

Anyone can save a life with naloxone: What patients should know

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Chicago is being hit hard by the opioid epidemic, with an overdose-death rate of 29.1 per 100,000 that is nearly double the national rate.

The Windy City is also home, of course, to the AMA's headquarters, where staffers recently got an overview on how to use naloxone, the lifesaving opioid-overdose antidote. Here are some of the keys your patients should know about how naloxone works and about its pivotal role in combating the opioid epidemic, which claims the lives of some 130 people every day in the U.S.

The AMA supports widespread access to all formulations of naloxone. Visit the AMA Opioid Task Force's End the Epidemic website to find other resources to help reverse the nation's opioid epidemic and watch this AMA video on how to administer naloxone.

Naloxone provides an opportunity to save a life that, in turn, creates an opportunity for treatment, AMA President-elect Patrice A. Harris, MD, said at the start of the program.

Stigma is still a significant barrier and the message bears repeating that having an opioid-use disorder does not represent "a character flaw or moral failing," she said.

"No one is immune," she said, adding that physicians should co-prescribe naloxone for patients receiving opioids who could be at risk for opioid overdose.

"We have a lot of work to do to address this issue broadly," Dr. Harris said, explaining that making sure naloxone is widely available and that people know how to administer it is one key to addressing the problem.

In April 2018, U.S. Surgeon General Jerome M. Adams, MD, MPH, issued a public health advisory urging people at elevated risk of opioid overdose or close to someone at high risk to:

- | Talk with their physicians or pharmacists about obtaining naloxone.
- | Learn the signs of opioid overdose, such as pinpoint pupils, slowed breathing or loss of consciousness.
- | Get trained to administer naloxone in the case of a suspected emergency.

Getting naloxone where it's needed

Elizabeth Salisbury-Afshar, MD, MPH explained that this means ensuring naloxone is available to all people who use opioids because “they are the most likely to use naloxone to save someone’s life.”

Dr. Salisbury-Afshar recalled meeting a patient who said she had saved the lives of 10 other people using naloxone.

The notion that having an overdose-reversal drug available encourages people to use more drugs or engage in riskier behavior is based in stigma—not science, said Dr. Salisbury-Afshar, director of the Center for Multi-System Solutions to the Opioid Epidemic at the American Institutes for Research.

“If you’re regularly using opioids, naloxone puts you in withdrawal,” said Suzanne Carlberg-Racich, PhD, MSPH, research director at the Chicago Recovery Alliance. “It makes you feel lousy.” That means there is little incentive to use greater amounts of naloxone just because the drug is available.

AMA employees attending the event received kits that included vials of naloxone and syringes. They also were shown other common forms of naloxone, including a nasal spray and an auto-injector, which can be obtained in retail pharmacies in Illinois without a prescription (via standing order).

Calberg-Racich, who has delivered many trainings nationally and in Chicago, emphasized that given the scope of the epidemic, anyone may be in the position one day of being able to save a life. The Chicago Recovery Alliance (CRA) provides training on overdose prevention and response, with naloxone, to people who use drugs in Chicago communities. Last year, CRA distributed about 100,000 doses of naloxone, but even that falls short of meeting community needs.

“We have a long way to go to end the epidemic,” she said. “Naloxone is one of many ways we all can make a difference.”