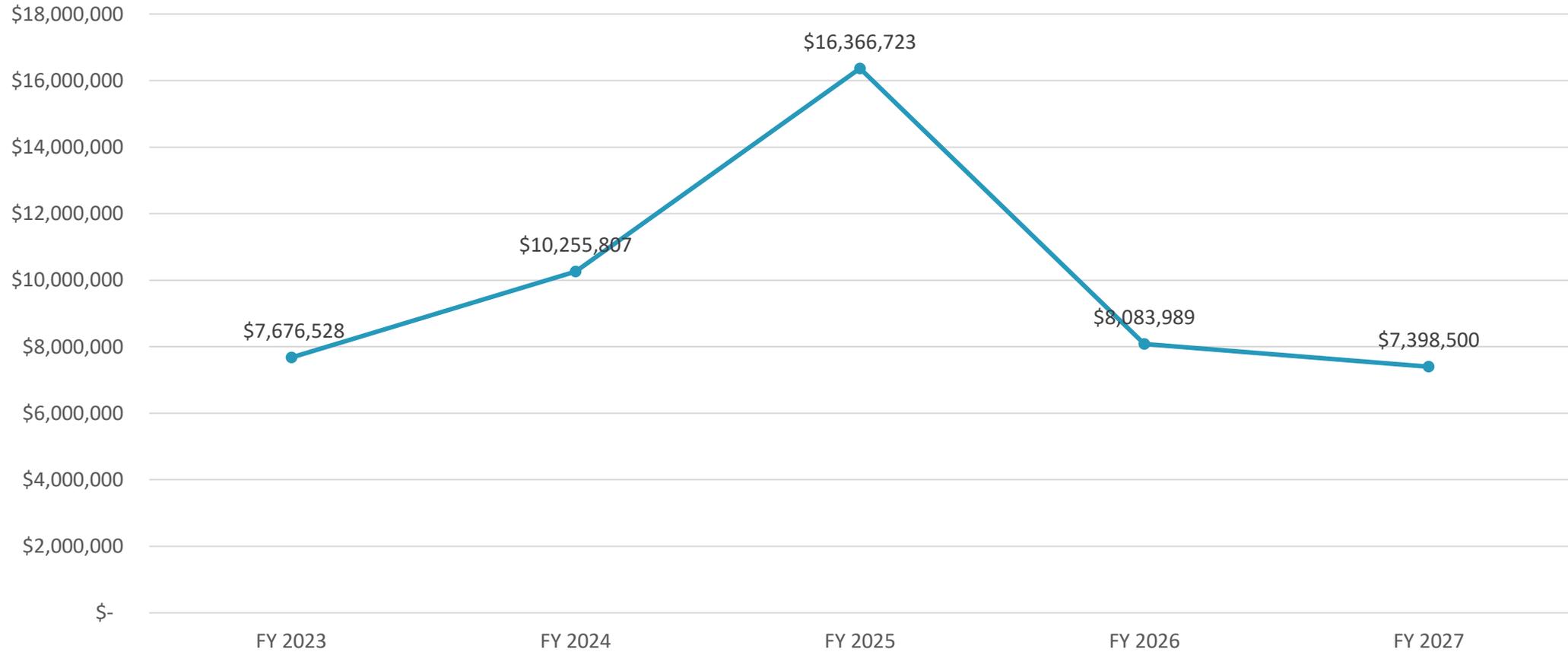
- DOH does not purchase or recommend high-dose naloxone products or nalmefene for community opioid overdose response.

OEND Program Funding

OEND Program Funding Source	FY 2024	FY 2025	FY 2026	FY 2027
DOH Naloxone Proviso (Opioid Abatement Settlement Account)	\$ 2,500,000	\$ 6,500,000	\$ 3,447,500	\$ 3,447,500
IAA with HCA (Harm Reduction Proviso) (GF-S and GF-F)	\$ 3,651,000	\$ 3,651,000	\$ 3,651,000	\$ 3,651,000
IAA with HCA (Naloxone Proviso - Federal)	\$ 3,415,000	\$ 2,500,000	\$ -	\$ -
IAA with HCA (SAMHSA WA-PDO Grant - Federal)	\$ 689,807	\$ 687,723	\$ 685,489	\$ -
IAA with HCA (Public health supply vending machines) (GF-S)	\$ -	\$ 900,000	\$ 300,000	\$ 300,000
Supplemental DOH Naloxone Proviso (OASA)	\$ -	\$ 2,128,000	\$ -	\$ -
Total	\$ 10,255,807	\$ 16,366,723	\$ 8,083,989	\$ 7,398,500
	\$ 26,622,530		\$ 15,482,489	

OEND Program Funding

OEND Program Funding over Time



Managing Reduction in Funding

Between last biennium and this current biennium, experienced nearly 45% reduction in OEND program funding.

Managing this reduction by:

- Always purchasing the least expensive naloxone products accessible through state procurements.
- Capping nasal naloxone to 100 kits per month for most OEND partners (partners can still access intramuscular naloxone at higher quantities).
- Capping naloxone by mail program to 3000 orders per month, with cap of 2000 kits of nasal naloxone.
- Triaging requests based on evidence-based practice.

