

Iowa's Naloxone Toolkit for Law Enforcement

The Iowa Department of Public Health's Bureau of Substance Abuse developed this Naloxone Toolkit, supported by funding from the Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) grant, as part of a strategy to engage first responders in overdose prevention efforts. Special thanks to Mitch Cunningham, Chief Law Enforcement Advisor for the National Sheriffs' Association, for providing subject-matter expertise on these materials. Please use the toolkit as a guide to improve knowledge, attitudes, beliefs and practices around naloxone for first responders.

The Overdose Epidemic

Substance use disorder is a treatable brain disease, yet preventable overdose deaths continue to rise to record numbers. A staggering 107,000 overdose deaths were recorded from December 2020 to December 2021. Unintentional injuries, including drug poisoning (fatal overdose), are the leading cause of death for Americans ages 1 to 44.

Iowa is experiencing the same overdose crisis as the nation. According to preliminary data from the Iowa Department of Public Health's Bureau of Health Statistics, 83% of opioid-related deaths in Iowa were due to synthetic drugs (like fentanyl and fentanyl analogues) in 2022. This increase is largely due to synthetic opioids contaminating nearly all drug supplies. People using drugs may be unaware of the presence of fentanyl in the substance they are using especially if using non-opioid drugs. They may also have a low tolerance to opioids, increasing the risk of overdose and death.

FENTANYL IS _____
50 TO 100 TIMES STRONGER

THAN MORPHINE.

Any use of prescription or, more commonly, illicit fentanyl, either knowingly or unknowingly, could lead to an overdose.*

* Kaiser Permanente. May 3, 2022.
"One pill can kill: Understanding the risks of fentanyl."

Who's At Risk For Overdose?

Anyone who uses prescription or illicit opioids is at risk for overdose. People at highest risk include those who have a low tolerance for opioids. This may include individuals who unknowingly consume opioids, those engaged in treatment for substance use disorder, those recently released from incarceration or those recently discharged from an emergency department/hospital. Overdose is often unintentional, so it may be more accurately described as poisoning, especially with contamination of fentanyl in the drug supply.

This project is supported by funds from the Iowa Department of Public Health through the Centers for Disease Control and Prevention (CDC) Overdose Data to Action Grant.

Naloxone Saves

Life-saving medications like naloxone (sometimes called Narcan® or Evzio®) are important now more than ever to prevent overdose deaths. Naloxone works quickly by blocking the opioid receptors in the brain, reversing the effects of opioid overdose and restoring breathing. Naloxone is easy and safe to use even if someone does not end up having opioids in their system. It cannot be misused and the only side effects come from an allergy or sensitivity to the medicine itself. Naloxone cannot be used to reverse the effects of non-opioid drugs like benzodiazepines or stimulants — though opioids may be present in these drug supplies, warranting a need for naloxone.

A Collaborative Approach

Public safety professionals around the nation have started working more closely with public health to address the overdose crisis — working toward a common goal of protecting their communities. This includes developing protocols, procedures and policies for carrying and administering naloxone, educating the public and using every interaction with a person struggling with substance use to get them the care and support they need.

“In many communities, law enforcement overdose response programs helped create a united front in the fight against overdose and other drug-related issues. Law enforcement officers already play a leadership role in cross-agency collaboration and information-sharing in the domain of drug abuse. Law enforcement officers also frequently come into contact with hard-to-reach populations most at risk of opioid overdose. Multi-agency public education campaigns often receive heightened media coverage and result in improved awareness about opioid overdose and its prevention. Local and regional opioid overdose taskforces can collaborate with criminal justice, public health, judicial and other resources in creating a comprehensive response to this ongoing crisis.”

— Bureau of Justice Assistance,
National Training and Technical Assistance Center

How to Use This Toolkit

Naloxone “Reverse It” Poster & Table-Topper

Place these posters and table-toppers in areas where officers and the public can see them to increase awareness of naloxone.

