THE CALIFORNIA OVERDOSE TREATMENT ACT

As of January 1, 2014, the provisions of AB 635, The Overdose Treatment Act, will become law. This law is designed to encourage California health care providers and community programs to widely distribute naloxone to treat opioid overdose incidents.

Naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdosing person to breathe normally. Naloxone is a nonscheduled (i.e., non-addictive), inexpensive prescription medication with the same level of regulation as prescription ibuprofen. Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent. Although traditionally administered by emergency response personnel, naloxone can be administered by minimally trained laypeople, which makes it ideal for treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other illicit opioids.

The new law is an expansion of previous naloxone-related legislation in California, now allowing for the prescription and distribution of naloxone throughout the state. The law:

- Provides protection to licensed health care professionals statewide from civil and criminal liability when, if acting with reasonable care, they prescribe, dispense, or oversee the distribution via a standing order of naloxone via an overdose prevention program or standard medical practice.
- Permits individuals to possess and administer naloxone in an emergency and protect these individuals from civil or criminal prosecution for practicing medicine without a license.
- Clarifies that licensed prescribers are encouraged to prescribe naloxone to individual patients on chronic opioid pain medications in order to address the prescription drug overdose epidemic.

As of 2010, according to a CDC report, over 50 successful overdose prevention programs operating over 200 sites have been established in 19 states in the US to provide lay community members (including service providers, drug users, their friends and family members) with the training and tools necessary to intervene effectively when they witness a drug overdose. These programs are providing overdose prevention, recognition, and response training, including training in calling 911, rescue breathing and utilization of take-home prescriptions of naloxone to drug users and their loved ones. These overdose prevention programs distributing naloxone had trained over 50,000 laypersons to revive someone during an overdose, resulting in over 10,000 overdose reversals using naloxone.¹

In addition to community-based naloxone distribution programs that mostly serve high-risk heroin users, there are new pilot initiatives in California to prescribe naloxone directly to patients receiving opioid medications for chronic pain. San Francisco General Hospital has piloted this intervention in several clinics targeting chronic pain patients in order to address the potential overdose risk in this population.

For technical assistance on implementing naloxone distribution or co-prescription, please contact the Harm Reduction Coalition, 510-444-6969

¹ http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm?s_cid=mm6106a1_x
What this means for prescribers:
If you have prescribing privileges in California, you can prescribe naloxone to someone who is an opioid user (prescription or illicit), or to their caregiver, partner, family member or friend (3rd party prescriptions). For more information on prescribing naloxone, please see www.prescribetoprevent.org

You can also issue a standing order for the dispensing of naloxone by health care workers, including nurses, or overdose prevention specialists who work directly with substance using individuals, such as outreach workers or case managers. For more on standing orders, see:

What this means for programs that want to start distributing naloxone:
If you have a prescriber on staff, that prescriber can issue a standing order to dispense naloxone. In most programs operating under a standing order, the order allows for trained health workers to provide the instruction on overdose prevention and response, and to dispense the naloxone kits. For an example of a standing order, see the San Francisco Department of Public Health's order to dispense:

If you do not have a prescriber on staff, you may need to make connections with sympathetic prescribers who would be willing to work with your program. For tips on how to approach a potential collaborating prescriber, see page 22 of the Guide to Developing & Managing Overdose Prevention & Take-Home Naloxone Projects, a comprehensive manual on implementing naloxone distribution programs, http://harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/. It also includes sample documents, case studies, naloxone kit materials and ordering information, sample educational materials and more.

What this means for lay persons who possess or use naloxone during an overdose:
Anyone who has received a prescription for naloxone from a prescriber, pharmacy or overdose prevention program is allowed by law to possess and use naloxone during an overdose situation without fear of criminal or civil sanctions of any kind.