Date: Feb. 6, 2015 **Staff:** Dan Sapienza	**POLICY BRIEF/ANALYSIS** **PREPARED FOR THE BOARD OF DIRECTORS**	Health District OF NORTHERN LARIMER COUNTY

SB15-053 – SUPPLY OF EMERGENCY MEDICATION FOR OVERDOSE VICTIMS

Concerning the ability to furnish a supply of emergency drugs for purposes of treating individuals who may experience an opiate-related drug overdose event.

Details

Bill Sponsors:	House – McCann (D) and Lontine (D) Senate – Aguilar (D)
Committee:	House Health Insurance and Environment
Bill History:	01/27/2015 Introduced In House - Assigned to Health, Insurance, & Environment Senate 3rd Reading Vote – 35-0 Senate Health Committee – 5-0
Next Action:	HIE Committee – February 10, 2015

Bill Summary

This bill would allow physicians to write standing orders for opiate antagonists, allowing people and organizations to have these drugs on hand and to provide them to others, including:

- Individuals at risk of opiate-related overdose,
- Family members, friends, and others that might assist an individual at risk of opiate-related overdose,
- Employees and volunteers of harm reduction organizations, or
- First responders.

The bill strongly encourages prescribers and dispensers to educate those that receive the opiate antagonist drugs in the proper use of the drug during an overdose event. The bill also ensures that prescribers, dispensers, first responders, and employees and volunteers of harm reduction organizations are not subject to civil or criminal liability.

Background

The number of fatal opiate overdose deaths in Colorado more than tripled from 97 in 2000, to 295 in 2012.[1] Larimer County has experienced very similar increases: the number of fatal opiate overdoses increased from 13 in 2004 to 34 in 2013.[2]

Naloxone (trade name Narcan) is an opiate antagonist that can be administered in an emergency to a person who has overdosed on an opiate. The drug blocks opioid receptors and reverses the depression of the nervous and respiratory systems during an overdose. Naloxone is a safe drug, causing almost no effect on non-opioid users or opioid users, though it can trigger near-immediate withdrawal symptoms (non-fatal) in an opioid dependent person.[3]

The standard method of administration in an emergency is via injection, which requires additional training. Nasal administration is common, but is not an FDA approved delivery method for emergency use. A new

[1] http://www.cms.org/uploads/Fact_Sheet_-_2014_Final.pdf
[2] http://www.larimer.org/coroner/2013_annual_report.pdf
[3] http://www.ohrdp.ca/wp-content/uploads/pdf/UK-QandA.pdf

autoinjector, *Evzio*, was recently approved, but its cost is very high compared to other methods - $700 for two doses versus about $40 for a nasal or syringe naloxone kit.[4] All methods work very fast, with most research indicating that there is no significant clinical difference between intravenous and nasal. In one study, there was a longer time from intranasal administration to a response, but an average shorter time from patient contact to administration. Overall, the ease of use and similar time from contact to patient response led the researchers to support nasal administration in emergency situations.[5]

In 2013, SB13-014 – Immunity For Administration of Emergency Drugs To Overdose Victims – was signed into law, removing the risk of criminal and civil liability for the administration of an opiate antagonist to prevent an overdose and also state that prescribing such a drug did not constitute professional misconduct.[6] Though this law makes these drugs more available, to receive an opiate antagonist, a person is required to get a prescription from a physician. This prevents the widespread distribution that many states have found to be successful.

As early as the mid-1990s in the United States, harm reduction organizations have distributed naloxone to clients, their friends and family, and to volunteers.[7] Some states permit and even fund these efforts, while others do not. A survey of 48 such organizations reported in 2012 distributing naloxone to and educating 53,032 individuals between 1996 and 2010. During that time, the 48 programs received reports of 10,171 overdose reversals (not all overdoses would have resulted in death, but researchers also thought this number might represent an underreporting of incidents).

Beginning in 2007, the Massachusetts Department of Health began distributing naloxone to potential bystanders of overdose events. Between December 2007 and March 2014, the state trained over 22,500 individuals and documented more than 2,655 overdose reversals.[8] New York State has started a program to equip all police officers with naloxone kits, in addition to the drugs carried by EMS and firefighters. However, the increased demand for the drug because of these wide-ranging programs has increased prices recently.[9]

Across the country, first responders, health organizations, and harm reduction organizations have found success in educating and training themselves and others in the use of opiate antagonists to stop opiate overdoses. Because Colorado's law requires prescriptions for distribution, this is not as possible.

Current bill – SB15-053

Proponents/ supporters

- Harm Reduction Organizations
- Colorado Medical Society

Opponents/potential opponents

- No known groups are officially opposing this legislation.
- As with many harm reduction practices, providing opiate antagonists to opiate users could be seen as condoning the practice. This view would be similar to arguments made regarding needle exchange

[4] http://www.medpagetoday.com/Psychiatry/Addictions/48829
[5] http://www.ncbi.nlm.nih.gov/pubmed/19731165
[6] http://www.legispeak.com/bill/2013/sb13-014
[7] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm
[8] http://www.mass.gov/eohhs/docs/dph/substance-abuse/opioid/overdoseresponsestrategies.pdf
[9] http://www.nytimes.com/2015/02/05/nyregion/new-york-state-attorney-general-reaches-deal-to-reduce-price-of-heroin-antidote.html?_r=0

programs, where it is feared that providing clean needles will reduce the risks of the drug use and will encourage use. For more discussion, see: Needle Exchange Program (NEP) Analysis, Research Analysis Prepared for the Health District of Northern Larimer County Board of Directors:

- "Researchers looking for a connection between drug use and needle exchange programs have repeatedly been unable to find any evidence supporting the claim that NEPs increase drug use in NEP-attending intravenous drug users (IDUs) or in the community as a whole. Concerns about "sending the wrong message" are more difficult to study, but whatever it is, the message being sent by NEPs appears to have no impact on the amount of drug use in a community." [10]

About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.

[10] http://www.healthdistrict.org/sites/default/files/legislative-analyses/needleexchangeanalysis05-16-12.pdf