

# Government Support for Overdose Prevention with Naloxone

Overdose is increasingly a major cause of death among young people globally.<sup>1</sup> Many countries are responding to this epidemic by trying to make evidence-based drug treatment more accessible. Another key component of the response is the rescue medication naloxone.<sup>2</sup> This safe, non-addictive, non-narcotic medicine reverses the effects of opioid drugs, and restores breathing to anyone experiencing an opioid overdose.

Distribution of naloxone to drug users and their families is now widespread throughout the United States and United Kingdom. Programs have also begun in other countries, including Russia, Thailand, Vietnam, Tajikistan, and Australia. The programs provide a simple training and then distribute naloxone to drug users and their loved ones to use in an emergency. A study by researchers at Yale University found that, when trained, drug users are as skilled as medical experts in correctly recognizing an overdose and determining when to give naloxone.<sup>3</sup> In the US alone, participants in naloxone distribution programs have reversed more than 10,000 overdoses since programs began in 1996, according to the US Center for Disease Control and Prevention (CDC).<sup>4</sup>

In the UK and the US, naloxone is a prescription medication. However, several US states and parts of the UK have issued legislation or policy statements encouraging naloxone distribution programs, clarifying that physicians will not be held liable for prescribing naloxone, and protecting laypeople who administer naloxone in an emergency. In fact, several US states UK government bodies are supporting naloxone programs with funding for supplies and training.

## Some examples of supportive legislation and policy are linked below:

- Many US States have passed laws to encourage naloxone distribution and use in emergencies. Recognizing that people may be reluctant to respond in an emergency if they fear prosecution, the laws aim to stop preventable deaths by encouraging trained laypeople to act in good faith to save a life, much as a bystander would do if they saw someone drowning or choking. The North Carolina<sup>5</sup> and Washington, DC<sup>6</sup> laws are examples. Of note:

- State laws make it possible for a physician to prescribe naloxone not only to someone who uses opioids, but also to others who may be present at the scene of an overdose. They also authorize a person who has received overdose response training to administer naloxone if that person believes that someone else is experiencing an overdose. Some laws go further to say that police won't prosecute someone for drug possession if they call for help in an overdose situation.
- In order to ensure widespread prescription of naloxone, some states use a standing order model, whereby licensed physicians designate others (eg. employees of overdose prevention programs or volunteer trainers) who can provide training and prescribe naloxone under their medical license. This means that the physician can oversee the program, but does not need to be present when naloxone is dispensed.
- The Director of Health in the state of Rhode Island issued a letter<sup>7</sup> to doctors urging them to prescribe naloxone to patients at risk of overdose and to train outreach workers to dispense naloxone, demonstrating strong governmental support of increased naloxone access for laypeople.
- In Scotland, the Lord Advocate (the chief public prosecutor and legal officer for civil and criminal matters in Scotland) issued a statement<sup>8</sup> proclaiming the importance of "take-home" naloxone programs, and announcing government support for making the medicine available to people likely to be present during an emergency. Scotland is even making naloxone available to prisoners upon their release.

## References:

1. See, for example, European Monitoring Center for Drugs and Drug Addiction. (2011). Annual report 2011: The State of the Drugs Problem in Europe. Luxembourg: Publications Office of the European Union; Wheeler, E., Davidson, P. J., Jones, S.T., Irwin, K.S. (2012). Community-Based Opioid Overdose Prevention Programs Providing Naloxone—United States, 2010. Morbidity and Mortality Weekly Report. Atlanta: Centers for Disease Control and Prevention.
2. Naloxone is included on the World Health Organization's Model List of Essential Medicines: [http://whqlibdoc.who.int/hq/2011/a95053\\_eng.pdf](http://whqlibdoc.who.int/hq/2011/a95053_eng.pdf).
3. Green, T.C., Heimer, R., Grau, L.E. (2008). Distinguishing signs of opioid overdose and indication for naloxone: an evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction*.
4. Wheeler et al. Op cit.
5. Found via: [bit.ly/GoodSam\\_NC](http://bit.ly/GoodSam_NC)
6. Found via: [bit.ly/DC\\_GoodSam](http://bit.ly/DC_GoodSam)
7. Found via: [bit.ly/naloxone\\_RI](http://bit.ly/naloxone_RI)
8. Found via: [bit.ly/ScotlandOD](http://bit.ly/ScotlandOD)