

Naloxone: The Opioid Reversal Drug that Saves Lives

How Healthcare Providers and Patients Can Better Utilize this Life-Saving Drug

Encouraging signs in the U.S. response to the opioid crisis

- Significant decrease in opioid prescribing
- Reduction in prescription opioid misuse
- Fewer individuals with prescription opioid use disorder
- More than 50% reduction in first time heroin users

The Centers for Disease Control and Prevention (CDC) reports that 70,237 Americans died from drug overdoses in 2017, of which 47,600 were opioid related. Also in 2017, 11.1 million people reported misuse of prescription opioid pain medications, nearly 900,000 people used heroin, and 2.1 million people suffered from an opioid use disorder.

CDC's Guideline for Prescribing Opioids for Chronic Pain, as well as other medical and professional society guidelines, have played a vital role to improve the appropriate prescribing of opioids and reduce the likelihood of misuse, addiction, and other opioid-related harms. [Positive results](#) from our efforts can be found across the country, but the fact remains that opioid prescriptions remain common – with more than 13

million dispensed per month in America. While these powerful medications can provide important pain relief to many in need, they pose a very real risk for addiction, overdose, and death, as well as diversion for misuse among family members and friends.

Taking action with Naloxone

Because of this ongoing crisis and the continued deaths from opioids (prescription opioids, heroin, and illicit synthetic opioids like fentanyl), we must continue an “all hands on deck” approach to prevent opioid misuse and treat those with opioid use disorder, to decrease the deadly effects of addiction until sustained recovery is achieved. One such intervention that can reduce overdose deaths is naloxone, a drug antagonist that reverses the effects of opioids and can be life-saving when an opioid overdose occurs.

In April 2018, the U.S. Surgeon General called for [heightened awareness and availability of naloxone](#) to reverse the effects of opioid overdose. In the weeks and months since, we've seen a rise in the dispensing of the opioid antagonist – but there are additional ways to improve this response and ultimately, save lives.

Data clearly indicate a significant, persistent gap in our response – the infrequent co-prescribing of naloxone to patients who are prescribed opioids and/or those who are at high risk of experiencing (or responding to) an opioid overdose. National data on patients to whom clinicians should consider co-prescribing naloxone show that less than 1% of these patients actually receive a naloxone prescription.

Recommendations for when to prescribe and/or co-prescribe naloxone

Naloxone is highly effective and has saved lives from opioid overdoses, but can only do so if it is in the right hands, at the right time. Healthcare providers have a critical role in assuring this occurs across all populations at risk.



Figure 1: Surgeon General's Advisory on Naloxone and Opioid Overdose

In order to reduce the risk of overdose deaths, clinicians should strongly consider prescribing or co-prescribing naloxone, and providing education about its use for the following patients who are at risk of opioid overdose:

- Patients prescribed opioids who:
 - Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC's MME calculator can be accessed [here](#)).
 - Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose);
 - Have been prescribed benzodiazepines (regardless of opioid dose).
 - Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).
- Patients at high risk for experiencing or responding to an opioid overdose, including individuals:
 - Using heroin, illicit synthetic opioids or misusing prescription opioids.
 - Using other illicit drugs such as stimulants, including methamphetamine and cocaine, which could potentially be contaminated with illicit synthetic opioids like fentanyl.
 - Receiving treatment for opioid use disorder, including medication-assisted treatment with methadone, buprenorphine, or naltrexone.
 - With a history of opioid misuse that were recently released from incarceration or other controlled settings where tolerance to opioids has been lost.

Key facts about Naloxone

Naloxone can reverse the life-threatening respiratory depression associated with opioid overdose.

A variety of naloxone products (nasal spray, injection, auto-injection) are available to respond to an overdose. Most health insurance plans, including Medicaid and Medicare plans, will cover at least one form of naloxone. There are also several programs at the state or local level that may supply free or low-cost naloxone to those at risk and without insurance coverage.

What to know if you are a patient, or caring for a patient:

While prescription opioids can be appropriate for the treatment of certain types of pain, they can also lead to physical dependence, addiction, overdose, and death. It is important to understand your risk factors, the type and duration of your opioid prescriptions, and how you can minimize your risk – and your family's risk – by having naloxone and knowing how to use it. Talking with your healthcare providers is the first step. If you or a loved one is at risk for an opioid overdose (see list above), it is important that you have naloxone on hand.

According to the CDC, patients taking opioid dosages at or above 50 MME/day are twice as likely to overdose as those taking dosages of 20 MME/day, and the risk further increases as the MME/day increases. Prescribing naloxone for at-risk patients and co-prescribing naloxone for patients taking opioids for pain that meet or exceed this threshold has the potential to save lives.

For more information, please visit: <https://www.hhs.gov/opioids/treatment/overdose-response/index.html>.