Advocating for Naloxone Access: Improving Risk Identification and Treatment of Opioid Overdose

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Faculty Disclosures

- **Corey Davis** has no financial relationships to disclose relating to the subject matter of this presentation.

- **Arwen Podesta:** Advisory Board—Alkermes, Inc., Pear Therapeutics, SageSurfer; Speakers Bureau—Alkermes, Inc., Indivior.

- **Vanessa Joy Walker** has no financial relationships to disclose relating to the subject matter of this presentation.

Disclosure

- The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use not approved by the US Food and Drug Administration).
- Applicable CME staff have no relationships to disclose relating to the subject matter of this activity.
- This activity has been independently reviewed for balance.
- This continuing medical education activity includes medicine brand names for participant clarity purposes only, due to the presence of different branded versions of the same product. No product promotion or recommendation should be inferred.

Learning Objectives

- Describe the necessity of naloxone for opioid overdose (OD) and recommendations for its use
- Describe individual and community level strategies to identify high-risk individuals early and advocate for access to opioid overdose treatment
- Integrate state and national level healthcare policy data to advocate for greater naloxone access

Participate in Polling

Room A412

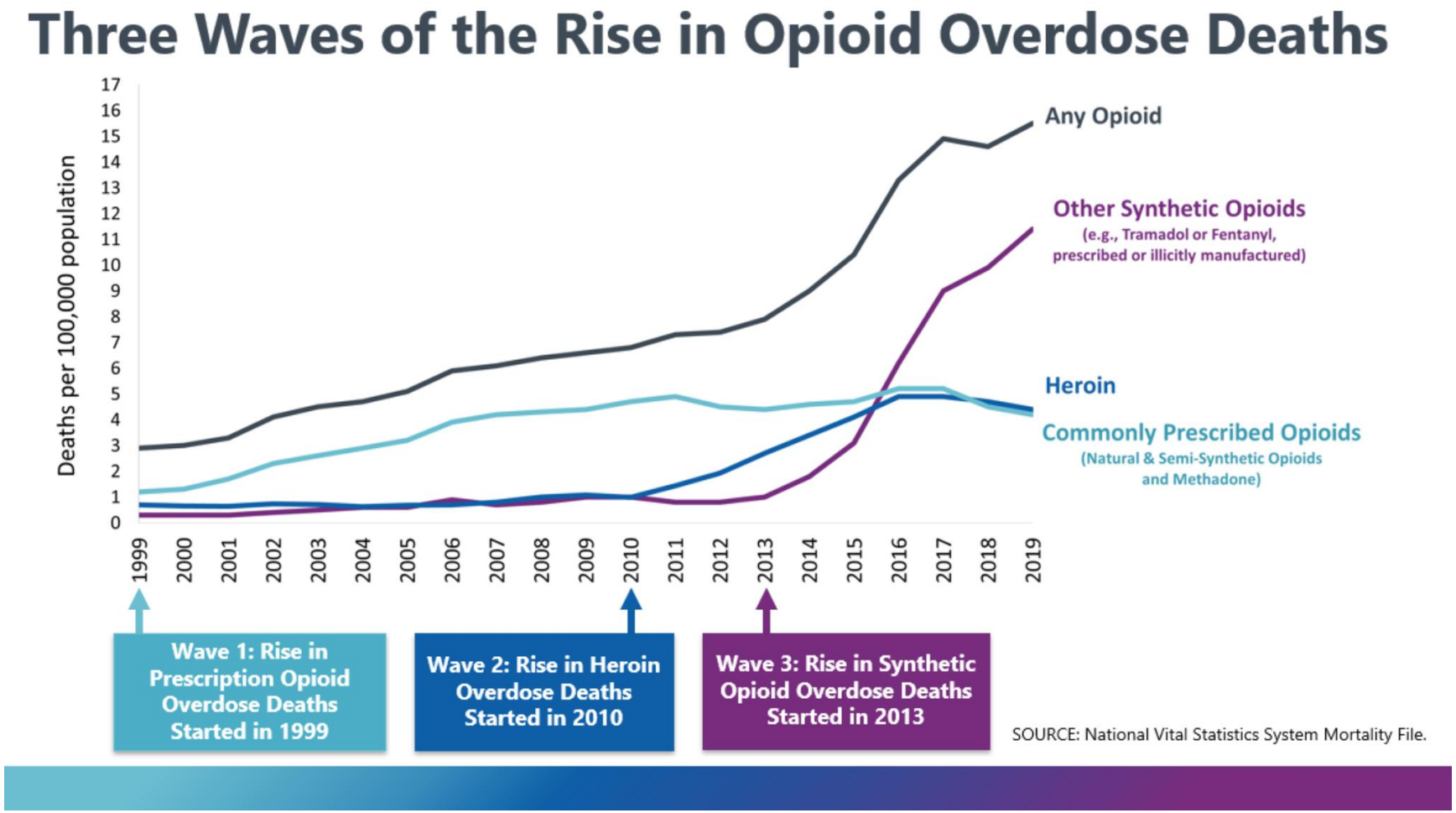
Scan the QR code to participate **OR** enter the below URL in your internet browser.