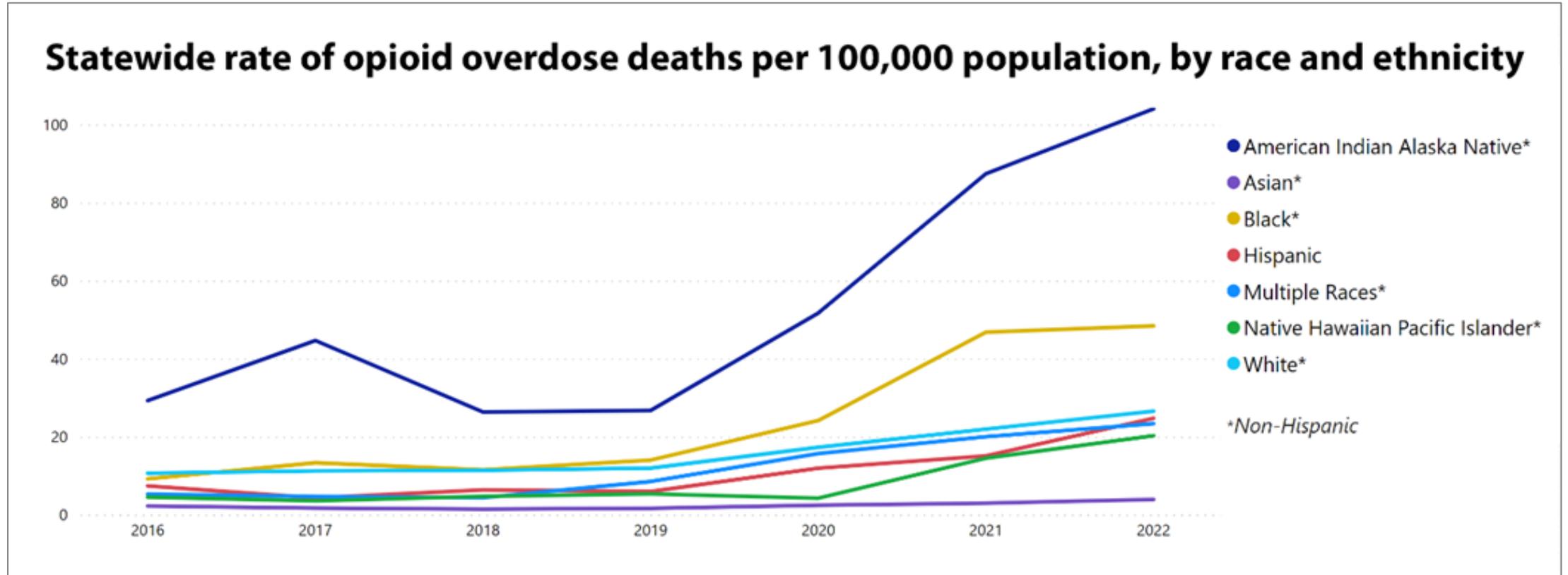
Other naloxone efforts

- DOH is not the only purchaser and bulk distributor of naloxone in WA.
- Many other entities purchase and distribute naloxone, such as:
 - Accountable Communities of Health
 - Local governments (e.g., local health jurisdictions)
 - Private organizations
 - Hospitals
 - Pharmacies



WA DOH
OEND PROGRAM DATA

Who is most impacted by opioid overdose in WA?

