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EXPLAINER

Why Naloxone Access Policy Should Prioritize People Who Use Drugs

May 2023

Introduction

In 2022, more than **100,000** people died of a drug overdose—a crisis that was largely **driven** by highly potent synthetic opioids such as fentanyl. **Naloxone**, a safe and **effective** opioid overdose reversal agent, is one of many essential tools in preventing overdose deaths, but only if it is put into the right hands. Public health experts consider the goal of community saturation—defined as having sufficient community-based naloxone kits to reverse **80 percent** of witnessed overdoses—to be both desirable and attainable.

As a society, we have begun to embrace a variety of efforts to make the medication more available. For example, a growing proportion of the general public now carry **doses** with them, and the drug is increasingly showing up beside defibrillators and EpiPens as part of emergency response kits in public **spaces** like **schools, bars and gas stations**. These steps certainly represent positive progress in improving access to naloxone and reducing the risks associated with today's toxic illicit drug supply. However, too many communities in the United States still **struggle** to achieve the desired level of saturation.

This is, in part, because reaching community saturation with naloxone will require a targeted expansion of access. To maximize its life-saving potential, **experts argue**, the medication must reach the people for whom it will have the biggest impact: individuals who are at risk of experiencing an overdose—including people who take high-dose prescription opioids and those who use drugs purchased on the illicit market—as well as their friends and family. Here's why.

Potential rescuers are already present at many overdoses

Data from 24 states and Washington, D.C. indicate that a bystander was present in 37 percent of drug overdose deaths that occurred between January and June 2019. And many **people who use drugs**, as well as **non-using loved ones**, report having **witnessed** an overdose, often without having naloxone on hand. These individuals, who are already on the scene, are thus positioned to serve as overdose first responders if equipped with naloxone.

Naloxone is most effective when used promptly

Opioid overdoses are characterized by severe **respiratory depression**, depriving the brain and other organs of essential oxygen. Therefore, rapid response is key to saving lives, and **harm reduction organizations, public health authorities** and manufacturers all recommend administering naloxone as soon as an opioid-involved overdose is suspected. The average **response time** for medical first responders in the United States is approximately seven minutes; in rural areas, times are double that and frequently take as long as half an hour. An intervention by friends and family can be the difference between life and death, even if they choose to call 911.



Free markets. Real solutions.



Despite early concern among the medical community that bystanders do not possess sufficient medical training to respond effectively to overdoses, data suggest the opposite. Given the right tools, laypeople can make excellent first responders.

Contact us

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Overdose witnesses are often reluctant to call emergency services

Research [consistently](#) shows that people who use drugs are [hesitant](#) to call emergency services, fearing interactions with law enforcement and criminal consequences.

[Good Samaritan Laws](#) (GSLs) provide some protections for people who experience or witness an overdose and call 911. However, these laws vary across states; they offer only [limited](#) protections, are often [poorly understood](#) by laypeople and may be subject to police [discretion](#), so GSLs can reduce the barrier to calling for help, but do not eliminate it altogether.

Laypeople save lives

Despite [early](#) concern among the medical community that bystanders do not possess sufficient medical training to respond effectively to overdoses, data suggest the opposite. Given the right tools, laypeople can make excellent first responders, and programs that distribute [naloxone](#) to [people who use opioids](#) save lives. For example, one study tracked a week of overdoses in Seattle and found that friends, family and other nonmedical bystanders were responsible for reversing [16 of the 27 nonfatal overdoses](#). Similarly, a Massachusetts study found that people who use drugs acted as rescuers in [87 percent](#) of witnessed overdoses. Furthermore, only a small percentage of reversals by nonmedical bystanders required additional emergency medical response. Findings like this support the notion that laypeople can make effective overdose responders, as long as they have access to naloxone.

How can policy improve community saturation?

To optimize the life-saving potential of naloxone, policy must support affordable, low-barrier access for people who use drugs and members of their social networks. The recent over-the-counter (OTC) [approval](#) of Narcan may help with this by making the medication available in more places with fewer bureaucratic obstacles and freedom from restricted pharmacy hours. However, these shifts are not sufficient.



The U.S. Food and Drug Administration should consider making additional naloxone products—and potentially additional formulations—available OTC to foster competition and give people choices.



Public and private insurance companies should cover naloxone OTC products to reduce out-of-pocket costs to consumers.



States should expand their naloxone access laws to further reduce barriers to behind-the-counter access, such as repealing identification mandates or restrictions on third-party purchases.



Opioid settlement and other public funding mechanisms should prioritize naloxone programs that deliver the medication to the populations most likely to use it. This includes health departments and syringe services programs; first responder leave-behind programs; and hospital take-home programs.