



## NATIONAL SAFETY COUNCIL

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### Position/Policy Statement

#### **Naloxone Distribution, Overdose Education and Good Samaritan Laws**

Although state initiatives including increased use of prescription monitoring programs, updated prescribing standards and continued efforts to eliminate ‘pill mills’ have shown some success in reducing prescription opioid abuse, the opioid overdose epidemic shows no signs of abating. Prescription opioid overdose is now responsible for the deaths of more than 16,000 Americans every year. Opioid overdose deaths are often preventable through the timely use of a relatively inexpensive, safe and effective medication, naloxone. Unfortunately, this medication is often not available where and when it is needed, largely due to laws and policies that were enacted for other purposes.

The National Safety Council supports individual states continuing to address legal barriers to prescribing, dispensing, obtaining, possessing and administering naloxone for the reversal of opioid overdose. Specifically, NSC supports modifying state law to permit family members, friends, first responders, and other persons who may be in the position to treat an overdose to access and administer the medication through third party or non-patient-specific prescription orders. NSC further supports modifying state law to provide civil and criminal immunity to health care professionals, law enforcement officials, medical first responders, peers, bystanders and other ‘Good Samaritans’ who deploy naloxone or call for help in an overdose emergency. NSC also urges states, insurers, and other relevant payers to ensure that naloxone is covered by insurance plans, including public plans. The National Safety Council also encourages states to require hospital emergency rooms and urgent care centers to record use of naloxone, its associated outcome, and report this data to their State’s Department of Health.

Naloxone is an opioid antagonist that reverses the effects of opioid medications. Although it is a prescription medication, it has no abuse potential. Evidence shows that increased access to the medication reduces time to overdose rescue and may save lives. Access to the medication is limited in many jurisdictions by state laws that forbid third party prescriptions; health insurance coverage that does not cover the medication and/or the nasal application device; practice laws that do not permit EMTs, firefighters, and law enforcement officers to administer the medication; and laws that punish overdose bystanders who call for help in good faith.. Twenty-four states and the District of Columbia have already revised their laws to increase access to naloxone and address the civil and criminal liability issues.

#### **Increased Naloxone Access Shows Promise**

A 2012 survey published in Morbidity and Mortality Weekly Report (**MMWR, 2012**) demonstrated the potential impact of community-level approaches by assessing 188 opioid overdose programs operating in 15 states and the District of Columbia. The survey documented that an estimated 53,032 people had received training in overdose prevention, including administration of an opioid overdose antidote, through these programs. The programs received more than 10,000 reports of successful overdose reversals through administration of naloxone by individuals who had received training (Wheeler E, 2012).

Phillip Coffin, MD (director of Substance Use Research and the San Francisco Dept. of Public Health) and Sean Sullivan PhD (director of the Pharmaceutical Outcomes Research and Policy Program at University of Washington) published results of their study on the cost effectiveness of naloxone use in January 2013 that showed that one life would be saved for every 227 naloxone kits handed out. They concluded that this was a very cost-effective strategy even using markedly conservative assumptions (Coffin & Sullivan, 2013).

A study of 19 communities in Massachusetts between 2002 and 2009 - before and after implementation of OEND programs - provided further evidence to support and expand programs that train potential bystanders to prevent, recognize, and respond to opioid overdoses. This study showed that these programs save lives. Two important features of the Massachusetts programs include the use of a nasal delivery device for naloxone and the use of a standing order by the health department which allowed non-medical personnel to deliver ONED (Walley, et al., 2013).

Widespread naloxone distribution in a community may have a protective impact by reducing drug overdose and HIV risk behaviors. More research is needed to analyze the association between widespread naloxone distribution and overall reduction in drug overdose and risk behaviors (Coffin & Sullivan, 2013).

The American Medical Association adopted a policy in 2012 to support naloxone education programs and further implementation of community based programs that make naloxone available and provide opioid overdose prevention services. The AMA also has actively supported state legislation to increase access to naloxone (American Medical Association, 2012).

The number of states with Good Samaritan overdose laws more than quadrupled from 2010 to 2014. As of June 30, 2014, 20 states have laws in place to increase access to naloxone and provide a degree of immunity from criminal charges or mitigation of sentencing for individuals seeking to help themselves or others experiencing an overdose.

Naloxone saves lives. Despite mounting evidence, naloxone access remains limited in many communities with elevated rates of fatal overdose. Amending laws and regulations to support community programs, provide broader protection for Good Samaritans and increasing access via third party prescription, and ensure insurance coverage of naloxone are likely to be highly effective in reducing overdose deaths and are a cost-effective intervention.

## **PROS AND CONS**

### **Pros**

- Cost effective
- Life saving
- Simple method to teach and use
- Most people in the medical, legislative and law enforcement communities are supportive of target or controlled use of naloxone, which would cover addicts, family members of addicts or patients on long-term use, hospitals, EMTs and designated treatment centers.

### **Cons**

- Time and funding of amendments and revised regulations
- Short supply
- Need for naloxone access/use to be consistent with Good Samaritan protections
- Some in the legislative and law enforcement communities are not supportive of making naloxone available for general use because of their belief it may be an enabler that contributes to increased drug use

*This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.*

Adopted by the Council, November, 2014