Help save lives—prescribe and distribute naloxone

THE NATION'S DRUG-RELATED EPIDEMIC REMAINS INCREDIBLY DEADLY

The nation's drug-related overdose and death epidemic killed more than 109,000 Americans in 2023—primarily due to illegally made fentanyl.[1] Thanks to naloxone, and slight increases in access to medications for opioid use disorder (MOUD), the death toll has thankfully decreased, but it still continues to kill more than 80,000 Americans per year.

To continue the positive trends, the American Medical Association urges removing all barriers to MOUD and—critically—continue to make naloxone available everywhere. Specifically, the AMA recommends for physicians to prescribe (and dispense if available) naloxone to anyone at risk of overdose; for public officials to make naloxone available in public places, such as schools and other educational settings, libraries and concert venues; for health insurance companies to ensure naloxone is not subject to co-pays or cost-sharing; and for pharmacies to make naloxone visible in front of the cash register and pharmacy counter.

The AMA emphasizes that naloxone is proven to help prevent an opioid-related overdose, but only if it is administered in time.[2] Increased access to naloxone is supported by U.S. health agencies (CDC[3], SAMHSA[4], U.S. Surgeon General[5]), state laws and other policies,[6] and many patient, consumer and other advocacy groups.[7]

ACCESS TO NALOXONE HAS INCREASED, BUT STILL COULD BE BETTER[8]

- From 2018 to 2023, naloxone prescriptions dispensed from pharmacies increased from about 555,000 prescriptions to nearly 2.2 million prescriptions.[9]
- Despite studies showing the essential nature of community-based naloxone, there continues to be a great shortage of access to community-based naloxone.[10]
- New state laws to increase access to naloxone through civil protections for possession and administration by lay bystanders led to a 9 to 11% reduction in opioid-related deaths.[11]
- There is a need for emergency department distribution given that individuals who overdose and are saved rarely fill prescriptions for naloxone.[12]
- Black people receive fewer naloxone prescriptions than other individuals.[13] Females receive naloxone by EMS less often than males.[14]
- In 2023 the FDA approved OTC naloxone, but high cost and stocking location(s) remain barriers.[15]

AMA RECOMMENDS THE FOLLOWING ACTIONS

- Expand dispensing of naloxone in emergency departments[16] and ensure hospitalized patients at risk for overdose leave the hospital with a naloxone kit (not just a prescription) in hand
- Join public health officials to create standing orders to support naloxone prescribing/dispensing
- Support harm reduction organizations and promote sites for community-level distribution of naloxone[17]
- Offer community-based bystander training to recognize signs of overdose and how to administer naloxone
- Support efforts for first responders to carry naloxone and work with state and local officials to increase availability of naloxone in jails and prisons as well as for distribution upon release
- Advocate to employers for no-cost sharing of naloxone on employee benefit health plans and include naloxone rescue stations at places of employment
- Encourage colleges, universities, vocational schools and local school districts to increase education and availability of naloxone for students, teachers and staff

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PRESCRIBE NALOXONE TO ANYONE AT RISK OF OVERDOSE OR IN A POSITION TO SAVE A LIFE FROM OVERDOSE

The AMA strongly encourages physicians to consider prescribing or distributing naloxone to all individuals at risk of overdose or an individual who may be in a position to save a life from overdose. This is a decision to be made between the individual and physician and other health care professionals.[18] Factors that may be helpful in determining whether to prescribe naloxone to a patient or a family member or close friend of the patient, include:

- Is the patient in the emergency department after an overdose?[19]
- Does the patient history demonstrate a risk of unintentional, opioid-related overdose?
- Does the patient have a concomitant benzodiazepine prescription or other medication that might increase risk of overdose?
- Does the patient have a history of substance use disorder or prior overdose?
- Does the patient have an underlying mental health condition that might make them more susceptible to overdose?
- Does the patient have a medical condition, such as a respiratory disease, sleep apnea or other co-morbidities, which might make them susceptible to opioid toxicity, respiratory distress or overdose?
- Might the patient be in a position to aid someone who is at risk of overdose?
- Are the patient's family or friends in a position to help save a life from an overdose?

