

Subject/Title: Naloxone Distribution Program (NDP): Distributing Opioid Overdose Reversal Medication in the Emergency Department and Hospital Settings.

Purpose: To establish the procedure for the distribution of take-home naloxone for patients at risk of opioid overdose seen in the emergency department and hospital settings to reduce opioid overdose deaths.

Background

Hospitals and emergency departments (EDs) are on the front line of the opioid epidemic and play a key role in combating opioid use disorder and overdose beyond providing emergency care. In many cases, they may be the only place where patients with opioid use disorder receive health care. An overdose event is a key opportunity for interventions that can link patients to opioid use disorder treatment and other community resources. Recognizing this, Arizona Health Care Cost Containment System (AHCCCS) published a [CYE 2024 Final Public Notice](#) including a Naloxone Distribution Program (NDP), which provides patients at risk of opioid overdose a take-home naloxone kit prior to being discharged from the hospital or ED.

Policy

I. Patient Screening and Identification Procedures

Patients who benefit from receiving a take-home naloxone kit prior to the hospital or ED discharge include those who present for stabilization s/p opioid overdose as well as those patients who are screened at risk of a future opioid overdose.

Screening procedures should involve the utilization of an evidence-based screening practice. Screening, Brief Intervention, and Referral to Treatment (SBIRT) are evidence-based practice that identifies, reduces, and prevents risky use of substances including opioids. Screening consists of a healthcare professional using a standard, validated screening instrument to identify the potentially risky use of opioids. Brief Intervention is a short conversation that highlights the potential risks of opioid use behavior which engages the patient's motivation and reasons for changing behavior. Referral to treatment is offered to patients who are at risk of potential harm related to their opioid use and provides a direct linkage to substance use specialists.

Patients presenting to hospitals/EDs after opioid overdose as well as those screened through this evidence-based screening practice should identify individuals at risk of future opioid overdose, including patients who:

- a) Are currently using illicit or non-prescription opioids;
- b) Have a history of opioid misuse, intoxication, and/or a recipient of emergency medical care for acute opioid poisoning;

- c) Are prescribed high-dose opioid prescriptions at or above 90 morphine equivalent daily dose (MEDD);
- d) Are prescribed opioid prescriptions below 90 MEDD and have other risk factors for opioid overdose;
- e) Are prescribed an opioid with known or suspected concurrent alcohol use;
- f) Are treated with methadone for opioid replacement therapy or pain;
- g) Have a comorbid opioid and other behavioral and/or physical health condition, including:
 - i) Renal,
 - ii) Hepatic,
 - iii) Cardiac,
 - iv) HIV/AIDs,
 - v) COPD and other respiratory illnesses, and/or
 - vi) Alcohol use disorder;
- h) Live in rural or tribal communities and may have difficulty accessing emergency services;
- i) Are assigned to a pharmacy and/or prescribing clinician;
- j) Have a history of other adverse events related to opioid use; events may include but are not limited to: soft tissue infection, endocarditis, and risk of witnessing or responding to opioid overdose; and/or
- k) Voluntarily request naloxone and are a family member, friend, or in a position to assist a person at risk of experiencing an opioid-related overdose.

II. Naloxone Distribution and Connection to Care Upon Discharge from the Hospital/ED

Patients identified through screening and identification procedures to be at risk of opioid overdose shall be provided with a take-home naloxone kit prior to their discharge from the hospital or ED. This take-home naloxone kit shall be accompanied by patient/caregiver education on how to administer and printed instructions, both of which should be made available in the patient/caregiver's primary language. In addition to trained medical hospital/ED staff (e.g., nurses, physicians), patient/caregiver education may be provided by allied disciplines (e.g. social workers and peer counselors) who are trained in naloxone administration.

Patients who are provided a take-home naloxone kit shall also be provided with information and resources about harm reduction strategies and referral to further assessment and treatment if indicated. An overdose event is a crucial and time-sensitive opportunity for intervention and referral to medical, behavioral, and other services and supports.

III. Staff Education

All clinical and non-clinical hospital/ED staff shall use language that promotes respectful treatment of patients at risk of and recovering from overdose and does not perpetuate the harmful stigma of people who use opioids. Education including written materials should reflect this approach.