Free Naloxone Information Card

Distribute these cards to community members and after responding to calls for service. It’s important for people most likely to experience an overdose (likely people who use drugs together) to have naloxone on-hand, especially in places where first responder times are longer.

Naloxone in Iowa

Share and review this document, but also consistently provide trainings for law enforcement teams to stay informed of any changes to naloxone policies and protocols specific to Iowa.

Naloxone FAQ

Share and review answers to frequently asked questions about naloxone. Use this to educate your officers and community members.

Example Naloxone Policy

Review the example naloxone policy and develop a formal policy for your organization.

Additional Resources

- [Naloxoneiowa.org](https://www.naloxoneiowa.org)
- [Bureau of Justice Assistance National Training and Technical Assistance Center \(BJA NTTAC\)](#)

FOR QUESTIONS, PLEASE CONTACT:

Liz Sweet • (515) 217-1897 • liz.sweet@idph.iowa.gov

Iowa Naloxone History

According to the North Carolina Division of Public Health Injury and Violence Prevention Branch, “A ‘standing order’ is a medical order that authorizes the dispensing or distribution of a medication to any person who meets criteria designated by the prescriber. Traditionally, a prescriber could only prescribe medication to a person with whom he or she has a patient-provider relationship. However, this arrangement is not practical in the context of naloxone because 1) many of the people at high risk for overdose do not regularly see a prescriber, and 2) naloxone cannot be self-administered when someone is experiencing an overdose; thus, bystanders need to be able to obtain naloxone in order to administer the lifesaving drug.”

“Distribution of naloxone to lay persons, particularly those at high risk for overdose and their family members, has shown to be a safe and cost-efficient way to reduce overdose deaths.”^{1,2}

The Iowa Board of Pharmacy worked with the Iowa Department of Public Health to develop the Naloxone Dispensing Program, allowing community-based pharmacies in Iowa to order and dispense free nasal spray naloxone without a prescription.

Iowa passed a law allowing Iowa pharmacies to dispense naloxone by a standing order to “an individual at risk of an opioid-related overdose or to a person who may be in a position to assist an individual at risk of an opioid-related overdose.”

pharmacy.iowa.gov/naloxone-standing-order

A bill was signed by the governor to update naloxone access.

legis.iowa.gov/legislation/BillBook?ga=89&ba=HF2573



The Iowa Department of Public Health partnered with the University of Iowa Hospital and Clinics to develop a tele-medical program for nasal-spray naloxone. Any person in a position to assist can request a virtual visit with a pharmacist on naloxoneiowa.org and have free naloxone mailed to their address in Iowa.

Special Note

According to Iowa law, pharmacists are the only legal entity that can dispense or distribute naloxone. This differs from other states that allow for wider distribution by certain organizations, including law enforcement. For example, North Carolina has a standing order that allows for distribution of naloxone through first responders and community organizations.

For More Information

- [Iowa Board of Pharmacy](#)
- [Naloxone Access \(See: Iowa\)](#)

¹ North Carolina Division of Public Health Injury and Violence Prevention Branch, 2018. “North Carolina Naloxone Distribution Toolkit.”

² Tobin, Sherman, Beilenson, Welsh, & Latkin, 2009. Wagner et al., 2010. Wheeler, Jones, Gilbert, & Davidson, 2014.

Naloxone Frequently Asked Questions

Although naloxone has been approved by the Food and Drug Administration (FDA) and used since the early 1970s, misconceptions and myths around this lifesaving tool still exist. In order to save lives, it's important for everyone to understand the facts about naloxone. It's especially important for people in a position to assist in an overdose, such as first responders and loved ones.

What is Naloxone?

Naloxone is an FDA-approved drug that safely and effectively reverses the effects of an opioid overdose by blocking receptors in the brain. It can be administered with a nasal spray (sometimes called Narcan[®]) or liquid, injectable form. Narcan (nasal spray naloxone) potency can last as long as 36 months and can be stored between 41°F - 104°F.

