



May 8, 2020

### **Guidance for Law Enforcement and First Responders Administering Naloxone**

SAMHSA recognizes the tremendous work of our courageous first responders and law enforcement officers who also take action when they encounter individuals who have overdosed. Their efforts have saved thousands of lives with their ability to assess and treat opioid overdose. Naloxone is a medication classified as an opioid overdose antidote which works by reversing the respiratory effects caused by opioids to revive the person who might be sedated or unresponsive due to taking too much of an opioid.

As the COVID-19 pandemic has spread throughout our country, SAMHSA has received reports that some first responders and law enforcement officers have been more reluctant to administer naloxone due to fear of potentially contracting the coronavirus. Further, SAMHSA has received reports that law enforcement and emergency services management has, in some cases, discontinued the carrying of naloxone by responders. The decision to withhold this lifesaving drug is equivalent to withholding cardiopulmonary resuscitation (CPR) to an unresponsive person who may have had a heart attack. It is essential that naloxone continue to be administered during this time period.

SAMHSA recognizes the concerns about COVID-19 exposure and recommends the following to promote first responder safety:

**Intranasal Naloxone:** Most individuals are familiar with the intranasal form of naloxone which is administered through the nose by someone trying to reverse an overdose in an unresponsive individual. Personal Protective Equipment (PPE) should be used as most law enforcement and first responders are doing for all emergency calls. For those first responders who have gloves and facial protection, intranasal naloxone should still be considered.

**Intramuscular Naloxone:** If law enforcement or first responders feel the use of intranasal naloxone poses too great a risk, there is another lower risk option. Intramuscular naloxone can be injected into the thigh muscle - far away from the nose and mouth - thereby reducing the risk to the rescuer. It has an onset of action of 2-5 minutes. There are both branded and generic versions of auto-injector devices that deliver naloxone with the generic prices significantly reduced for first responders and government entities. This manner of administration can be rapidly and safely used by both professionals and the general public. The autoinjector will prompt the user with verbal instruction to safely administer naloxone into the muscle and to replace the device cap to assure safe use of the product.

SAMHSA recognizes that all naloxone products may not be available in some jurisdictions and encourages the use of PPE regardless of the form of naloxone used. The COVID-19 pandemic brings with it important physical health considerations; however, other health conditions, such as substance use disorder and drug overdose, can be deadly if unaddressed. We must not forget that those with substance use disorder still need our help. SAMHSA's goal is to provide information that can help first responders to make decisions about how to safely intervene in the case of opioid overdose. Substance use disorder, and specifically, opioid use disorder, affects many Americans and we must assure that our first responders are able to safely intervene in the case of an opioid overdose. It is critical that naloxone continue to be administered during this time period as needed and that its administration be done in a manner that reduces risk of COVID-19 transmission. For more information about overdose prevention, please see [SAMHSA's Opioid Overdose Prevention Toolkit](#).