ADDITIONAL CONSIDERATIONS WHEN PRESCRIBING NALOXONE

Determining whether to prescribe or dispense naloxone or other opioid overdose reversal agents raises many issues, including initiating a discussion about the risk of overdose; the potential stigma a patient may experience; engaging 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 in case of an overdose. Though prescribing or dispensing naloxone or other opioid overdose reversal agents is not a guarantee for an overdose reversal, it does provide a tangible option for care that otherwise may not be available in a timely manner. In addition:

- Prescribing naloxone has been found to reduce emergency department visits, and may help patients become more aware of the potential hazards of substance use, including risks of fentanyl contamination.[20]
- Patients often find the offer of a naloxone prescription acceptable.[21]
- Primary care providers have found prescribing naloxone to be acceptable.[22]
- Prescribing naloxone does not increase liability risk.[23]
- Physicians and other health care professionals can help reduce stigma and increase appropriate use of naloxone through educating patients and families about risk and signs of overdose and how to administer naloxone.[24]
- Although it is recommended that naloxone be used in pregnant women in the case of maternal overdose,[25] pregnant women are less likely than men to receive naloxone during an opioid overdose-related emergency department visit.[26]
- Patients with cancer or hospice and palliative care needs benefit from discussions about overdose education and naloxone distribution.[27]
- In addition to current dosing for naloxone, the FDA has approved certain high-dose and long-acting opioid overdose reversal medications.[28] The AMA supports access to all FDA-approved opioid overdose reversal agents. Higher doses, however, have not demonstrated superior efficacy,[29] and some experts in public health, harm reduction and emergency response have raised concerns about precipitated withdrawal for the newer products.[30, 31]

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RESOURCES FOR MORE INFORMATION

- 5 things to know about naloxone, the opioid overdose reversal drug: https://thedo.osteopathic.org/2018/12/5-things-to-know-about-naloxone-the-opioid-overdose-reversal-drug/
- Addressing the Opioid Epidemic Through a Prevention Framework: https://www.sciencedirect.com/science/article/abs/pii/S0749379722002458
- Emergency Department Naloxone Distribution Key Considerations and Implementation Strategies: https://www.acep.org/globalassets/uploads/uploaded-files/acep/membership/sections-of- membership/trauma/tipswhitepaper.pdf
- Health and Public Policy to Facilitate Effective Prevention and Treatment of Substance Use Disorders Involving Illicit and Prescription Drugs: An American College of Physicians Position Paper: https://www.acpjournals.org/doi/10.7326/M16-2953
- Joint Position Statement of the American Psychiatric Association and the American Academy of Addiction Psychiatry: Opioid Overdose Education and Naloxone Distribution: https://www.psychiatry.org/getattachment/b54f868d-33dc-4a0e-b773-9d001079efb1/Position-Opioid- Overdose-Education-and-Nalaxone-Distribution.pdf
- MMS PSA: Carry Naloxone and You Might Save a Life: https://www.youtube.com/watch?v=HVfGOxneL1U
- Naloxone Rescue of Opioid Overdose, Oregon: https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/reverseoverdose.aspx (resources translated in 11 languages)
- NMHealth. Opioid Safety & Overdose Prevention: https://www.nmhealth.org/about/erd/ibeb/pos/
- Natives for Narcan—Bakersfield American Indian Health Project: https://www.youtube.com/watch?v=0uOPreyJURM
- New York naloxone resources: https://www1.nyc.gov/site/doh/health/health-topics/naloxone.page
- NHMA-AAOA Opioid Toolkit: https://www.nhmamd.org/nhma-aaoa-opioid-toolkit
- Opioid use and opioid use disorder in pregnancy: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy
- Position Statement on Harm Reduction Strategies for Substance Use Disorders including Overdose Prevention Sites and Fentanyl Test Strips: https://assets.acponline.org/acp_policy/policies/acp_position_statement_on_harm_reduction_strategies_for_ sud_april_2022.pdf
- Prescribe naloxone to combat opioid overdoses: https://publications.aap.org/aapnews/news/13052/Prescribe-naloxone-to-combat-opioid-overdoses
- Prescribe to Prevent: https://prescribetoprevent.org/
- Project DAWN – Deaths Avoided With Naloxone: https://odh.ohio.gov/know-our-programs/project- dawn/project-dawn
- "Quick, Grab the Naloxone": Overdose Preparedness for Ambulatory Clinics: https://www.aafp.org/pubs/fpm/issues/2021/0100/p17.html
- Remedy Alliance for the People: https://remedyallianceftp.org/
- REVIVEme. Opioid overdose and naloxone—learn how to recognize, react and revive: https://www.asahq.org/advocating-for-you/reviveme
- The Naloxone Project. https://www.naloxoneproject.com/
- Utah Naloxone. Information for Prescribers and Pharmacists: http://www.utahnaloxone.org/information-for-prescribers-and-pharmacists/
- Where to find naloxone in Colorado: https://nextdistro.org/colorado

