Naloxone can quickly restore normal breathing to a person whose breathing has slowed or stopped as a result of overdosing on prescription opioid medications, heroin, or drugs that are adulterated and contaminated with an opioid like fentanyl (e.g., cocaine, methamphetamine).¹

Use the following examples to help you start a conversation with a clinician or pharmacist about how to obtain naloxone, when to use it, and where to find training on giving naloxone.

- If naloxone was not provided with a prescribed opioid medication, is a prescription needed for naloxone?

If you know someone who takes opioids or was prescribed an opioid medication, you can request naloxone. Currently all 50 states, the District of Columbia, and Puerto Rico allow pharmacists to dispense naloxone without a prescription.² Clinicians and pharmacists play a critical role in ensuring patients receive naloxone—ask them!

- Is special training required to give naloxone to someone who has overdosed?

Feeling confident about using naloxone can help put your mind at ease in an emergency. Three forms of naloxone products are available: nasal spray, injection, and auto-injection. Refer to the Substance Abuse and Mental Health Administration’s (SAMHSA) Opioid Overdose Prevention Toolkit to familiarize yourself with the differences and how to use them. If you or someone you know takes opioids or was prescribed an opioid medication, you can go to a pharmacy or community-based program to get trained to use naloxone and receive naloxone.³ To learn about training on how to give naloxone, visit getnaloxonenow.org.
Other than taking a high dosage of prescription opioids, are there other reasons a person might need to get or have naloxone available?

In short, yes. Anyone who takes opioids can overdose and should be offered naloxone. The following factors increase risk of opioid overdose:

- A history of overdose
- Patients with sleep-disordered breathing
- Patients taking benzodiazepines with opioids
- Patients at risk of returning to a high dose for which they have lost tolerance (e.g., patients undergoing tapering or recently released from prison)
- Patients taking higher dosages of opioids (e.g., ≥50 MME/day)
- A history of substance use disorder

If any of the above applies to you, a family member, or someone you know, talk to a clinician, pharmacist, or local health department for options in your community.

For more information and resources on naloxone, visit cdc.gov/opioids/naloxone, and for drug overdose prevention, visit cdc.gov/drugoverdose.

2. http://dx.doi.org/10.15585/mmwr.mm6831e1
4. https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

“[I/My family member] was told one of the risks with opioid medications is they could cause their breathing to slow or stop. Do you mind if I ask you some questions about naloxone?”