MINNESOTA

Naloxone Saturation Strategy

August 2026

Introduction

Purpose of the strategy

Minnesota is strongest when everyone is thriving and living their lives to the highest potential, no matter their background or zip code. This includes the nearly 300,000 Minnesotans experiencing substance use disorder (SUD) who need access to resources that support their well-being and reduce risks associated with substance use.

The State of Minnesota is committed to ensuring that every person has access to the resources and support they need to achieve and sustain long-term recovery from SUD and is focused on creating a continuum of care that supports Minnesotans wherever they are in their recovery journey. To this end, the state invests significant resources across substance use prevention, harm reduction, treatment, and recovery.

For Minnesotans with an SUD, death by overdose is an ever-present danger. Opioid-involved overdose deaths in Minnesota significantly increased between 2018 to 2023. The potency of illegal drugs such as fentanyl, coupled with an illicit drug supply increasingly contaminated with substances unknown to the user exacerbated an overdose crisis begun by prescription opioids decades ago. Since then, Minnesota's efforts to combat this crisis have resulted in 2024 seeing a substantial decrease in opioid-involved overdose deaths. A key factor being the state's continued support for harm reduction.

Harm reduction is an evidence-based practice that has demonstrated significant impact in reducing overdose deaths and can include syringe service programs, drug checking services, and housing supports. Harm reduction strategies seek to reduce the negative health, social, and economic consequences of substance use.

One of the most successful harm reduction strategies is ensuring the overdose reversal, life-saving drug naloxone is present wherever and whenever an overdose occurs. Systematic reviews of 22 community-based naloxone programs show consistent improvement in overdose survival rates[1], with research indicating that every 10% increase in naloxone distribution is associated with an 11% decrease in overdose deaths[2].

Over the last several years, Minnesota has made great strides in increasing the availability of naloxone through the creation of a state-funded naloxone ordering portal and mandating naloxone be available in schools, state correctional facilities, recovery residences, treatment centers, and with law enforcement. Naloxone funding has also remained a priority across the federal, state, and local level.

To guide the work Minnesota is doing to increase naloxone availability even further, the state created the Naloxone Saturation Strategy in 2025 in collaboration with its community and government partners. This updated saturation strategy reflects the progress and landscape changes that have taken place since then.

Vision

Naloxone saturation refers to a community's capacity to respond effectively to opioid overdoses by ensuring that naloxone is widely available, accessible, and ready for use whenever and wherever an overdose occurs. Research demonstrates that comprehensive naloxone distribution programs can reduce community overdose death rates by 27-46%[3]. Minnesota's Naloxone Saturation Strategy aims to achieve this through:

1. Evidence-based distribution methods
2. Prioritization of at-risk populations
3. Increasing the likelihood that naloxone is administered during a witnessed overdose

The State Naloxone Saturation Strategy sets forth guiding principles, key pillars, and specific approaches to achieve this vision, including ensuring the availability of both nasal and intramuscular naloxone, and developing quantitative and qualitative measures to track saturation progress within communities. This comprehensive approach ensures that naloxone saturation not only saves lives but also provides opportunities to positively change the direction of lives impacted by opioid overdoses. This strategy is intended to be iterative, and responsive to the changes of a particularly fluid and dynamic illicit drug landscape.

Guiding principles

Minnesota's strategy for achieving a comprehensive naloxone saturation system is grounded in key principles of collaboration, practice-based and evidence-based decision-making informed by both experiences of people who use drugs (PWUD) and data, health equity, cultural responsiveness, and strategic distribution. This approach aims to meet the needs of all state residents, with a particular focus on communities at highest risk of overdose.

- **Collaborative:** No single entity alone can achieve naloxone saturation, but together we can create a system that not only saves lives but improves them. Ongoing, transparent collaboration between state and local government, community-based providers, PWUD, law enforcement, and others is a vital component to the state strategy.
- **Informed by People Who Use Drugs:** "Nothing about us without us" expresses the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy. To ensure the most effective naloxone saturation system possible, incorporating the voices of PWUD in the design is important.
- **Data driven:** Timely, accurate, and meaningful data is necessary to ensure that communities have naloxone in the quantity and format they need, and that the state can respond with the appropriate resource when they do not. The state will work with its partners on best ways to gather actionable information and reducing reporting burden of ancillary information. The strategy acknowledges the importance of both evidence-based practice and practice-based evidence.
- **Equity focused:** In Minnesota, communities of color are far more likely to die of a drug overdose. American Indian Minnesotans are dying at seven times the rate of White Minnesotans and Black Minnesotans are dying at three times the rate. Minnesota's naloxone saturation strategy recognizes these inequities and their root causes.
- **Culturally tailored and responsive:** To be effective, naloxone saturation, like all public health strategies, needs to meet people where they are. This means services that acknowledge and are responsive to the complexity and multiplicity of identities that an individual connects to, including ethnicity, sexual and gender orientation, geographical, and religious.
- **Strategic distribution:** Not only are PWUD those dying of overdose, but they are also most likely to witness an overdose. Minnesota's strategy ensures that naloxone saturation efforts are evidence-based including a focus on PWUD and those that serve them most directly, such as syringe service providers and organizations serving unhoused Minnesotans. Places such as schools, treatment centers, state corrections and recovery residences are also places where naloxone is critical. Putting naloxone in other settings, along with training and education, is also important both to be on hand should an overdose occur but also for stigma reduction.

