

Help save lives: Increase access to naloxone

For more than 40 years, naloxone has been saving the lives of people who overdose on an opioid. With the United States in the midst of an opioid misuse, overdose and death epidemic, the American Medical Association Task Force to Reduce Opioid Abuse strongly encourages widespread access to naloxone as well as broad Good Samaritan protections to those who aid someone experiencing an overdose. Combined, these two policies have saved tens of thousands of lives across the nation.

From 1996 through June 2014, layperson administration of naloxone has saved the lives of more than 26,000 people in the United States*. With co-prescribing and other policies to increase access to naloxone, it is likely that thousands more can be saved.

* Source: CDC

What physicians can do

The Task Force encourages physicians to consider prescribing naloxone when it is clinically appropriate to do so. Several factors that may be helpful in determining whether to co-prescribe naloxone to a patient, or to a family member or close friend of the patient, include:

- Is my patient on a high opioid dose?
- Is my patient also on a concomitant benzodiazepine prescription?
- Does my patient have a history of substance use disorder?
- Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- Does my patient have a medical condition, such as a respiratory disease or other co-morbidities, that might make him or her susceptible to opioid toxicity, respiratory distress or overdose?
- Might my patient be in a position to aid someone who is at risk of opioid overdose?

Opioid overdose is most often accidental and can occur in patients with and without substance use disorders. Naloxone can save lives. Co-prescribing requires that physicians are prepared to educate their patients (and families/loved ones) on the risk and what to do in case of overdose. The Task Force also acknowledges that a decision to co-prescribe naloxone may raise difficult issues for some physicians, including how to have a discussion about the risk of overdose; the potential stigma a patient may feel; how to engage the patient in broader discussions about treatment for a substance use disorder, if applicable; and how to ensure the patient (or close friend/family member) has the appropriate training to act in case of an overdose.

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Does your state have key laws to save lives from overdose?

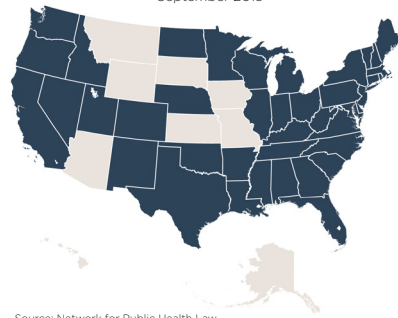
The Task Force applauds the public support for naloxone access and Good Samaritan protections from the U.S. Department of Health and Human Services, the U.S. Office of National Drug Control Policy, the U.S. Substance Abuse and Mental Health Services Administration and other key federal agencies. There is a clear federal role in supporting specific budget allocations to increase access to naloxone through state block grant programs and other state-based initiatives.

At the state level the Task Force urges policymakers to continue their efforts to expand access to naloxone in the community, support efforts to encourage co-prescribing, ensure that naloxone is available at a cost that makes it accessible to patients, and ensure that states have broad Good Samaritan protections in statute.

More than half of the states have enacted a naloxone access law, but more work remains

As of July 30, 2015, all but six states had passed either naloxone access laws, Good Samaritan laws, or both, according to the Network for Public Health Law (NPHL). Thirty-two states provide civil immunity to medical professionals who prescribe naloxone. Thirty-seven states permit naloxone to be prescribed to third parties such as a close family member or friend of a patient, and 27 states permit physicians to prescribe the medication via standing order.

States with naloxone access laws
September 2015

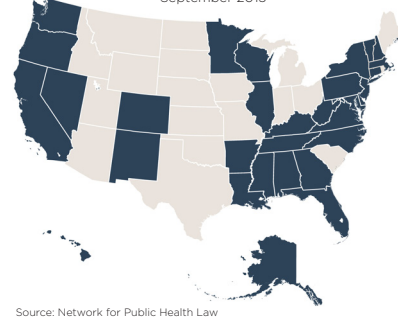


The Task Force urges every state to thoroughly review its law and ensure it has the policies to increase access to this life-saving medication. This includes ensuring all first responders have access to naloxone, explicitly permitting standing orders for naloxone dispensing, and community-based distribution programs such as those offered by harm reduction organizations. The AMA has a [model bill](#) that contains these important provisions. To learn more about the Task Force visit ama-assn.org/go/endopioidabuse.

Good Samaritan protections are necessary component to naloxone access

To further encourage saving lives, the Task Force believes that a person who provides assistance to someone experiencing an overdose—as well as the person who overdosed—should not have to fear arrest, prosecution or other civil or criminal repercussions. As of July 30, 2015, 34 states have adopted such Good Samaritan overdose protection legislation, according to the NPHL. Thirty of these laws protect a person who calls for help in good faith in an overdose from prosecution for minor drug crimes, while 14 protect the person from arrest for those offenses. As physicians and health care professionals, the Task Force believes that everything should be done to support saving a life from overdose, including removing the fear that someone may have in calling for help. To learn more about the Task Force visit ama-assn.org/go/endopioidabuse.

States with overdose Good Samaritan laws
September 2015



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What is naloxone? Naloxone, first introduced as “Narcan,” is a life-saving medication that has been used safely by individuals, first responders and health care professionals for more than 40 years. It has no potential for abuse.

What happens when naloxone is administered to someone experiencing an overdose?

When administered properly, naloxone is a medication that can reverse a life-threatening opioid overdose by blocking the opioids’ effects, restoring breathing and preventing death.

Help save lives from overdose: Enact naloxone access and Good Samaritan protections now

The following resources may be of value:

- [Overdose prevention resources](#) (Harm Reduction Coalition)
- [Public Policy Statement on the Use of Naloxone for the Prevention of Drug Overdose Deaths](#) (American Society of Addiction Medicine)
- [A Review of Opioid Overdose Prevention and Naloxone Prescribing: Implications for Translating Community Programming Into Clinical Practice](#) (*BMC Public Health*. 2014; 14: 297)
- [Naloxone Distribution from the ED for patients at-risk for Opioid Overdose](#) (American College of Emergency Physicians)
- [When Seconds Count: “Opioid Overdose Resuscitation” card](#) (American Society of Anesthesiologists)
- [Webinar](#) and [module](#) on the fundamentals of the theory and practice of Motivational Interviewing, with a special focus on substance use disorders and addiction. (American Academy of Addiction Psychiatry)

Members of the Task Force:

American Academy of Addiction Psychiatry
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Orthopaedic Surgeons
American Academy of Pain Medicine
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons and Congress of Neurological Surgeons
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Physicians

American College of Rheumatology
American Congress of Obstetricians and Gynecologists
American Medical Association
American Osteopathic Association
American Psychiatric Association
American Society of Addiction Medicine
American Society of Anesthesiologists
Arkansas Medical Society
Massachusetts Medical Society
Medical Society of the State of New York
New Mexico Medical Society
Ohio State Medical Association
Oregon Medical Association
Utah Medical Association