Background Questions to Ask When Starting a Naloxone Program

The first step in preventing opiate overdose death is to understand the situation of overdose in your community and whether the lifesaving antidote, naloxone, is easily available. Below is a list of key questions to uncover the barriers to naloxone access and availability in your context. Once you understand the barriers, you can develop an advocacy strategy to improve the overdose response, and to increase access and promote community distribution of naloxone.

Overdose Statistics

Where official overdose statistics are recorded, they are often incomplete or underestimate the true extent of the problem. This is because overdoses are sometimes recorded as other conditions (i.e. heart failure, suicide, etc.), and also because people may be ashamed to have their loved one's death recorded as an overdose. It is important to try to understand the official overdose statistics and the problems with those statistics. You can supplement official statistics with "unofficial" data to begin to understand the true extent of overdose in your country. Documenting the large overdose death toll is sometimes the first step in convincing officials that programs are needed to address the problem.

1. Do national statistics on drug overdose incidence and fatalities exist? If so, exactly how are overdoses classified and recorded? How is data collected and who is responsible? Are those statistics accessible?

2. Similarly, are overdose statistics collected at the local and/or state level, and if so how? Are some states or districts better at collecting information than others?

3. Does anecdotal or documented (but 'not scientific') information on overdoses exist? For example, information collected by harm reduction service providers, drug user organizations, drug treatment (including substitution therapy programs) providers, paramedics, hospitals, police, public health officials, etc? Do these sources paint a different picture than the national statistics?

4. Are there any identifiable trends in overdose morbidity/mortality? (Does the incidence of overdose seem to be changing over time?) If so, do these coincide with changes in drug use patterns, changes in law enforcement policy/practice that affect incarceration, etc.?

5. Relating to all the above questions, is there information available on opiate vs. non-opiate overdose?

Existing Services/Response Methods

These questions will help you map what is currently being done to respond to overdose, and what gaps need to be addressed. Ideally, naloxone should be available through as many sources as possible including through emergency services (ambulances and emergency room), pharmacies, and through harm reduction organizations or other non-governmental and health services that drug users frequent (including at drug treatment programs). It is especially important to advocate for naloxone access after drug users experience a period of abstinence, like after a detoxification or rehab program, or upon release from prison. In such cases, tolerance is lowered and drug users are at increased risk of overdose.

1. Are any harm reduction service providers, drug treatment programs, or any other organizations or state institutions already providing education on overdose prevention and/or interventions? If yes, then exactly how?

2. More specifically, are any harm reduction programs currently distributing naloxone? If so, how long have they been doing this? Are they distributing to peer outreach workers only, or to all clients? How many people have they trained in overdose response with naloxone, and how many documented overdose reversals have there been to date?

3. Are paramedics, emergency room/hospital staff, and police trained in overdose response, and if so, what does this training cover? Do they have naloxone on hand?

4. What are the official procedures for emergency services and police to respond to overdose cases and what is the actual practice? Is there an emergency phone system and if so, how does it work? Do ambulances generally come when they're called in overdose cases and, if so, do they arrive with or notify the police? Do hospitals generally have naloxone in the operating/emergency room?

5. If paramedics or hospital personnel have naloxone, how is it generally administered (i.e. intramuscular, intravenous, intranasal) and at what dose?

6. Are other medications commonly used in overdose response?

7. Do drug users report any common "street" or "folk" methods of overdose response (salt water or stimulant drug shots, ice, shower, etc)? What are the common methods of response? Are there widely held feelings about calling an ambulance or about naloxone, rescue breathing, or other aspects of overdose prevention/response? (a focus-group discussion with drug users could quickly help answer many of these questions)

Naloxone Availability

Naloxone availability and accessibility is determined by a number of factors including supply and procurement and regulatory factors, as well as specific policies or practices that restrict who can purchase, store, distribute or even carry naloxone. Understanding these factors will help you come up with a plan for addressing them.

1. Is naloxone registered as a medication in your country (is it on the list of legal medications that can be procured and distributed in the country)? If not, are there special exceptions that allow it to be distributed without registration (i.e. for humanitarian use)? Is it on the list of essential medicines in your country? What is the classification?

2. How is naloxone available? Is it available in pharmacies, or over the counter? If so, is this legal, or is it simply common practice? Are there limitations to its availability in pharmacies? Is it among the list of medications that are dispensed by prescription? If yes, then who is able to prescribe (e.g. any physician, or limited to drug treatment doctors; can other kinds of medical personnel such as nurses or those operating under a doctor's standing order prescribe the medication)? To whom can it be prescribed, and how is it dispensed?

3. If naloxone is available through pharmacies, do drug users feel comfortable obtaining naloxone from the pharmacy and if not, what are the reasons for their hesitations?

4. Are there any regulations restricting who can purchase, store, distribute or carry naloxone (e.g. could a harm reduction agency buy directly from the producer, store and distribute directly to their clients?

5. Does prescription law or other law/regulation affect how naloxone may be legally administered? For example, is there a criminal/civil liability potential for naloxone administration by non-medical personnel, or administration by someone who does not have a prescription?

6. If naloxone is present in your country (whether in hospitals or in the community):

    - Who is the producer (names of pharmaceutical manufacturer) and where are they based (are they domestic or foreign?) Quick tip: Look at the box that the naloxone comes in for information about the manufacturer and contact them if more information is needed.)

    - If the naloxone is produced in another country, then is there a domestic company that imports the medication? (You may need to talk to someone who procures naloxone for the hospital or pharmacy, and ask how they purchase it? You can also call the manufacturers and ask them if there is company that imports naloxone into your country).

    - At what concentration(s) is naloxone available (e.g. 0.4 mg / ml is typical)?

    - What forms does it come in, including the volume of each (e.g. ampoules, larger vials, pre-filled syringes or 'flip top' syringes, nasal sprays, etc)?

- How much does it cost in the various forms it is available and from various manufacturers? Does this vary from one source to another?
- Are there any problems with procuring intramuscular syringes (i.e. if naloxone only available in ampoules or vials.) (Intramuscular syringes are typically 22 gauge and 3cm or longer, and can easily be injected into the upper arm or thigh.)