

LETTERS

PUBLIC HEALTH APPROACH TO OPIOID OVERDOSE

Drug overdose is a public health concern, and the opioid class of drugs is a significant cause of overdose-related fatalities.^{1,2} Hundreds of deaths associated with fentanyl-laced heroin and findings that 19% of US adolescents have taken prescription pain killers to get high underscore the need for attention.^{3,4} New York State, a large jurisdiction, has recognized the need to respond.

As noted by Paulozzi, regulating and monitoring controlled substances is important for an effective public health response.¹ One of New York State's most important tools in preventing prescription drug abuse is the Official Prescription Program, a prescription monitoring program that has successfully combated diversion and abuse of prescription opioids since 1972. The program also provides an effective forum to educate practitioners and the health care community and to initiate public health interventions regarding prescription drug abuse. Other features of New York's approach include: support for comprehensive harm reduction programs for injection drug users (IDUs), including syringe exchange and active referral to drug treatment;

development of opioid overdose prevention programs to prepare IDUs, and others, to recognize signs of overdose, provide rescue breathing, administer naloxone, and call emergency medical services; outreach to health care professionals regarding taking steps with patients and caregivers to highlight risks and safety concerns when prescribing opioids, as well as detection and prevention of diversion of drugs; and issuance of health alerts.

Pharmacoepidemiologic surveillance, utilizing data from medical examiners, emergency medical services, hospitals, overdose prevention programs, and law enforcement, can provide a better understanding of the extent of overdose and help target programs. Some surveillance tools are in place in some jurisdictions. Better data can also support another public health goal: "relieving pain and improving the quality of life of patients with a legitimate need for a prescription opioid."^{5(p633)} Several issues related to clinical practice, addiction services, drug development, and opioid overdose prevention require attention.⁶

Comprehensive public health responses to opioid overdose take time and resources. For those who have yet to develop comprehensive approaches, opioid overdose prevention programs, such as those in Baltimore, Md; Chicago, Ill; San Francisco, Calif; New York, NY; and several cities in New Mexico, have been effective in preventing opioid overdose fatalities and can be replicated.⁷⁻¹⁰ Outreach to IDUs regarding emerging threats (i.e., fentanyl-laced heroin) saves lives, extends access to drug treatment, and offers opportunities to address other public health concerns among IDUs, including communicable diseases such as HIV, sexually transmitted diseases, and hepatitis. ■

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The emergency room at San Francisco General hospital, a county hospital that serves all segments of the community, regardless of financial and insurance status. Nurse Mia Cooper attends to a woman suffering from severe narcotics withdrawal.

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