app.meet.ps/attendee/mp_april

We appreciate your participation!

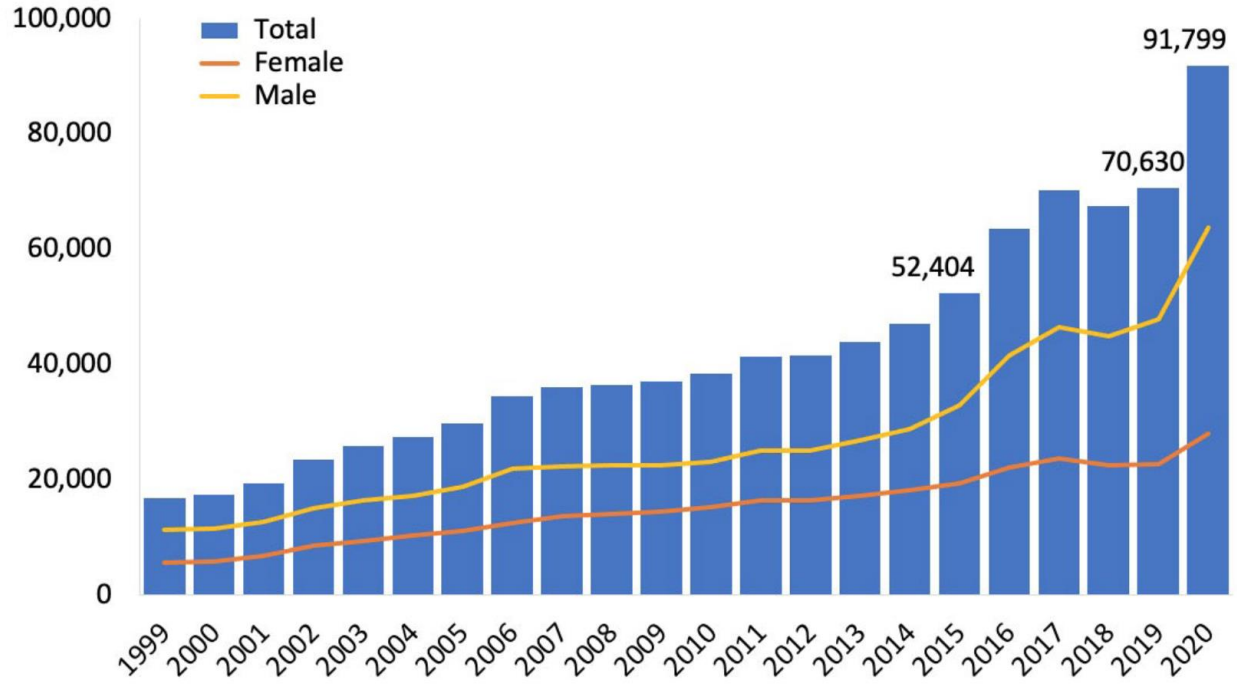
Introduction

Opioid Overdose Deaths



Current Burden of Opioid Overdose

Figure 1. National Drug-Involved Overdose Deaths*
Number Among All Ages, by Gender, 1999-2020



