To the Editor:

That Alaska Chapter of the American College of Emergency Physicians would like to add its voice to those supporting SB 23 allowing for easier access to naloxone (Narcan). This is a lifesaving medication that can reverse narcotic overdose. SB 23 allows for prescription to narcotic users or a family member as well as distribution from an opiod overdose program. It stipulates that those prescribed or supplied with the medication be trained in its use.

Opiates or narcotics include prescription drugs such as hydrocodone, oxycodone, Oxycontin, Tramadol, Dilaudid, morphine, methadone, and codeine, as well as street drugs like heroin or opium. The brain sees opiates as the same (other than the length of time they last), whether they are prescription pain medication or a street drug. Overdose is possible in chronic or acute pain patients as well as misusers of narcotics, from diverted prescription medications or street drugs like heroin. Opiates bind to opiate receptors in the brain and cause respiratory depression (slowing breathing). In overdose the user stops breathing, followed by cardiac arrest if not reversed. 16,000 people died from prescription painkillers in the US in 2013, and over 8000 people died from heroin overdose. Alaska’s overdose rates are among the highest in the nation.

Naloxone knocks the opiate drug off the opiate receptor and reverses the effect. The overdose victim, if they have not already caused irreversible injury or death, will start breathing again and often wake up immediately. They may go through acute opiate withdrawal, which is uncomfortable but not dangerous, and considering that the alternative is possibly death, this is not a reason to avoid naloxone. Naloxone is not addictive, and it does not make a person feel good. It is not a medication with a risk for misuse.

In review of the medical literature about existing naloxone distribution programs in Europe and the US over the last 15-20 years there are no significant reports of dangerous side effects or events. This includes the administration of naloxone by laypersons thousands and thousands of times. In a survey of programs in the US between 1996 and 2008 over 10,000 doses of opiod overdose program distributed naloxone were given. This is an incomplete number based on respondents to a survey, but at a minimum represents several thousand lives saved and likely a large number of permanent brain injuries avoided.

There are some other interesting findings from research on naloxone distribution programs. Opiod misusers that are a part of these programs are more likely to seek drug rehabilitation treatment. Laypersons who receive naloxone administration training are more likely to administer naloxone when needed, and show very good retention of the skills needed.

Easier access to naloxone clearly saves lives, and is low risk. Alaskans are unfortunately suffering with all of the US from the epidemic of opiate use and misuse. As the providers who face the grim task of telling families that their loved one has died of an overdose, we would like add our voice to those supporting SB 23, which still needs to be passed by the State House of Representatives.

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