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Part of an occasional series

In emergency medicine, naloxone is as close to a miracle drug as they come.

Usually sold under the name Narcan, the medication can instantly yank a person near death out of an opiate overdose.

Paramedics around Alaska use it almost daily to revive overdose patients they encounter slumped in cars, on couches or in public bathrooms. In Anchorage alone, firefighters administered 352 doses last year.

Some in Alaska think the medication should be in the hands of more people, so families and friends of addicts are equipped to quickly stop overdoses themselves. They envision a world where Narcan could be picked up at the drugstore and stored in a heroin addict's bathroom cabinet, the way the family of someone suffering from a severe peanut allergy might keep an EpiPen around.

In the midst of a heroin crisis ^[3] that has killed at least 29 people in Alaska this year, a person shouldn't have to call 911 for a lifesaving drug like Narcan, they say.

State and national public health officials agree.

In August, the state Division of Public Health recommended ^[4] the state "broaden access" to naloxone to reduce heroin-related deaths, echoing the national Centers for Disease Control's advice ^[5] on the subject.

A bill under consideration by the state Legislature could put Narcan in the hands of more Alaskans.

Senate Bill 23 ^[6], introduced during the last session by Sen. Johnny Ellis, an Anchorage Democrat, found broad bipartisan support in the Senate, passing by a vote of 19-1. The bill would protect doctors who prescribe Narcan from civil liability, an important first step to getting the medication to more people, Ellis said.

If it passes the House and is signed into law next year, Alaska would join a growing number of states that have expanded Narcan access in recent years as a resurgence of heroin has led to spiking numbers of fatal overdoses nationwide.

Over-the-counter in 14 states

Some 30 states have programs that distribute Narcan to people other than trained medical professionals, according to the Centers for Disease Control [5].

And in September, drugstore giant CVS announced [7] it would sell Narcan over the counter in 14 states, including California, Minnesota and Wisconsin.

Ellis said he took on the Narcan legislation because he saw it as a solvable piece of a complex, frustrating puzzle of how to rein in heroin addiction and deaths.

“I knew treatment was woefully inadequate and woefully underfunded,” he said.

In the state’s current fiscal situation, tackling that sprawling, thorny issue is unrealistic, he said.

Narcan won’t solve Alaska’s smoldering heroin crisis, Ellis said. But it could give addicts another chance at life.

“When your son or daughter is overdosing, you need access to this lifesaving drug,” he said.

But some of the emergency medical professionals who use Narcan the most say there are risks that can't be ignored.

'One of our most frequently used medications'

Data from public health authorities and paramedics show that a lot of people are overdosing on opiates in Alaska and Narcan is bringing hundreds of them back from the brink of death.

In 2014, emergency medics reporting into a state database said they used 490 doses of the drug -- up from 289 the year before, according to a July special public health bulletin [4] on heroin and opiate use in Alaska.

The bulk of those cases happened in Anchorage.

Last year, firefighters in the city administered 352 doses of Narcan to 285 overdosing patients, said Erich Scheunemann, an assistant chief with the Anchorage Fire Department.

Other Southcentral emergency medical response departments say Narcan is an essential and frequently used tool, too.

In the Matanuska-Susitna Borough, medics end up administering the drug 3 or 4 times a week, said Lisa Behrens of the borough's Department of Emergency Services. During spikes in drug usage, it might be used multiple times a day.

"It's one of our most frequently used medications," she said.

On the more sparsely populated Kenai Peninsula, the medication is administered by emergency crews at least monthly.

"In December or January, we might use it on a weekly basis," said Jaye Peterson of Kenai's Central Emergency Services.

Witnessing Narcan at work is startling: A slack, unconscious patient barely breathing or not breathing at all is given the drug nasally and seconds later awakens, sometimes fighting mad. Eyes pop open. People sit straight up.

"It's almost instantaneous," said Peterson.

It can be administered by either a syringe or a nasal spray.

Giving the right dose and monitoring the patient for other problems does take some finesse, paramedics say.

In bringing a patient back from an overdose, it also kills the high, which can lead to combative patients.

"I've had people pull a breathing tube out and try to hit us with it," said Mike Crotty, AFD's EMS battalion chief.

'OK if we play with heroin'

There are other dangers: In some cases, a dose of Narcan can trigger opiate withdrawal, causing seizures or worse.

Crotty says when someone calls 911 in Anchorage to report a drug overdose, response times are so quick he doesn't see a clear need for friends and family of addicts to administer Narcan themselves.

"There are some risks and downsides to arming the populace with it," he said. "When you balance that with our ability to quickly respond, I don't think it's a good decision to do it."

Crotty also worries about what he calls the "It's OK if we play with heroin because we have Narcan" scenario.

"That is, I think, an incredibly dangerous philosophy. Unfortunately, that's what's going to happen," he said.

He emphasized he was speaking only for himself, not on behalf of the department.

The paramedics agree training and education would be an essential part of broadened access. Medics themselves, said Behrens, spend about eight hours of instruction learning how to properly use it.

Correction: An earlier version of this story misstated a quote from AFD's Mike Crotty about an interaction with a patient.