



Aaron's Law—Naloxone for Opioid Overdoses

Background

Opioids are a class of drugs that include heroin, oxycodone, hydrocodone, codeine, morphine, and fentanyl¹. Many of these drugs are used in medical settings for pain relief, but they can be misused or abused and cause overdose. Drug overdose is the leading cause of accidental death in the United States, and opioid addiction is the leading factor of this epidemic. There were 18,893 overdose deaths related to prescription pain relievers and 10,574 overdose deaths related to heroin nationwide in 2014². The rates have increased substantially since the late 1990s; from 1999 to 2008, the rate of overdose deaths related to opioids and heroin nearly quadrupled³. This is due in part to the rise in prescriptions being written; 259 million prescriptions were written for opioids in 2012⁴. In addition, Four out of five heroin initiates (typically males aged 25-44) had previously used prescription pain reliever non-medically⁵.

Naloxone Policies Explained

Naloxone (or Narcan™) is used as an opiate antagonist which can reverse an opiate overdose. This is similar to the mechanism that occurs when an epinephrine injection is used to reverse an allergic reaction. Naloxone works by blocking the effects of opioids on the central nervous system and reversing the consequences of an overdose. Naloxone has no potential for abuse, meaning it will not produce a high if not used as indicated. It is only effective if opioids are present in the body. An overdose of opioids causes depression of the central nervous system (CNS) and slows breathing, which can cause death. Naloxone reverses the CNS depression and allows a person to restore breathing. Naloxone can be delivered using an injection or a nasal spray. The American Medical

Association adopted new policies in June 2016 that encourage physicians to co-prescribe Naloxone to patients at risk for an overdose. The policies also included encouraging physicians to promote access to non-opioid pharmacologic treatments (i.e. Acetaminophen, NSAIDs, SSRIs, Capsaicin, etc.) for pain. There are also several states that have adopted their own policies regarding Naloxone distribution⁶.

Aaron's Law

Previously, Indiana law only allowed emergency personnel (EMT, EMS, fire department, law enforcement, paramedic, etc.) to carry and administer Naloxone. In 2015, Senate Enrolled Act 406-2015 (Indiana Code 16-42-27), or "Aaron's Law" was passed and signed by Governor Mike Pence. This law allows Indiana residents to obtain a prescription for Naloxone from their family physician if they believe a friend or family member is at risk for an opioid overdose without the physician examining the individual. Those who are at risk for an overdose may be prescribed Naloxone for themselves⁷. Aaron's Law also requires any physician who prescribes a Naloxone prescription to inform the recipient to call emergency services immediately after the administration of Naloxone for further treatment; the physician also must provide education on drug overdose treatment and referrals to drug treatment programs⁸.

Research Findings

Findings regarding the distribution of Naloxone to individuals as a way to reverse a possible overdose have been positive. However, few long-term studies on the topic have been completed. One study was completed in San Francisco from 2003 to 2009. During this time, 1,942 individuals received at least one Naloxone prescription

and training on how to correctly use the drug. Eleven percent (11%) of participants reported using Naloxone during the study. Of these participants, 83% indicated that Naloxone was the sole factor that resulted in overdose reversal; a 2% fatality rate following Naloxone administration was also reported. The remaining 15% of cases either required additional intervention or resulted in an unknown outcome. In the majority of cases, Naloxone was complemented with another technique that had been taught during training, such as rescue breathing. There were few side effects, ranging from discomfort in the injection site to seizures, although the latter was rare (1% of cases)⁹.

Another study that took place over 27 months followed the Massachusetts Opioid Overdose Prevention Pilot Program; 1,553 methadone users were trained in overdose prevention and given prescriptions of Naloxone nasal spray. Ninety-two (92) overdose reversals were reported during this study. The training was successfully implemented in a variety of settings, including HIV prevention clinics, methadone maintenance treatment programs, detox programs, and syringe access programs¹⁰.

Impact in Your Community

Since 2014, legislation that allows law enforcement officials to carry and administer Naloxone has led to several successes that will likely be mirrored by Aaron's Law. Fifty-five (55) law enforcement agencies across the state have been equipped with Naloxone; the administration of the drug by Indiana law enforcement officials has saved at least 165 lives¹¹.

There are several additional steps that can be taken now that individuals have access to Naloxone. Indiana physicians who frequently prescribe opioid prescriptions can take action by informing recipients of opioid prescriptions and their families about the dangers of using opioids and Aaron's Law. Families who have concerns about their loved

one's opioid use can request Naloxone from their family physician, and also receive treatment referral information as described above. An increase in discussion about opioid abuse and Aaron's law in Indiana communities is likely to lead to a decrease in the number of opioid overdose deaths in the United States and a slowing of the opioid epidemic that is currently taking place.

References

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