Background and current state

Background and context

Meaningful progress has been made in reducing the number of overdose deaths across Minnesota. The number of opioid-involved overdose deaths in 2024 was 33% lower than in 2023.The number of deaths for American Indians in Minnesota was lower by 43% and the number of deaths for African Americans was lower by 36%.

At the same time, communities of color are still disproportionately impacted by the overdose crisis as American Indians are seven times more likely to die from a drug overdose and African Americans are three times as likely to die from drug overdose than White people in Minnesota[4]. This shows that targeted naloxone distribution efforts continue to be needed to reduce the disparities communities are experiencing.

Minnesota's current naloxone distribution system is both decentralized and complex. Organizations can fund their naloxone distribution through state grants, federal grants, opioid settlement funds, or other methods. That funding can then be used to purchase either intramuscular or nasal naloxone from a variety of manufacturers or suppliers.

Organizations that serve high priority populations or are mandated to carry naloxone are also able to receive nasal naloxone at no cost through the state's naloxone ordering program, also known as the Naloxone Portal. This program is operated by the Minnesota Department of Human Services (DHS) and is primarily funded through the federal State Opioid Response (SOR) grant.

Depending on the organization, the naloxone obtained can be distributed to the community, shared with other organizations, or directly used to respond to an opioid overdose.

In the case of pharmacies, nasal naloxone can be sold to individuals over the counter.

The strength of this decentralized system is that naloxone procurement and distribution is closer to those who need it, and organizations can obtain the form of naloxone that is preferred by the people they serve. The system also provides redundancy against relying on any single manufacturer or distributor.

On the other hand, the downside is that tracking and measuring distribution is quite difficult. Decentralized distribution complicates accurate data collection and results in an unclear picture of naloxone saturation across different areas.

This lack of visibility can hinder efforts to assess distribution effectiveness, identify high-need regions, and inform decision making. Overcoming this challenge remains a key part of the Naloxone Saturation Strategy.

Implementation progress

The state has made notable progress in implementing the Naloxone Saturation Strategy since it was first released in February of 2025.

The Minnesota Department of Health (MDH) has begun piloting the Minnesota Overdose Alert, Local Engagement, Response, and Tracking System (MN-OD-ALERTS). This is a statewide system that uses near real-time Emergency Medical Services (EMS) and syndromic surveillance data to detect, validate, and respond to overdose spikes.

MDH epidemiologists review the data before issuing alerts to local and Tribal public health with response recommendations based on the severity and scope of the event. The system was developed with the Overdose Response Strategy program and is being piloted with counties first to improve state-to-local coordination and help prepare counties in spike response ahead of statewide implementation.

The data gathered on naloxone purchasing and distribution has been made consistent across state administered grants. Previously, some grants would ask grantees to report on the number of kits while others would ask for the number of doses. Grant reporting forms are now standardized wherever possible to ensure that naloxone doses is the metric being used. In cases where changing the reporting form is difficult, grantees are informed that a kit should equal two doses. This will allow for a much more accurate picture of the total amount of naloxone being distributed through state funding.

When the Naloxone Portal was first launched in 2023, it was operated through a collaboration between MDH and DHS. It was supported through limited federal funds which resulted in the portal closing when funds were expended and reopening once funds were replenished. The Naloxone Portal is now operated solely by the Department of Human Services and remains consistently open due to the integration of SOR and block grant funds.

Intramuscular naloxone is also now available through the portal as part of the state's commitment to ensuring access to both forms of naloxone.

Also in 2023, the Bois Forte Band of Chippewa became the first Tribal Nation in the United States to implement harm reduction vending machines on reservation land. Each vending machine contains various public health-oriented supplies such as nasal naloxone, drug test strip kits, granola bars, and over the counter pain relievers. This project was created through collaboration between the Bois Forte Reservation Tribal Council, the Bois Forte Community Research Council, and the Johns Hopkins Bloomberg School of Public Health[5].

DHS has begun contracting with several other Tribal Nations in Minnesota to fund similar projects, with many vending machines in the process of being set up.

