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Reversing Opioid Overdoses in Construction: A Jobsite Imperative

By Cal Beyer

In August 2023, the Centers for Disease Prevention and Control (CDC) reported the first data highlighting substance overdose rates by occupation and industry level.

Construction and extraction had the highest rate among 22 major occupational groups at 162.6 per 100,000 workers. Likewise, construction was the leading industry group among 18 others at a rate of 130.9 per 100,000 workers. Additional elevated death rates were delineated for at least 17 specific construction occupations. The analysis concluded causal and contributing factors including high injury rates, opioid prescriptions for pain management, and no paid time off for sufficient injury recovery and rehabilitation.¹

With the nation's overdose crisis now in its third decade, it continues to be driven by opioid misuse. Initially due to overprescribed medications, the crisis first shifted to heroin use with the advent of prescription drug monitoring initiatives at state and federal levels.² However, the emergence of illicitly manufactured synthetic opioids — especially fentanyl — starting in 2013 sharply increased the number of overdose deaths. As the opioid crisis continued to worsen in the U.S. (Exhibit 1), naloxone has been deployed over the past two decades by public safety and community-based harm reduction agencies to reverse overdoses.³



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Signs of an Opioid Overdose From the National Institute on Drug Abuse

- Unconsciousness
- Very small pupils
- Slow or shallow breathing
- Vomiting
- Inability to speak
- Faint heartbeat
- Limp arms and legs
- Pale skin
- Purple lips and fingernails

Source: "Naloxone DrugFacts." National Institute on Drug Abuse. January 2022. nida.nih.gov/publications/drugfacts/naloxone.

Naloxone is a lifesaving medication that can revive those experiencing an opioid overdose and offer them another chance at life as well as the possibility to seek treatment and recovery. Contrary to views rooted in social stigma around addiction that naloxone may enable continued drug use, without it, the U.S. overdose crisis would claim even more lives.

This article explores how naloxone provides a beacon of hope, breaking the chains of addiction in personal lives and workplaces.

A RISK MANAGEMENT IMPERATIVE FOR WORKPLACES

The workplace is evolving into the next frontier for opioid overdose prevention.

Community naloxone deployments by law enforcement and harm reduction organizations have successfully revived tens of thousands of persons from fatal overdoses since the mid-1990s.⁴

In March 2024, the "White House Challenge to Save Lives from Overdose" was issued using naloxone, ultimately seeking the cooperation of workplaces

across the nation to provide naloxone and training to employees to reduce opioid overdoses.⁵

While there is no law or regulation that requires the provision of naloxone in the workplace, a growing number of construction employers are deciding that having naloxone available with trained staff ready to respond in a suspected overdose emergency is a sound business practice.

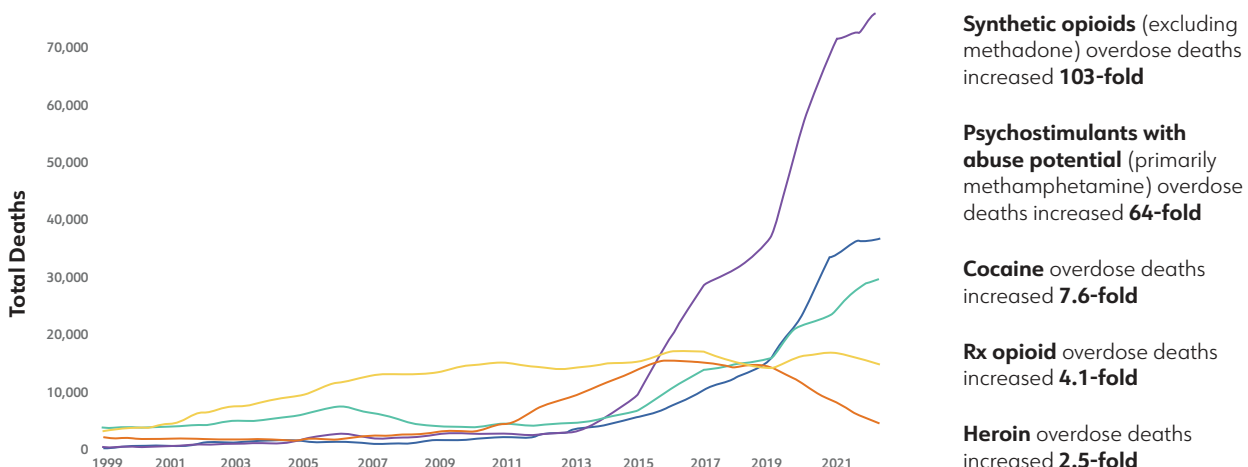
UNDERSTANDING NALOXONE

In 2018, the Office of the Surgeon General issued an advisory highlighting the benefits of naloxone for various at-risk groups, including patients prescribed high doses of opioids for pain, those misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care providers, family and friends of people who have an opioid use disorder, and community members who may encounter people at risk for opioid overdose.⁶