Is naloxone safe?

Yes. Naloxone has no harmful side effects, even when given to someone not experiencing an opioid overdose, unless they have an allergy. However, individuals with a physical dependence on opioids may exhibit withdrawal symptoms including confusion, sweating, vomiting, and irritability. Individuals do not commonly become combative.¹

Does naloxone enable drug use?

No, this is a misconception. Research has shown use of naloxone contributes to decreased opioid use and overdose deaths. Additionally, the feelings of withdrawal from naloxone may discourage use.^{2,3}

Can naloxone be misused?

No. There is also no way to misuse any form of naloxone even at high doses.

Can naloxone reverse all opioid overdoses?

Yes. Naloxone is effective at reversing opioid overdoses for common opioids like hydrocodone, oxycodone, morphine and heroin, along with stronger, synthetic opioids like fentanyl or carfentanil. Multiple doses may be required, along with ventilatory support. In addition, naloxone wears off in 30-90 minutes, which can lead to a repeat overdose if opioids are still in the body.⁴

Is there a difference between different forms of naloxone?

No. Studies show there is no difference in efficacy between naloxone administered nasally or intramuscularly. The difference is in cost, availability, ease of use and comfort level of the administrator.

Can expired naloxone still be used?

Yes, if it is the only option available. Similar to other medications, naloxone begins to lose its effectiveness once expired. Stay up to date on expiration dates and replace when needed. Keep naloxone stored at room temperature and out of direct light to maintain its efficacy.

Why do I keep responding to the same people overdosing? Haven't they learned their lesson?

When people with substance use disorders don't have access to proper medication or other interventions (like counseling), the disease can be hard to manage. Unfortunately, this means that repeated events of overdose are common among those with substance use disorders. Compassion and understanding is necessary to provide people with substance use disorders the access to care and support they need, such as treatment services.

The nasal spray version of naloxone is available for FREE to all first responders in the state of Iowa.

Federal funding supports the distribution of free naloxone in Iowa to certain entities. The use of naloxone is cost effective and saves lives.

Are first responders protected when carrying and using naloxone?

Iowa Naloxone code (Iowa Code Ann. § 147A.18) protects "laypersons," including first responders, by providing immunity when administering naloxone in good faith in the event an opioid overdose is suspected.

Effective policies and training bring confidence for those who begin carrying and using naloxone.

Does unintentionally touching or inhaling small amounts of potent opioids, like fentanyl, cause overdose? Do I need to have naloxone for my fellow officers?

Very unlikely. Despite the significant increase in exposure to fentanyl and other opioids, evidence of seizures and reports of overdose symptoms experienced by law enforcement have been extremely rare. However, appropriate care must be adhered to when handling these substances. If you come into contact with opioids, avoid contact with your mouth or nose until you can wash your hands with soap and water.

¹ Carroll, J. J., et al. "Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States." Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

² Jones, J. D., et al. "No Evidence of Compensatory Drug Use Risk Behavior among Heroin Users after Receiving Take-Home Naloxone." *Addictive Behaviors*, vol. 71, 2017, pp. 104-106. 2.

³ Wagner, K. D., et al. "Evaluation of an Overdose Prevention and Response Training Programme for Injection Drug Users in the Skid Row Area of Los Angeles, CA." *International Journal of Drug Policy*, vol. 21, no. 3, 2010, pp. 186-193.

⁴ Substance Abuse and Mental Health Services Administration. "Opioid Overdose Prevention Toolkit." <https://store.samhsa.gov/sites/default/files/d7/priv/five-essential-steps-for-first-responders.pdf>

Steps for Naloxone and Law Enforcement

Law enforcement agencies that have policies and procedures for naloxone offer a potential lifesaving opportunity. According to the Bureau of Justice Assistance, National Training and Technical Assistance Center, *“Individual officers have cited improved job satisfaction rooted in an improved ability to ‘do something’ at the scene of an overdose. Law enforcement agencies that have implemented an overdose-reversal program report improved community relations, leading to better intelligence-gathering capabilities.”*

In addition, collaboration across sectors, including law enforcement, public health, substance use disorder treatment, drug court, and others, improves the response to drug use and overdose deaths. It can also reduce drug use and deaths by connecting people to community treatment and recovery services, leading to less calls for service.

