



# Narcan or Narcan't: An Ethical Dilemma for a Modern Scourge



With opiate abuse and overdose rates at epidemic levels, the campaign for easing access to the potentially life-saving reversal agent Narcan (naloxone) has gained significant momentum. It began with EMS and law enforcement, but has since expanded to schools, community centers, and public spaces; now it is available over the counter in most every state.

Some experts and law enforcement agencies have declared this a well-intentioned mistake. Increasing access, they say, is a “moral hazard,” characterized by its potential for encouraging more high-risk behaviors by abusers.

In fact, several studies demonstrate increased rates of abuse and increased risk taking when access to naloxone expands. Users tend toward higher doses and the use of more potent drugs like Fentanyl when the risk of death is decreased.

In addition, studies have found that broadening access leads to more opioid-related emergency room visits and crime without a reduction in mortality.

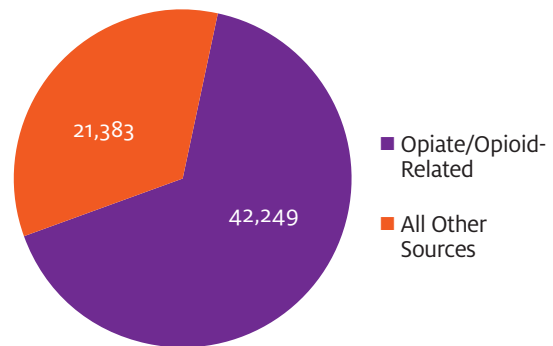
The findings are a gut-punch to a public health crisis searching for solutions. And it creates a terrible burden on the first responders and healthcare providers who frequently revive patients from certain death only to be called back to rescue the same person later in the day.

There is room for ethical debate, however, and the scientific, healthcare, and law enforcement communities are not of one voice on the subject.

Personally, I am torn. But I am very self-aware of my biases and perspective. I can't help but feel a weighty guilt on behalf of my profession for the role that physicians played in fueling the epidemic in the first place. We are in no position to declare the moral high ground here, so I am careful not to be too righteous. I am also of the belief that one life saved is one more person who might just eventually find help and a way out. Others have. And many of them are now leading productive lives, yet were once thought to be hopeless and too addicted to recover.

As a physician, I feel an obligation to give everyone a chance for a healthy life and I try not to make “worthiness” distinctions between organic diseases, mental illness, and substance-use disorders. There will always be people in this world who take

U.S. Overdose Deaths, 2016 (N=63,632)



Source: Centers for Disease Control and Prevention

*“Some experts...say [over-the-counter access to naloxone] encourages more high-risk behaviors by abusers.”*

advantage of the generosity and kindness of others, but one life saved is more important than the cost of perpetuating an already ruined life.

I strongly believe that we will prevail over this crisis, eventually. We have made a palpable shift in how we treat pain, limit unwarranted access to opiates, track prescribers, and share information. And while we have a ways to go on addiction treatment, we are taking some important baby steps there, as well. These advances are all-too recent to determine their long-term impact, but I am confident we are going to make progress and eventually overcome. And I am in favor of giving every addict a chance at life until we do. ■

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