



April 2025  
DOH 150-300

# Survey Report: Naloxone Kiosks in Washington State

## Introduction

Distributing naloxone through a kiosk or vending machine can reduce access barriers to this medication. In August 2024, DOH sent a survey to organizations in Washington state to understand the landscape of passive naloxone distribution systems, or naloxone kiosks.

## Background

Naloxone (often known by the brand name NARCAN®) is a life-saving medication that can reverse an opioid overdose. It is recommended that all individuals who are likely to experience or witness an overdose carry naloxone. This recommendation can be challenging, and health systems are seeking innovative ways to support it. Currently, naloxone is distributed by many pharmacies, local health departments, and community-based organizations free of charge.<sup>1</sup> An additional distribution method that has gained attention recently is vending machines or kiosks, which allow individuals to obtain harm reduction supplies with minimal barriers.<sup>2</sup> These kiosks can take many forms, such as a vending machine plugged into a power source, a repurposed newspaper kiosk, or other containers designed for naloxone, like a "Naloxbox" or "The Barney Naloxone Stand". The common thread between these systems is that people can get naloxone without first having to talk to someone. This report refers to all types of passive naloxone distribution systems as kiosks.

## Naloxone Kiosks in Washington State

To better understand the implementation and impact of naloxone kiosks set up by organizations in Washington state, DOH sent a survey to community partners in August 2024 and received responses from:

- 29 organizations currently operating 97 kiosks
- 9 organizations with plans to establish 33 additional kiosks
- 7 organizations providing funding for kiosks in Washington state

The organizations were asked for information about each kiosk they operated, however, only abbreviated information about kiosks beyond an organization's first 5 was collected.

### SURVEY RESPONDENT PERSPECTIVES:



Naloxone kiosks can increase naloxone access in the community



Kiosks increase naloxone access for underserved populations



Survey respondents suggest that naloxone kiosks are a tool to address community needs and complement other programs and services

# Survey Responses: kiosk information

## Organizations that operate a currently active kiosk

29 organizations currently operating 97 kiosks

A geographic representation of respondents' kiosk locations is shown in Figure 1.

- The most common kiosk type was "open access" (such as a Barney Naloxone Stand or Naloxbox) (n=47), followed by electronic machines designed to distribute naloxone (n=15), and repurposed vending machines (n=8)
- Approximately half of the kiosks were located inside a building (49%) and half outside (51%)
- Most kiosks (91%) were reported to be open to the public
- Most of the naloxone types distributed via kiosks were nasal only (88%)
- 75% of kiosks were low barrier, having no required staff interaction, unique identifier, or survey
- Many kiosks also offered a range of harm reduction supplies (Figure 2)

Figure 1. Naloxone Kiosks in Washington State by County – Survey Respondent Locations

