The Medical Association of Georgia Foundation and the Georgia Department of Public Health (DPH) teamed up to create the ‘Save lives, co-prescribe naloxone’ campaign to encourage physicians in the state to co-prescribe naloxone when it’s clinically appropriate.

– Naloxone or Narcan is an FDA-approved “opioid antagonist” that counters the effects of an opioid (e.g., morphine or heroin) overdose.

– Naloxone can be injected into the muscle or vein or under the skin or sprayed into one’s nose.

– Naloxone is a non-scheduled (i.e., non-addictive) prescription medication.

– Naloxone only works (or has any effects) if the person who has overdosed has opioids in their system.

– Naloxone can be administered by laypeople who become familiar with the relatively simple process (click on the DPH ‘How to Administer Naloxone’ web link under the ‘Resources’ header on page two below).

The ‘Standing Order for Prescription of Naloxone for Overdose Prevention’ that was issued by DPH Commissioner Kathleen Toomey, M.D., M.P.H., states that, “Naloxone is available for all residents of the State of Georgia to ensure that family members, friends, co-workers, first responders, schools, harm reduction organizations to provide assistance to a person experiencing an opioid related overdose.”

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a physician can consider co-prescribing naloxone for a patient who...

– Takes high doses of opioids for long-term chronic pain management

– Receives rotating opioid medication regimens

– Has been discharged from emergency medical care following opioid poisoning or intoxication

– Takes extended-release or long-acting opioid medications

– Is completing mandatory opioid detoxification or abstinence programs

(continued)
Georgia’s ‘9-1-1 Medical Amnesty Law’...

– States that, “Any person who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of such drug violation resulted solely from seeking such medical assistance. Any person who is experiencing a drug overdose and, in good faith, seeks medical assistance for himself or herself or is the subject of such a request shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of such drug violation resulted solely from seeking such medical assistance.”

– Allows physicians who are licensed in the state to prescribe naloxone on a standing order to “at-risk patients or a person or group who is in a position to help an at-risk patient.”

– Allows naloxone prescriptions to be issued to members of the public who are at risk of an overdoes or who is in a position to assist a person who is at risk or an overdose.

– Allows trained first responders – including law enforcement officers, firefighters and EMS personnel – to administer naloxone.

Resources

DPh ‘How to Administer Naloxone’ web page

DPh ‘Standing Order for Prescription of Naloxone for Overdose Prevention’

Georgia ‘9-1-1 Medical Amnesty Law’

SAMHSA ‘Naloxone’ web page

MAG Foundation ‘Think About It’ initiative web page

MAG and the MAG Foundation have been leaders in the effort to combat opioid misuse in Georgia, including the MAG Foundation’s ‘Think About It’ initiative – which was established in 2012. MAG members can contact Bethany Sherrer at bsherrer@mag.org with questions about the state’s ‘9-1-1 Medical Amnesty Law.’ Go to www.mag.org/tai or contact Lori Cassity Murphy at lmurphy@mag.org for details about the ‘Think About It’ initiative. With more than 8,400 members, MAG is the leading voice for physicians in Georgia. MAG represents physicians in every specialty and practice setting. Go to www.mag.org for additional information.

Updated January 22, 2020