



Naloxone Talking Points

- **Naloxone has been proven to help save lives.**
 - Providing opioid overdose education and naloxone to persons who use drugs and who might be present at an opioid overdose can help reduce opioid overdose mortality.¹
 - Since the first opioid overdose prevention program began distributing naloxone in 1996, 48 programs reported training and distributing naloxone to 53,032 persons and receiving reports of 10,171 overdose reversals.¹
 - Nineteen of the 25 states with 2008 drug overdose death rates higher than the median and nine of the 13 states in the highest quartile did not have community-based opioid overdose prevention programs that distributed naloxone.¹
 - Participants in the Drug Overdose Prevention and Education Project, established in partnership with the San Francisco Department of Public Health, reported successful outcomes for 89% of all overdose events where naloxone was used.²

- **Legislation, such as Good Samaritan, 911 and naloxone “co-prescribing” laws, can help increase access to and use of this life-saving medicine.**
 - Individuals who witness a drug overdose may be reluctant to call 911 or transport the individual to an emergency room for fear of criminal prosecution for possession and use of controlled substances and/or civil liability in the event the overdose results in death or permanent injury. Good Samaritan or 911 legislation provides witnesses to drug overdoses immunity from criminal prosecution for possession, use and civil liability to incentivize them to get medical help.³
 - “Co-prescription” programs allow clinicians who prescribe opioids for appropriate medical conditions to simultaneously offer a prescription for naloxone to use in the event of an overdose experienced by the patient or by any others in the household. Encouraging co-prescription can increase access to naloxone.³
 - Since the onset of drug overdose can be detected early by individuals closely associated with the victim, some reforms have authorized use of naloxone by lay persons. Prompt action by family or friends who observe someone experiencing an overdose and administer an opioid antagonist before medical professionals respond can greatly increase the probability of survival.³
 - Naloxone can be provided to health care professionals and paraprofessionals, or it can be dispensed directly to non-professionals, such as friends and family, through a public health department as part of a program of drug overdose prevention.³
 - Training in the use of naloxone is comparatively simple, due to the absence of complicated administration requirements or serious reactions, although referral for follow-up medical care is encouraged.³

¹ Centers for Disease Control and Prevention. Community-Based Opioid Overdose Prevention Programs Providing Naloxone – United States, 2010. *MMWR* 2012;61:101-104.

² Enteen, Bauer, McLean, Wheeler, Hurliaux, Kral and Bamberger. Overdose Prevention and Naloxone Prescription for Opioid Users in San Francisco. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. 2010;87:6:935-937.

³ American Society of Addiction Medicine. (2014). Public Policy Statement on the Use of Naloxone for the Prevention of Drug Overdose Deaths. Chevy Chase, MD: American Society of Addiction Medicine. Available at <http://www.asam.org/docs/default-source/public-policy-statements/1naloxone-rev-8-14.pdf?sfvrsn=0>.