

# Arizona's Overdose Crisis

## Using naloxone to save lives

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### Our Overdose Problem:

Arizona is in crisis, and the issue is worsening. Overdose deaths have increased by 65% in the past 15 years<sup>i</sup>. Our young people are dying of heroin overdoses, and their parents are dying of accidental prescription opiate poisonings. In 2014 alone, 1211 people died of drug overdoses<sup>i</sup>. Arizona ranked 10<sup>th</sup> highest in the country for overdose fatalities in 2013<sup>i</sup>, and in 2008 poisoning became the leading cause of accidental death, surpassing motor vehicle fatalities. Hospitalization for unintentional poisoning cost Arizonans over \$272 million in 2013, a 54% increase from 2012<sup>iii</sup>.

### Naloxone Saves Lives:

Naloxone (also known as Narcan) is an effective medication that has been used for 50 years to reverse an opioid overdose<sup>iv</sup>. When a person overdoses, their respiratory system slows down or stops, and they asphyxiate. Naloxone knocks the opioids off the opioid receptor sites in the brain, which restores a person's breathing within minutes. The medication is impossible to abuse<sup>v</sup> and is inexpensive, ranging from \$15 to \$50 for a kit. Its only side effect is to induce immediate opioid withdrawal and eliminate the euphoric feeling of opioids, which can be extremely uncomfortable for the victim, but not deadly<sup>v</sup>. It is simple to administer; either through a muscle injection, or intranasal through an aerosol spray.

### Naloxone Works:

Laws have been passed in 43 states and the District of Columbia to allow greater access to naloxone. Since it has been made available to laypeople in different states in the past twenty years, over 26,463 overdoses have been reversed between 1996 and 2014 by friends and family members of the overdose victim<sup>vi</sup>. Laypeople all across the country have been trained by community groups and peers on how to effectively administer the medication. A statement from the American Medical Association in 2012 says, "*Fatalities caused by opioid overdose can devastate families and communities, and we must do more to prevent these deaths. Educating both physicians and patients about the availability of naloxone and supporting the accessibility of this lifesaving drug will help to prevent unnecessary deaths.*"<sup>vii</sup> Greater naloxone access is also supported by the CDC, Office of National Drug Control Policy, and the American Public Health Association.

### Is Naloxone a Substitute for Medical Attention?

When a person stops breathing as a result of an overdose, the most important thing is to restore their breathing so their brain is not cut off from oxygen, leading to death. The first person to respond to an overdose is typically not a "first responder" like law enforcement or EMTs, but the friends and family members of the overdose victim. When a person administers naloxone to an overdose victim, they are essentially "buying time" until the person can receive medical attention, as naloxone can wear off after 30-90 minutes<sup>viii</sup>. In rural communities where EMTs are slow to arrive, extra time is essential.

## Does Naloxone Make People Feel “Safer” Using Drugs?

Concerns have arisen that making naloxone available will lead individuals to use more opioids than they normally would because they feel safe knowing there is an immediate antidote on hand. A pilot intervention study published in the *Journal of Urban Health*<sup>ix</sup> reported that as knowledge about heroin overdose management increased, heroin use decreased. Focus group participants of a study administered by researchers at University of Michigan found that those who had been given naloxone by emergency medical personnel described the effect as “the worst feeling in the world” due to the immediate withdrawal symptoms. This may indicate that although naloxone is available in case of emergency, drug users do not want to experience the painful consequence of receiving it. There are numerous studies<sup>v,x</sup> that have concluded that the availability of naloxone does not encourage people to use more drugs or to use drugs in riskier ways.

## Why Can't I Obtain Naloxone If My Child Is At Risk Of Overdose?

Although naloxone is available by prescription in Arizona for a person at risk for overdose, doctors who prescribe it are not protected from civil or criminal liability; this greatly deters its access. When a person stops breathing, they are unable to use naloxone on themselves and a third party (such as a friend or family member) must administer it for them. Current prescribing laws don't allow physicians to prescribe medications for third parties, such as friends and family members, to administer on another person. In addition, the prescribing physician and the person who administered the naloxone could be held liable for injury in the unlikely event one occurs. This risk of liability is no greater than with any other medication, but there is evidence that some physicians will not prescribe naloxone at all for fear of liability.

## What Do We Need To Do?

Arizonans must pass HB 2355 to protect physicians and non-medical persons from criminal liability when prescribing and using naloxone to save a life. This simple, long overdue bill requires no state funding, and will give thousands of people another chance at life each year. We cannot delay in placing naloxone into the hands of individuals who will witness an overdose, and our laws must support life.

