

Policy Statement

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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 United States.¹ With increased restrictions on prescription opioids, there has been a simultaneous increase in heroin deaths. Regardless of cause, some opioid deaths may be avoided through early antidote administration before 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.

The American College of Emergency Physicians (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 US 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 after opioid intoxication or poisoning
- Receiving 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 nonmedical providers; and
- legislation making health care providers and lay users of naloxone immune from liability for failure or misuse of bystander naloxone.

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REFERENCES

1. National Vital Statistics System. *Multiple Cause of Death File*. Atlanta, GA: Centers for Disease Control and Prevention; 2012. Available at: http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm.
2. Substance Abuse and Mental Health Services Administration. *SAMHSA Opioid Overdose Prevention Toolkit*. Rockville, MD: Substance Abuse & Mental Health Services Administration; 2014; HHS Publication No. (SMA) 14-4742.

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