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

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Tim
Opioid Challenge

- Reduce unintentional deaths & prevent fatal OD’s
- Unintentional opioid deaths 16,000 per year
- OD’s account for 50% of mortality among heroin users
- Leading cause of death among US adults
Reality

- Limit access – deaths might be reduced
- Unrealistic expectations – pain control
- Rx’s for narcotic meds will continue
Federal & State Efforts

- Monitoring & securing the drug supply
- Educate the public & healthcare providers
  - Abuse begins with legitimate Rx’s
- Rx Drug Monitoring Programs (PDMPs)
  - Identify “doctor shoppers”
  - Identify therapeutic duplication
People who abuse prescription painkillers get drugs from a variety of sources:

- Obtained free from friend or relative: 55%
- Prescribed by one doctor: 17.3%
- Bought from friend or relative: 11.4%
- Took from friend or relative without asking: 4.8%
- Got from drug dealer or stranger: 4.4%
- Other source: 7.1%
Intervention – Prevent Death at Time of OD

- Naloxone can reverse respiratory depression
- Distribution useful *public health intervention*
- Safe, effective, short-acting injection or inhalation
- Endorsed by AMA & SAMSHA & FDA indication
- Naloxone kits wallet-sized packets ---$25
- Barriers to access – lack of civil & criminal immunity for Rxing
Naloxone Programs

- As of 2010 – 188 US programs
  - 53,032 persons trained
  - 10,171 recorded reversals
- Reductions in community-level deaths
  - From 37% - 90%
  - Minimum of 5 states
- Cost analysis – For every 164 kits – 1 life saved at a cost of $4,100
The Forgotten....

- Opioid dependent users face substantial stigma
- Low societal value
- Few advocates
- Net cost to society & naloxone distribution remained cost-effective
Health Care Providers

- Distribute Naloxone
- Facilitate OD prevention
  - Screen patients for risks
  - Educate patients, families, care givers
Barriers

- Confusion about legal risks associated with Rxing
- Possibility of facilitating or condoning risky drug use
  - NO EVIDENCE
- Similar model
  - Needle & syringe programs (NSP)
  - Syringe-exchange programs (SEP)
- Accepted social policy based on harm reduction
Recommendations for Legislation

- Protect providers from professional discipline
- Grant civil & criminal immunity to health care professionals who
  - Prescribe
  - Dispense
  - Administer
References

Questions?