In 2024, the Substance Abuse and Mental Health Services Administration (SAMHSA) revised the *Opioid Overdose*

Exhibit 1: Trends in U.S. Drug Overdose Deaths By Drug Type* (December 1999-June 2023)

The overdose crisis has evolved over time and is now largely characterized by deaths involving illicitly manufactured synthetic opioids, including fentanyl and, increasingly, stimulants.



*This graph shows the total number of drug overdose deaths in the U.S. over the previous 12 months for each month from December 1999 through June 2023, by drug type. Overdose deaths of all intents are included, using underlying cause of death ICD-10 codes X40-X44 (unintentional overdose), X60-X64 (suicide), X85 (homicide), and undetermined intent (Y10-Y14). Drug and drug category involvement are identified by specific multiple cause-of-death codes (heroin: T40.1, prescription opioids: T40.2 and T40.3, synthetic opioids excluding methadone (primarily fentanyl): T40.4, cocaine: T40.5, and psychostimulants with abuse potential (primarily methamphetamine): T43.6. Data source: CDC WONDER Multiple Cause of Death data file (1999-2021: final data file; 2022-2023: provisional data file, accessed 1/24/24). Source: National Vital Statistics System Mortality File.



Major Historical Milestones for Naloxone

- 1961: Medical researchers discovered naloxone.¹
- 1971: The FDA approved naloxone for reversing opioid overdoses.²
- 2015: The FDA approved naloxone as a nasal spray for prescription use.³
- 2018: Now former U.S. Surgeon General Jerome Adams issued an advisory highlighting the importance of “knowing how to use naloxone and keeping it in reach to save a life” by reversing an opioid overdose.⁴
- 2023: The FDA approved naloxone for OTC use.⁵
- 2024: The FDA approved an extended shelf life for newly manufactured Narcan brand naloxone from three to four years.⁶

Endnotes

1. “Naloxone facts and formulations.” Commonwealth of Massachusetts. [mass.gov/info-details/naloxone-facts-and-formulations](https://www.mass.gov/info-details/naloxone-facts-and-formulations).
2. Ibid.
3. “FDA Approves First Over-the-Counter Naloxone Nasal Spray.” U.S. Food & Drug Administration. March 29, 2023. [fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray](https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray).
4. “U.S. Surgeon General’s Advisory on Naloxone and Opioid Overdose.” Office of the Surgeon General. April 8, 2022. [hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-naloxone/index.html](https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-naloxone/index.html).
5. “FDA Approves First Over-the-Counter Naloxone Nasal Spray.” U.S. Food & Drug Administration. March 29, 2023. [fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray](https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray).
6. “FDA announces shelf-life extension for naloxone nasal spray.” U.S. Food & Drug Administration. January 17, 2024. [fda.gov/drugs/drug-safety-and-availability/fda-announces-shelf-life-extension-naloxone-nasal-spray](https://www.fda.gov/drugs/drug-safety-and-availability/fda-announces-shelf-life-extension-naloxone-nasal-spray).

Prevention and Response Toolkit to address naloxone’s proper storage, the monitoring of expiration dates, and broader accessibility in public settings.⁷

Naloxone is available over-the-counter (OTC) under several brand and generic names, with dosages ranging from 0.4 mg per dose up to 8 mg per dose.

The most common brand names include:

- RiVive, available in 3 mg doses
- Narcan, available in 4 mg doses
- Kloxxado, dispensed at 8 mg per dose⁸

The 4 mg per dose is the most common OTC naloxone product sold, and several products come in packages containing two doses.⁹ The U.S. Food and Drug Administration (FDA) has cautioned that higher doses can trigger severe withdrawal symptoms in opioid-dependent individuals, including increased heart rate (tachycardia), body aches, nausea, and restlessness.¹⁰

Harm reduction advocates recommend starting with lower doses, as this approach is more humane and less likely to contribute to intensifying the effects associated with opioid withdrawal.

