

Editor,

Since when is “almost dying” considered a good thing? While the American Society of Addiction Medicine (ASAM) strongly endorses over-the-counter availability of naloxone to stem the meteoric rise of opioid overdose deaths, as was mentioned in the April 14 New York Times editorial “Preventing Painkiller Overdoses”, we know actively treating this disease will save even more lives.

In our view, every overdose is a case of untreated opioid addiction disease. Instead of waiting for loved ones to struggle through a “near death” experience to be miraculously saved by a naloxone injection, we should focus on addressing the disease to avoid this harrowing experience in the first place.

Opioid addiction is a chronic, relapsing brain disease. It will not go away with force of will. It won't be cured by just deciding. Rather, medical treatment by an addiction medicine specialist can get the disease under control using medications approved by the FDA to treat opioid addiction. This approach is paired with customized behavioral therapies and other support services for patients and their families

Here's ASAM's answer: First, let's get naloxone in the hands of first-responders of all types – professionals, parents and friends – and make sure Good Samaritan laws support risk-free reporting of overdoses to these first responders. Then, let's harness our energy and attention toward educating patients, families and physicians about the proper treatment of this disease, including the use of FDA-approved stabilizing medications like buprenorphine, methadone and naltrexone

Naloxone is one answer to reducing opioid overdose deaths. But it is not the answer to opioid addiction disease.

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