

PUBLIC HEALTH LAW RESEARCH:

Making the Case for Laws that Improve Health

POLICY BRIEF

Naloxone for Community Opioid Overdose Reversal

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Introduction

Drug overdose is the leading cause of injury-related death in the United States, killing more people every year than car crashes. Opioids — both prescription painkillers and heroin — are responsible for most of these deaths. The death rate from prescription opioid-caused overdose nearly quadrupled from 1999 to 2013, while deaths from heroin overdose rose 270 percent between 2010 and 2013. Together, heroin and prescription pain medications take the lives of almost 25,000 Americans per year — nearly 70 people per day. They also cause hundreds of thousands of non-fatal overdoses and an incalculable amount of emotional suffering and preventable health care expenses.

Nearly all opioid overdose deaths are preventable by the timely administration of the medication naloxone. This medicine, which requires a prescription, is not a controlled substance and rapidly reverses opioid overdose in most cases. While naloxone has been used in hospitals and ambulances for decades, the rising tide of overdose deaths has resulted in calls to make it more available to laypeople and first responders. Since 2010, states have moved rapidly to change law, regulation, and policy to increase access to this lifesaving medication. These legal changes include immunity protections for medical professionals who prescribe and dispense the medication and people who administer it, as well as individuals who call 911 to report an overdose. Many laws also permit the medication to be dispensed to any person who is either at risk of overdose or may be in a position to assist in an overdose, even if they have not been examined by the prescriber. Initial evaluations suggest that increased naloxone access can reduce fatal overdose as well as health care expenditures from emergency visits and hospitalizations while likely reducing the emotional trauma caused by losing a friend or loved one to overdose.

Policy Implications

Opioid overdose is a medical emergency. Naloxone has been used for decades to reverse it and restore normal respiration. Over the past 15-20 years, community groups and, later, governmental organizations have worked to increase community access to the medication so that naloxone is available when and where it is needed to reverse potentially fatal opioid overdoses. Increased naloxone access is supported by a large number and variety of organizations, including the World Health Organization, the American Medical Association, the American Public Health Association, and the National Association of Boards of Pharmacy. It is a key component of the federal government's response to the overdose epidemic, and is supported by agencies including the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of National Drug Control Policy.

It is undisputed that, if administered in time, naloxone reverses opioid overdose in the vast majority of cases. A variety of data suggest that individuals who are trained in opioid overdose identification and response, including naloxone administration, are willing to and capable of administering naloxone in an emergency. Medical risks regarding naloxone administration are low, and in most if not all cases are much lower than failing to administer the medication in the event of opioid overdose. The sooner naloxone is administered and respiratory depression is reversed, the better outcomes are likely to be. It therefore makes sense to increase access to the medication, and to fund robust evaluations to ensure that increased access has the intended effect, that any negative consequences are addressed, and that best practices are identified and publicized.

Unfortunately, naloxone is often not available when and where it is needed. There are a number of actions government at all levels can take to address this problem. At the federal level, agencies including SAMHSA and CDC should fund both naloxone access and training programs and systematic evaluations. The Centers for Medicare and Medicaid Services should ensure that the medication is covered by both Medicare and Medicaid, without prior authorization or other barriers. Because one of the greatest barriers to broader access is the fact that naloxone is a prescription medication, both FDA and Congress should strongly consider taking action to make it available over-the-counter or otherwise modify the prescription requirement.

At the state level, states can and should pass laws and modify regulations to ensure that naloxone is available to all who may need it. This may include making it available through community-based organizations and at pharmacies without a patient-specific prescription, ensuring that people at high risk of overdose such as those receiving high-dose opioid painkillers or leaving correctional institutions or drug treatment facilities are provided naloxone at no or minimal cost, and providing education to clinicians to raise awareness of the importance of prescribing and dispensing naloxone to individuals at risk of overdose. They should also pass and publicize comprehensive overdose Good Samaritan laws so that people who witness overdoses are not punished for calling for help. Localities should also consider whether equipping firefighters and law enforcement officers in their jurisdictions with the medication might meaningfully decrease time to naloxone administration, possibly improving outcomes.

Naloxone alone will not stop the overdose epidemic. However, existing evidence supports rapid scale-up of programs to increase access to the medication, of which legal and policy changes are a key component.

Research and Evidence

- Opioid overdose is a serious and growing public health problem.
- Naloxone has been used for decades to reverse opioid overdose. It is a prescription medication, but is not a controlled substance and has no abuse potential.
- There is a growing interest in training and equipping more people to administer naloxone to reverse opioid overdose.
- Laypeople are willing to and capable of recognizing opioid overdose and administering naloxone.
- Medical risks associated with naloxone administration are low, particularly compared to inaction.
- Laws can act as a barrier to increased naloxone access.
- Many states have modified law and regulation to increase access to naloxone by laypeople and non-medical first responders such as police and firefighters.
- Increased access to naloxone does not appear to increase drug use or risky behavior.
- Naloxone access programs may reduce overdose-related morbidity and mortality.
- Naloxone access programs may reduce health care costs.

For a further explanation of the evidence and a full list of resources and references, please visit <http://phlr.org/>.