

## FACT SHEET

# Legality of Dispensing and Administering Naloxone to Minors in Montana

## Background

Almost 70,000 Americans died of a drug overdose in 2025.<sup>1</sup> The overdose death rate among American Indian and Native Alaskan Montanans was over three times as high as the state rate from 2019 to 2023.<sup>2</sup> Opioid education and naloxone distribution programs cluster around Montana’s larger cities which leaves rural Montanans with scant resources.<sup>3</sup> These disparities raise serious health equity concerns.

In 2022, an average of 22 American adolescents died of a drug overdose every single week.<sup>4</sup> The majority of these overdoses involved fentanyl or another opioid.<sup>5</sup> Opioid overdoses can be reversed through the timely administration of naloxone followed, where necessary, by additional emergency aid.<sup>6</sup> Ensuring that minors have timely access to naloxone can mean the difference between life and death.<sup>7</sup> Naloxone is safe and effective for all ages.<sup>8</sup> The FDA finds that the benefits of making naloxone nasal spray available to children within the community far outweigh the risks.<sup>9</sup>

*“FDA considers the benefits of having Narcan nasal spray available to adults and children of all ages in the community setting to far outweigh the risks such as precipitated withdrawal.”*

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Montana’s 2017 Help Save Lives from Overdose Act explicitly seeks to facilitate the “broadest possible access to lifesaving opioid antagonist medication” like naloxone.<sup>10</sup> It defines an eligible layperson recipient of an opioid antagonist medication as “a person who is at risk of experiencing an opioid related drug overdose” or “a family member, friend or other person who is in a position to assist a person who is at risk of experiencing an opioid-related drug overdose.”<sup>11</sup> Montana law does not directly address the legality of minors obtaining naloxone. However, the Montana legislature’s purpose to broaden access to naloxone to the greatest possible extent and the lack of any language limiting the Act’s provisions to adults strongly suggests that it was intended to apply to everyone.

## Obtaining Naloxone as a Minor

In 2023, the United States Food and Drug Administration (FDA) approved Narcan and RiVive, brands of nasal spray naloxone, for over-the-counter use.<sup>12</sup> This means that nasal spray naloxone is available for purchase

over the counter at most major pharmacies and online through Amazon and other retailers.<sup>13</sup> No Montana laws appear to prevent minors from purchasing naloxone over the counter. It is approved by the FDA for people of all ages.<sup>14</sup>

Naloxone is also available by prescription. The “Help Save Lives from Overdose Act” enables Montana’s state medical officer to prescribe naloxone via standing order to eligible recipients.<sup>15</sup> Montana defines a standing order as a “a written document prepared by a medical practitioner that authorizes an eligible recipient to acquire, distribute, or administer medication without a person-specific prescription.”<sup>16</sup> The Montana state medical officer issues a statewide standing order for naloxone each year which allows pharmacies to distribute naloxone without personalized prescriptions to eligible recipients.<sup>17</sup> Eligible recipients include people at risk for an opioid overdose or in a position to assist someone at risk for an opioid overdose.<sup>18</sup> Since the standing order does not impose age restrictions on eligibility, pharmacists in Montana may dispense naloxone to minors under the standing order so long as they meet the criteria to be an eligible recipient.

Minors typically require parental consent to access services conducted by health professionals in healthcare facilities. However, Montana’s definition of “health professional” does not include pharmacist, and Montana’s definition of “health care facility” does not include pharmacy.<sup>19</sup> Montana appears to have no law that prevents pharmacists from dispensing prescriptions to minors.

Minors would likely require parental consent to obtain an individualized naloxone prescription from a healthcare provider, but this circumstance may fit into an exception listed in the Montana Code.<sup>20</sup> If a minor professes or is found to be “afflicted with... drug and substance abuse,” a health professional may diagnose and treat the minor without parental consent.<sup>21</sup> Naloxone may not be considered a direct treatment for opioid use disorder, but it is the standard treatment for opioid overdoses which can be caused by opioid use disorder. Additionally, medical professionals may allow minors who marry, have a child, graduate high school, or support themselves without help from a legal guardian to self-consent to naloxone.<sup>22</sup> Emancipated minors have full capacity to consent to healthcare in Montana.<sup>23</sup>

Community organizations and public health departments also distribute naloxone. Montana has a map of all local organizations in Montana that distribute Naloxone.<sup>24</sup>

## Administering Naloxone to Minors

Montana law protects laypeople who administer naloxone to a minor in good faith against civil penalties for acts or omissions related to the emergency aid unless the acts or omissions are willful, wanton, or caused by gross negligence.<sup>25</sup>

Montana law provides a number of protections against criminal charges for individuals who assist at the scene of an overdose. When a person seeks emergency assistance for someone experiencing an actual or reasonably perceived drug-related overdose, both the person seeking help and the person experiencing the overdose are not subject to arrest, charge, or prosecution for certain drug-related offenses based upon evidence obtained as a result of seeking medical attention.<sup>26</sup> Pretrial release, probation, furlough, supervised release, and parole also may not be revoked in contexts of seeking assistance for an overdose that give rise to immunity.<sup>27</sup> In addition, a person who provides first aid or medical assistance (i.e., naloxone) to a person experiencing an actual or reasonably perceived overdose can raise that fact as a mitigating factor in a

prosecution for any other crime.<sup>28</sup> Since naloxone is FDA approved for all ages and its administration is the standard treatment for known or suspected opioid overdose, administering naloxone to a minor in good faith is extremely unlikely to violate any laws.

