



## POSITION STATEMENT

### **Naloxone in Correctional Facilities for the Prevention of Opioid Overdose Deaths**

#### **Introduction**

Drug overdose, primarily from opioids, was the leading cause of injury death in the United States in 2012<sup>1</sup>. Drug/alcohol overdose is the third leading cause of death in jails, following illness and suicide<sup>2</sup>. It is the fifth leading cause of death in state prisons, following illness, suicide, homicide, and accidents<sup>2</sup>. Opioid overdose results in death from coma and cessation of breathing. Opioid overdose is reversible through the immediate administration of a quick-acting opioid antagonist that blocks the action of the opioid, e.g., heroin or prescription opioids. Its administration typically results in return to consciousness, resumption of breathing, and in cases of opioid dependence, onset of opioid withdrawal symptoms.

Naloxone (Narcan®) is the most widely used opioid antagonist. It is safe, effective, and nonaddictive and has a rapid onset of action. Training in its administration is relatively simple. Food and Drug Administration approval in 2014 of a new delivery device for naloxone that can be safely used by nonmedical personnel has resulted in expanded access to this life-saving drug.

To date, 21 states including the District of Columbia have enacted laws related to use of opioid antagonists to treat opioid overdose. Some states have authorized its use for first responders, e.g., emergency medical technicians and police. States have developed training and educational materials to ensure the opioid antagonist is appropriately administered and the person safely transported to an emergency facility.

The American Society of Addiction Medicine (ASAM) supports broadened accessibility to naloxone for individuals commonly in a position to initiate early response to suspected opioid overdose<sup>3</sup>. ASAM specifically recommends its use by correctional officers.

#### **Position Statement**

The National Commission on Correctional Health Care supports increased access to and use of naloxone in correctional facilities. NCCHC recommends that correctional and medical staff undergo training that includes education regarding opioid overdose and its signs; correct technique for administration of naloxone, either by intramuscular injection (medical staff) or by nasal inhalation (medical and nonmedical staff); positioning of the inmate; and essential related procedures, including performance of cardiopulmonary resuscitation and emergency transfer of the inmate to a facility equipped to treat overdose.

***Adopted by the National Commission on Correctional Health Care Board of Directors  
April 12, 2015***

#### **Notes**

1. Centers for Disease Control and Prevention. (2014). Fatal injury data. Web-based Injury Statistics Query and Reporting System (WISQARS). Retrieved from <http://www.cdc.gov/injury/wisqars/fatal.html>
2. Bureau of Justice Statistics. (2014, October). Mortality in Local Jails and State Prisons, 2000–2012 – Statistical Tables. Retrieved from <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5115>
3. American Society of Addiction Medicine. (2014, August). Policy Statement. Use of Naloxone for the Prevention of Drug Overdose Deaths. Retrieved from <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2014/08/28/use-of-naloxone-for-the-prevention-of-drug-overdose-deaths>