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State Policy Approaches to Expand Naloxone Access

Lifesaving medication can help reduce overdose deaths

Overview

Every year since 2021, more than 100,000 people in the U.S. have died from a drug overdose, primarily involving opioids such as fentanyl.[1] And fentanyl has increasingly been found in other drugs, including methamphetamine and cocaine, which has contributed to these overdose deaths.[2] While there was a drop in the number of drug overdose deaths in 2023—the first decline since 2018—not all populations and states experienced this decrease.[3]

Naloxone is a lifesaving medication that can play a significant role in preventing deaths from an opioid overdose.[4] The medication blocks and reverses the effects of opioids by quickly attaching to opioid receptors in the brain.[5] Further, naloxone can be safely administered by bystanders, family members, medical professionals, police officers, and others who may witness an overdose, even without any medical training.[6]

As a result, in recent years, federal and state governments have taken steps to increase access to naloxone as part of a comprehensive approach to providing prevention, treatment, and recovery services for substance use disorders. In March 2023, the U.S. Food and Drug Administration (FDA) approved the first over-the-counter

(OTC) naloxone nasal spray, and later that year approved others (both name brand and generic).[7] Over time, federal agencies have expanded grant programs to allow for naloxone purchasing, training, distribution, and administration.[8] And at the state level, all 50 states and the District of Columbia have passed at least one law meant to increase naloxone access, including policies around prescribing, dispensing, and administration of the drug, as well as legal protections for people who prescribe or dispense it.[9] Such policies have helped to reduce opioid overdose deaths by about 14%; at the same time, studies show that policies expanding access to naloxone do not increase nonmedical opioid use.[10] In addition, in 2024, 12 states passed laws to make naloxone more accessible in many settings, including public schools and higher education.[11]

Yet states can still do more to make this medication widely available for people who may experience or witness an opioid overdose. This issue brief describes seven approaches that state policymakers can take, including:

1. Expand naloxone availability through prescribing policies.
    - Mandate co-prescribing of naloxone alongside an opioid prescription for patients at high risk of overdose.
    - Permit naloxone prescribing to friends and family of people who use opioids.
2. Enhance naloxone availability at pharmacies.
    - Encourage pharmacies to stock prescription and OTC naloxone.
    - Increase access to OTC naloxone by reducing costs and ensuring that it's covered by Medicaid.
3. Increase community access to naloxone by reducing naloxone costs for community-based organizations such as syringe services programs and substance use disorder treatment programs.
4. Allow and equip first responders to carry, administer, and distribute naloxone.
5. Pair naloxone with automated external defibrillators (AEDs).
6. Provide naloxone to people leaving hospitals, prisons and jails, or treatment settings.
    - Ensure that naloxone is provided or prescribed to anyone presenting with an opioid overdose at a hospital emergency department.
    - Encourage distribution of naloxone to people being released from prisons and jails.
    - Direct publicly funded opioid use disorder (OUD) treatment facilities to supply or prescribe naloxone to patients and their family members upon discharge.
7. Provide evidence-based opioid overdose education to youth and ensure that naloxone is available in school settings.

Expand naloxone availability through prescribing policies

Policies around the prescribing and dispensing of naloxone play a role in its availability, and those aimed at increasing naloxone access are associated with reductions in overdose deaths.[12] States could improve availability to the medication through two specific provider approaches.

Mandate co-prescribing of naloxone alongside an opioid prescription for patients at high risk of overdose.

Co-prescribing naloxone is the practice of providing the medication alongside an opioid prescription.[13] Doing so can reduce the risk of opioid overdose and opioid-related emergency department visits.[14] The U.S. Centers for Disease Control and Prevention (CDC) first recommended this practice to clinicians in 2016, and the agency has upheld this practice in its Clinical Practice Guideline for Prescribing Opioids for Pain, which was issued in 2022.[15]

Despite evidence and federal guidelines, co-prescribing is an underused tool for expanding naloxone access. The CDC found that among primary care providers, there were only two naloxone prescriptions for every 100 high-dose opioid prescriptions.[16] A high-dose opioid prescription has been defined in research as morphine equivalent daily doses of 90 or more milligrams, while definitions in state laws range from 50-120 morphine milligram equivalents per day.[17] One study found that for patients receiving opioids, less than 2% who were also in overdose risk factor groups (e.g., using a high daily dosage of opioids, receiving benzodiazepines simultaneously, being diagnosed with OUD, and having a history of opioid overdose) received naloxone.[18]