“Could not he who opened the eyes of the blind man also have kept this man from dying?”

John 11:37, the story of Lazarus

<sup>i</sup> Trust For America's Health, *The Facts Hurt: A State-By-State Injury Prevention Policy Report*, <http://healthyamericans.org/reports/injuryprevention15/release.php?stateid=AZ>

<sup>ii</sup> Arizona Department of Health Services, *Prescription Opiate Poisonings among Arizona Residents*, 2013. <http://azdhs.gov/phs/owch/pdf/injuryprevention/factsheets/prescription-opiate-poisonings-2013.pdf> and Associated Press, *Heroin Deaths on the Rise in Arizona*, 2014. <http://www.azfamily.com/news/Heroin-deaths-on-the-rise-in-Arizona-254049101.html>

<sup>iii</sup> Arizona Department of Health Services, *Poisoning Among Arizona Residents Report*, 2012. <http://azdhs.gov/phs/owch/pdf/injuryprevention/2012-poisoning-among-all-azresidents.pdf>

<sup>iv</sup> Arizona Department of Health Services, *Prescription Opiate Poisonings among Arizona Residents*, 2013. <http://azdhs.gov/phs/owch/pdf/injuryprevention/factsheets/prescription-opiate-poisonings-2013.pdf> and Associated Press, *Heroin Deaths on the Rise in Arizona*, 2014. <http://www.azfamily.com/news/Heroin-deaths-on-the-rise-in-Arizona-254049101.html>

<sup>v</sup> Arizona Department of Health Services, *Poisoning Among Arizona Residents Report*, 2012. <http://azdhs.gov/phs/owch/pdf/injuryprevention/2012-poisoning-among-all-azresidents.pdf>  
<sup>vi</sup> Arizona Department of Health Services, *Poisoning Among Arizona Residents Report*, 2013. <http://www.azdhs.gov/phs/owch/pdf/injuryprevention/2013-poisoning-among-all-az-residents.pdf>

<sup>vii</sup> Kim, D. D. (2009). Expanded access to naloxone: Options for critical response to the epidemic of opioid overdose mortality. *American Journal of Public Health* (1971), 99(3), 402-407.

<sup>viii</sup> Maxwell, S. Bigg, D. Stanczykiewicz, K. Carlberg-Racich, S. “Prescribing Naloxone to Actively Injecting Heroin Users: A Program to Reduce Heroin Overdose Deaths.” *Journal of Addictive Diseases* 25(2006).

<sup>ix</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report, Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States*, 2014. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>

<sup>x</sup> “AMA Adopts New Policies at Annual Meeting,” June 19, 2012. <http://www.ama-assn.org/ama/pub/news/news/2012-06-19-ama-adopts-new-policies.page>

<sup>xi</sup> Sporer, K.A. “Strategies for preventing heroin overdose.” *British Medical Journal* 326 (22 February 2003): 442-444; Galea S., J. Ahern, D. Vlahov, C. Fuller, A.C. Leon, and K. Tardiff. “Income Distribution and Risk of Fatal Drug Overdose in New York City Neighborhoods.” and *Drug and Alcohol Dependence* 70 (2003): 139-148; and Coffin, P.O., M. Tracy, A. Buicciarelli, D. Ompad, D. Vlahov, S. Galea. “Identifying injection drug users at risk of nonfatal overdose.” *Academic Emergency Medicine* 14 (2007): 616-623.

<sup>xii</sup> Seal, K. H. “Naloxone Distribution and Cardiopulmonary Resuscitation Training for Injection Drug Users to Prevent Heroin Overdose Death: A Pilot Intervention Study.” *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 82.2 (2005): 303-11. Print.

<sup>xiii</sup> Temple University of the Commonwealth System of Higher Education, Beasley School of Law, Project on Harm Reduction in the Health Care System, Memorandum, Legal Analysis of Switching Naloxone from Prescription to Over the Counter, July 6, 2005 and Scott Burrell et al., *Legal Aspects of Providing Naloxone to Heroin Users in the United States*, 12 *The International*

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Journal of Drug Policy 237-248 (2001) and Nancy Worthington et al., Research, Opiate Users' Knowledge About Overdose Prevention and Naloxone In New York City: A Focus Group Study, 3(19) Harm Reduction Journal (2006) and Karla D. Wagner et al., Evaluation of an Overdose Prevention and Response Training Program for Injection Drug Users in the Skid Row Area of Los Angeles, CA, 21(3) International Journal of Drug Policy 186-193 (2010)