



NEWS RELEASE

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Drug Overdose Fatalities Pass Motor Vehicle Fatalities

By John D. Bowman, R.Ph.

On average, over forty Americans die every day from a prescription opioid overdose. Opioids are naturally produced pain relievers including morphine, oxycodone, and also heroin. Also synthetic pain relievers such as Fentanyl (Duragesic) and Hydrocodone (Norco and Vicodin) have been implicated in overdose deaths. The Corpus Christi Fire Department reports 50 to 100 EMS runs monthly for overdoses. According to the Centers for Disease Control, 33,000 people were killed by opioid overdoses in 2015. This is the highest year on record. Over half of these involved prescription medications. Others involved heroin overdoses.

Since 1999, the number of opioid deaths in the United States has quadrupled, and so has the number of prescriptions for opioid medications. Yet, during that time there has been no change in the amount of pain reported by Americans. More recently, overdose deaths from heroin and other synthetic opioids such as fentanyl have been on the rise. Beginning in 2008, drug poisonings and overdoses have caused more deaths than traffic accidents. Drug deaths have continued to increase while traffic deaths have declined. There is some good news. From 2014 to 2015, deaths from opioid overdoses decreased three percent in Texas.

Factors associated with increased risk for misuse and overdose include a history of substance use, younger age, depression, and use of psychoactive medications for depression, anxiety, ADHD, obsession disorders, and psychotic disorders. Also persons taking high doses of opioids are more likely to overdose and to die from an overdose. One of the most deadly combinations is hydrocodone (Vicodin and others) an opioid pain reliever, alprazolam (Xanax) a tranquilizer and carisoprodol (Soma), a muscle relaxer that changes into a tranquilizer once it is inside the body.

Fortunately there are tools to help prescribers and pharmacists detect inappropriate narcotic use. The Prescription Monitoring Program, administered by the Texas State Board of Pharmacy, tracks all prescription narcotic sales in the state. Prescribers can check the prescribing history of patients before issuing prescriptions. "I had one patient

who had received seventeen narcotic prescriptions from five doctors and two pharmacies between January and April of 2017,” Dr. James Mobley, Chair of the Regional Health Awareness Board and a Family Physician notes, “The system really helps us to prescribe appropriately, especially for patients who are new to the practice.”

Alternatives to opioids for pain relief include cognitive behavior therapy, exercise therapy, acetaminophen, ibuprofen and other nonnarcotic pain relievers. Topical creams and electric stimulators (TEMS) are also very valuable in relief of pain. Physicians have been encouraged to limit prescribing and some states have passed regulations limiting the number of days that opioids may be prescribed for acute pain. Guidelines are also available to physicians for treating chronic pain.

Because opioid overdoses are so common, first responders such as Emergency Medical Technicians (EMTs) carry naloxone nasal spray (Narcan). Naloxone immediately reverses the effects of an opioid overdose. Also, in Texas, pharmacists can dispense naloxone nasal spray without a prescription. Persons and families who have opioid medications in their houses may want to consider keeping emergency naloxone spray kit in case of overdose.

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