



Maine EMS 2023 Protocol Update to Naloxone Dispensation Medical Direction and Practices Board

Why are we requiring all EMS personnel be trained to leave behind naloxone?

Naloxone saves lives when a person has suffered an opioid overdose. We believe it is our mission to provide lifesaving interventions when those actions are within our scope of practice. By leaving naloxone behind for patients who decline transport for others to use, allows us to extend that lifesaving intervention.

Doesn't naloxone enable people to keep using drugs?

No. Naloxone completely reverses the opioid overdose and throws the patient into full withdrawal. This is an awful experience for people struggling with long term use of opioids. It is not possible to use a little bit of naloxone to make opioids last longer or to stretch out doses of opioids. Naloxone saves people lives so that we can work to get them into therapy for their substance use disorder.

Why can't I opt out of giving people naloxone?

We do not believe it is ethically sound to pick and choose lifesaving interventions. We believe our mission is to save lives. There is no difference between giving glucose for low blood sugar, epinephrine for allergic reactions, aspirin for heart attacks or naloxone for opioid overdose.

Haven't people done this to themselves?

The complexities of choice, responsibility and consequences in medicine are real. Diet and exercise choices are directly connected with heart attacks, strokes, and diabetes. However, an individual's genetic history also plays an important role. The same is true with opioid use disorder. We offer the best possible treatment for all of these diagnosis. We do not withhold treatment of emergency medicine complaints because a person's life choices may have contributed to their current crisis.