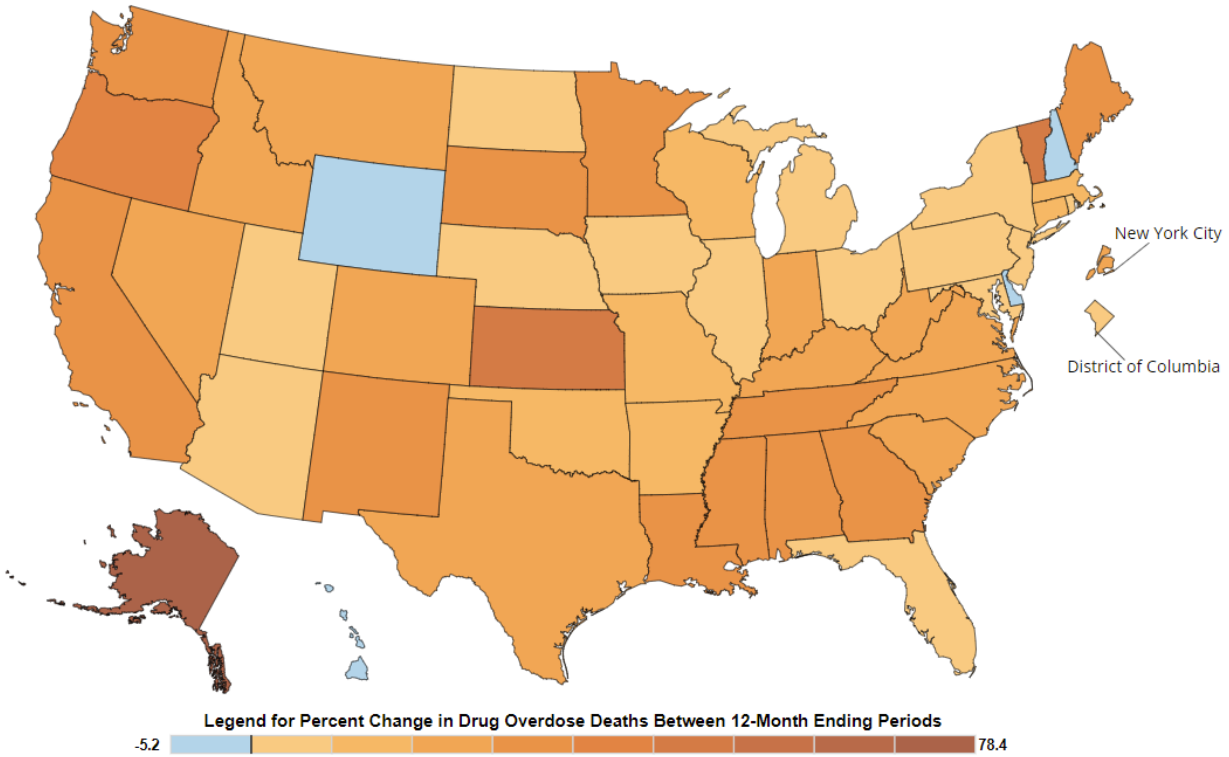
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

Nearly 92,000 persons in the U.S. died from drug-involved overdose in 2020, including illicit drugs and prescription opioids.

Most recent preliminary data show that approximately 100,000 people died in the past 12 months. Approximately 75% of those deaths involved opioids.

Centers for Disease Control and Prevention [website]. Reviewed March 16, 2022. Accessed March 31, 2022. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Current Burden of Opioid Overdose



This graph shows the percent change in overdose deaths from October 2020 to October 2021, the most recently available data.

Note that nearly every state experienced an increase.

Centers for Disease Control and Prevention [website]. Reviewed March 16, 2022. Accessed March 31, 2022. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Disproportionate Impact

18-fold **12.3-fold** **9.2-fold**

Magnitude of increase in drug overdose deaths involving synthetic opioids other than methadone per 100,000 population, by ethnicity, 2013-2017

Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality Statistics, 2013-2017 [website]. Reviewed March 22, 2022. Accessed March 31, 2022.