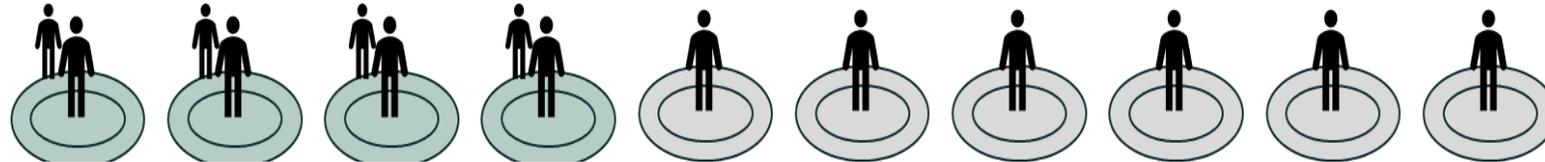


Overdose Deaths in WA State

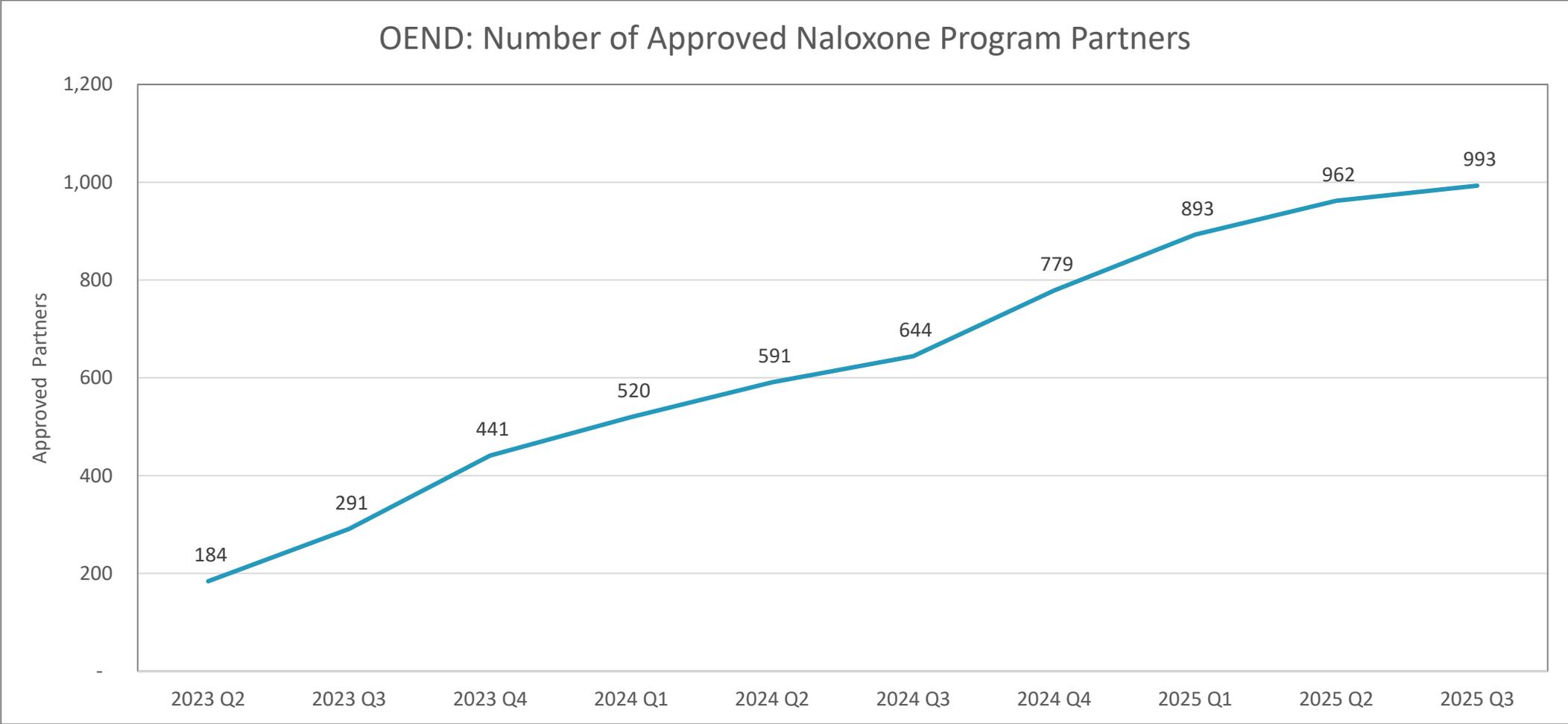
- **60% of overdoses that resulted in death happened inside in a residence**



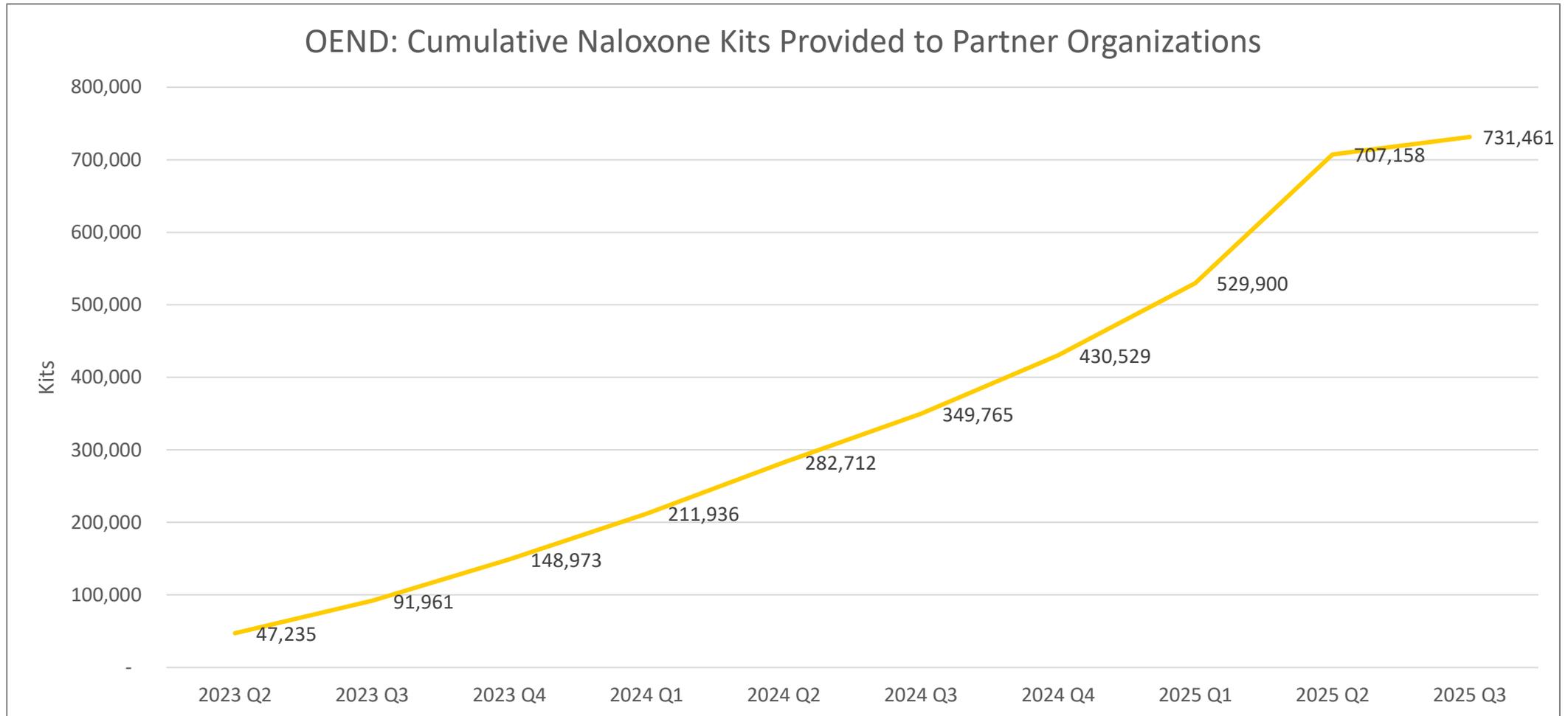
- **40% of overdose deaths happened with another person nearby (a bystander) either during or shortly before the overdose**



