Maine Lawmakers Clash With Governor Over Naloxone Access

Lawmakers have passed a bill broadening access to the overdose-reversal drug, but Gov. Paul LePage has argued greater availability would enable addicts.

**Maine House Speaker Sara Gideon, shown in 2017, sponsored a bill recently approved by state lawmakers that would remove an age restriction on who can buy the opioid overdose-reversal drug, naloxone. PHOTO: ROBERT F. BUKATY/ASSOCIATED PRESS**

**By Jon Kamp**

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Lawmakers in Maine seeking to broaden access to an opioid overdose-reversal drug are pushing back against the latest limits supported by Gov. Paul LePage, who has long argued greater availability could enable addicts.

In the latest fight, the legislature passed a bill that removes an age restriction on who can get naloxone, the reversal drug, from a pharmacist. Mr. LePage had sought to limit access to people 21 years or older, after lawmakers passed prior laws to expand access through pharmacies.

“Overdoses can strike anyone at any time and in every opportunity, we should be trying to save every life possible,” House Speaker Sara Gideon, a Democrat who sponsored the latest bill, said in a statement.

A spokeswoman for the governor, a second-term Republican, didn’t say what Mr. LePage will do with the just-passed legislation, noting he has 10 days to decide. The governor has vetoed naloxone-access bills before, including one he struck down earlier this month.

“Making it possible for anyone and everyone to obtain naloxone extends the misuse of opioids and is simply bad public policy,” Mr. LePage wrote in his veto note. The legislature overrode the veto.

Broadening access to the overdose-reversal medication has gained support: the U.S. Surgeon General this month urged individuals and families at risk of opioid abuse to
keep naloxone on hand. But—much like needle-exchange programs and the growing push for safe places where addicts can use—naloxone has also drawn criticism from people worried fewer risks will enable drug abuse.

Naloxone works by displacing opioids from their receptors in the brain. First-responders commonly carry it, and states around the U.S. have also passed laws to open access to the broader community, including measures that allow people to access the rescue drug from pharmacies without a prescription.

Supporters believe broadening access to naloxone will help Maine combat a worsening opioid problem. State data show there were 418 drug-induced deaths last year, an 11% climb from 2016 at a time other New England states have cited modest improvements.

Nationally, opioid overdose deaths rose 21% from 2015 to 2016, according to the most recent data released by the Centers for Disease Control and Prevention. Potent, synthetic opioids like fentanyl and its chemical cousins have played a large role in worsening the crisis in Maine and beyond.

Maine Gov. LePage, who objected when lawmakers raised the legal age for buying tobacco to 21, has said he doesn’t think people who can’t buy cigarettes should be able to get naloxone from pharmacies. Lawmakers passed the bill to remove naloxone age barriers with veto-proof numbers.

The governor has long supported the view that widespread naloxone access could create a safety net that emboldens addicts. He vetoed a bill two years ago that broadened access through pharmacies, but lawmakers pushed that measure through, and clarified the language last year. The rules haven’t been implemented yet, and Ms. Gideon’s office blamed inaction in the executive branch.

The moral-hazard argument drew support in March, when two economists released a paper online that examined the timing of state naloxone policies and reached a controversial conclusion: they found broadening access increases theft and traffic in emergency rooms, and doesn’t reduce opioid-related mortality.

The study, which hasn’t been peer-reviewed or formally published, ignited a firestorm on Twitter. Pro-naloxone researchers took issue with the conclusions and methodology, while arguing states with particularly strong naloxone-access policies are indeed saving lives.

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