



Naloxone (Narcan) Fact Sheet 2015

Naloxone, or Narcan, is the life-saving antidote to an opioid overdose. It is a short acting medication which revives a persons within a minute or two and allows a window of opportunity to access medical help. Naloxone has no street value, little to no side effects, and has a lower incidence of adverse reactions than an Epi-pen, antibiotics or Aspirin. Unlike many other medications, Naloxone cannot be abused, or misused. Used in hospitals and ambulances for decades, the medication has no abuse potential. (*Why Naloxone?*, <http://www.naloxoneinfo.org/>, (last visited May 1, 2014).

Between 2009 –2013, there were **over 1,900 accidental and unintentional opioid involved deaths that occurred in 150 of Connecticut’s 169 cities and towns.**

Access to Naloxone – Connecticut law allows for anyone to be prescribed Naloxone. Unfortunately, not everyone who wants a prescription can get it because not all prescribers are familiar with the medication or willing to prescribe it. However, the Governor’s proposal would increase access to Naloxone by expanding pharmacists’ scope of practice by allowing them, after being certified and trained by the Department of Consumer Protection, to prescribe Naloxone and other opioid antagonists. It also clarifies that prescriptions written by pharmacists can be covered by health insurance, eliminating this financial barrier.

Dosing of Naloxone and Overdose Kits - It is recommended that an overdose “kit” include: two, 2mg vials of Naloxone, and two 3 ml, 1 to 1 1/2”, 22 – 25g intramuscular syringes. Optional items include: alcohol wipes, rescue breathing masks, gloves, and an educational card (National Harm Reduction Coalition www.harmreduction.org).

Administering Naloxone - Naloxone can be administered intravenously, subcutaneously (under the skin), intramuscularly, and via a nasal atomizer. There is no danger in administering Naloxone incorrectly.

Cost of Naloxone - The exact cost of naloxone depends on the source. The [pharmacist tab on www.prescribetoavoid.org](http://www.prescribetoavoid.org) offers direct links to manufacturers, and pricing through pharmaceutical distribution companies varies on location and they type of organization making the purchase. With insurance coverage, patients will usually only pay a generic medication co-pay at their pharmacy.

Most insurance, Medicaid and Medicare will pay for naloxone, but coverage varies by state. The nasal adapter is not covered by insurance. However, the adapter is not necessary to administer Naloxone and are available for purchase at pharmacies for around \$5.

Liability - Legislation became effective on October 1, 2014 for “An Act Providing Immunity to a person who administers an opioid antagonist to another person experiencing an opioid-related drug overdose”. Otherwise known as [Public Act 14-61](#), this act provides protection from civil liability and criminal prosecution *to the person who administers the Naloxone (Narcan)* to reverse an opioid overdose.

Training – Training to recognize an opiate overdose, and administer Naloxone is very simple, and depending on the number of questions, can take between 3 and 15 minutes. More in depth trainings are available through DMHAS, AIDS CT and OPEN Access CT. A series of 2-minute videos are freely accessible to anyone wishing to prescribe, dispense, or use naloxone at www.opioidprescribing.com/resources at the bottom of the webpage.

There are training modules and videos used in neighboring states (Massachusetts and Rhode Island) for prescribers, pharmacists, and laypeople that Connecticut can use and adapt on the Prescribe to Prevent and National Harm Reduction Coalition websites.

Does increased access to Naloxone reduce overdose deaths? - A recent evaluation of a Naloxone program in Massachusetts, which trained over 2,900 potential overdose bystanders, reported that opioid overdose death rates were significantly reduced in communities in which the program was implemented compared to those in which it was not available.¹

Does making Naloxone more available lead to increased drug use? - Multiple research studies evaluating outcomes after naloxone training in opioid abusing populations reported either no increase or decreased drug use in people who received Naloxone kits.²³⁴ Drug users can only enter treatment if they are alive.

Data Collection and Evaluation – It is essential to implement a uniform data collection system to track the number of Naloxone prescriptions given, the number and nature of overdoses reversed – including demographics – by all parties. This would include police, and other first responders; emergency departments, community distribution programs (OPEN Access CT), and family/friends/bystanders who return to pharmacies for refills.

Tracking Naloxone using the PDMP – Since Naloxone is not a controlled substance, and cannot be abused, it is unnecessary to track it through the PDMP. However, checking the PDMP is critical in tackling the overprescribing, misuse and addiction to opiates. With only twenty percent of Connecticut prescribers registering for the PDMP, and even fewer utilizing it, Connecticut has no handle on the number of opiate prescriptions filled, or if an individual has multiple prescriptions from multiple providers.

The Governor's proposal (HB 6856) requires real-time reporting of this information and mandates that a practitioner, or the practitioner's delegate who is a licensed health care professional, check the PDMP before prescribing more than a 72-hour supply of a controlled substance.

Pharmacists as prescribers – Pharmacists in Connecticut and in every state already serve an essential public health role by administering millions of influenza vaccines via prescriber protocol, essentially “prescribing” influenza and other vaccines to those who need it.

**For more information, please contact:
Shawn M. Lang, Deputy Director, AIDS CT
860.247.2437 X319
slang@aids-ct.org**

¹ (Alex Walley, et al. Opioid overdose rates and implementation of overdose education and nasal Naloxone distribution in Massachusetts: interrupted time series analysis, 346 BMJf174; 2013)

² Doe-Simkins, M., et al., Overdose rescues by trained and untrained participants and change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study. BMC Public Health, 2014. 14: p. 297.

³ Seal, K.H., et al., Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. J Urban Health, 2005. 82(2): p. 303-11.

⁴ Wagner, K.D., et al., Evaluation of an overdose prevention and response training program for injection drug users in the Skid Row area of Los Angeles, CA. Int J Drug Policy, 2010. 21(3): p. 186-93