OEND Partner Organizations (cumulative)



Naloxone Kits Provided (Cumulative)

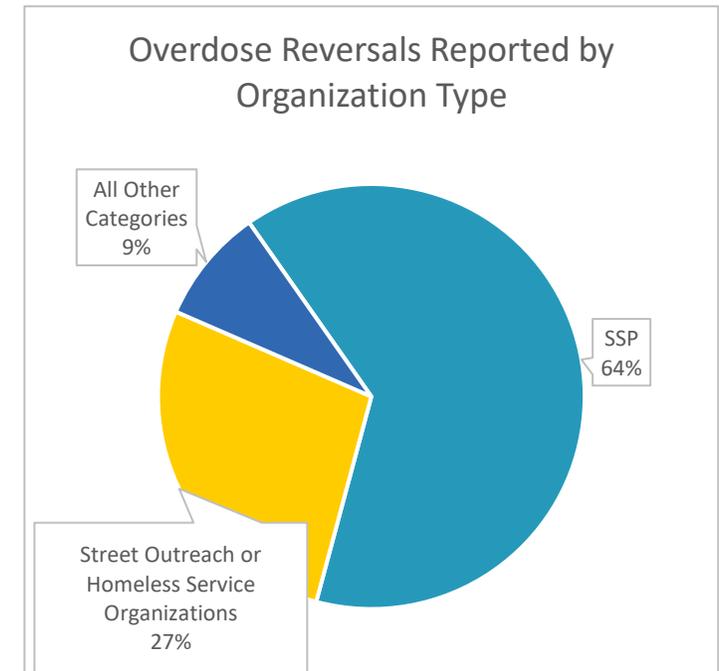
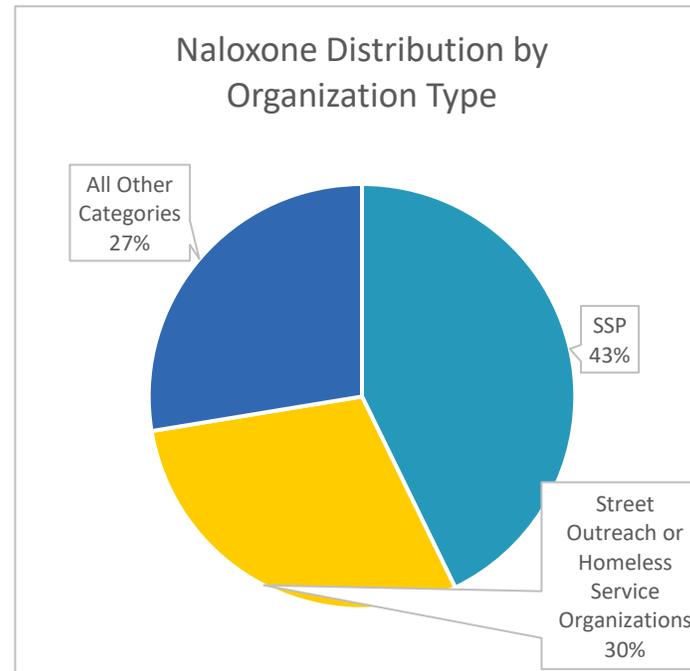
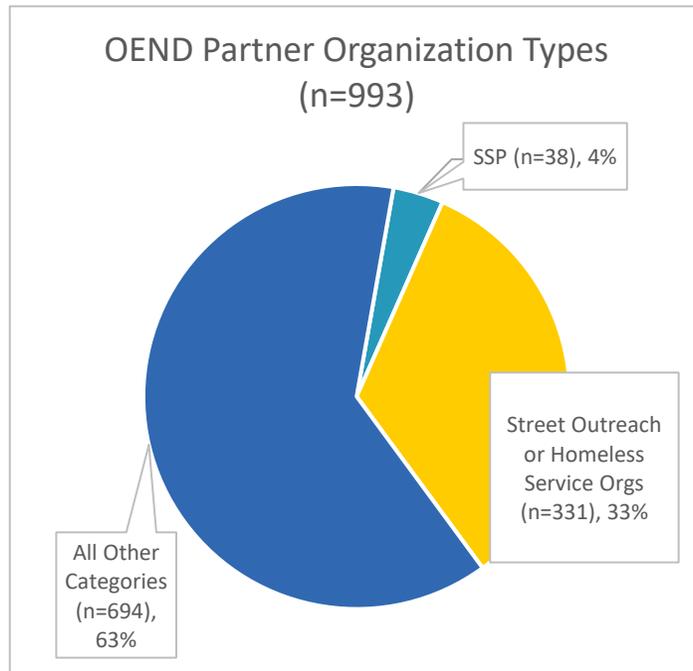


Partner Organization Types

- 993 approved partners as of end of September 2025
- Organization type is “check all that apply”
- **Most partners identify as multiple organization types**

