INTRODUCTION

Unintentional opioid overdose causes 16,000 deaths annually, accounting for 50% of the mortality among heroin users. It is true that if patients had limited access to opioids, deaths might be reduced, but it is unrealistic to expect. Health care professionals will continue prescribing narcotic medication since these drugs are useful to treat certain painful conditions. Opioids will remain a major threat to public health and patients will continue to seek prescription opioids either from health care providers or illicitly on the street.

Intervention needs to occur when the patient has an overdose. Naloxone can reverse the deadly respiratory depression which results from an opiate overdose. However, lack of immunity, both civil and criminal, and lack of protection from professional discipline for health care professionals involved in prescribing, dispensing, or administering naloxone have created barriers to access to the drug.

In an attempt to reduce drug abuse, federal and state governments have focused on monitoring and securing the drug supply; however, a surge in the number of opioid prescriptions makes these efforts challenging. Attempts by clinicians to improve their treatment of pain, along with pharmaceutical marketing, have contributed to a significant increase in the sale and distribution of opioids. Sales of opioid analgesics quadrupled between 1999 and 2010. More than 201.9 million opioid prescriptions were dispensed in the US in 2009. Last year enough prescriptions were written to supply every American adult with 5 mg. of hydrocodone every prescriptions were written to supply every

Barriers to Access

FDA classifies naloxone as a prescription drug, so health care providers cannot make the drug available to a non-opioid drug user (ODU), lay person, or trained saver without a fear of litigation.

Inconsistent state laws fail to protect health care providers from liability from legal claims resulting form the prescription, distribution, or administration of naloxone.

Inconsistent state laws do not protect health care providers from professional discipline.

New Mexico provides protection from liability for the provision of naloxone to a patient, a layperson, or an ODU. California provides immunity only if the drug is used in an overdose prevention and treatment training program. Connecticut immunity does not include prescriptions to lay servers even if they are trained.

Impact of Naloxone on Overdose Deaths

Naloxone reverses the deadly respiratory depression which results from opiate overdose. Using naloxone to manage opioid overdose is consistent with FDA-approved-indications.

As of 2010, a total of 188 U.S. programs distributed naloxone and reported training 53,032 persons and recorded 10,171 reversals of drug overdoses. A cost-effective analysis compared the distribution of naloxone to 20% of heroin users vs. no distribution and calculated overdose death rates with and without naloxone. The model clearly demonstrated that the drug reduces the rate of overdose death and was cost-effective over a wide range of assumptions. One overdose death would be prevented for every 164 naloxone kits distributed - one life saved at a cost of $4,100.

Expanded naloxone distribution in Massachusetts, New York City, Chicago, San Francisco, and Scotland have resulted in reductions in community-level overdose death from 37% to 90%. Naloxone distribution targeting opioid analgesic users has also been associated with similar reductions in mortality of 38% in North Carolina.

STAKEHOLDERS

Centers for Disease Control and Prevention
American Public Health Association
White House Office of National Drug Control Policy
American Society of Addiction Medicine
Drug Policy Alliance
Harm Reduction Coalition

RECOMMENDATIONS

Deaths could be markedly reduced if access to naloxone was increased. State laws need to be passed to grant civil and criminal immunity and immunity from professional discipline for health care professionals and other persons involved in prescribing, dispensing, or administering naloxone or any similarly acting drug for the treatment of an opioid overdose.

According to the National Survey on Drug Use and Health, nearly one-third of people aged twelve and over who used drugs for the first time began by using a prescription drug non-medically. Many of these individuals go on to addiction and ultimately substitute the prescription opioids for heroin since the street value of the latter is cheaper and more affordable.

Many young people with potentially productive lives can be saved if barriers to more widespread access to naloxone were removed.

References