States Still Struggling with Overdose Deaths

By Jennifer Ginn

Wednesday, February 12, 2014 at 01:39 PM

Rep. Sara Gideon sits on Maine’s Joint Standing Committee on Energy, Utilities and Technology, but a recent request made her reach outside her comfort zone.

A friend, who is a constituent, expressed his concern about the state’s growing heroin problem.

“He said, ‘My stepbrother actually died of a heroin overdose and my father … had been one of the scientists who created this drug called naloxone over 30 years ago,’” Gideon said.

Naloxone, often know by the brand name Narcan, is a prescription medication used to reverse the potentially fatal respiratory effects of opiates, which include street drugs like heroin and prescription painkillers like oxycodone. According to a report from the Centers for Disease Control and Prevention, more than 10,000 overdoses were reversed by naloxone between 1996 and 2010 nationwide.

Gideon introduced Legislative Document 1686 for the current session. The bill encompasses the two most common pieces of legislation regarding drugs like naloxone, giving doctors the authority to write prescriptions for naloxone to friends and family members of people who are at risk of overdosing, as well as immunity from prosecution for doctors and anyone else who, in good faith, administers the drug to someone they think has overdosed.

“We wanted to go at it as broadly as possible and identify … the problems that exist in getting this drug to people who need it,” Gideon said.

Getting naloxone to people who need it can be a serious issue.

According to a new Capitol Research Brief from The Council of State Governments, just 18 states and the District of Columbia have laws that at least partially expand naloxone access to friends and family members of potential overdose victims. Seventeen states, plus the district, have some form of Good Samaritan law, which can protect doctors and anyone else who gives naloxone to an overdose victim. Good Samaritan laws also can protect both the victim and bystanders from possession charges, which is designed to encourage people to call emergency responders in the event of an overdose.

“Really, the goal of this bill is very simple,” Gideon said. “It’s to save as many lives as possible. But there are some controversial pieces of it.

“I think our chances of getting this bill through the legislature are quite good.”
Maine legislators have experience at passing legislation regarding naloxone. Last year, both houses passed a similar bill, but Gov. Paul LePage vetoed it. In his veto letter, LePage wrote that the bill “would make it easier for those with substance abuse problems to push themselves to the edge, or beyond.”

One pilot program in Maine is, however, trying to make it easier for patients to get naloxone.

Jayne Harper is grants program manager with the MaineGeneral Harm Reduction Program of MaineGeneral Medical Center, a hospital that covers all of Kennebec County. Through a combination of state and grant funding, one of the hospital’s specialty clinics will hand out up to 500 free naloxone kits for select patients.

Harper said doctors will give patients a questionnaire every 30 days to track how successful the program has been at reducing overdoses. She said the true number of overdose reversals may be hard to track due to the patient’s concern that doctors may read the questionnaire.

“Even if we have underreported reversals, we’re still doing the right thing by our patients,” Harper said.

**First in the Nation**

New Mexico has been leading the way in naloxone access. In 2001, legislators passed the first law in the country expanding access to the drug. In 2007, lawmakers approved the country’s first Good Samaritan law.

Drug overdoses are a big concern in the state, said Dr. Michael Landen, state epidemiologist for the New Mexico Department of Health. Since 1992, the state has led the nation in drug overdose deaths every year except for two. Until around 2006 or 2007, he said, it was largely because of heroin overdoses.

“Then prescription overdose deaths also became an issue,” he said.

During 2012, Landen said, almost 1,300 people in New Mexico were provided the training required before receiving naloxone; that was more than double the number of people trained just four years earlier.

During that same year, program participants reported using naloxone to reverse 510 drug overdoses.

Landen said as the epidemic has changed, so has the state’s response to it.

In the early days of the overdose epidemic, “it was primarily a heroin overdose epidemic,” he said. “Heroin is an illicit drug. A lot of people are concerned about law enforcement when dealing with heroin, even as a bystander. So the 911 law, the Good Samaritan law, was very important to deal with that aspect of the epidemic.”

Landen said at first, the state’s needle exchange programs was key to getting naloxone to those most at risk of overdosing. Since the problem has now switched to primarily prescription drug use, the delivery method of naloxone will need to change.

“It may be most efficient to provide naloxone through mainstream mechanisms, like pharmacies,” Landen said. “If someone can get a prescription for opioids, they can get a prescription for naloxone.”

Landen said he has heard the usual objection to naloxone programs—that people will take riskier amounts
of drugs because they think naloxone will save them if they overdose. In his experience, he said, that usually isn’t the case.

“I think as people understand and they hear from folks who are addicted to these drugs that there’s nothing pleasant about receiving Narcan when you’re high,” he said, “it reverses the pleasant effects very abruptly. It’s a shock to the system. Nobody takes Narcan for fun, so to speak.

“I think once people get a sense of the nature of this epidemic and how much broader a part of the population can be affected than once thought, I think common sense prevails and legislation can move forward.”

Harper, of MaineGeneral, stresses that naloxone is just part of the solution to reducing overdose deaths in this country.

“It’s a rescue remedy,” she said. “We’re not trying to sell it as the solution to overdose deaths. It’s one of many strategies that need to be put into place. This is a complicated issue. It’s going to take a complex set of actions and plans ... to successfully reduce overdose deaths.”

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