

# **Naloxone**

## **Fact Sheet**

Nov 29, 2014

## **Executive Summary:**

On Nov. 29, Act 139 went into effect to allow Naloxone, a life-saving opioid overdose reversal medicine, to be prescribed to a third party, such as a friend or family member, and administered by law enforcement and firefighters. In addition, it provides legal protections for witnesses, or Good Samaritans, seeking medical help at the scene of an overdose.

According to ACT 139, police officers, firefighters, other emergency responders, family members, friends, and others in a position to be able to help someone who is overdosing, may be prescribed naloxone and may lawfully administer the drug to someone who is experiencing an overdose. Additionally, under the 'Good Samaritan' provision of ACT 139, fellow drug-users may call 911 to get help for someone who is overdosing, without fear of prosecution for drug possession, so long as they comply with the requirements of the Act (e.g. remaining with the overdosing individual until help comes).

## **What is naloxone?**

- Naloxone is a prescription medicine that reverses opioid (prescription or heroin) overdoses.
- It was approved by the FDA in 1971 and has been used successfully in emergency rooms and ambulances for *decades*.
- Also known by brand names "Narcan" or "Evzio."
- Although having an overdose reversed by naloxone is extremely unpleasant for the overdosed individual, naloxone has *no* other adverse side effects and is not addictive.

## **How does it work?**

- Naloxone works within minutes to restore breathing in people overdosing on opiate drugs by blocking opiate receptors and essentially reversing the effects of opioid drugs, such as heroin. Overdose patients usually bounce back quickly after given naloxone.
- However, the effect of an opioid may last longer than the counter effect of naloxone and the person can go back into a state of life-threatening overdose in a short period of time. Therefore, it is absolutely *essential* that the overdosed patient be quickly taken for emergency medical care. Additional doses of naloxone may be required before arrival to a medical facility.
- Naloxone can be administered either through injection (Intramuscular or by the Kaleo auto-injector) or a nasal spray.



### **Is it safe?**

- Yes, naloxone is a non-narcotic and non-addicting prescription drug. It cannot be used to get high; however, for someone who is under the influence of opioids, it can trigger safe, but sudden and sometimes severe withdrawal symptoms.

### **Has it been proven to work?**

- Yes, naloxone saves lives. At least 188 community-based overdose prevention programs across the country now distribute naloxone. As of 2010, those programs had provided training and naloxone to over 50,000 people, resulting in over 10,000 overdose reversals. (CDC Survey).
- In an early pilot program in Quincy, Massachusetts (population of 100,000), police reverse 179 overdoses in the first three years of the project.

### **What type of naloxone does Act 139 permit to be administered in the event of a suspected overdose?**

- ACT 139 allows for the administration of all forms of naloxone, (Intra-Muscular (hypodermic needle or auto-injector) or Intra-Nasal).

### **Where do I find an approved online training?**

The departments of Health and Drug and Alcohol Programs are currently developing a naloxone resource webpage that will include the necessary training. This webpage will be live on Nov. 29, the effective date of the Act.

### **How do I do the online training prior to November 29<sup>th</sup>?**

Police, firefighters, or other emergency responders who wish to get their training prior to November 29<sup>th</sup>, may take the 15-minute online training now available at [www.givenaloxone.org](http://www.givenaloxone.org). The Department of Health will approve this training on November 29<sup>th</sup>, so that anyone who has taken the training prior to the effective date will automatically be statutorily qualified to administer naloxone on that date.

### **Signs of an overdose:**

- Slow or shallow breathing.
- Very sleepy and unable to talk, or unconscious.
- Does not respond to attempts to rouse to consciousness.
- Skin color is blue or grayish, with dark lips and fingernails.
- Snoring or gurgling sounds

### **If there are symptoms of an overdose:**

- Lightly tap, shake, and shout at the person to get a response. If there is still no response, rub knuckles on the breast bone.
- If the person responds, keep them awake.
- Call 911

### **If there is little or no response:**

- Call 911 – ***IF you have access to naloxone, administer it according to the package instructions***
- If you do not have access to naloxone, and the person is still displaying signs of overdose as stated above, perform mouth to mouth rescue breathing by tilting the head back and lifting chin until mouth opens, clearing airway. Give two quick breaths and then a strong breath every five seconds.
- If the person no longer has a heartbeat (pulse), continue to perform rescue breathing. Perform CPR by pushing hard on the chest bone at a rate of 100 times per minute.
- ***IF you have administered a dose of naloxone and the person is still unconscious after three minutes, administer a second dose of naloxone.***
- If a second dose of naloxone is not available, continue with rescue breathing and CPR and stay with the person until help arrives. If you have to leave the person alone or vomiting occurs, place the person in the recovery position – on their side, hand supporting the head, mouth facing downward, and leg on the floor to keep the person from rolling onto stomach.

### **Where do I find treatment for drug and alcohol addiction?**

It is suggested that those who carry naloxone have contact information for their county's drug and alcohol office on hand. The crisis of overdose may make survivors more receptive to treatment. County contact information can found at [www.ddap.pa.gov/needhelpnow](http://www.ddap.pa.gov/needhelpnow).

***DDAP is currently working diligently to search and secure fund raising opportunities while also encouraging local leadership to find creative ways to fiscally support their 1<sup>st</sup> responder agencies who***

*wish to carry and administer naloxone. Several county District Attorneys have already approved the release of forfeiture dollars in support of these efforts.*