

# Power in a Bottle: Expanding Naloxone Access

Naloxone is a safe antidote to opioid overdose that can be easily administered by laypeople. Countries from China to Kazakhstan now have programs to put naloxone in the hands of people who need it most—drug users, their friends and families.

You too can start an overdose prevention and naloxone distribution program for laypeople in your community. While training drug users, their friends and family is ideal (since they are most likely to be present during an overdose) there are other things you can do to prevent overdose deaths and expand access to this lifesaver.

## Here are seven things you can do to help expand access to naloxone in your context:

- 1. Make sure naloxone is available in local emergency departments**

Sometimes naloxone is available in the hospital anesthesiology department, but not the emergency room (ER). Often, doctors simply haven't thought of having it there, but expanding it to the ER can save lives when overdose cases arrive. Let drug users know that naloxone is available in the ER. In Zanzibar, for example, even though naloxone was made available in the ER, drug users didn't realize it was there.
- 2. Equip ambulances with naloxone**

A program in Tajikistan did just that in 2007, and that year almost all overdose cases were reached with naloxone. Deaths fell sharply, from 21 in 2006 to just four the following year.
- 3. Form OD "rescue squads" that can be called in an emergency**

In Gejiu, China the harm reduction group has peer educators available around the clock to respond to overdoses. Drug users call their hotline when a friend experiences an overdose, and the rescue squad comes quickly by motorbike to respond with naloxone. People trust the rescue squad enough to call in an emergency and, unlike hospitals in the area, they charge no fee and protect confidentiality.
- 4. Train drug users on ways to reduce their risk of overdose and death**

It is best to train drug users, their friends and families to use naloxone. In many settings, this may require working with a doctor. Here are some other things drug users can do to reduce their risk of overdose:

  - Test a portion of their dose before injecting the whole thing
  - Use drugs with a friend or around other people
  - Reduce their dose after a break from use
  - Recognize signs of an overdose, and know basic OD response techniques, like rescue breathing and how to call for help

## 5. **Work to get naloxone into other settings**

Methadone clinics, drug treatment clinics and halfway houses, jails and prisons, pharmacies, and homeless shelters are all places that could have naloxone distribution programs. In some places police have even been trained as overdose responders. Pharmacies can expand access by contacting a patient's doctor to suggest a naloxone prescription when they're filling a prescription for a patient at risk of an OD. The doctor can then issue a prescription and pharmacists can do the naloxone training.

## 6. **Help doctors to prescribe naloxone to people at high risk**

For example, here is a list of criteria some doctors use to identify patients to whom they should prescribe naloxone:

- Patients released after emergency medical care involving opioid intoxication or poisoning
- Patients with suspected history of substance abuse, dependence, or nonmedical opioid use
- Patients participating in methadone or buprenorphine detox/maintenance programs (for addiction)
- Any patient receiving an opioid prescription for pain that also has any of the following characteristics:
  - A higher-dose (>50 mg of morphine equivalent/day) of an opioid or for the longer-term management of chronic cancer or noncancer pain
  - Rotated from one opioid to another, when there may be incomplete cross tolerance
  - Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, or other respiratory illness or potential obstruction
  - Renal dysfunction, hepatic disease (including hepatitis), cardiac illness, HIV/AIDS
  - Known or suspected concurrent heavy alcohol use; Concurrent benzodiazepine or other sedative prescription; and/or concurrent antidepressant prescription
- Patients who may have difficulty accessing emergency medical services (distance, remoteness)
- Voluntary request from patient or caregiver

## 7. **Work to change your country's regulations to make naloxone available over-the-counter**

Pharmacists could be trained to train at-risk or interested customers, and a doctor's prescription would not be required. This is already happening in Italy, and is the practice (if not the law) in some other places. This would ensure wide availability of naloxone, especially for people living in remote areas.