This position was substantiated in joint research undertaken by the New York State Department of Health and the New York State Police as reported by the CDC in the *Morbidity and Mortality Weekly Report* in February 2024. This research found similar outcomes from administering 4 mg doses vs. 8 mg doses, except those administered 4 mg doses experienced less severe symptoms of withdrawal.¹¹

WHEN & HOW TO ADMINISTER NALOXONE

Naloxone should be administered to any person who is showing the signs of an overdose or in cases where an overdose is suspected, even if they deny taking opioids, as other substances may have been cut or contaminated with fentanyl. The growing trend of combining opioids with stimulants like methamphetamine and cocaine underscores the need for caution in overdose situations.¹²

Historically, there have been two primary means of administering naloxone: *through an intramuscular injection or via a prepackaged inhalable nasal spray*. The intramuscular injection continues to be used in medical and clinical settings, in community-based harm reduction interventions, and emergency medical services by first responders. But the innovation of a nasal spray device has allowed for the mass distribution of naloxone to the general public.¹³

The “Save a Life at Work” sidebar a few pages ahead provides step-by-step information on administering naloxone. The following are some additional tips for training on administering naloxone:

- When using the nasal spray, training on the use of the device is recommended. It is vitally important to *not* test or prime the plunger. Once the plunger is depressed, the medication is immediately dispensed.¹⁴
- Those administering naloxone should maintain a positive communication style that is calming and reassuring to those receiving naloxone. A small percentage of persons who have been administered naloxone in a suspected or actual overdose emergency can react angrily or be combative.

Recent research concluded that positive and reassuring communication while administering naloxone is associated with less anger vs. more anger with a negative and shaming communication style.¹⁵

STOCKING NALOXONE IN WORKPLACES & JOBSITES

An increasing number of contractors are stocking naloxone in standard job-site first-aid kits or emergency response kits. Likewise, these contractors are training staff members on how to recognize and respond to a suspected opioid overdose and how to administer naloxone.¹⁶

These contractors have recognized the increasing risk of an unintentional overdose occurring in the workplace, and they are preparing for an appropriate response in case of an overdose emergency.

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Scenario 1

Imagine an employee, supplier, vendor, or visitor at your workplace or jobsite suddenly experiencing a medical emergency. The medical emergency could be with or without witnesses and occur in a hallway or stairway, training or conference room, restroom, or even a portable restroom.

In this case, imagine that a worker stumbles and drops to the ground. A bystander who discovers the fallen worker sees a

seemingly lifeless body of an unconscious person that they are not sure is breathing or only breathing shallowly. The stricken person does not respond to verbal commands or physical jostling.

The result of this medical emergency depends on a couple of key factors, including how long the person has been unresponsive, how long it took to be discovered, and the expected response time by first responders to an emergency 9-1-1 call.

Beyond those facts, two other factors will help determine the possible outcome of this case:

1. Does the workplace or jobsite stock naloxone in first-aid kits?
2. Have workers been trained on recognizing the signs of an overdose *and* how to administer naloxone to reverse the effects of a suspected opioid overdose?

Myths vs. Facts About Naloxone

MYTHS	FACTS
Naloxone requires a prescription from a licensed medical provider.	Naloxone has been approved for OTC distribution since March 29, 2023 ¹ (and even longer in Canada ²). Prior to the FDA's approval for OTC distribution, every state in the U.S. had passed legislation approving the accessibility of naloxone. ³
Naloxone helps reverse the effects of all overdoses.	Naloxone will only help reverse the effects of overdoses attributable to opioids. An increasing number of overdoses are attributable to multiple substances in addition to opioids, including but not limited to stimulants and depressants such as animal tranquilizers. Naloxone will not counteract the effects of non-opioid substances. ⁴
A single dose of naloxone is sufficient to reverse the effects of opioid overdoses.	The drug overdose crisis has worsened with the onset of more potent versions of opioids, especially synthetic fentanyl. The concentration of fentanyl can be so high that multiple doses of naloxone may be required to reverse the effects of an opioid overdose. ⁵ After administering the first dose, it is important to wait the recommended 2-3 minutes before administering the second dose. ⁶
Naloxone is intended to be self-administered by persons who use drugs alone.	A person who is experiencing the symptoms of an overdose will not have the mental, cognitive, or physical ability to self-administer naloxone. This is why harm reduction organizations encourage persons who use drugs to not use alone and ensure that their family and friends are carrying naloxone for emergency use. ⁷
Persons administered naloxone do not require emergency medical attention once they have been revived.	After being administered naloxone, emergency medical attention is required because the effects of naloxone are temporary, lasting anywhere from 30 to 60 minutes. The effectiveness of naloxone varies based on the type and concentration of opioids consumed and the tolerance level of an individual user based on prior, especially recurring, usage. ⁸
Naloxone is yet another substance that can be abused.	Naloxone is safe and effective for its intended use as an opioid antagonist to help reverse the effects of an opioid overdose. Naloxone is not to be used for treating pain and does not provide euphoria or any other sensory effect, so it is not a substance with potential to be abused. ⁹
The broader availability of naloxone results in increased or riskier usage of substances.	Research has concluded that the broader availability of naloxone did not encourage either more or riskier use of opioids. The availability of naloxone also did not discourage individuals from seeking or continuing treatment. ¹⁰