Types of Naloxone

The [Naloxone Product Comparison chart](#), developed by Prescribe-to-Prevent, provides a visual comparison of each product.

The nasal spray version of naloxone (sometimes called Narcan®) is available for **FREE TO ALL FIRST RESPONDERS IN IOWA.**

Acquiring Naloxone for Law Enforcement

Law enforcement agencies can receive free naloxone nasal spray from the Bureau of Substance Abuse by completing the [Naloxone Request Form for Law Enforcement Agencies](#) and submitting to RaChel Greenwood at rachel.greenwood@idph.iowa.gov.

Please note this process is subject to change.

Guidelines for Storing and Labeling Naloxone

- Maintain naloxone kits in a secured location.
- Store at controlled room temperature 59°F to 77°F. Brief storage is permitted between 39°F to 104°F. Do not freeze. Protect from light.
- Inventory stored kits monthly to ensure expiration dates have not passed.

Developing a Naloxone Policy

According to the Bureau of Justice Assistance, National Training and Technical Assistance Center, *“Each agency should establish standard operating procedures (SOPs) for law enforcement overdose response activities. These procedures should be drafted in consultation with the governing laws of the jurisdiction and any applicable collective bargaining units. If applicable, policies should integrate the provisions of relevant ‘911 Good Samaritan’ laws as well as the department’s policy on information gathering, searches, arrests and other activities at the scene of an overdose. Any triage plans developed with EMS and fire agencies can also be reflected in the department’s SOP/policy.”*

All uses of naloxone should be tracked as part of the naloxone policies and procedures. In addition, agencies should consider using [Overdose Detection Mapping Application Program \(ODMAP\)](#) to provide tactical data for outreach and enforcement. *(See the Naloxone Policy Example included in this toolkit.)*

Education & Communication

Trainings should be offered annually or periodically for all staff to provide updates relevant to naloxone and ensure proper practices. Contact your local substance abuse prevention agency for training assistance. Policies should be reviewed periodically to ensure consistency with current laws.

In addition, as trusted community leaders, first responders have an opportunity to educate the public on overdoses and naloxone-use practices. Many people have been touched by the overdose epidemic. Increasing awareness and knowledge can help make sure loved ones are ready to use naloxone should the need arise.

Good Samaritan Law

Many individuals avoid calling 911 for fear of law enforcement involvement that may lead to their arrest. Good Samaritan Laws are meant to protect individuals who witness an overdose and encourage them to call 911 for help. Iowa has had a Good Samaritan law since 2018 that protects individuals from being charged with possession of a controlled/dangerous substance or possession/use of drug paraphernalia, and/or potential violations to parole or probation status following their report of an overdose and law enforcement response.

You can find more information here: [Iowa’s Good Samaritan Law](#)

 <input checked="" type="checkbox"/> General Order <input type="checkbox"/> Division Order <input type="checkbox"/> Bureau Order <input type="checkbox"/> Special Order Order No.: 18-62 ----- <input type="checkbox"/> Procedure <input type="checkbox"/> Plan <input type="checkbox"/> Rule	Iowa Department of Public Safety	
	TITLE/SUBJECT: Naloxone Policy	IDENTIFIER: 41-03.02
	TO: DPS Sworn Personnel; PDB Personnel	CC:
	RELATED DIRECTIVES/FORMS: DPS Form 200 ; Iowa Dept. of Public Health Standing Order for Naloxone – November 2016	
	APPLICABLE CALEA STANDARD(S): 41-03.02	
	EFFECTIVE DATE: May 1, 2018	REVISION #: 1
	INSTRUCTIONS: Please review this updated policy in its entirety. Changes have been made throughout the document. Training will be provided to DPS sworn personnel issued Naloxone for official use.	
	APPROVED BY:	DATE:

I. Purpose

The purpose of this policy is to establish guidelines and regulations governing the utilization of Naloxone by trained sworn personnel within the Iowa Department of Public Safety (DPS). The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses.