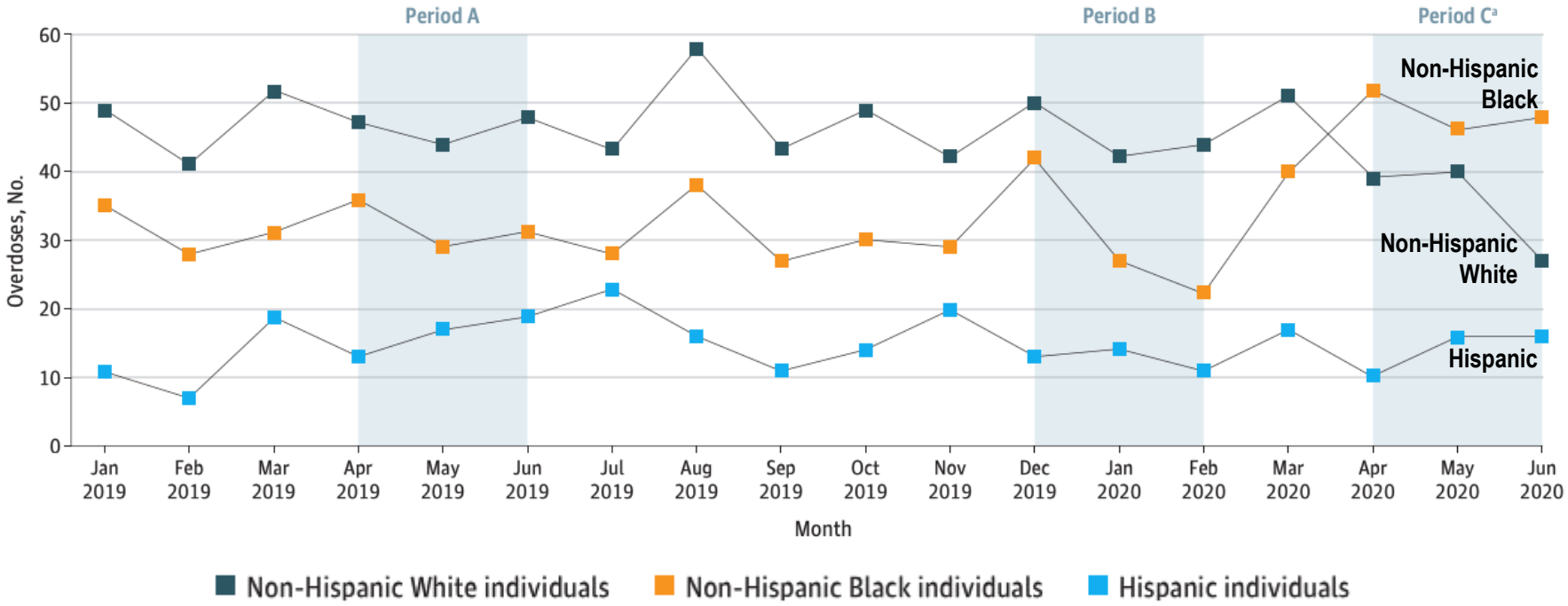
Impact of COVID-19

- Increase in substance use
- Decrease in inpatient treatment availability
- Outreach scaled back or unavailable
- Due to physical distancing, facilities decrease census, some halt admissions
- Fentanyl increases as a leading driver of overdose and overdose fatality

- Many harm reduction organizations forced to scale back services
- Greatly increased stress levels, loneliness, coping skills difficult to keep up
- Peer support limited, virtual
- More people using alone

Disproportionate Impact

Fatal Overdoses in Philadelphia during early Covid-19 era



Khatri UG, et al. Racial/Ethnic Disparities in Unintentional Fatal and Nonfatal Emergency Medical Services–Attended Opioid Overdoses During the COVID-19 Pandemic in Philadelphia. *JAMA Network Open.* 2021; 4(1):e2034878.

Death Following Opioid Overdose is Preventable

- For every fatal drug overdose, there are many non-fatal overdoses
- Non-fatal overdoses often result in morbidities and medical problems, both short and long term
  - Hypoxia is a bad state in which to be!
- Someone that has had one overdose is more likely to have another
- In an opioid overdose, administering naloxone, rescue breathing, and additional services as needed saves lives
- Naloxone should always be readily available
  - Think of it as a fire extinguisher: You hope not to need it, but if you do it needs to be readily accessible

Support for Increased Naloxone Availability is Nearly Universal

CDC
Centers for Disease Control and Prevention

"It is clear from the data that there is still much needed education around the important role naloxone plays in reducing overdose deaths. The time is now to ensure all individuals who are prescribed high-dose opioids also receive naloxone as a potential life-saving intervention."
~ CDC Director Robert R. Redfield, M.D.

https://www.cdc.gov/media/releases/2019/p0806-naloxone.html

American Pharmacists Association
Improving medication use. Advancing patient care.
APhA

"**APhA** supports the pharmacist's role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents to prevent opioid-related deaths due to overdose"

www.pharmacist.com/policy/controlled-substances-and-other-medications-potential-abuse-and-use-opioid-reversal-agents-2

AMA
American Medical Association

"The **AMA** has been a longtime supporter of increasing the availability of Naloxone for patients, first responders and bystanders who can help save lives and has provided resources to bolster legislative efforts to increase access to this medication in several states."

www.ama-assn.org/ama/pub/news/news/2014/2014-04-07-naxolene-product-approval.page