Montana law also specifically allows for naloxone to be stored and administered in school settings.<sup>29</sup> All schools that stock opioid antagonists like naloxone must first develop a protocol detailing the training of school employees, the maintenance and storage of naloxone, and the immediate and long term follow-up to administering naloxone, including calling 9-1-1.<sup>30</sup> Schools must receive a prescription from a physician, physician's assistant, or advanced practice registered nurse designating the school as the patient.<sup>31</sup> Each prescription must be filled by a licensed pharmacy.<sup>32</sup>

For school personnel to become authorized in naloxone administration, they must be trained in the causes of opioid overdose, signs and symptoms of opioid overdose, indications for when to administer naloxone, method of administering naloxone, and the need for appropriate follow-up with emergency services.<sup>33</sup> This training must be conducted by a school nurse, certified emergency responder, or other health care professional.<sup>34</sup> Naloxone must be stored in a secure, easily accessible location.<sup>35</sup> It may be kept in portable containers transported by authorized personnel.<sup>36</sup> Authorized personnel may, in good faith, administer naloxone to minors following the protocol established by the school.<sup>37</sup> A school and its agents cannot be held liable for injuries resulting from the administration of naloxone to a minor unless an act or omission is a result of gross negligence, willful or wanton misconduct, or an intentional tort.<sup>38</sup>

## Conclusion

Naloxone can save the lives of minors experiencing opioid overdose. Minors can obtain naloxone from a pharmacy, community organization, or online under the authority of the FDA's redesignation of Narcan and RiVive as over-the-counter medications, Montana's naloxone standing order, or an individual prescription. Montana law provides various criminal immunities for individuals who administer naloxone or otherwise seek aid during an overdose and provides broad civil immunity to individuals who administer naloxone to a minor. Finally, Montana explicitly legalizes the storage and use of naloxone in schools.

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## SUPPORT

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<sup>1</sup> Provisional Drug Overdose Death Counts, National Center for Health Statistics, 2026, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (last visited June 10, 2026).

<sup>2</sup> *Drug Overdose Deaths in Montana 2014-2023*, Public Health in the 406 (Oct. 2024), [https://dphhs.mt.gov/assets/publichealth/EMSTS/Data/DrugOverdoseDeaths\\_2014-2023.pdf](https://dphhs.mt.gov/assets/publichealth/EMSTS/Data/DrugOverdoseDeaths_2014-2023.pdf).

<sup>3</sup> *Compare Individuals and Naloxone*, Montana Department of Public Health and Human Services, <https://dphhs.mt.gov/BHDD/naloxone/wheretogotNaloxone> (last visited June 11, 2026), with *Montana Map*, Google Maps, <https://maps.app.goo.gl/jJmRGXchtUeRYoJZ6> (last visited June 18, 2026).

<sup>4</sup> Joseph Friedman & Scott E. Hadland, *The Overdose Crisis among U.S. Adolescents*, N. Engl. J. Med. 97-100, 97 (2024).

<sup>5</sup> *Id.*

<sup>6</sup> Opioid overdose is caused by excessive depression of the respiratory and central nervous systems. Naloxone, a  $\kappa$ - and  $\delta$ , and  $\mu$ -opioid receptor competitive antagonist, works by displacing opioids from these receptors, thereby reversing their depressant effect. See J. M. Chamberlain & B. L. Klein, *A comprehensive review of naloxone for the emergency physician*, 12 AM J EMERG MED (1994).

<sup>7</sup> Lauren J. Tanz, ScD. et al., *Drug Overdose Deaths Among Persons Aged 10-19 Years—United States, July 2019-December 2021*, Morbidity and Mortality Weekly Report (Dec. 16, 2022), <https://www.cdc.gov/mmwr/volumes/71/wr/mm7150a2.htm>; Holly Geyer & Mike Kurtenbach, *Are Schools Preparing for an Overdose?*, National School Boards Association (July 14, 2025), <https://www.nsba.org/resources/asbj/asbj-august-2025/august-2025-are-schools-preparing-for-an-overdose>.

<sup>8</sup> The FDA has approved Narcan for use in adults and children, including neonates. Highlights of Prescribing Information, Food and Drug Administration (Mar. 2023), [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2015/208411lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/208411lbl.pdf); FDA Advises Educating Families on Availability, Use of Nonprescription Naloxone, AAP News (Aug. 1, 2023), <https://www.fda.gov/media/173042/download>. A 2025 study found that first naloxone dose administered to minors by emergency medical services improved clinical status in 54.1% of cases and only worsened clinical status in 0.2% of cases. Christopher E. Gaw et al., *Pediatric Emergency Medical Services Activations Involving Naloxone Administration*, 29 Prehosp. Emerg. Care, 378-383, 378 (2025), <https://pubmed.ncbi.nlm.nih.gov/39746179/>.