State staff from DHS, MDH, and the Department of Public Safety are currently working together to create an online overdose training series for first responders. This training series involves contributions from subject matter experts from a variety of disciplines including academia, emergency medicine, and law enforcement. It also emphasizes the importance of rescue breaths and appropriate naloxone dosing.

As part of the state's commitment to ongoing engagement, DHS and the Office of Addiction and Recovery hosted a Naloxone Saturation Reconvening in April of 2026. This event brought together community and government partners who helped shape the original Naloxone Saturation Strategy to discuss its implementation and what changes have occurred in the naloxone saturation landscape.

The feedback and information gathered from the reconvening informed the development of this updated saturation strategy. Minnesota's Naloxone Saturation Strategy will continue to be a living document used to track and communicate the state's efforts for achieving statewide naloxone saturation.

Key pillars of the strategy

Pillar 1: Data integration

Ensuring naloxone saturation starts with understanding how much naloxone the state needs and where it needs to be. Currently, Minnesota state agencies do not have the data systems in place to give policy makers and communities a clear picture of the current state of naloxone distribution. A 2024 landscape analysis by Minnesota Management and Budget (MMB) found that the state currently lacks important information to measure saturation. It found that existing data is not sufficiently timely, detailed, or integrated, and notably, it does not encompass major sources of distribution. While community leaders in naloxone distribution are experts and often know what is needed, the state lacks the data infrastructure to set clear and actionable goals for distribution and respond to local needs in a timely manner. This issue is underpinned by the state's decentralized system for tracking distributing naloxone, whereby a wide array of groups procure and distribute naloxone directly from manufacturers, distributors, and suppliers. Naloxone is tracked using various platforms, data collection methods, and reporting processes. This decentralized tracking makes it challenging to gather a comprehensive picture of distribution in the state.

The state can improve its naloxone data collection in the following ways.

1 Improve quality and use of existing data to promote action

The state will leverage existing data sources, such as EMS response, overdose records, and healthcare claims for targeted intervention. This could include programmatic and statutory changes to enable data sharing and improve reporting in legacy systems. To understand the total amount of naloxone entering Minnesota the state will also seek to supplement state data with private-sector data by gathering information from manufacturers, over-the-counter retail sales, and out of state non-profit distributors. This will require new partnerships for data standardization and collection. The state also understands it is vital to provide summary data to community partners and the public, so as to inform the local response to this crisis.

2 Create new understanding with better engagement at the frontlines

Segmentation in state and local response efforts make it difficult to understand the needs at the frontlines. The state will work with its partners on developing information feedback loops with frontline organizations to gauge naloxone needs and invest in surveying and interviewing of individuals in active use.

3 Improve consistency in data collection and reporting for state-administered grants

Work on this sub pillar is complete as state agencies have standardized data collection reporting for naloxone purchasing and distribution across their grants. Number of naloxone doses is now the standard metric for all state-administered grants. In cases where number of kits must be used, grantees are informed that a kit should equal two doses. The state will ensure consistent, meaningful, and transparent data collection on naloxone in other relevant areas.

Pillar 2: Education and training

Comprehensive training and education are vital to effective naloxone distribution. While priority is given to PWUD and those who frequently interact with them, broader education about naloxone serves as a powerful tool for reducing stigma.

The state can enhance education and training in the following ways.

1 Support naloxone education

Naloxone saturation cannot be achieved unless those administering the medicine are educated and trained on its use. Education as to what naloxone is, why it is important, and how it can save a life and perhaps create a pathway for change is a potentially powerful avenue for reducing the stigma associated with substance use disorder. The state will work with its partners to assess current education efforts and identify additional strategies that are culturally responsive, age appropriate, and seek to normalize naloxone access similar to CPR or epi-pens.

2 Create standards for training

The state will work with its partners to develop and set standards for naloxone training. These standards will evolve over time to counter misinformation and emphasize the importance of topics such as rescue breaths, breathing over consciousness, and appropriate naloxone dosing. These standards will be able to address emergent issues and trends and can be shared with those who provide direct services to PWUD as well as the general public.

3 Promote stigma reduction

Stigma acts as a significant barrier to public health approaches to overdose prevention. The state will promote stigma reduction activities and messages with its partners across government, community, and industry. Reducing stigma will increase the adoption of Naloxone distribution and administration.

Pillar 3: Partnerships and distribution

All successful public health strategies require collaboration and partnership, and naloxone saturation is no different. Additionally, the state has a state-supervised, county-administered human services system, adding additional emphasis to the need for partnerships. Minnesota has been well-served by its community-based naloxone distribution system and will seek to build on this approach by strengthening partnerships, exploring new relationships for low barrier access, and by using its convening power to bring people together.