Organization Type	Organizations	Percentage
Street Outreach	247	24.9%
First Responder	212	21.3%
Homeless Service Organization	204	20.5%
Behavioral Health Agency	131	13.2%
Housing Program	120	12.1%
Leave Behind Program	113	11.4%
Substance Use Treatment Program	98	9.9%
Youth Services Organization	91	9.2%
Shelter/Day Center	84	8.5%
Health Clinic/FQHC	60	6.0%
Diversion Program	57	5.7%
Mutual Aid Group	56	5.6%
Re-entry Program	53	5.3%
Local Health Jurisdiction	49	4.9%
College/University	44	4.4%
Vending Machine	44	4.4%
Syringe Service Program	38	3.8%
Jail	37	3.7%
Library	20	2.0%
HIV Service Organization	13	1.3%
Open Doors Program	12	1.2%
Educational Service District	9	0.9%
High School	4	0.4%
Other	242	24.4%

Community Distribution and Overdose Reversals (August 2023 – September 2025)



Importance of syringe service programs (SSPs):

- While SSPs make up 4% of OEND partners, they distributed 43% of naloxone supplied by DOH
- 64% of overdose reversals were reversed by SSP participants

Street Outreach/Homeless Service Organizations are also a critical naloxone access point. Overall, partners report:

- Distributing 567,044 kits to community members
- Clients reversing 80,841 overdoses

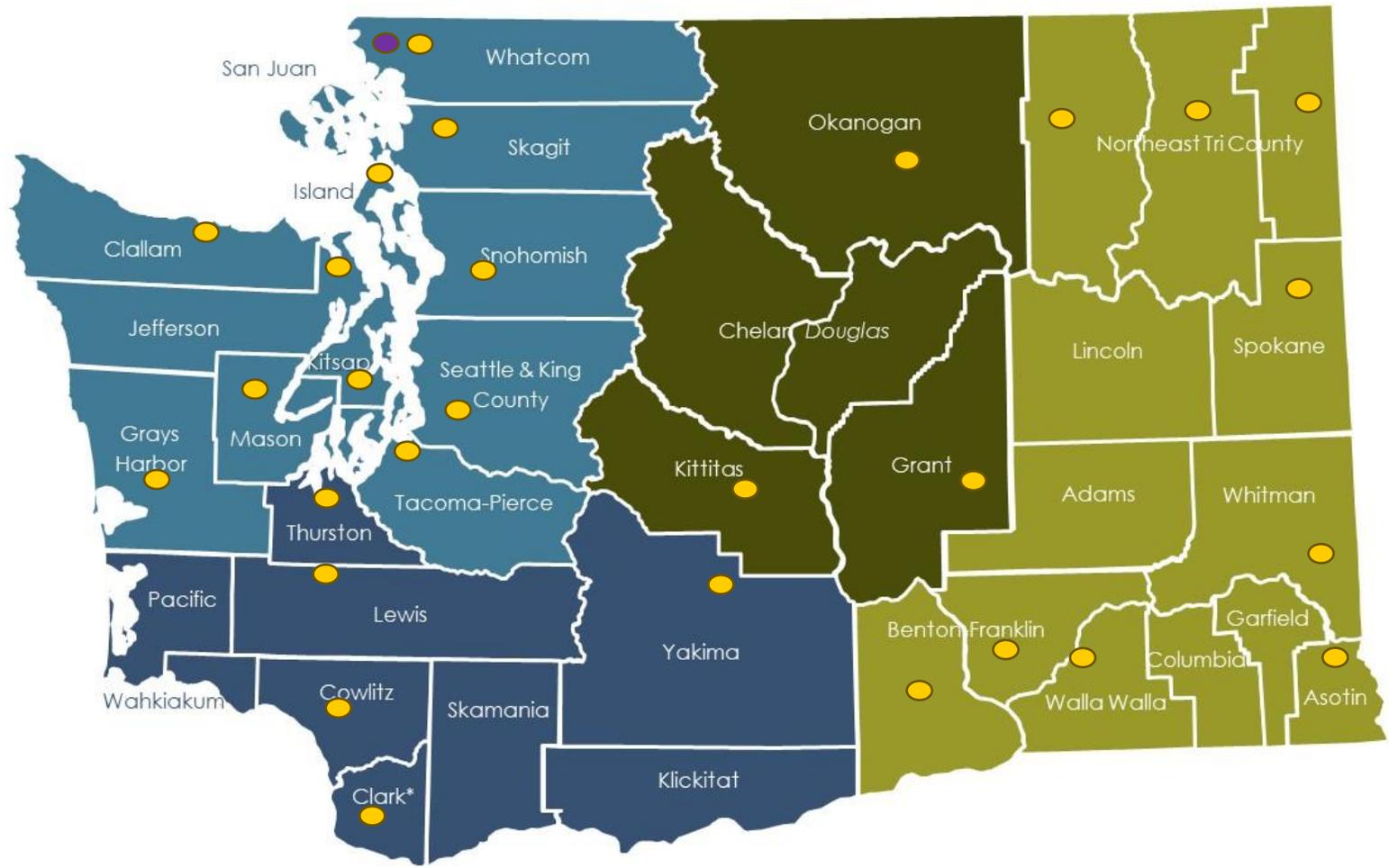
Syringe Service Programs (SSPs)

- Community-based public health programs at the frontline of the overdose crisis.
- Provide critical services in nonjudgmental environments to people who use substances.
 - Provide sterile injecting supplies, safe syringe disposal, and access to healthcare, treatment, and support.
 - Operated by health depts, tribes, community-based organizations, federally qualified health centers, and faith-based organizations.
 - SSPs are the primary source for community-based naloxone distribution in WA.