Endnotes

1. [fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray](https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray).
2. [canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/narcan-nasal-spray-frequently-asked-questions.html](https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/narcan-nasal-spray-frequently-asked-questions.html).
3. safeproject.us/naloxone/state-rules.
4. [store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf](https://www.store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf).
5. [nida.nih.gov/publications/drugfacts/naloxone](https://www.nida.nih.gov/publications/drugfacts/naloxone).
6. [20797746.fs1.hubspotusercontent-na1.net/hubfs/20797746/Narcan%20OTC%20Fact%20Sheet%20\(1\).pdf](https://www.20797746.fs1.hubspotusercontent-na1.net/hubfs/20797746/Narcan%20OTC%20Fact%20Sheet%20(1).pdf).
7. [store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf](https://www.store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf).
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10. [store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf](https://www.store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf).

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An Alarming Trend in Construction

Beginning in 2012, the Bureau of Labor Statistics has reported a growing trend of unintentional overdoses as occupational fatalities among all industries. In 2022, 525 overdose fatalities in the workplace reflected a 13.1% increase from 2021. Unintentional overdoses accounted for approximately 9.5% of all occupational fatalities reported among all industries and occupations in 2022.¹

There is mounting evidence that the construction industry workforce has been adversely impacted by the opioid crisis, as discussed in “Waging a Counterattack on Opioids: First-Dose Prevention Strategies for the Workplace & at Home.”²

Additionally, research supported by a National Institute on Drug Abuse grant resulted in the 2021 report *Workplace Guidelines to Prevent Opioid and Substance Abuse for the Construction Trades*, which provides a thorough account of how the high frequency and severity of musculoskeletal injuries in construction contributes to high rates of opioid prescriptions for construction workers.³

Endnotes

1. [bls.gov/news.release/pdf/cfoi.pdf](https://www.bls.gov/news.release/pdf/cfoi.pdf).
2. cfmabonline.net/cfmabp/03042022/MobilePagedArticle.action?articleId=1776843#articleId1776843.
3. hwc.public-health.uiowa.edu/wp-content/uploads/Workplace-Opioid-Prevention-Program-Guidelines-for-Construction_v3.0.pdf.



Generally, there are two likely outcomes:

Response A: No Naloxone Available & No Staff Trained on Administering It

After the initial discovery of the unresponsive worker, it is reasonable to expect that a 9-1-1 call would be initiated, as this is a standard response to any medical emergency.

Unless a bystander with their own personal naloxone steps forward, no naloxone is administered prior to the arrival of first responders. A person trained in first aid and CPR procedures may initiate CPR and rescue breathing to address the expected signs of respiratory distress.

The success of the reversal and potential for a revival of this patient will depend more on luck than on risk reduction based on the timeliness of the response and the concentration of the substance consumed.

The longer the response time by first responders, the poorer the expected outcome for this situation.

With today's increasing concentrations of potent and lethal synthetic fentanyl, the importance of quickly administering naloxone within seconds to minutes is advised.

The stricken worker could pass away before, during, or after the arrival of the first responders and the administration of naloxone.

Assuming the stricken patient is breathing when the first responders arrive, they will start with an assessment of signs and symptoms of the stricken patient. The first responders will likely conclude that this is a probable substance overdose and administer naloxone.

Once the patient is medically stabilized, the affected individual will be transported to a local emergency medical facility for further treatment and observation.