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ENDNOTES

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4. Naloxone. US Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/substance- use/treatment/overdose-prevention
5. US Surgeon General's Advisory on Naloxone and Opioid Overdose. https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-naloxone/index.html
6. Characteristics of Statewide Naloxone Distribution Mechanisms. The Network for Public Health Law. August 7, 2020. Available at https://www.networkforphl.org/resources/characteristics-of-statewide-naloxone-distribution-mechanisms/
7. See, for example, Prescribe to Prevent, Harm Reduction Coalition, Caregiver Action Network, Young People in Recovery, Facing Addiction.
8. In addition to supporting state laws authorizing increased access and distribution of naloxone by physicians and in the community, the AMA strongly supports removing the prescription status of naloxone and making it available OTC. See, AMA February 15, 2022 letter: https://searchlf.ama-assn.org/letter/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2022-2-15-Letter- to-Gupta-re-ONDCP-Naloxone.pdf
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10. Naloxone shortage cold lead to thousands of overdose deaths. MediaHub. University of North Carolina. October 8, 2021. Available at https://mediahub.unc.edu/naloxone-shortage-could-lead-to-thousands-of-overdose-deaths/
11. Rees, Daniel I., et al. "With a little help from my friends: The effects of naloxone access and Good Samaritan laws on opioid-related deaths," National Bureau of Economic Research. February 2017 February 2017. http://www.nber.org/papers/w23171
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15. See, for example, Emily Gravlee, Carolanne Wartman, Meagen Rosenthal, Over-the-counter naloxone availability: Insights from rural community pharmacists in the Southern United States, Journal of the American Pharmacists Association, 2025, 102357, ISSN 1544-3191, https://doi.org/10.1016/j.japh.2025.102357.
16. States may need to amend naloxone access laws/regulations to allow for health care professionals and others to "distribute" or the authority to "personally furnish" naloxone.
17. On August 30, 2022, the US Food and Drug Administration issued new guidance that removes barriers for harm reduction organizations and other entities to directly purchase and distribute naloxone in the community without having to register as a wholesaler or distributor. See https://www.fda.gov/regulatory-information/search-fda-guidance-documents/exemption-and-exclusion-certain- requirements-drug-supply-chain-security-act-distribution-fda

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18. Nearly all states have standing order laws and other policies that authorize a pharmacist to dispense naloxone to an individual without a patient-specific prescription. The Task Force urges pharmacies to increase signage making individuals aware of the ability to receive naloxone.
19. Point-of-care naloxone distribution in the emergency department: A pilot study. Am J Health Syst Pharm. 2021 Feb 8; 78(4):360-366. doi: 10.1093/ajhp/zxaa409. PMID: 33555343.
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