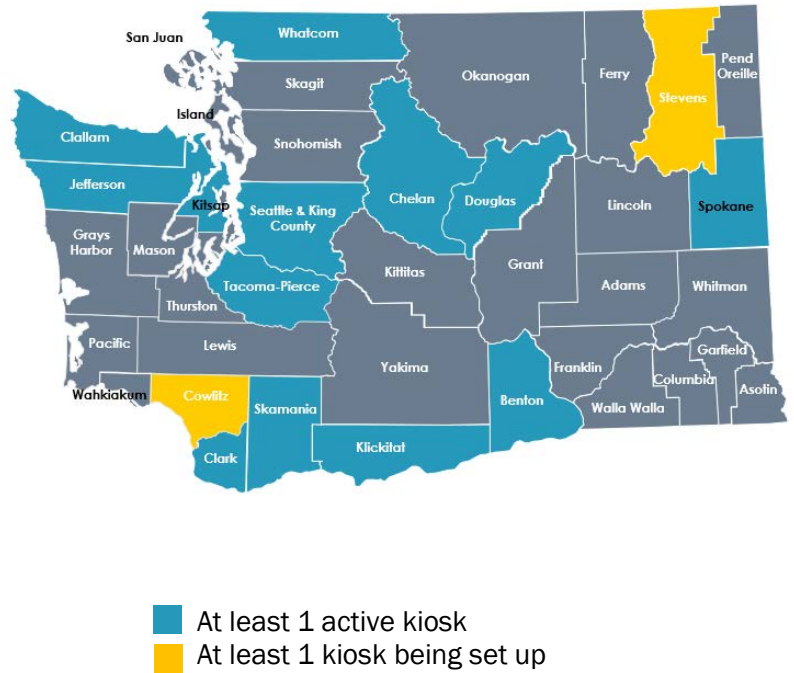
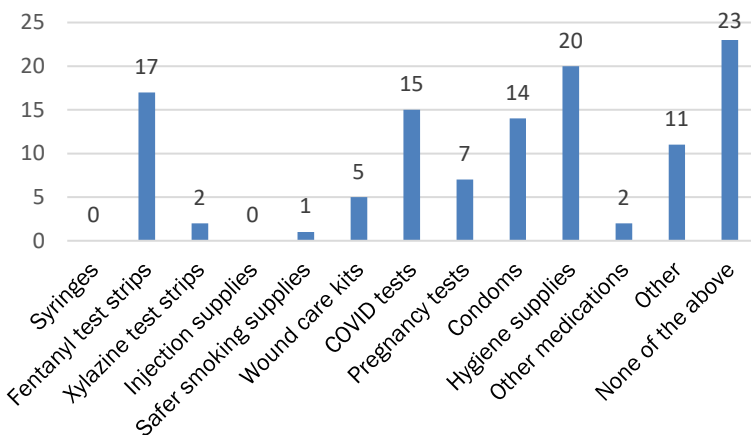


Figure 2. Additional Harm Reduction Supplies in Naloxone Kiosks (n=67)



## Organizations in the process of setting up a kiosk

9 organizations to establish 33 additional kiosks

- The most common kiosk type was "open access" (such as a Barney Naloxone Stand or Naloxbox) (n=14), followed by electronic machines designed to distribute naloxone (n=2) and repurposed vending machines (n=2)
- 61% of the kiosks are to be located inside a building
- 89% of the kiosks will be open to the public
- The naloxone types to be in kiosks are: Nasal only (72%), and both nasal/injectable (18%)
- Over 50% of the kiosks plan to have no requirements or barriers to use
- The most common harm reduction supplies planned to be in the kiosks are fentanyl test strips, condoms, and hygiene supplies

# Survey Responses: program operations

## Organizations that operate a currently active kiosk

- Respondents operate kiosks to address an identified need and reduce barriers to naloxone
- Respondents chose locations based on accessibility, traffic, proximity, partnerships, and existing infrastructure
- Many did not face barriers with set up or maintenance, however, some respondents mentioned challenges in getting funding for supplies, community stigma, and identifying a suitable site for electronic machines
- Several respondents reported that their kiosk has improved naloxone access for their communities, including: the LGBTQ+ community, people in recovery and their family/friends, local businesses, people experiencing homelessness, and people who use drugs

**“...some guests don’t want to interact with staff to get naloxone, and this helps them get what they need.”**

**– Survey Respondent**

## Organizations in the process of setting up a kiosk

- Respondents plan to set up a naloxone kiosk to address community needs and align with the goals of the organization, as well as because these organizations have the capacity to do so
- Respondents selected the kiosk locations based on existing infrastructure, proximity to other services, and potential to reach at-risk communities.
- Respondents face kiosk set-up barriers such as technical issues, complex approval processes, and anticipated financial obstacles for maintenance and restocking

## Organizations that fund kiosk(s) operating at other organizations

Organizations collaborate with community partners to financially support kiosk operations or to provide naloxone supplies. No requirements regarding identifying information were noted; only information about supply usage and machine condition was provided, however, there were limited responses in this category.

## Conclusion

Respondents described naloxone kiosks as an important harm reduction tool that can be used to address the needs of a community. Naloxone kiosks can improve low barrier access to naloxone, however new programs sometimes face financial, regulatory, and logistical barriers.



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## References

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