Assuming the patient dies, the following scenarios are likely outcomes from not being prepared with naloxone on-site and without staff trained in how to administer the medication:

- Law enforcement wishes to interview witnesses and possibly inspect the premises.
- The local Office of the Coroner/ Medical Examiner may be contacted to initiate a death investigation.
- Local media contacts and possibly social media influencers reach out to verify reports of a breaking news story on-site.
- The workplace or jobsite experiences a shutdown of undetermined length depending on the reaction of the coworkers and the need to properly handle the ensuing crisis resulting from the overdose.

Response B: Naloxone Is Stocked & Staff Have Been Trained on Administering It

After discovery of an unresponsive person where the signs and symptoms point to a suspected opioid overdose emergency, trained on-site staff call 9-1-1 for emergency medical support and administer naloxone. While waiting for first responders to arrive, trained staff monitor the stricken worker for signs that the naloxone is either working or has not begun to work.

After waiting for approximately two minutes, trained staff administers a second dose of naloxone into the other nostril of the stricken worker. CPR and rescue breathing may be initiated depending upon the level of respiratory distress.

If breathing is restored, when the first responders arrive, then the patient will be quickly assessed to determine suitability for immediate transport to an emergency medical facility.

The ensuing mood at the workplace or jobsite is positive about the successful revival using naloxone to reverse the effects of a suspected opioid overdose.

The level of the crisis management and ripple effect of crisis communications is less in this scenario, and the company or project experiences significantly reduced delays and disruptions because of the professional way the emergency aid was administered.



What Is Naloxone & How Does It Work?

Naloxone is the generic name for a medication that is used solely for the purpose of reversing the effects of an opioid overdose. The actual chemical name of this medication is naloxone hydrochloride.

The sole use of naloxone is to serve as an opioid antagonist; put simply, naloxone unblocks the brain's opioid receptors that are overloaded with large concentrations of opioids ingested or inhaled. When the opioid receptors become blocked, breathing can slow to a dangerously low rate of respiration. The brain is then deprived of oxygen, and brain injury can occur. Without prompt intervention with an opioid overdose reversal medication, an overdose can lead to death.¹

Naloxone *only works on opioids* and will not work on any other substances. The effects of naloxone will only last between 30 and 90 minutes, and it is possible for a person to have enough opioids remaining in their bloodstream after being revived from an overdose to experience the recurrence of overdose symptoms. This is why it is vitally important for individuals to be transported to a health care facility for medical supervision after naloxone is administered.²

Endnotes

1. McDonald, James. "Non-Patient Specific Prescription for Naloxone with Pharmacy Dispensing Protocol." New York State Department of Health. February 12, 2024. health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/naloxone_standing_order_pharmacies.pdf.
2. "Naloxone DrugFacts." National Institute on Drug Abuse. January 2022. nida.nih.gov/publications/drugfacts/naloxone.

ACTION STEPS FOR EMPLOYERS FOR STOCKING NALOXONE IN WORKPLACES & ON JOBSITES

1. Understand the Good Samaritan statute(s) in the state(s) in which you do business. Seek a review from qualified legal counsel to ensure understanding of any limitations under the statutes in the states in which your company operates.

- The Legislative and Public Policy Association and SAFE Project have online summaries of state-by-state Good Samaritan statutes governing calling 9-1-1 and administering naloxone.¹⁷
- With the passage of such a statute in Kansas in 2024, 49 states have a Good Samaritan statute.¹⁸

2. Adopt a policy governing the provision of naloxone in first-aid kits and include basic information pertaining to ordering, monitoring expiration dates, replacing, training requirements, etc.

- A sample policy template is available through the Alliance for Naloxone Safety in the Workplace.¹⁹

3. Institute training for select staff including key leaders in each workplace and jobsite on how to recognize the signs and symptoms of an opioid overdose and how to administer naloxone in a suspected overdose emergency.

- There are multiple sources for such training including the National Association of Home Builders,²⁰ SAFE Project,²¹ the National Safety Council,²² and MindForge via the Alliance for Naloxone Safety in the Workplace.²³

4. Most states have allocated public funds to support naloxone distribution to public health and public safety groups, including harm reduction groups working with populations at highest risk for overdoses.

- Generally, most private sector businesses are placing orders for naloxone at their local pharmacy because it is available OTC.
- Alternatively, specific brand distributors of naloxone may sell in bulk.

5. Understand the proper storage of naloxone. Pay attention to the instructions on the packaging about protecting the product from hot and cold temperature extremes.²⁴

- Determine if the naloxone will be stored in first-aid kits or in cabinets specially designed for this purpose. There are various types of cabinets available that have different features, including the availability of training resources via audio messages, video recordings, paper inserts, or even QR codes.