State laws can address this gap by mandating that naloxone be prescribed to all patients identified as high risk. In 2017, Virginia and Vermont became the first two states to enact co-prescription mandates.[19] In both cases, providers must prescribe naloxone to individuals who receive opioid prescriptions above a certain daily dose and those who simultaneously take opioids and benzodiazepines.[20] Virginia's mandate also requires co-prescribing for those who have had a previous overdose or a history of substance misuse.[21] These mandates led to notable increases in the number of naloxone prescriptions dispensed, far surpassing states that lacked a co-prescribing mandate at the time.[22] In the first full month after these first two state mandates were enacted, there were 111 naloxone prescriptions dispensed per 100,000 people in Vermont, and 88 per 100,000 in Virginia.[23] In the states without a co-prescription mandate at the time, the 10 states (as well as Washington, D.C.) with the highest overdose death rates dispensed 16 naloxone prescriptions per 100,000, and six per 100,000 in the remaining 39 states.[24] Legally mandated co-prescribing of naloxone for at-risk patients is an effective way to ensure that lifesaving medication is readily available to those who may experience an overdose.

Permit naloxone prescribing to friends and family of people who use opioids.

Third-party prescribing, which allows a provider to prescribe naloxone to the friends and family members of those who are at risk of overdose or to others in a position to assist, is also a key strategy in expanding naloxone access.[25] If these individuals have naloxone and are present in an opioid-related emergency, they can administer the drug to reverse an overdose. While most states and Washington, D.C., explicitly allow third-party prescribing of naloxone, some state laws are not as clear, potentially limiting access.[26] And state laws without an age limit on who can receive a third-party prescription for naloxone allow it to be dispensed to more people, thereby increasing its availability.[27] States should enact policies that help equip bystanders, friends, and family with naloxone so they can save lives.

Enhance naloxone availability at pharmacies through stocking and cost reduction

Pharmacies are well positioned to help expand naloxone access. Each year, pharmacies provide essential, patient-centered care to millions of people living in the U.S. and are a trusted pillar of the health care system.[28]

Encourage pharmacies to stock prescription and over-the-counter naloxone.

Most states have policies that allow pharmacists to dispense prescription or "behind-the-counter" naloxone through standing orders, protocol orders, and collaborative practice agreements, and in 2023 the FDA made a naloxone nasal spray available OTC.[29] And because pharmacies have multiple pathways for dispensing and distributing the medication, it is crucial that they keep naloxone on shelves and ready for purchase.

State policies that allow pharmacists to dispense naloxone

Standing orders let pharmacies dispense naloxone under the authority of a state-level medical professional. Depending on the state law, some standing orders can also allow nonpharmacy settings to dispense naloxone.

Protocol orders let pharmacies dispense naloxone under the authority of a licensing board or state board of health.

Collaborative practice agreements let designated pharmacies or pharmacy chains dispense naloxone by having a formal agreement with a prescriber.

However, pharmacies may not be prepared to provide naloxone, even if allowed by state law. A 2022 study of nearly 5,000 U.S. pharmacies found that 30.5% of them do not stock prescription naloxone nasal spray.[30] Independent pharmacies and those in states with lower drug overdose death rates were less likely to have prescription naloxone nasal spray readily available.[31] A study in North Carolina examined naloxone availability after the FDA approved its OTC use, and it was only available for same-day pick-up in 58% of pharmacies.[32] To ensure that these numbers increase, states should prioritize stocking both prescription and OTC naloxone.

States can help accomplish this through policy changes. As of 2024, Massachusetts requires pharmacies located in high opioid overdose areas "to maintain a continuous supply of naloxone rescue kits."[33] In January of that year, the state's board of pharmacy determined that the whole state is a high opioid overdose area and therefore all Massachusetts pharmacies are subject to this rule, adding that the supply of naloxone should be sufficient "to meet the needs of the community."[34] Additionally, all state Medicaid programs cover some form of naloxone, helping to reduce the cost of prescription naloxone for patients enrolled in Medicaid.[35]

Increase access to OTC naloxone by reducing costs and ensuring Medicaid coverage for OTC naloxone.