1 Create new and strengthen existing partnerships

Over the years, the state has built strong relationships with EMS and harm reduction partners when it comes to naloxone, and the state will continue to foster those relationships. However, new partnerships provide powerful opportunities for increasing access to naloxone, reducing stigma, and developing new on-ramps for recovery. The state will explore creating new partnerships with groups such as county and local government (e.g. local public health), law enforcement, fire departments, pharmacies, religious leaders, hospitals, schools, and recovery residences.

The state will also explore new strategies to support current community-based organizations and build new ones. For example, state staff could provide technical assistance to smaller organizations to help them obtain the certifications necessary to qualify for direct funds. The state will also seek to increase appropriate and timely data sharing with partners, so the state can identify places where naloxone is needed and work in coordination with community partners to get naloxone to those areas.

2 Explore new opportunities for low-barrier, 24-hour access to naloxone

As identified through engagement work with PWUD, being able to access naloxone at any time of day with minimal barriers is critical for naloxone saturation. The state will explore more opportunities for increasing access such as harm reduction vending machines, publicly available naloxone storage boxes, and Overdose Education and Naloxone Delivery (OEND) points. These distribution strategies ensure that life-saving naloxone is available whenever and wherever it is needed.

3 Use its convening power to bring people together

The state will use its power as a convener to both bring together diverse partners as well as smaller convenings with direct service providers. The state will regularly convene state-funded partners to share the latest overdose data trends from the State Unintentional Drug Overdose Reporting System (SUDORS), naloxone saturation, and other data sources and hear from local partners what is happening on the frontlines, how that does or does not reflect in the data, and what PWUDs are experiencing.

4 Encourage secondary distribution

The state will encourage recipients of state-funded naloxone to perform a secondary distribution in ways such as having leave behind programs or offering their naloxone to the public upon request. The state will also continue to allow any naloxone provided through the Naloxone Portal to be used for secondary distribution.

Pillar 4: Naloxone funding and procurement

Funding and procurement are foundational elements of the state's naloxone saturation strategy. Currently funding sources are primarily mixed between state, federal, and local dollars. These funding streams have implications on procurement strategies such as the Naloxone Portal and separate naloxone grant making through state and federal sources. The investment in these distribution strategies is supported by research demonstrating their high cost-effectiveness, with studies showing an expenditure of only $421 per quality-adjusted life year gained.

1 Both nasal and intramuscular naloxone needed

The state will continue to support procurement strategies that ensure people have access to the form of naloxone that works best for them. Nasal naloxone is much more approachable to most people who have no experience with syringes, including PWUD, while intramuscular is both cheaper and preferred by some PWUD. Ensuring both forms of naloxone are available is critical to meeting people where they are at.

2 Both/and approach to naloxone procurement

Each method of naloxone procurement has its strengths and plays an important role in achieving the kind of saturation the state wants to achieve. The existence of multiple methods of procurement allows naloxone distributors to select the method that works best for them and protects against issues associated with overreliance on a singular source of naloxone.

The state will work towards improving and sustaining the Naloxone Portal while continuing to support the relationships and distribution models that community organizations have established.

Regardless of procurement mechanism, distribution will always be done at the community level.

3 Blend and braid naloxone funding

Current funding sources for naloxone include state designated grants, Opioid Epidemic Response Advisory Council (OERAC) funds, federal block and SOR grants, local opioid settlement funds, and Teva settlement funds. The state will strategically use different funding mechanisms to support the appropriate procurement mechanism, i.e., conventional grant making to community-based organizations or to the portal, as well as look for additional funding opportunities.

For example, state funds may work better for non-profit partners who do intramuscular distribution and provide other harm reduction activities such as offering sterile syringes and other safer use supplies, HIV/Hep C testing, etc., while federal funds are better suited for the naloxone portal. In both cases, however, funds will be blended and braided to achieve the greatest impact for naloxone saturation and community health.

4 Focus on efficiency

Resources are finite. The state will pursue naloxone saturation while using its resources in a way that ensures efficiency and long-term sustainability. By also seeking additional opportunities to blend and braid naloxone funding, those resources will be bolstered through both state and federal funding sources.

Conclusion

Naloxone saturation and the path to a purpose-filled life

Opioid overdoses, stemming from misuse or adulterated supply, touch every corner of Minnesota. Naloxone administration is more than a life-saving measure—it's a foundation for transformative change in our communities. While naloxone saves lives, it's just the beginning of the journey towards fulfillment and personal meaning. To empower individuals to lead self-directed, purpose-filled lives, naloxone saturation needs to be embedded and connected to a broader network of services and supports such as housing stability, treatment and recovery options including low-barrier access to medications for opioid use disorder, behavioral and physical health care, and ultimately educational and employment opportunities.

To this end naloxone saturation is a core strategy that when connected to other harm reduction, treatment, and recovery services can change the trajectory of a human life for the better.

Endnotes

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