– Among the various options are the following representative examples:

- NaloxBox
(nalobox.org)
- Naloxone Safety Kits
(naloxonesafety.com)
- ONEbox
(wvdii.org/onebox)
- Overdose Aid Kit
(overdoseaidkit.com)
- Windy City Cabinet
(windycitycabinet.com/overdose)

6. Determine the need for posting signage locating naloxone kits to help hasten response times in an overdose emergency.

7. Pledge your company's support for the "White House Challenge: Saving Lives From Overdose" using naloxone.²⁵

8. Commit to staying abreast of substance use and misuse trends affecting the potential for overdose emergencies in the workplace. Maintain relationships with diverse local resources, including law enforcement, community-based harm prevention and recovery organizations, to understand current trends within your area.

9. Evaluate options with your company's insurance and risk management advisors for both workers' comp and group health employee benefit plans:

- Is it possible to add alternatives to opioids for pain management, medical diagnoses, and dental and surgical procedures?

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- If opioid alternatives can't be substituted, then is it possible to co-dispense naloxone for all prescriptions containing opioids for injured employees covered by workers' comp and for members and dependents on group health plans?

The preceding list of recommended actions is comprehensive but not exhaustive. The provision of naloxone in workplaces and jobsites is in its infancy and many new innovations are expected to be introduced in the months and years ahead.

CONCLUSION

Naloxone is a game changer in the nation's escalating opioid crisis. Every life is valuable, and carrying naloxone with the training to administer it is a proven strategy to help save lives.

By equipping workplaces and jobsites with naloxone, more people can be trained to recognize the signs of an overdose and respond quickly in an overdose emergency. Readily available naloxone and trained Good Samaritans on-site significantly reduces the risk of overdose fatalities – one company, one workplace, and one jobsite at a time. **BP**



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Common Opioids
are identified on the following page



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3. "Harm Reduction Framework." *Substance Abuse and Mental Health Services Administration*. samhsa.gov/sites/default/files/harm-reduction-framework.pdf.
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Save a Life at Work How To Administer Naloxone During an Overdose

Check for Responsiveness



Options:

Yell their name

Rub their sternum

If breathing is irregular or has stopped, give a light jostle



Yell for Help & Find Naloxone

If the person is not responsive, hurry and find your "in case of emergency" kit.



Administer Naloxone

Insert the tip on the nasal spray bottle's nozzle into one of either nostril, then press the top firmly.



Call for Emergency Medical Help, Evaluate & Support

Dial 9-1-1 to get emergency medical help right away! Move the person to their side and watch them closely if the person does not respond to your voice or touch or if they are not breathing normally.



Administer Second Dose of Naloxone

Repeat step 3 to give another dose of naloxone in the other nostril if the person is not responsive.

Wait Until Help Arrives



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Common Opioids

Opioids are a class of medications that are generally used for pain management in medical, dental, and surgical procedures.

Medications for Opioid Use Disorder

- Buprenorphine (Suboxone, Subutex, Zubsolv, Bunavail, Butrans)
- Methadone (Dolophine, Methadose)

Prescription Pain Relievers

- Codeine (Tylenol with Codeine, TyCo, Tylenol #3)
- Fentanyl (Duragesic, Antiq)
- Hydrocodone (Vicodine, Lorcet, Lortab, Norco, Zohydro)
- Hydromorphone (Dilaudid)
- Oxycodone (Percocet, OxyContin, Roxicodone, Percodan)
- Oxymorphone (Opana)
- Meperidine (Demerol)
- Morphine (MSContin, Kadian, Embeda, Avinza)

Illicit Opioids

- Fentanyl (Durgesic, Antiq)
- Heroin

Source: "Opioids." Johns Hopkins Medicine. hopkinsmedicine.org/health/treatment-tests-and-therapies/opioids.



5. "Fact Sheet: Biden-Harris Administration Launches the White House Challenge to Save Lives from Overdose." The White House. March 13, 2024. whitehouse.gov/briefing-room/statements-releases/2024/03/13/fact-sheet-biden-harris-administration-launches-the-white-house-challenge-to-save-lives-from-overdose.
6. "U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose." Office of the Surgeon General. April 8, 2022. hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-naloxone/index.html.
7. "SAMHSA Overdose Prevention and Response Toolkit." Substance Abuse and Mental Health Services Administration. 2024. store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf.
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