Who Receives Naloxone from Emergency Medical Services?


THE ISSUE

All states now authorize basic life support (BLS) emergency medical services personnel (EMS) to administer naloxone. Nationwide, EMS administration of naloxone has risen. However, details are lacking about how administration might differ among urban, rural, and suburban areas. Understanding patterns could help shape efforts to expand access.

STUDY FOCUS

The study team used 2013 to 2016 data from the National Emergency Medical Services Information System, which describes responses by EMS personnel to emergency 911 calls. The data include location, patient demographics, and the type of EMS response, including whether naloxone was administered.

KEY FINDINGS

During the study period, administration of naloxone across the country increased faster than opioid-related deaths. Across all years, naloxone was administered predominantly in residences in suburban or rural counties where EMS were responding to a reported incident. The individuals receiving naloxone tended to be males, older than 40 years, and living in the South.

Over time, the percentage of naloxone administered in urban settings increased and administration shifted to more public settings such as bars and restaurants and tended to involve younger adults. This shift is consistent with the evolution of the opioid overdose crisis from one involving prescription opioids to one involving illicit opioids.

IMPLICATIONS FOR POLICY

The fact that administration of naloxone by EMS is increasing faster than opioid-related deaths is good news. But EMS administration must complement other efforts already in place, such as allowing pharmacists to prescribe naloxone and community-based naloxone distribution programs.

Location is also important: distributing naloxone to the public may be more important in urban areas. In less urban areas where the overdose occurred in private residences, it may be more important to make sure the family has access.

As stronger opioids such as fentanyl become more available, opioid overdose victims may need more than one dose of naloxone. And other complementary public health tools may be needed—for example, test strips that allow users to detect fentanyl in their drug purchase and supervised injection facilities.


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