

Response to “Considering the Potential Benefits of Over-the-Counter Naloxone” by Evoy et al [Letter]

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Dear editor

Evoy et al¹ are to be commended for their cogent and thorough review of the potential benefits of over-the-counter (OTC) naloxone. Expanding access to this life-saving medication has the potential to reduce opioid overdose mortality and be a net benefit to the community. It is concerning, however, that the introduction of OTC naloxone may also have the unintended effect of impeding the identification and treatment of the root cause of opioid overdose: opioid use disorder (OUD).

OUD is a chronic, relapsing brain disease^{2,3} that affects approximately 1.6 million people in the United States.⁴ Like other chronic diseases with a strong psychological and behavioral component, management of OUD requires a multifactorial approach centered around pharmacological maintenance treatment coupled with psychosocial interventions and support. Naloxone, although essential for overdose reversal, is not a maintenance treatment for OUD. Instead, it treats a symptom of the illness (overdose). Although treating this particular symptom is essential, it is not sufficient unless it is part of a comprehensive response to the underlying disorder. To use another chronic disease as an example, diabetic ketoacidosis (DKA) is a potentially deadly symptom of poorly controlled diabetes. If an OTC treatment for DKA existed, it would help save lives in the short term. However, unless it was a part of a broader treatment response that included treatment of the underlying diabetes, it would not live up to its full lifesaving potential.

A variety of effective pharmacological treatment options are currently available for the management of OUD.³ Methadone, buprenorphine, and extended-release naltrexone are evidence-based medication management options that, in conjunction with behavioral treatment, can both improve survival and reduce the medical, economic, and societal toll of OUD.⁵ In a world where naloxone is readily available without the involvement of healthcare professionals, fewer people with OUD may find their way to maintenance therapy. Were this to occur, the short-term net positive of fewer fatal overdoses would be outweighed by the long-term negative effect of fewer people receiving treatment and achieving recovery from OUD.

To be clear, the idea of OTC naloxone is critical. However, to maximize the utility of this standard of care life-saving medication, it must be coupled with a comprehensive, evidence-based response to the underlying disorder that includes maintenance medication as well as behavioral interventions and psychosocial support.

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There should be a deliberate approach to any OTC transition that includes initial and ongoing education on the disease process and referral to community treatment options.

Acknowledgments

Editorial support was provided by The Curry Rockefeller Group, LLC (Tarrytown, NY), and was funded by Emergent BioSolutions Inc. (Gaithersburg, MD).

Disclosure

The author reports no conflicts of interest in this communication.

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