



Naloxone: Overview and Considerations for Drug Court Programs

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Approximately one in five people who use heroin will have an overdose each year, and about one in one hundred will die from an overdose. Pharmaceutical opioids such as morphine, codeine, oxycodone, and methadone also are involved in many overdoses. With brief training, people who use heroin and other opioids, and members of their families and social networks, can effectively recognize and respond to an opioid overdose and successfully administer naloxone, the opioid overdose antidote. Distributing naloxone to laypersons has resulted in thousands of overdose reversals and has saved many lives.

In 2015 the board of directors of the National Association of Drug Court Professionals passed a resolution supporting providing naloxone to people who may be present at an overdose. Drug courts are beginning to get involved in overdose education and in making take-home naloxone available to drug court participants.

This fact sheet provides an overview of opioids, overdoses, and naloxone and discusses considerations for implementing programming to provide overdose education and take-home naloxone to drug court clients.

What is an opioid overdose?

Opioids bind to opioid receptors in the body, including the brain. In addition to reducing pain, opioids can cause sleepiness or euphoria, and they can slow down and eventually stop breathing.

Opioids include heroin and pharmaceutical medicines such as:

- hydrocodone (Vicodin®)
- hydromorphone (Dilaudid®)
- morphine (MS Contin®)
- codeine
- oxycodone (OxyContin®, Percocet®)
- fentanyl (and related illicitly manufactured drugs)
- methadone

What are the signs and risks of opioid overdose?

An opioid overdose occurs when a person consumes more opioids than the body can handle, causing breathing to slow and then stop. Depending on which opioid is involved and how much has been consumed, an opioid overdose can happen suddenly or slowly over a few hours. Without oxygen, the person loses consciousness, can experience brain damage, and may die.



A person who has overdosed before is more likely to overdose again. However, their self-perception of risk decreases quickly.

Signs of an opioid overdose include:

- Person cannot be woken up
- Slow or no breathing
- Gurgling, gasping, or snoring
- Clammy, cool skin
- Blue or gray lips or nails

The following factors increase the risk of an opioid overdose:

- Resuming opioid use after a period of abstinence (i.e., while in jail, in a hospital, or undergoing detox or treatment) when tolerance has dropped
- Using opioids in combination with stimulants (cocaine or methamphetamine), depressants such as benzodiazepines (Valium® or Xanax®), or alcohol, or with additional opioids
- Taking opioid medications more often or in higher doses than prescribed
- Using someone else's opioid medications
- Using opioids of unknown strength or heroin that may be laced with other drugs
- Having any current or chronic illness that reduces heart or lung function
- Injecting drugs, which is associated with higher overdose risk than oral or transdermal (patch) use or smoking
- Having a history of a substance use disorder

Using opioids while alone also increases the chances that a person will die from an overdose.

What is naloxone?

Naloxone is a prescription medicine that can temporarily stop the effect of opioids and help a person start breathing again. Naloxone is the generic name of a medication that is also sold under the brand names Narcan® and Evzio®.

Naloxone works only on opioids, so it has no effect on someone who is not using opioids. It does not work on other drugs or alcohol, but it can still be helpful in an opioid overdose in which these other drugs are involved.

Because naloxone temporarily stops opioids from working and can cause withdrawal, it cannot be used to get high and is not addictive. Medical providers have used naloxone for decades, and laypeople began using it in 1996. Research shows that providing overdose education and take-home naloxone to opioid users does not increase opioid use or overdoses.



The two injectable and two intranasal products currently available. Sources (left to right): Calvert County (Maryland) Health Department website; Kaleo, Inc. website; Therapeutic Intranasal Drug Delivery website; ADAPT Pharma, Inc. website.

Naloxone can be sprayed into the nose or injected into a thick muscle such as the thigh or upper arm. The four naloxone products currently available (as of August 2016) are similar in their effectiveness, but cost and availability may vary. A side-by-side comparison of these four products is available at the Prescribe to Prevent website, www.prescribetoprevent.org.

