



Frequently Asked Questions (FAQ) for Naloxone

Updated 10/16/2017

What is naloxone? Naloxone is an easy-to-use, life-saving drug that can reverse the effects of an opioid overdose when administered in time. It's also known as Narcan.™

What does it do? Opioids (such as heroin and some types of painkillers) slow your breathing. If you take too much of one, your breathing may stop and you could die. If given soon enough, naloxone can counter the overdose effects, usually within minutes. Because the help is only temporary it is very important to call 911 right away! Many painkillers last longer than the naloxone so the person could go back into an overdose.

Oregon law protects you from being arrested or prosecuted for drug-related charges or parole/probation violations based on information provided to emergency responders.

What does it look like?

Naloxone is sold in different ways – nose sprays, needle injection and automatic injection.

INDIVIDUALS

1. Do I need training to get naloxone?

You do not need special training to get naloxone in Oregon, but basic education in naloxone and recognizing signs of overdose is recommended. Optional training sources are listed below.

- a. Watch the [online naloxone training videos](http://www.oregon.gov/oha/PH/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocol-training.aspx#naloxone).
- b. Read Oregon Health Authority (OHA) [naloxone training protocol](http://www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/Documents/naloxone-training-protocol.pdf) at <http://www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/Documents/naloxone-training-protocol.pdf>. You may print the protocol as needed.
- c. Receive patient counseling from a pharmacist, who will refer to the same [OHA naloxone training protocol](#).

- d. Syringe exchange programs or social service agencies that give out naloxone will train their clients in how to use it.

2. How often do I need training?

As of October 6, 2017, training is not required, but you may refer to any of the resources above to refresh your training as needed.

3. How do I get naloxone?

- a. Any prescriber can send a prescription to your drug store. If you are in addiction treatment, you can ask your counselors for help.
- b. In Oregon, anyone can get naloxone directly from a pharmacist. You don't need to see your healthcare provider first. This is a [new law](#). Call the drug store first to make sure they have the necessary systems in place, or check the list and map of Oregon pharmacies that are confirmed to prescribe and dispense naloxone: <http://healthoregon.org/naloxone>
- c. You can get naloxone through some social service agencies and advocacy groups such as [Max's Mission \(Southern Oregon\)](#)
- d. If you are an active injection drug user you can get naloxone through your local syringe exchange program.

4. Will insurance cover it?

Check with your insurance plan about your coverage. Many insurance plans will cover naloxone prescriptions.

5. How much does naloxone cost?

The price of medications can vary and change over time. Call your pharmacy to get a current price.

6. Is there any legal risk in administering it?

Oregon has a [Good Samaritan law](#). This law protects responders from civil prosecution if they give someone naloxone in a good faith effort to reverse an opioid overdose. There is no liability as long as naloxone is administered in good faith.

PRESCRIBERS

1. Why should I prescribe naloxone?

Accidental opioid overdose is preventable and naloxone saves lives. Co-prescribing naloxone in primary care settings [can significantly reduce emergency department visits \(1\)](#), and may help patients become [more aware of the potential hazards of opioid misuse \(2\)](#).

2. Who is able to prescribe naloxone?

Naloxone is not a controlled substance and anyone with a medical license can prescribe. Any pharmacist can prescribe it as well.

3. Who should get naloxone?

- All patients who have an increased risk for overdose should get naloxone. This includes any patient with a history of overdose, higher dosages (≥ 50 MME daily), concurrent benzodiazepine use, or a history of substance use disorder.
- Anyone at risk of experiencing or witnessing an opioid overdose.

Resources for more information:

- [Centers for Disease Control and Prevention \(CDC\) guideline for prescribing opioids for chronic pain:](https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf)
https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf
- Detailed clinician guidance and instructions for co-prescribing naloxone:
<http://prescribetoprevent.org/>
- **Prescribing Naloxone to Patients for Overdose Reversal** - <http://pcssmat.org/wp-content/uploads/2016/08/Prescribing-Naloxone-to-Patients-for-Overdose-Reversal.pdf>

PHARMACISTS

1. What do pharmacists need to do to prescribe naloxone to patients?

Pharmacists can prescribe naloxone for patients and provide patient counseling and training. Visit the Board of Pharmacy website for naloxone FAQ for pharmacists, and more details about prescribing naloxone:

<http://www.oregon.gov/pharmacy/Pages/Naloxone.aspx> The Public Health opioids website has a naloxone toolkit for Oregon pharmacists. The toolkit includes posters, fact sheet, and bag stuffers:

<http://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/naloxone.aspx>

ORGANIZATIONS AND LAW ENFORCEMENT AGENCIES

1. How can I have naloxone on site for staff to use?

As of Oct. 6, 2017, clinical oversight by a Medical Doctor (MD), Osteopathic Doctor (DO), Nurse Practitioner (NP), or Physician's Assistant (PA) is no longer required, although it is recommended that a pharmacist or other healthcare professional be involved as needed for basic education on overdose and naloxone. Any prescriber or pharmacist can order naloxone for your organization.

If you are located in Multnomah, Clackamas or Washington County and are interested in trainings, you may have a staff member attend the naloxone train-the-trainer class sponsored by Multnomah County. Organizations that have a representative attend the training are able to purchase naloxone through the Multnomah County Pharmacy. Contact Erin Browne (erin.browne@multco.us) for more information.

2. How can our staff be trained?

Training may be face-to-face, watching [the OHA online training videos](#), or reading the [OHA training protocol](#). While training is no longer required, it is recommended that staff learn how to use naloxone and to recognize signs of an overdose.

3. Do staff or trainers need certification in CPR to administer naloxone or to train others to administer it?

CPR training may be beneficial to your staff and organization. However, it is not required for staff or trainers to be CPR certified.

4. Where do law enforcement agencies get more information?

Law enforcement agencies that need more information can contact Lines for Life for help: ElizabethW@linesforlife.org.

The Multnomah County Sheriff's Office created a [naloxone training video](#) for law enforcement.

5. Is starting a naloxone distribution program right for my organization?

If your agency works with clients at risk for opioid overdose, then starting a distribution program might be right for you.

Here are some questions to consider when starting a program:

- Have you identified staff who can train others?
- How will you document those trained by your trainers?
- What other data will you collect from participants? (i.e.: demographics, substance use history, overdose experiences, etc.)
- How often do you expect staff to take refresher training?
- How and when will you have your naloxone supplies available?
- Do you know how to order supplies for naloxone kits?
- Where will you store the naloxone kits?

If your question is not answered here, please contact lisa.m.shields@state.or.us.
For additional naloxone information, visit the [Oregon Pain Guidance naloxone web page](#).

References

1. Coffin PO; Behar E; Rowe D; Santos GM; Coffa D; Bald M; and Vittinghoff E. Nonrandomized Intervention Study of Naloxone Coprescription for Primary Care Patients Receiving Long-Term Opioid Therapy for Pain. *Annals of Internal Medicine*. 2016 August [cited 2017 Aug 11] Available from: <http://annals.org/aim/article/2531366/nonrandomized-intervention-study-naloxone-coprescription-primary-care-patients-receiving-long>.
2. Behar E; Rowe C; Santos GM; Murphy S; Coffin PO. Primary Care Patient Experience with Naloxone Prescription. *Annals of Internal Medicine*. 2016 August [cited 2017 Aug 11]