Reducing Opioid Deaths – It’s Not Just About Restricting Access

William Felegi, D.O.
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Abstract

Unintentional opioid overdose causes 16,000 deaths annually. Opioid overdose accounts for 50% of the mortality among heroin users and is a leading cause of death among adults in the US. 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. Unfortunately, some of those drugs will end up in the wrong hands.

Therefore, intervention needs to occur at the time when the patient has an overdose. Naloxone can reverse the deadly respiratory depression which results from an opiate overdose. Distribution of naloxone as a useful public health intervention needs to be encouraged for those who may be addicted to opioids. The prescribing of naloxone to manage opioid overdose is consistent with FDA-approved-indications. Expanded naloxone distribution in Massachusetts, New York City, Chicago, San Francisco, and Scotland has resulted in reductions in community-level overdose death from 37% to 90%.

State laws need to be passed to grant civil and criminal immunity, and immunity from professional discipline for health care professionals and to other persons involved in prescribing, dispensing, or administering naloxone or any similarly acting drug for the treatment of an opioid overdose. Model legislation has been passed in the New Jersey legislature by Senators Vitale and Codey (S. 2082) which can act as a template for further discussion and much needed action in order to save lives.