How does naloxone work?

Naloxone displaces opioids from their receptors in the brain, which usually restores breathing and consciousness in about two to five minutes. However, naloxone lasts only thirty to ninety minutes. Some opioids can last for many hours. When naloxone wears off, any remaining opioids return to the receptors, which can cause the person to go back into overdose.

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After receiving naloxone and waking up, an overdose victim may experience symptoms of opioid withdrawal, such as pain, sweating, nausea, and vomiting. The person may also feel confused, anxious, or slightly agitated, but is rarely combative or violent.

What are the laws about naloxone?

Medical prescribers have been able to prescribe take-home naloxone to their patients since it was approved by the Food and Drug Administration (FDA) in 1971. Most states have passed laws that explicitly allow laypersons, such as those who use opioids and their friends, family, or other potential overdose bystanders, to be prescribed, possess, and administer naloxone. Additional laws in some states permit nonmedical persons to *distribute* naloxone under a prescriber's standing order.

Most states have also passed Good Samaritan overdose laws to encourage people to call 911 to seek medical help during an overdose. These laws provide immunity from some civil liabilities to individuals who make a good faith effort to assist a person experiencing an overdose. The types of actions for which immunity is granted vary widely across states.

When planning an overdose education and naloxone distribution program, you should work with the relevant local entities, such as your prosecutor's office or health department, to ensure alignment with applicable laws and coordination with existing services. To review your state's relevant naloxone and Good Samaritan laws, go to the Law Atlas website, www.lawatlas.org.

How does someone get naloxone?

Naloxone is a nonaddictive prescription medication and can be obtained in several ways:

1. Any prescriber can write a prescription for naloxone. Some Medicaid and commercial health insurance plans cover at least one form of naloxone, although coverage and co-pays vary widely.
2. Many pharmacists have the ability to directly prescribe naloxone on behalf of a health care provider under an arrangement called a collaborative drug therapy agreement. These agreements enable a customer to

obtain naloxone directly at the pharmacy without seeing a health care provider, similar to getting a flu shot.

3. Most states also have community organizations and/or health departments that distribute naloxone under a health care provider's standing order. A list of these programs can be found at www.prescribetoprevent.org. Using this same model, many organizations, such as housing providers, substance use treatment centers, jails, and drug courts, also distribute naloxone to clients at risk for overdose.

Should all drug court clients get naloxone?

Any drug court clients who have used or are currently using heroin or pharmaceutical opioids (either illicitly or under a health provider's care for pain or treatment of opioid use disorder) should consider having naloxone on hand. Similarly, members of a drug court client's family or social network may use opioids, and thus clients may want to have naloxone in case they witness an overdose.

Drug court clients, however, may not believe they are at risk of an overdose and therefore may not be interested in naloxone. They may minimize their opioid use for fear of legal consequences or may feel confident that they have stopped using drugs permanently and therefore perceive themselves not to be at risk. It can be helpful, therefore, to share messages like these with *all* drug court clients:

- Opioids are widespread in the community, and overdoses are at record levels. Getting overdose response training and naloxone is no different than learning how to do CPR so you can be ready to help someone.
- If you or others have opioids for pain or for treating opioid use disorder, those opioids are a potential overdose risk to anyone in the household. Have naloxone around "just in case," like a fire extinguisher.
- Relapse happens, even among those who are most committed to their recovery. A person using opioids after a break in use is also at greater risk of an overdose.

The essential goal of distributing naloxone and educating people about how to prevent, recognize, and intervene in overdoses is to prevent deaths. Other goals, such as decreasing or stopping drug use, can be accomplished only if the person is alive.



How can we connect clients with overdose education and naloxone?

