

Physicians are a Critical Point of Contact for Patients with Opioid Addiction

Providing naloxone kits to opioid users as well as laypersons reduces overdose deaths, is safe, and is cost-effective (CDC)

- Naloxone rapidly reverses the deleterious effects of opiates and lasts 20 to 90 minutes, which may give individuals time to access medical care¹
- Naloxone is safe and easy to administer via intramuscular injection or nasal spray with minimal training
- Naloxone has no psychoactive effects or potential for abuse, and studies have indicated “extremely low rates of adverse events in numerous pilot studies of distribution”²
- Acute withdrawal symptoms that fade within 1 to 2 hours and do not require hospitalization²
- Overdose death rates are significantly reduced in communities where Overdose Education and Naloxone Distribution (OEND) programs have been implemented³

Naloxone distribution does not increase drug use

- A growing body of evidence suggests that provision of naloxone does not encourage opiate users to increase their drug consumption, nor does it increase the likelihood that they will harm themselves or those around them⁴
- studies suggest that increasing health awareness through training programs that accompany naloxone distribution actually reduces the use of opioids and increases users' desire to seek addiction treatment²
 - After completing a short training session on CPR and naloxone use, participants’ “knowledge about heroin overdose management increased, whereas heroin use decreased.”⁵
 - “Results suggest that overdose prevention and response training programmes may be associated with improvements in knowledge and overdose response behaviour among IDUs, with few adverse consequences and some unforeseen benefits, such as reductions in drug use; Half (53%) of programme participants reported that their drug use decreased at follow-up.”⁶

Laypersons are willing to and capable of safely using naloxone, and are no less likely to contact emergency services in an overdose situation

- Green et al. (2008) found that “trained drug users were as adept as medical experts in distinguishing the signs of an opiate overdose and determining whether naloxone was indicated.”⁷
- One overdose prevention program in New York City found that 74% of participants called for help after administering naloxone, which is similar to reports of the proportion of drug users in NYC who call for help after witnessing a heroin-related overdose.⁸
- Seal et al. (2005) found that study participants “witnessed 20 heroin overdose events during 6 months follow-up. They performed CPR in 16 (80%) events, administered naloxone in 15 (75%) and did one or the other in 19 (95%). All overdose victims survived.”⁵

Legal changes have been made to protect physicians who prescribe Naloxone

- Act 75 in Vermont <http://www.vtmd.org/act-75-prescription-drug-abuse-prevention-and-monitoring-implementation-timeline>

‘I saved a life’: a heroin addict's reflections on managing an overdose using ‘take home naloxone’

Research shows that most heroin addicts, at some point in their drug using careers, accidentally overdose and that accidental overdose is the most common cause of death in this group. As most such overdoses are witnessed by other drug users or their carers, it is argued that providing ‘take home naloxone’ (a fast-acting opiate antagonist) to them (as potential witnesses to an overdose) can save lives.

“having the knowledge and naloxone was a great help. I would get anybody to do it, I would. Having the naloxone with me, gave me a sense of responsibility I think. I had to do something and I knew what to do. I did not panic at all. In fact, I even managed to calm my mate down, who was getting all stressed. Yes, that's all I think. I don't know what else to say or what more I felt. It felt great, saving a life.”⁹

References:

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