II. Policy

It is the policy of the Iowa Department of Public Safety that sworn employees issued Naloxone receive the required training. The possession of Naloxone is designated through the State Medical Director. Additional information can be found in the [Iowa Dept. of Public Health Standing Order for Naloxone – November 2016](#).

III. Definitions

- A. Administration of Opioid Antagonist – The deployment of an opioid antagonist by an authorized person pursuant to Iowa law.
- B. Emergency Medical Service (EMS) – Means the services rendered by licensed Emergency Medical Technicians (EMT) or certified Emergency Medical Services first responders in response to a person’s need for immediate medical care to prevent loss of life or aggravation of a physical illness or need.
- C. Naloxone Agency Coordinator – Means a person who has been designated to provide guidance and supervision for trained first responders who are equipped with Naloxone, oversee training and services coordination and oversee quality assurance and reporting.
- D. Opioid – Means containing or derived from opium, including: heroin, morphine, and/or compounds with similar physiological properties.
- E. Opioid Antagonist – The opioid antagonist for the purpose of this policy is limited to Naloxone. Naloxone is a drug that nullifies in whole or in part the effects of an opioid.

IV. Training

- A. All sworn DPS personnel issued Naloxone will receive initial training that shall include:
 - 1. An overview of Naloxone Standing Order issued by the State Medical Director that permits an authorized person to use Naloxone to assist another person(s) at risk of experiencing an opioid-involved overdose.
 - 2. Patient assessment, including signs and symptoms of opiate-related overdose.
 - 3. Universal precautions.
 - 4. Rescue breathing.
 - 5. Seeking medical assistance.
 - 6. Administration of Naloxone.
 - 7. The potential side effects of Naloxone.
 - 8. Naloxone on pediatric patients.
 - 9. Documentation, storage of, and proper disposal of Naloxone and expired Naloxone.
- B. All sworn personnel issued Naloxone shall receive training at least every two years. Such training shall be incorporated with CPR training.
- C. The Assistant Director of the DNE or their designee will be the Naloxone Agency Coordinator to maintain the administration records.

V. Naloxone Use

- A. Trained personnel shall request an ambulance to respond to the scene where the aided is in a potential overdose situation.
- B. Trained personnel shall use universal precautions for protection from blood borne pathogens and communicable diseases when administering Naloxone.
- C. Trained personnel will determine the need for treatment with Naloxone by evaluating the person. If the person is unresponsive with decreased or absent respirations he or she should administer Naloxone following the established guidelines.
- D. Trained personnel shall use proper technique when administering Naloxone. Individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
- E. Trained personnel shall remain with the person until EMS personnel arrive.

- F. Trained personnel who administer Naloxone shall inform EMS personnel upon their arrival that Naloxone has been administered.
- G. Trained personnel who administer Naloxone will complete and submit a Naloxone Administration Incident report ([DPS Form 200](#)) within 24 hours of administering Naloxone to their immediate supervisor.