Drug court staff have an important role to play in educating clients about overdose prevention and response, and in helping them access naloxone. Staff can:

1. Refer clients to outside organizations that can provide overdose education and naloxone, or encourage clients to ask their health care provider for a prescription for naloxone.
2. Provide basic education on overdose prevention to clients and then refer them to places to get naloxone (e.g., health care providers, community programs, or pharmacies).
3. Provide “in-house” education on overdose prevention and naloxone to clients (assuming local laws permit naloxone to be distributed in this way). This can be done by drug court staff or by partnering with a community organization or local health department to provide those services regularly on site.

Years of collective experience among medical- and community-based naloxone distribution programs have shown that referrals to naloxone are not usually effective. Whenever possible, it is best to get naloxone directly into clients’ hands at the time they receive overdose education.

To determine which approach might work best for your organization:

- Determine what state and local laws apply to distributing naloxone.
- Identify local options for providing naloxone in your area and community naloxone programs that might be willing to partner with you to provide overdose education and naloxone at your site.
- If your agency decides to provide its own overdose and naloxone training, develop a naloxone distribution policy and training curriculum and have it reviewed by legal and medical experts. Also find a funding source for the naloxone.

*Research has found that making naloxone available does **not** encourage people to use opioids more. In fact, distributing naloxone often opens the door to discuss other client needs, such as treatment or social services.*

How do we provide overdose response and naloxone training?

Training can be offered in a variety of ways and does not require significant time. Less than 15 minutes is usually sufficient for most people. Options for training include:

- One-to-one conversation, usually within the context of a regular meeting with drug court staff
- Group “classroom” sessions
- Client self-directed training, usually by video or online

Training can include overdose education only or overdose education plus take-home naloxone. Some programs also offer brief behavior change counseling and motivational interviewing to help clients change behaviors that place them at risk of an overdose.

It can also be helpful to designate a “point person” for questions and refresher training on overdose response and naloxone at each site that carries naloxone.

Training in basic overdose response and naloxone administration should cover the following topics:

- Risks for opioid overdose
- Recognizing the signs of an opioid overdose
- Steps in responding to an overdose: Try to wake the person up, call 911, give naloxone, perform rescue breathing until the person wakes up or medical help arrives
 - How to administer naloxone
 - How to perform rescue breathing
- Local Good Samaritan laws and other relevant laws and policies

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Are training resources available?

A number of excellent training curricula, print materials, training videos, evaluation tools, and other resources are available at:

- StopOverdose, www.stopoverdose.org
- Harm Reduction Coalition, www.harmreduction.org
- Prescribe to Prevent, www.prescribetoprevent.org
- Law Enforcement Naloxone Toolkit, www.bjatrain.org/tools/naloxone/Naloxone-Background

Always supplement these with local information, such as local laws, services, and resources.

An online opioid overdose risk assessment tool is available at ndci.org/resources/training/e-learning/naloxonetraining/. You may wish to incorporate this tool into your training so that clients can learn more about their own overdose risks and how to address them.

How do we pay for the naloxone?

Agencies must find internal resources to pay for naloxone they purchase for clients. Funds designated for community naloxone distribution may be available from local, county, state, or federal organizations. Check with your local health department to find out if there are funds in your area. Some state Medicaid programs will cover the cost of naloxone for Medicaid recipients. To provide naloxone for their clients who receive Medicaid, some agencies have worked with a pharmacy that can bill Medicaid directly for the naloxone.

How should I work with community partners?

Collaborating with community partners is essential to realizing the potential benefit of an overdose education and naloxone distribution program. Implementing such programming can be an opportunity to engage and educate the community about opioid overdose as well as the underlying medical condition of opioid use disorder. Community stakeholders with whom it may be appropriate to collaborate include:

- Law enforcement
- Public health
- Treatment and health care providers

- Community prevention coalitions, churches, and nonprofits

Communicating with the public increases awareness of your program and the need for community awareness of overdose prevention and intervention more generally. Some ways to do this are through:

- Websites
- Twitter
- Facebook



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