DOH-partnered SSPs in Washington state* (*not reflective of all harm reduction programs in WA)

Visit [DOH's syringe service program directory](#) to find a program near you.



- At least one SSP operating in the county
- Tribal SSP



NALOXONE AND OVERDOSE RESPONSE RESOURCES

Overdose Education and Naloxone Distribution website

In addition to the OEND application and training request forms, DOH's webpage contains many resources related to naloxone:

- [Naloxone instructions](#) (multiple languages)
- Tools for [accessing naloxone at the pharmacy using health insurance](#)
- [Statewide standing order to dispense naloxone](#)
- Info about [naloxone dosage](#) and [compassionate overdose response](#)

The screenshot shows the Washington State Department of Health website. The header includes the logo, navigation links (About Us, Contact Us, Newsroom), and a search bar. The main navigation menu has categories like 'You & Your Family', 'Community & Environment', 'Licenses, Permits, & Certificates', 'Data & Statistical Reports', 'Emergencies', and 'Public Health & Provider Resources'. The breadcrumb trail reads: Home | You & Your Family | Drug User Health | Overdose Education & Naloxone Distribution. The page title is 'Overdose Education and Naloxone Distribution'. The main content area includes a section for 'In this section' with links to 'Drug User Health', 'Overdose Education & Naloxone Distribution' (selected), 'Resource Hub', 'Staff', and 'Syringe Service Programs'. The main heading is 'Overdose Education and Naloxone Distribution'. The text explains that naloxone is a medication that can save lives by reversing the effects of an opioid overdose. It lists examples of opioids and states that naloxone can be given as an injection or nasal spray. It also lists 'People who should carry naloxone': people who use drugs, friends and family of people who use drugs, and those who interact with people who use drugs, including service providers and emergency personnel. It provides a link to the 'Naloxone Instructions webpage' for learning signs and symptoms. Under 'How can I get naloxone?', it lists: 'Find naloxone near you.', 'Naloxone is covered by Medicaid in Washington State.', 'Naloxone can be dispensed at pharmacies without a prescription.' (with links for English, Russian, Spanish, and Vietnamese PDFs), and 'Naloxone can be provided by community-based organizations because there is a Statewide Standing Order to Dispense Naloxone.'

Overdose response and naloxone instructions

Use Naloxone for a Drug Overdose

You should give naloxone to anyone who has taken drugs and may be overdosing. Someone who is overdosing may stop breathing or their breathing may be slow and labored. **Act fast! An overdose is life threatening.**

Give naloxone even if you do not know what kind of drugs a person took. Naloxone will only work on opioids, but there is no harm if they took a different kind of drug.

Washington's Good Samaritan Law provides some protection when calling 9-1-1 to save a life -- even if drugs are at the scene. (RCW 69.50.315)

- 1. Check for a response**
 - Try to wake them up. Shake them and shout their name.
 - Rub your knuckles hard on the center of their chest.
 - Hold your ear close to their nose, listen and feel for signs of breathing.
 - Look at their lips and fingernails – pale, blue, or gray color is a sign of overdose.
- 2. Call 9-1-1**
 - Tell the operator your exact location.
 - Say you are with a person who is not breathing. You do not have to say anything about drugs or medicines at the scene.
 - Tell the operator you are going to give the person naloxone.
 - Follow any instructions you get from the operator.
- 3. Give naloxone**
 - There are two common types of naloxone. Follow the "How to Use" instructions on the right.
- 4. Start rescue breathing**
 - Someone who has overdosed needs oxygen. Naloxone may take a few minutes to start working. Check again to see if they are breathing.
 - If you can't hear them breathe or their breath sounds shallow, provide rescue breaths. (See the other side of this sheet.)
 - Follow instructions of 9-1-1 operator until help arrives.
- 5. Give a second dose of naloxone**
 - Wait about 3 minutes for naloxone to take effect.
 - If the person has not responded after 3 minutes, give a second dose.**
- 6. Post care for overdose**
 - Stay with the person until help arrives. Remember, the Good Samaritan Law offers protections when you call 9-1-1 for an overdose.
 - If the person starts breathing on their own, but they do not wake up, roll them on their side to a recovery position. (See the other side of this sheet.)
 - When the person wakes up, they may have opioid withdrawal symptoms such as chills, nausea, and muscle aches.
 - They may not remember what happened. They may be scared, nervous, or restless. Keep them calm until help arrives. Try to stop them from taking more drugs.

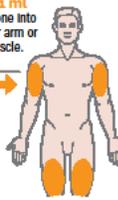
How to Use

Nasal spray – Needs no assembly. **Do not test the device.** Each device only works once. You may need both devices.

- 1 Peel** back the package to remove the device. 
- 2 Place** and hold the tip of the nozzle in either nostril. 
- 3 Press** the plunger firmly to release the dose into nose. 

OR

Injectable – This requires assembly.

- 1 Remove cap** from naloxone vial and uncover the needle. 
- 2 Insert needle** through rubber plug with vial upside down. Pull back on plunger and take up 1 ml. 
- 3 Inject 1 ml** of naloxone into an upper arm or thigh muscle. 

Opioid Overdose: Administering Naloxone



Washington State Department of Health

[Opioid Overdose - Administering Naloxone on Vimeo](#)



Preventing and Responding to Overdose: Guidance for Housing and Shelter Programs

Housing and shelter programs play a vital role in educating residents and implementing measures to prevent and respond to overdoses. According to a recent [University of Washington survey](#), 33% of residents in permanent supportive housing programs in Washington witnessed an opioid overdose in their building in the three months prior to the survey. In a [subsequent survey](#) of permanent supportive housing program staff, they indicated a need for ongoing training on substance use-related topics. They also expressed a need for strategies for consistently implementing policies that address substance use among residents.