The FDA's decision to approve the sale of OTC naloxone aimed to increase access, but its cost may still be a barrier, especially for people with OUD and their friends and families.[36] Post-FDA approval, one study showed that the cost of naloxone decreased from $90.93 to $62.67; others reported a price of $45 for a two-dose, 4 mg nasal spray.[37]

These costs are prohibitive for some and pose access barriers, particularly for people with lower incomes.[38] One way states can help improve access to OTC naloxone is to ensure that their Medicaid state plans include coverage for OTC drugs and that naloxone is included in the state's formulary list of OTC approved drugs.[39]

Increase community access to naloxone

Community-based organizations play a vital role in increasing naloxone access. Community overdose education and naloxone distribution (OEND) programs provide the drug to people at risk of overdose and also to family members, friends, and others who may witness an overdose.[40] These programs reduce overdose death rates, train participants to manage an overdose, and improve attitudes toward naloxone.[41]

States can support community-based OEND efforts by lowering costs for naloxone. Bulk purchasing allows community-based organizations to maximize state resources and free up grant funding to meet other needs. For example, through an allocation from Colorado's General Assembly in 2022, the Naloxone Bulk Fund provides free

naloxone to organizations throughout the state.[42] Other states seeking to increase access, such as Washington, have identified a range of policy solutions. These include allowing organizations providing naloxone to bill Medicaid and private insurance for enrolled individuals, increasing state department of health funding for naloxone distribution, and negotiating discounted rates for uninsured people and providers purchasing naloxone.[43]

Allow and equip first responders to carry, administer, and distribute naloxone

When a person experiences an opioid-related emergency or overdose, emergency medical services, fire departments, law enforcement, and other public service members are often the first to arrive at the scene.[44] Law enforcement officers commonly respond to overdoses, and first responders trained to recognize the signs of an overdose and effectively administer naloxone play a critical role in delivering timely, lifesaving care.[45] Such training has been shown to increase confidence for law enforcement officers and emergency medical technicians responding to such an event.[46] States, counties, and cities have also successfully implemented emergency medical services (EMS) naloxone leave-behind programs, where naloxone is provided to patients who interact with EMS.[47]

States can support first responders through training programs with local partners such as health and social services departments and community organizations and even offer these trainings online. Between 2019 and 2020, Take ACTION, a web-based naloxone program developed with a local sheriff's office and substance use treatment program, trained 182 officers from five Michigan law enforcement departments to respond to an overdose and administer naloxone.[48] Such training has been shown to significantly improve knowledge related to these topics.[49]

States can also support naloxone distribution by establishing leave-behind programs and providing the medication to EMS and law enforcement departments at no cost. Maryland's naloxone leave-behind program, established in 2018, has expanded to 13 counties and distributed nearly 8,000 doses of naloxone in its first four years of operation—the state provides naloxone to Maryland EMS companies at no cost.[50] Similarly, as part of its leave-behind program, Arizona's Department of Health Services provides naloxone to EMS and law enforcement agencies at no cost.[51] First responders in Arizona can then provide naloxone to at-risk individuals or their family and friends.[52]

Pair naloxone with AEDs

Bystanders play an important role in reversing an overdose if they have naloxone on hand. In June 2024, the American Medical Association adopted a policy supporting having naloxone available beside AEDs—devices to help people experiencing cardiac arrest—in public settings.[53] In a simulation study on this approach, researchers found that 16% of the naloxone administrations given by first responders took place near a public AED, with the authors suggesting that although stocking naloxone beside AEDs may not prevent overdose deaths by itself, it could be part of a larger naloxone strategy.[54]

In December 2023, the Department of Health and Human Services and General Services Administration issued guidelines recommending that AEDs and naloxone be stocked together in federal buildings.[55] Universities have also implemented this approach. In 2023, the University of Illinois Urbana-Champaign placed naloxone next to AEDs across campus through a partnership between the Division of Public Safety's Emergency Management team and the Champaign-Urbana Public Health District, which provided the naloxone.[56] And in 2024, at the University of Arizona, a chapter of the student volunteer group Team Awareness Combating Overdose also worked to provide naloxone with AEDs at the main campus in Tucson.[57] These efforts both make naloxone more

available to bystanders and help to increase visibility of the medication as an important tool; however, for greater effectiveness, this intervention should be part of a larger access strategy.[58]

Provide naloxone to people leaving hospitals, prisons and jails, or treatment settings

The risk for fatal overdose is high for people being discharged from hospitals, completing or leaving substance use treatment, or being released from prisons and jails.[59] These populations would particularly benefit from being given naloxone.

Ensure that naloxone is provided or prescribed to anyone presenting with an opioid overdose at a hospital emergency department.

According to the Substance Abuse and Mental Health Services Administration, opioids accounted for nearly 13% of the more than 7 million drug-related emergency department (ED) visits in 2022.[60] For people who use drugs, hospital EDs can provide immediate care, manage the effects of opioid-related harms, and offer connections to treatment, prevention resources, and education. Because of this, it is crucial that ED staff are given the support and training to provide naloxone to patients who need it.