<sup>9</sup> *FDA Advises Educating Families on Availability, Use of Nonprescription Naloxone*, AAP News (Aug. 1, 2023), <https://www.fda.gov/media/173042/download>.

<sup>10</sup> [Mont. Code Ann. § 50-32-602 \(2025\)](#).

<sup>11</sup> [Mont. Code Ann. § 50-32-603\(5\)\(a\) \(2025\)](#); [Mont. Code Ann. § 50-32-603\(5\)\(b\) \(2025\)](#).

<sup>12</sup> Teresa J. Buracchio & Theresa M. Michele, *NDA 208411/S-006 Supplement Approval*, U.S. Food & Drug Administration (Mar. 28-29, 2023), [https://www.accessdata.fda.gov/drugsatfda\\_docs/apletter/2023/208411Orig1s006ltr.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/apletter/2023/208411Orig1s006ltr.pdf); *FDA Approves First Over-the-Counter Naloxone Nasal Spray*, FDA News Releases (Mar. 29, 2023), <https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray>; *FDA Approves Second Over-the-Counter Naloxone Nasal Spray Product*, FDA News Releases (July 28, 2023), <https://www.fda.gov/news-events/press-announcements/fda-approves-second-over-counter-naloxone-nasal-spray-product>.

<sup>13</sup> *Buy Now*, Narcan, <https://narcan.com/en/buy> (last visited June 11, 2026).

<sup>14</sup> Mona Khurana, M.D., *208411Orig1s000 Medical Review(s)*, Center for Drug Evaluation and Research 1, 20 (Nov 9, 2015), [https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2015/208411Orig1s000MedR.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2015/208411Orig1s000MedR.pdf)

<sup>15</sup> [Mont. Code Ann. § 50-32-604 \(2025\)](#)

<sup>16</sup> [Mont. Code Ann. § 50-32-603\(12\) \(2025\)](#)

<sup>17</sup> Douglas S. Harrington, *Montana Statewide Standing Order for Naloxone Opioid Antagonist*, Montana Department Public Health & Human Services 1 (Dec. 29, 2025), <https://dphhs.mt.gov/assets/publichealth/EMSTS/opioids/Naloxone2026StandingOrder.pdf>.

<sup>18</sup> *Id.* at 1.

<sup>19</sup> [Mont. Code Ann. § 41-1-401\(3\) \(2025\)](#); [Mont. Code Ann. § 50-5-101\(20\) \(2025\)](#).

<sup>20</sup> [Mont. Code Ann. § 41-1-402 \(2025\)](#).

<sup>21</sup> [Mont. Code Ann. § 41-1-402\(2\)\(c\) \(2025\)](#).

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<sup>22</sup> [Mont. Code Ann. § 41-1-402\(2\)\(a\) \(2025\)](#), [Mont. Code Ann. § 41-1-402\(2\)\(b\) \(2025\)](#).

<sup>23</sup> [Mont. Code Ann. § 41-1-402\(1\) \(2025\)](#).

<sup>24</sup> *Individuals and Naloxone*, Montana Department of Public Health and Human Services, <https://dphhs.mt.gov/BHDD/naloxone/wheretogotNaloxone> (last visited June 11, 2026).

<sup>25</sup> [Mont. Code Ann. § 27-1-714\(1\) \(2025\)](#).

<sup>26</sup> [Mont. Code Ann. § 50-32-609\(1\)\(a\) \(2025\)](#); [Mont. Code Ann. § 50-32-609\(1\)\(b\) \(2025\)](#).

<sup>27</sup> [Mont. Code Ann. § 50-32-609\(4\) \(2025\)](#).

<sup>28</sup> [Mont. Code Ann. § 50-32-609\(5\) \(2025\)](#).

<sup>29</sup> [Mont. Code Ann. § 20-5-426\(1\) \(2025\)](#).

<sup>30</sup> [Mont. Code Ann. § 20-5-426\(1\)\(a\) \(2025\)](#).

<sup>31</sup> [Mont. Code Ann. § 20-5-426\(1\)\(b\) \(2025\)](#).

<sup>32</sup> [Mont. Code Ann. § 20-5-426\(1\)\(b\) \(2025\)](#).

<sup>33</sup> [Mont. Code Ann. § 20-5-426\(1\)\(c\) \(2025\)](#).

<sup>34</sup> [Mont. Code Ann. § 20-5-426\(1\)\(c\) \(2025\)](#).

<sup>35</sup> [Mont. Code Ann. § 20-5-426\(1\)\(d\) \(2025\)](#).

<sup>36</sup> [Admin. Rules of Mont. § 37.111.811\(1\)\(d\) \(2020\)](#).

<sup>37</sup> [Mont. Code Ann. § 20-5-426\(1\)\(e\) \(2025\)](#).

<sup>38</sup> [Mont. Code Ann. § 20-5-426\(1\)\(g\) \(2025\)](#).