



Naloxone: How to Save a Life With Naloxone

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,

I want naloxone in case of an accidental overdose, but no one knows I take opioids. I'm concerned what people might think or be confused on how to use it. What should I tell them?

Conversation Starter: Patients, Family, and Caregivers



Remember, naloxone is a safe medicine that can be given safely to people of all ages. If you give naloxone to a person who has not taken an opioid medicine, it will not hurt them.

- **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:⁴

- **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**

"[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?"

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/overdose-prevention/hcp/toolkits/naloxone](https://www.cdc.gov/overdose-prevention/hcp/toolkits/naloxone), and for drug overdose prevention, visit [cdc.gov/overdose-prevention](https://www.cdc.gov/overdose-prevention).

¹<https://www.drugabuse.gov/publications/drugfacts/naloxone>

²<http://dx.doi.org/10.15585/mmwr.mm6831e1>

³<https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html>

⁴https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w