Below are recommendations for preventing and responding to overdose for housing and shelter program leadership, staff, and residents.

Recommendations for program leadership and staff

Create a site-specific overdose response plan and get naloxone for staff use in suspected opioid overdose responses.

- Make sure all staff carry **naloxone**. This includes giving a naloxone kit to all levels of personnel, from security and maintenance to management. If that is not possible, naloxone kits should be available in a well-known and accessible location. *Note:* Some forms of naloxone are over-the-counter, meaning they do not require a prescription. In Washington, the [statewide standing order for naloxone](#) acts as a prescription to carry, administer, and distribute naloxone.
- Train all staff to **recognize** the signs of an opioid overdose. Provide training about how other substances (e.g., sedatives, alcohol, xylazine) may affect overdose response.
- Train all staff to **respond** to a potential opioid overdose and have regular practice drills to build comfort for emergency response. Identify the responsibilities of each staff member on shift. *Complete the worksheet on the last page of this document.*
- Provide quarterly or twice-annual refresher trainings and review of agency policies and procedures to ensure that new staff are appropriately trained.

[Apply to become an Overdose Education and Naloxone Distribution \(OEND\) program partner](#). This allows your program to get free naloxone from the Washington State Department of Health to distribute to staff and residents and keep on-site. OEND partners are also equipped to provide naloxone trainings to staff and residents.

Alternatively, you can work with an existing OEND partner for support with training and to distribute naloxone at your site. For assistance finding a partner in your area, email naloxoneprogram@doh.wa.gov.

Visit the OEND program website to get training resources and materials on overdose prevention and response for staff and residents.

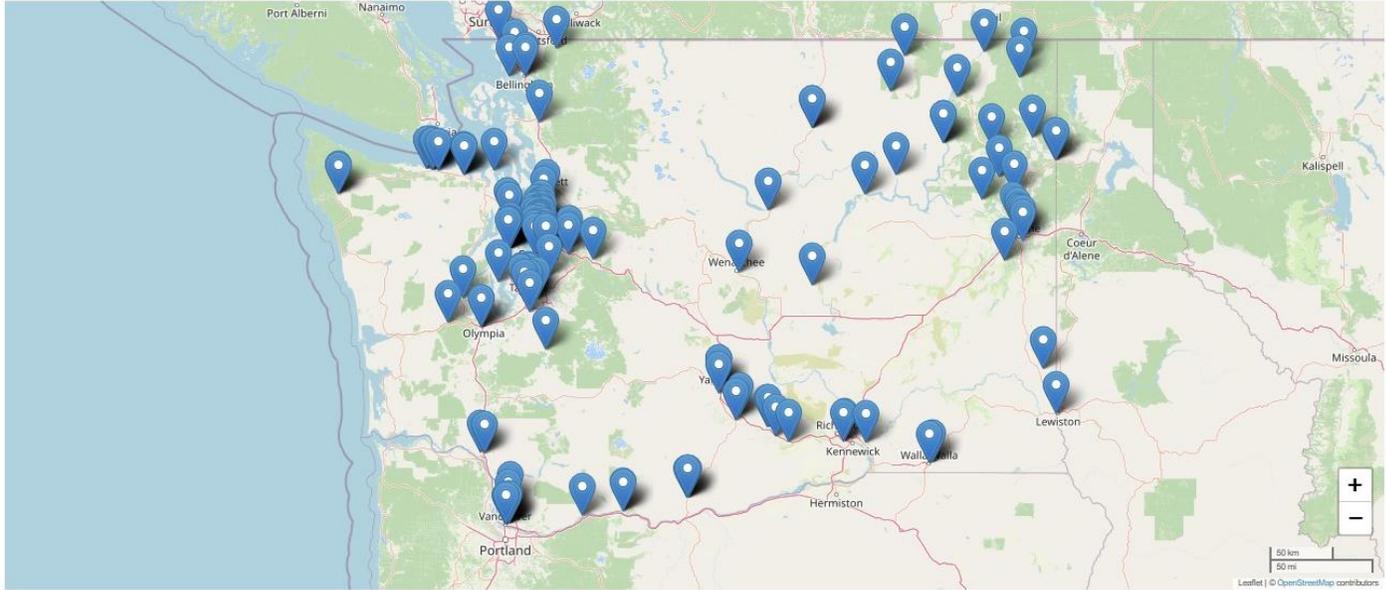
Washington State Naloxone Finder

- Online resource for locating public naloxone distribution sites in your community (previous version managed by UW ADAI)
- Search by program type and county
- Includes fixed sites, mobile programs, and naloxone vending machines/kiosks

Naloxone Finder

Naloxone is available over the counter at many pharmacies and major retailers. If you are able to do so, please [purchase naloxone or use insurance](#). Otherwise, you can find free naloxone near you using the map below.