VI. Maintenance/Replacement

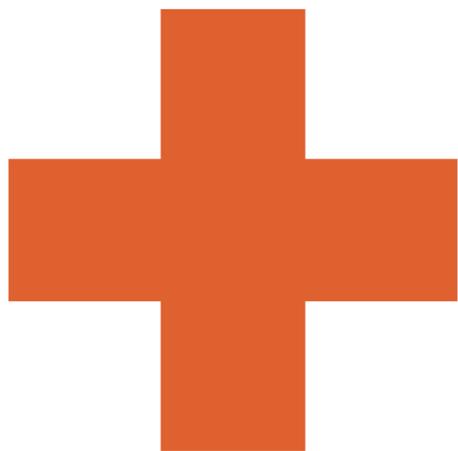
- A. Naloxone kits shall be carried and/or kept in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
- B. Your immediate supervisor is responsible for the yearly inspection of Naloxone kits in coordination with the Agency Coordinator. This inspection may occur with the Annual Line Inspection.
- C. Your immediate supervisor is responsible for ensuring used, lost, damaged, or expired Naloxone kits be reported and replaced through established agency protocols and procedures.
- D. Expired Naloxone will be properly disposed of according to agency and/or FDA policy.

VII. Documentation

- A. Within 24 hours following Naloxone administration, sworn DPS personnel shall submit a Naloxone Administration Incident Report ([DPS Form 200](#)) to his/her immediate supervisor detailing the following:
 - 1. The nature of the incident;
 - 2. The care the patient received; and
 - 3. The fact that Naloxone was administered.
 - 4. The immediate supervisor shall forward the Naloxone Administration Incident Report ([DPS Form 200](#)) to the Naloxone Agency Coordinator within 72 hours.
- B. A copy of the Naloxone Administration Report will be forwarded to the Naloxone Agency Coordinator. The Agency Coordinator will maintain these reports in a digital format. An annual report summarizing the administering of Naloxone shall be compiled and provided to the Commissioner. This report shall be completed at the conclusion of each calendar year and will be submitted to the Commissioner by March 31st of the subsequent calendar year.
- C. Sworn DPS personnel who administer Naloxone shall generate a case number for the incident regardless if the Naloxone is administered to a citizen or a DPS employee. All sworn DPS personnel shall complete a written report detailing the incident.

- D. The administration of Naloxone shall be reported to the Commissioner by the Naloxone Agency Coordinator.

**CARRY
NALOXONE,**



**SAVE
LIVES**

naloxoneiowa.org

If someone you love
OVERDOSES
on opioids



REVERSE

IDPH
IOWA Department
of PUBLIC HEALTH

NALOXONEIOWA.ORG

Anyone who uses opioids is at risk of an overdose. Be prepared with the nasal spray version of naloxone. It's easy to use and could reverse the effects of an opioid overdose until help arrives.

Ask for naloxone at your pharmacy, now absolutely free.

BE PREPARED TO SAVE A LIFE.

**DO YOU OR SOMEONE YOU LOVE
HAVE OPIOIDS IN THE HOME?**

Then ask your pharmacist about getting naloxone for **FREE**. This nasal spray is easy to use and could reverse the effects of an opioid overdose until help arrives.



BE PREPARED TO

SAVE

A LIFE with **NALOXONE**

RECOGNIZE AN OVERDOSE

Signs someone may be overdosing on opioids include:

Unresponsive
when you shout
their name

Skin and lips
turning blue
or gray

Unresponsive to
sternal rub

Sounds like
they're choking or
making snore-like
gurgling noises

Breathing slow
and/or shallow or
not breathing at all

If you see someone
overdosing, first
call 911 and then
give the person
naloxone. Be sure
to stay with them
until help arrives.

If you see someone overdosing, first call 911 and then give the person naloxone. Be sure to stay with them until help arrives.



Breathing slow and/or shallow or not breathing at all

Unresponsive to sternal rub

Unresponsive when you shout their name

Sounds like they're choking or making snore-like gurgling noises
Skin and lips turning blue or gray

Signs someone may be overdosing on opioids include:

RECOGNIZE AN OVERDOSE

If someone you love **OVERDOSES** on opioids



Naloxone is easy to use and could reverse the effects of an opioid overdose until help arrives. Ask your pharmacist about getting NARCAN® for FREE today.

BE PREPARED TO SAVE A LIFE.

NALOXONEIOWA.ORG