Even though ED physicians have expressed a willingness to prescribe naloxone, one study showed that less than 10% of opioid overdose ED visits resulted in a naloxone prescription.[61] These are missed opportunities to provide lifesaving resources to those at high risk for overdose.

States can encourage EDs to provide naloxone by establishing treatment standards within those settings. In 2017, Rhode Island's Levels of Care, a set of standards to ensure evidence-based treatment for people with OUD in the state's EDs and hospitals, started requiring health care providers to prescribe or give naloxone to anyone presenting to an ED with an opioid overdose.[62] The state's Department of Health provided technical assistance to all Rhode Island EDs to ensure alignment with state policy.[63] In less than two years following the adoption of these treatment standards, 82% of patients treated for an opioid overdose were offered take-home naloxone.[64]

Encourage distribution of naloxone to people being released from prisons and jails.

Opioid overdose is the leading cause of death among people released from jails or prisons.[65] People are most at risk in the first two weeks after their release from incarceration—a point supported by many studies—with one study showing that they are 129 times more likely to die from overdose as compared with the general public.[66]

These statistics suggest that naloxone education and access is critical for this population. In a study of 185 jails, only 30% provided naloxone at the time of discharge, even though people who are incarcerated have expressed willingness to use naloxone if it were available.[67] This is another missed opportunity to save lives.

By implementing OEND programs within prisons and jails, states can support individuals. For example, the New York State Department of Health, the Department of Corrections and Community Supervision, and the nonprofit advocacy organization the Harm Reduction Coalition created an OEND program within state prisons for people who are incarcerated and their family members, as well as parole officers and prison security staff.[68] The program focuses on incarcerated people who are soon to be released, regardless of their involvement with drugs; teaches them the risks of opioids and how to administer naloxone; and makes naloxone available to them.[69]

Direct publicly funded treatment facilities to supply or prescribe naloxone to patients and their family members upon discharge.

For people receiving OUD treatment, the risk of fatal overdose is highest in the few weeks after discharge, whether they receive medication or nonmedication treatment.[70]

State naloxone policy can help address this. In New York, the state's Office of Addiction Services and Supports issued guidance on administrative or involuntary discharges from opioid treatment programs, recommending that patients and family members are offered naloxone or a prescription for it.[71] States could take this a step further by requiring treatment facilities that receive public funding to prescribe or dispense naloxone upon discharge.

Provide evidence-based opioid overdose education to youth and ensure access to naloxone in school settings

A prevention-focused public health strategy such as OEND should include youth. Overdose deaths among adolescents nearly doubled between 2019 and 2020, and in 2020 drug overdose and poisoning became the third-leading cause of death among children and adolescents.[72] Fentanyl in counterfeit pills that look like prescription medications or other drugs may have been a driver in these deaths.[73] In the 43 states for which data was available, naloxone was not administered in 70% of overdose deaths that occurred between July 2019 and December 2021 among people ages 10 to 19.[74] This shows an urgent need to engage, educate, and target resources for this age group; school settings offer a logical time and place to do so.

Yet current overdose prevention efforts largely focus on adults. Many schools do not offer evidence-based programming for youth on overdose prevention and naloxone as part of their broader substance use prevention education and services.[75] There is bipartisan support in Congress and in the Department of Health and Human Services to prevent youth drug use and keep naloxone accessible in schools.[76]

As of September 2023, 36 states have laws that allow schools or employees to carry, store, or administer naloxone.[77] State laws concerning naloxone in schools vary widely in whether the law applies to all schools or just public schools, which grade levels it applies to, the size of the school, and who is given legal protections for administering naloxone.[78] Some laws allow or require school districts, boards of education, or similar entities to set policies on naloxone administration, training, and storage.[79] In 2024, Colorado expanded on existing state law that allows school governing bodies to adopt policies for stocking, administering, and distributing naloxone in schools.[80] The new law extends this jurisdiction to school buses and provides legal immunity to administer naloxone for school bus drivers and other employees present on buses.[81]

Comprehensive state laws that permit naloxone education and administration in a variety of school settings and offer legal protections for a wide range of school staff will be most effective at ensuring that naloxone is available for students who need it.

Conclusion

Naloxone is a safe, easily administered medication that can save lives. Given the severity of the nation's drug overdose crisis, it is critical that people at risk of opioid overdose or most likely to witness one can freely obtain naloxone. States can help this by removing barriers to access and supporting the drug's distribution, availability, affordability, and acceptance in society. By implementing comprehensive naloxone policies grounded in public health, states can have a far-reaching and long-lasting effect on reducing opioid overdose deaths.

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