**Recommended best practice policies** to facilitate knowledge and application of opioid overdose prevention strategies, and how to appropriately respond in the event of an overdose (including the use of naloxone if available).

- Educate clients about opioid overdose prevention techniques
- Educate clients about the signs and symptoms of opioid overdose
- Provide first aid and CPR training to clients
- Educate clients about how to respond to an opioid overdose including calling 911
- Assess feasibility and acceptability of a naloxone distribution program
- Partner with multiple community stakeholders to prevent mortality from opioid overdose
- Where naloxone is available, ensure eligible and at risk clients are trained on appropriate use of naloxone and offer kits and training in a variety of locations. Evaluate opioid overdose prevention and response interventions to ensure desired impact and to build evidence

**Key messages**

Overdose is the most common cause of death among heroin and opioid users worldwide. In response, overdose prevention and naloxone programs are being developed and implemented as part of larger harm reduction strategies. These programs train people who use opioid drugs how to avoid overdose events and how to respond if they witness another person experiencing an overdose. Training includes recognizing signs of overdose, knowing when to call 911, providing recommended bystander first response techniques, and administering naloxone. Naloxone is a fast-acting, safe, and effective opioid reversal agent with the potential to decrease morbidity and mortality from overdose. Naloxone distribution began in the United States in the late 1990s and, as its use in the community is a relatively new intervention, the literature on its effectiveness is limited yet growing. Existing evidence shows that naloxone distribution likely reduces mortality and is cost-effective. In addition, the training opioid drug users receive in overdose prevention programs improves self-reported knowledge, confidence, and willingness to intervene in an overdose. However, more research is needed before further conclusions can be drawn. More rigorous studies about opioid overdose prevention and response interventions, including naloxone distribution, are needed.

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To see the full version of the Best Practice Recommendations, go to: