

Naloxone Standards of Care

Oregon Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications, 2017-2018.

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate strategies into the management plan to mitigate risk, including offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use, are present.

The [Oregon Opioid Prescribing Guidelines] task force voted to endorse *the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain* [below] as the foundation for opioid prescribing in Oregon.

Oregon Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications, 2017-2018. Oregon Health Authority, Public Health Division. December 2016.
<http://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Documents/taskforce/oregon-opioid-prescribing-guidelines.pdf>

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016 Offering Naloxone to Patients When Factors That Increase Risk for Opioid-Related Harms Are Present

Naloxone is an opioid antagonist that can reverse severe respiratory depression; its administration by lay persons, such as friends and family of persons who experience opioid overdose, can save lives.

Naloxone precipitates acute withdrawal among patients physically dependent on opioids. Serious adverse effects, such as pulmonary edema, cardiovascular instability, and seizures, have been reported but are rare at doses consistent with labeled use for opioid overdose (210).

The contextual evidence review did not find any studies on effectiveness of prescribing naloxone for overdose prevention among patients prescribed opioids for chronic pain. However, there is evidence for effectiveness of naloxone provision in preventing opioid-related overdose death at the community level through community-based distribution (e.g., through overdose education and naloxone distribution programs in community service agencies) to persons at risk for overdose (mostly due to illicit opiate use), and it is plausible that effectiveness would be observed when naloxone is provided in the clinical setting as well.

Experts agreed that it is preferable not to initiate opioid treatment when factors that increase risk for opioid-related harms are present. Opinions diverged about the likelihood of naloxone being useful to patients and the circumstances under which it should be offered. However, most experts agreed that clinicians should consider offering naloxone when prescribing opioids to patients at increased risk for overdose, including patients with a history of overdose, patients with a history of substance use disorder, patients taking benzodiazepines with opioids (see Recommendation 11), patients at risk for returning to a high dose to which they are no longer tolerant (e.g., patients recently released from prison), and patients taking higher dosages of opioids (≥ 50 MME/day).

Practices should provide education on overdose prevention and naloxone use to patients receiving naloxone prescriptions and to members of their households. Experts noted that naloxone co-prescribing can be facilitated by clinics or practices with resources to provide naloxone training and by collaborative practice models with pharmacists.

Resources for prescribing naloxone in primary care settings can be found through Prescribe to Prevent at <http://prescribetoprevent.org>.

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.

Oregon Prescription Drug Overdose, Misuse, and Dependency Prevention Plan, 2015.

- Increase and improve the infrastructure for naloxone rescue, and naloxone co-prescribing
- Co-prescribe naloxone when prescribing opioids for at-risk patients
- Allow naloxone prescribing and dispensing to third parties of patient (e.g. spouse, parent, partner, etc.)
- Explore statutory changes needed to allow for naloxone to be prescribed and dispensed by directly by pharmacists.
- Improve infrastructure for law enforcement and EMTs to administer naloxone to patients who have overdosed on opiates
- Promote knowledge of the “Good Samaritan law” to the general public
- Promote access to naloxone trainings for the public, at pharmacies, etc.

Oregon Prescription Drug Overdose, Misuse, and Dependency Prevention Plan, 2015. Oregon Health Authority, Public Health Division, Injury and Violence Prevention Program, November 15, 2015.

<http://public.health.oregon.gov/PHD/Directory/Pages/program.aspx?pid=10>