

Central Washington Family Medicine Residency Program



August 28th, 2023

Subject: Naloxone Vending Machines

Dear Members of the Yakima Health District Board of Health,

Community Health of Central Washington would like to take this opportunity to commend and thank the Yakima Health District for their forward-thinking and evidence-based decision to procure vending machines to dispense naloxone in Yakima County. This move is far from radical, duplicating similar efforts in Clark, Skamania, Klickitat, Pierce, King, Chelan, Okanogan, and Grant counties^{i ii iii iv v vi}. Naloxone vending machines are one of the easiest ways to get life-saving medication into the hands of people who need it.

There is significant fear and misunderstanding circulating in our community right now regarding fentanyl and people who use drugs. We strongly feel it is the obligation of the medical and scientific community to reiterate some facts on naloxone and its impact in our community.

Naloxone, also known by its trade name, Narcan, is an opioid overdose reversal agent which is highly effective when administered by the general public. The medication reverses 75-100% of opioid overdoses^{vii}, though multiple doses may be required where synthetic opioids like fentanyl are the cause of overdose^{viii}. Emergency services should always be notified at the time of utilization, in case additional management is needed.

Due to its incredible capacity to save lives and its impressive safety profile, there have been many national, state, and grassroots efforts to expand access to naloxone. All 50 states have passed laws to expand naloxone access for the general public^{ix}. In Washington state, naloxone is available from any pharmacy without a prescription by standing order^x. There is also a free mail-order naloxone service provided by the University of Washington. Additionally, anyone may request a prescription from their provider. The FDA has recently approved it as an over-the-counter medicine^{xi}; this fall, you may see Narcan sitting right next to Tylenol and Tums. Unfortunately, despite these excellent efforts, naloxone is still not making it into the hands of those who need it most^{xii} due to barriers like cost and transportation.

It can be difficult to wrap our minds around the “harm reduction” goal of naloxone. Aren’t we enabling drug use by lessening the negative consequence of overdose? Unfortunately, this represents a fundamental misunderstanding of addiction. To quote our diagnostic criteria for substance use disorder, affected individuals will “use again and again, even when it puts them in danger.”^{xiii} In other words, the threat of negative consequences up to and including death does not effectively deter a hijacked brain from seeking a drug. If threat of death were a viable preventative against drug use, fentanyl and other highly risky drugs simply would not exist.

Multiple studies have demonstrated this concept, finding that increased access to naloxone does not increase drug use^{xiv xv xvi}.

Harm reduction isn't enabling; it's keeping people alive long enough to have the opportunity to pursue treatment. Many of the patients who come to our opioid use disorder treatment clinic report they have experienced overdose themselves, making it to treatment only by the grace of naloxone. Our response to substance use disorder must be at least as robust as the disease itself, including efforts at prevention, treatment, and keeping people safe until they are ready for treatment.

Most importantly, we came here today to emphasize something that shouldn't need to be said: our patients are people. Not only are they people, they are our community. They are your plumber, your sister's friend, your emergency room nurse, maybe even your own child. The lives of people who use drugs have intrinsic value, and their lives are worth saving. We are grateful for the Yakima Health District's work to save lives in our community.

If you have been lucky enough so far to avoid being personally impacted by overdose, we encourage you to become familiar with this beautiful, diverse community hiding right in plain sight. We warmly invite all our Yakima Health District Board of Health members to join us at Overdose Awareness Day, tomorrow, August 31st from 3:30-6:30p, at Sarg Hubbard Park. Hear the stories of overdose survivors, and honor the memories of loved ones lost to this disease. This is our community, and we all must stand together to protect and support one another.

Sincerely,

The CONNECT Treatment Team
Community Health Central Washington

Gillian Zuckerman, MD PhD
CONNECT Medical Director

Rachel Drummond, RN
CONNECT Program Director

ⁱ <https://www.southwestach.org/vending>

ⁱⁱ <https://www.kiro7.com/news/local/narcan-vending-machines-coming-pierce-county/6X5ORCRVZJBUPNHCCBSGRM7RSY/>

ⁱⁱⁱ <https://mynorthwest.com/3801648/tacoma-library-installs-narcan-vending-machine/>

^{iv} <https://mynorthwest.com/3876368/narcan-vending-machines-king-co-signs-success-one-year-in/>

^v <https://www.krem.com/article/news/health/narcan-vending-machines-available-central-eastern-washington/293-967b33c1-e9fc-444d-a904-a8cd1d6d65c3>

^{vi} https://www.ncwlife.com/news/narcan-opioid-overdose-dispenser-installed-in-omak/article_2dd31049-7319-5f23-9f1e-bf76035551fa.html

^{vii} Rzasz Lynn R, Galinkin JL. Naloxone dosage for opioid reversal: current evidence and clinical implications. *Ther Adv Drug Saf*. 2018 Jan;9(1):63-88. doi: 10.1177/2042098617744161. Epub 2017 Dec 13. PMID: 29318006; PMCID: PMC5753997.

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- ^{viii} Boyer, Edward W. "Management of opioid analgesic overdose." *New England Journal of Medicine*, vol. 367, no. 2, 2012, pp. 146–155, <https://doi.org/10.1056/nejmra1202561>.
- ^{ix} NIDA. 2017, March 30. Naloxone for Opioid Overdose: Life-Saving Science. Retrieved from <https://nida.nih.gov/publications/naloxone-opioid-overdose-life-saving-science> on 2023, August 26
- ^x <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-127-StatewideStandingOrderToDispenseNaloxone.pdf>
- ^{xi} <https://www.fda.gov/news-events/press-announcements/fda-approves-prescription-nasal-spray-reverse-opioid-overdose>
- ^{xii} CDC. *Still Not Enough Naloxone Where It's Most Needed* [news release]. 2019; Available from: <https://www.cdc.gov/media/releases/2019/p0806-naloxone.html>.
- ^{xiii} American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- ^{xiv} Walley, A.Y., et al., "Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis." *BMJ*, 2013. 346(jan30 5): p. f174-f174.
- ^{xv} McClellan, C., et al., "Opioid-overdose laws association with opioid use and overdose mortality." *Addictive Behaviors*, 2018. 86: p. 90-95.
- ^{xvi} Townsend, T., et al., "Cost-effectiveness analysis of alternative naloxone distribution strategies: First responder and lay distribution in the United States." *International Journal of Drug Policy*, 2019.