Any hospital/ED staff authorized to distribute naloxone take-home kits shall be educated about opioids, including signs and symptoms of opioid overdose, how to administer naloxone, and opioid overdose prevention. This training shall occur prior to staff distributing naloxone take-home kits with refreshers based on staff educational needs to remain competent. Staff competency-based evaluation must include the following minimum standards:

- Staff able to identify and utilize non-stigmatizing language regarding opioid use;
- Staff able to identify the signs and symptoms of opioid overdose;
- Staff able to demonstrate how to administer naloxone based on naloxone product distribution (i.e., intranasal and/or intramuscular application); and
- Staff able to identify methods for reducing future risk of opioid overdose.

IV. NDP Program Manager Requirements

Hospitals/EDs shall have a designated NDP Program Manager. The NDP program manager shall be responsible for hospital/ED NDP program operations, including developing and maintaining:

- List of all naloxone formulations approved for distribution to patients discharging from the ED/hospital;
- Institution-specific naloxone kit distribution tracking/logging protocols;
- Documentation standards for patient records, including patient screening, patient education, and naloxone distributed;
- Staff education, including evaluation of competency for naloxone administration; and
- Consultation with the ED/hospital pharmacy director regarding pharmacy regulations that impact their NDP.

IV. Obtaining Naloxone for Patient Distribution

There are several methods by which a hospital/ED NDP program can obtain naloxone for their take-home kits:

1. ADHS has [naloxone available](#) for ordering at no cost for hospitals/EDs;

2. [Sonoran Prevention Works \(SPW\)](#) offers naloxone education and naloxone at no cost for hospitals/EDs; and/or
3. Hospital pharmacies can obtain this through their routine pharmacy processes, including following statutory requirements as outlined [ARS: 36-2608](#).

V. Additional Resources

1. Opioid Assistance and Referral Line ([OAR Line](#))

Certified nurses, pharmacists, and physicians with expertise in medical toxicology, pharmacology, and substance use disorder are available anytime. The OAR Line provides free and confidential consultation about complex patient care involving opioids and chronic pain.

Assistance is provided to providers 24/7 to help ensure patient safety by:

- Real-time clinician-to-clinician consultation about prescribing (and weaning) opioids, managing high-risk patients, treating individuals with acute and chronic pain, and patients with acute opioid complications or withdrawal
- Helping locate MAT services based on a patient's location within Arizona as well as directly connect patients to MAT services
- Manage high-dose or complicated medications and conduct individual case review for medication interactions
- Providing referrals for patients seeking behavioral healthcare and outpatient opioid and treatment services
- Assisting with patient care by offering follow-up calls to check on the individual's well-being and provide additional help as needed
- Continuing Medical Education opportunities for all healthcare professionals on any opioid-related topic, including acute opioid toxicity, pharmacology of opioids, drug testing, and medications for addiction treatment

2. [AHCCCS Opioid Service Locator](#)

An online search engine designed to assist patients, family members, and providers in locating providers who specialize in opioid use disorder services, including:

- Office-Based Opioid Treatment (OBOT)
OBOT programs allow for qualified primary care physicians to provide opioid treatment services in their office-based settings. Federal guidelines allow qualified physicians in the OBOT to prescribe medications for opioid use disorder in their office setting, but it is required that the physician has the ability to

connect their patients to the appropriate level of counseling and other appropriate support services.

- **Opioid Treatment Program (OTP)**
An OTP is any treatment program certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide medication-assisted treatment for individuals who are diagnosed with opioid use disorder. These treatment programs are authorized to administer and distribute all forms of medication assisted treatment, methadone, buprenorphine (Suboxone/Subutex), and naltrexone. Additional services within the OTP can include case management, peer support, individual counseling, group counseling, and other types of support services for the individual.

3. Naloxone Training

Sonoran Prevention Works: <https://spwaz.org/training-and-consulting/>

4. [Substance Abuse Coalition of Arizona \(SACLAZ\) Toolkits](#)

Educational materials and resources to aid communities in preventing and reversing overdoses, including addressing stigma and fentanyl and counterfeit pills.