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Naloxone Prescriptions by Emergency Physicians

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The number of deaths attributed to prescription opioids now exceeds 16,000 annually in the U.S.¹ With increased restrictions on prescription opioids, there has been a simultaneous rise in heroin deaths. Regardless of etiology, some opioid deaths may be avoided through early antidote administration prior to activation and arrival of out-of-hospital emergency medical services. Multiple communities have established lay naloxone administration programs with resultant cases of opioid reversals and potential decreased mortality. This has not been accompanied by increased opioid abuse and overdose.

ACEP recognizes the importance of the role of bystander use of naloxone in reversing opioid toxicity. An effective naloxone program requires guidelines for prescribing naloxone. As per the U.S. Substance Abuse and Mental Health Services Administration recommendations,² physicians may prescribe naloxone to at-risk patients such as the following:

- Discharged from the emergency department following opioid intoxication or poisoning
- Taking high doses of opioids or undergoing chronic pain management
- Receiving rotating opioid medication regimens
- Having legitimate need for analgesia combined with history of substance abuse
- Using extended release/long-acting opioid preparations
- Completing mandatory opioid detoxification or abstinence programs
- Recent release from incarceration and past abuser of opioids

A list of tentative conditions for naloxone prescribing cannot exist alone. ACEP recognizes that for successful bystander naloxone programs to be effective, health care providers need:

- Continued research to target the more effective approaches to prescribing naloxone including the optimal route of delivery.

- Medical and lay community support in education of overdose recognition and safe naloxone administration by non-medical providers.
- Legislation making health care providers and lay users of naloxone immune from liability for failure or misuse of bystander naloxone.

¹National Vital Statistics System. Multiple cause of death file. Atlanta: Centers for Disease Control and Prevention, 2012 (http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm).

²Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 14-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.