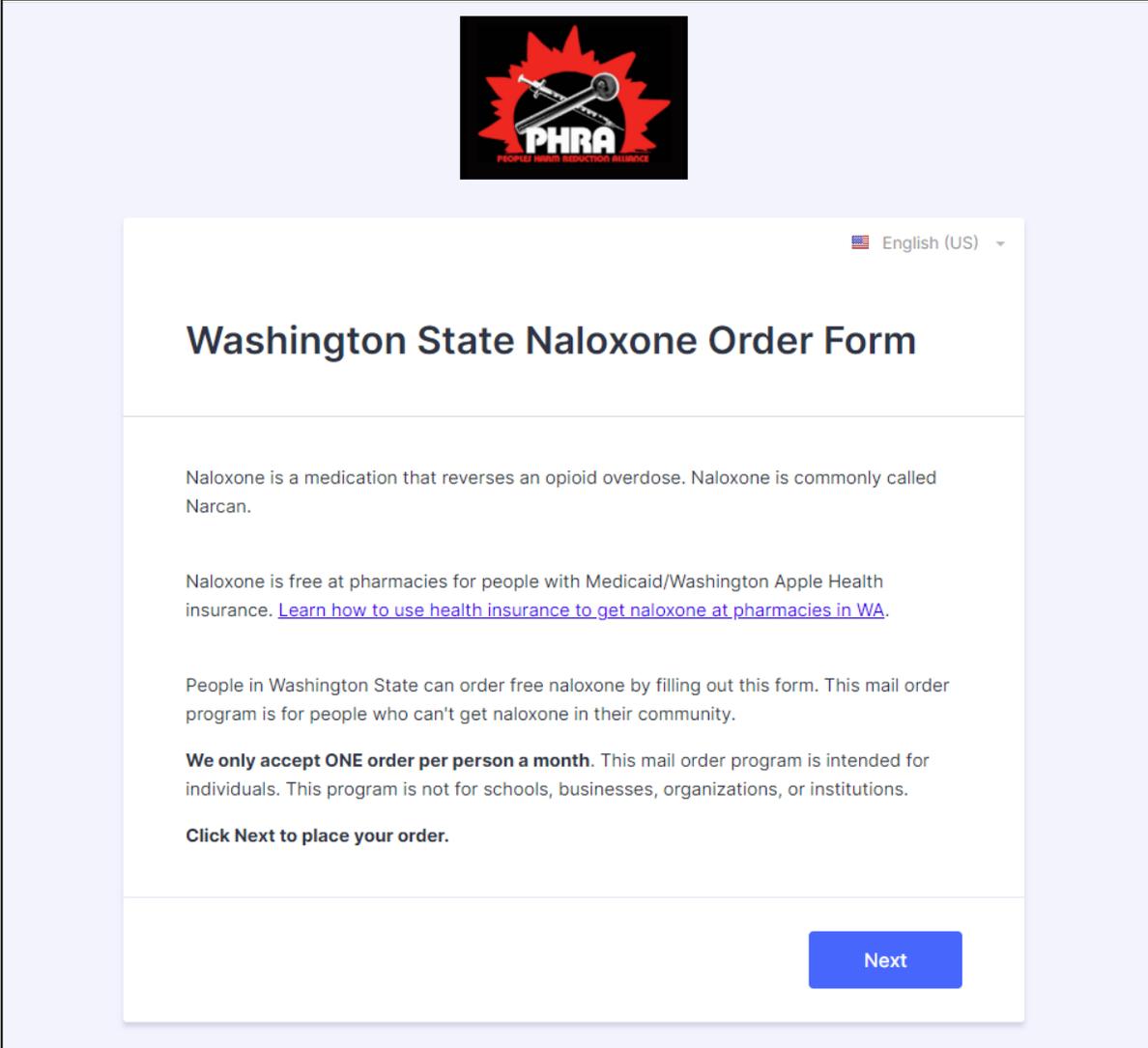
Program Type: County: [Apply >>](#)



Location	Contact Information	Naloxone Program Type	Hours of Operation
Advocates Recovery Services 16404 Highway 99 Lynnwood, WA 98037	(425) 515-8953 Email Website	Community based organization; Naloxone box/vending machine; Other	See website for current hours

Free naloxone by mail for WA residents

- Operated by DOH in partnership with the [People's Harm Reduction Alliance](#), the mail order naloxone program mails free naloxone to Washington residents statewide.
- This program is intended to serve people who lack access to naloxone in their communities due to geography, financial barriers or lack of health insurance, or stigma.
 - Businesses and organizations should not use the mail order program.





English (US) ▾

Washington State Naloxone Order Form

Naloxone is a medication that reverses an opioid overdose. Naloxone is commonly called Narcan.

Naloxone is free at pharmacies for people with Medicaid/Washington Apple Health insurance. [Learn how to use health insurance to get naloxone at pharmacies in WA.](#)

People in Washington State can order free naloxone by filling out this form. This mail order program is for people who can't get naloxone in their community.

We only accept ONE order per person a month. This mail order program is intended for individuals. This program is not for schools, businesses, organizations, or institutions.

Click Next to place your order.

Next

Accessing Naloxone in WA State

- Available over the counter at major retailers and pharmacies (~\$45/kit)
- [Anyone can get naloxone at a pharmacy using the WA Standing Order](#). Call first!
 - Standing order acts as a personal prescription for anyone in WA
 - Naloxone can be billed to insurance
 - Free with Medicaid, might have a copay with other insurances
- **Available for free** at syringe service programs and other community orgs across WA
 - Find an SSP program offering naloxone: [Syringe Service Program Directory](#)
- Use the [WA State Naloxone Finder](#)
- Share the [Naloxone by Mail](#) program for individuals
- DOH OEND program provides free naloxone to community orgs for distribution. [Click here to apply.](#)



Questions?

druguserhealth@doh.wa.gov

Drug User Health Program
Office of Infectious Disease

Image Credit: Harm Reduction Action Coalition



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.