



Naloxone: Talking About Naloxone with Patients Prescribed Opioids

This guide offers tips to help clinicians communicate the benefits of naloxone to patients, family members, and caregivers.



Pre-conversation Tip:

Before having a conversation about naloxone, make sure to familiarize yourself with the various forms and brand names of naloxone and administration route. Open the conversation with what naloxone is and does. Three forms of naloxone products are available: nasal spray, injection, and auto-injection. Refer to the [Substance Abuse and Mental Health Administration's \(SAMHSA\) Opioid Overdose Prevention Toolkit](#) to educate patients, caregivers, and the community about the different forms and how to use them.

Step 1: Start a conversation about naloxone.

Make it clear that you care about your patient's safety, and when possible, involve family and friends in the conversation. For example, *“One of the risks with opioid medications is they could cause your breathing to slow or stop. Because you are taking an [opioid OR central nervous system depressant] OR [opioid] at a high dose, there is a risk that this could happen to you even accidentally. Would you mind if I talk to you about naloxone, a medicine when given by your [spouse, caretaker, etc.]?”*

Next explain how to identify the signs of an opioid overdose, when and how to use naloxone, and where patients and families can get naloxone.

Step 2: Describe naloxone as a medication to be used to save a life.¹

Naloxone saves lives because it can quickly restore normal breathing to a person whose breathing has slowed or stopped as a result of overdosing on prescription opioid medications, heroin, or drugs that are adulterated and contaminated with an opioid like fentanyl (e.g., cocaine, methamphetamine).¹

“Naloxone is a lifesaver, like having a fire extinguisher. Hopefully, you will not need it, but it is important to have it ready just in case you do—for yourself or for someone else.”



Conversation Starter: Clinicians

Step 3: Listen attentively and respond to concerns and questions.

Ask open-ended questions to demonstrate your desire to gain insights from your patient and their families. Doing so allows the patient to answer with more detail compared to questions requiring a yes or no response. Guide your patient, do not direct them. Conversations that are patient-centered and collaborative, can help increase a patient's motivation to change.

When starting conversations about naloxone with patients new to prescription opioids and patients with an opioid use disorder (OUD), avoid stigmatizing language that may negatively impact patient care.²

The following are terms to use and avoid when talking to patients about prescription opioids and and to patients with an OUD.

“We discussed the benefits of naloxone and how to use it. Can you please tell me any concerns you have with naloxone, including your ability to obtain it?”

“Let's talk about any concerns or questions you have about any special care that might be needed after giving naloxone, or side effects that you might experience.”

SAY²	AVOID SAYING
Prescription opioids	Painkillers
Prescription opioid pain medications	Pain pills
Substance use disorder or opioid use disorder	Drug habit Substance abuse Abuse
Person in recovery Person with a substance use/opioid use disorder People who use drugs	Abuser/user Addicts Junkies Perpetrators Criminals
Nonmedical use Misuse Drug use	Recreational use Drug Abuse
Positive or negative toxicology screen Testing positive or negative for a particular substance	Dirty/clean toxicology results
Resumed use	Relapse

¹<https://www.drugabuse.gov/publications/drugfacts/naloxone>

²<https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>