ASAM
American Society of Addiction Medicine

Public Policy Statement on the Use of Naloxone for the Prevention of Drug Overdose Deaths

ASAM Board of Directors

"Naloxone has been proven to be an effective, fast-acting, inexpensive and non-addictive opioid antagonist with minimal side effects... Naloxone can be administered quickly and effectively by trained professional and lay individuals who observe the initial signs of an opioid overdose reaction."

www.asam.org/docs/publicy-policy-statements/1naloxone-1-10.pdf

U.S. Public Health Service · 1798

"I, **Surgeon General of the United States Public Health Service**, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone… knowing how to use naloxone and keeping it within reach can save a life."

https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html

World Health Organization

Community management of opioid overdose

Meet Vanessa: Impact on Patients, Families, Communities

Recognition of Overdose Risk in Individuals with OUD

Who is at Risk for Opioid Overdose?

- Those with an OUD
- Those who have previous OD
- Injecting opioids
- Heroin
- Crushed pain pills
- Fentanyl / fentanyl analogs
- Resuming opioids after abstinence
- Detox
- Treatment
- Release from incarceration
- High prescribed dosages of opioids >100 mg morphine equivalent daily

SAMHSA. Opioid Overdose Prevention Toolkit [Website]. June 2018. Accessed August 6, 2021. https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742.

Who is at Risk for Opioid Overdose?

- Having concurrent medical conditions
  - Liver Disease (inc HepC)
  - Lung disease
  - HIV
- Using opioids in combination with respiratory suppressants
  - Benzodiazepines
  - Barbiturates
  - Alcohol
- Mental health conditions
- Undertreated pain

SAMHSA. Opioid Overdose Prevention Toolkit [Website]. June 2018. Accessed August 6, 2021. https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742.

Relapse is Common
Expect it
Prepare for it

Addiction is a chronic relapsing disease of the reward pathway of the brain.

Relapse is common, expect it.

For OUD, *relapse could easily be an OD with morbidity or mortality*

Expect relapse, even after treatment

Expect relapse, and be ready to reverse an OD

Death following opioid OD is *preventable*

Relapse Rates with Treatment

Abstinence

- High relapse after treatment
- 35.6% abstinent 6 months post-treatment
- 36.2% abstinent 12 months post-treatment

Detoxification with psychosocial treatment

- Relapse rates >90% within 3 months

Medication-Assisted Treatment

- Average retention in care for those receiving timely buprenorphine was 123 days, naltrexone was 150 days, and methadone was 324 days, compared to only 67 days for those solely receiving behavioral health services

Maintenance MAT with higher treatment retention than tapering off MAT (66% vs 11%)

Gossop M, et al. *Addiction*. 2003;98(3):291-303. Weiss RD, et al. *Arch Gen Psychiatry*. 2011;68(12):1238-1246. Mattick RP, et al. *Cochrane Database Syst Rev*. 2009;(3):CD002209. Nielsen S, et al. *Cochrane Database Syst Rev*. 2016;(5):CD011117. Fiellin DA, et al. *JAMA Intern Med*. 2014;174(12):1947-1954. Hadland SE, et al. *JAMA Pediatr*. 2018;172(11):1029-1037. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy. Medication-assisted treatment for opioid use disorder: Proceedings of a workshop—in brief. National Academies Press; 2018. Accessed August 6, 2021. www.ncbi.nlm.nih.gov/books/NBK534504/

How to Talk to Patient and Caregivers About Risk and Treatment

- **We frame the discussion.** In a judgment free manner, treater emphasizes health and safety, to both patient and caregiver/s, and that that they need to be aware of the risk for OD. Treater can cite statistics that most naloxone is not in fact used on the person for which it is prescribed, but for associates and other loved ones. They are not being targeted or accused of being out of control.
- **We talk about changes in the patient's body's ability to handle opioids (tolerance), and how the same dose as previously used will likely yield a significantly stronger effect on the body at subsequent uses, especially after periods of abstinence.** In turn, this decreased tolerance leads to an increased risk of OD.
- **We discuss the importance of multiple family members/loved ones knowing where the naloxone is, and how to respond to an overdose**.

Robeznieks A. Naloxone: 5 tips on talking with patients, families. August 31, 2018. Accessed August 6, 2021. www.ama-assn.org/delivering-care/opioids/naloxone-5-tips-talking-patients-families

How to Talk to Patient and Caregivers About Risk and Treatment (Cont.)

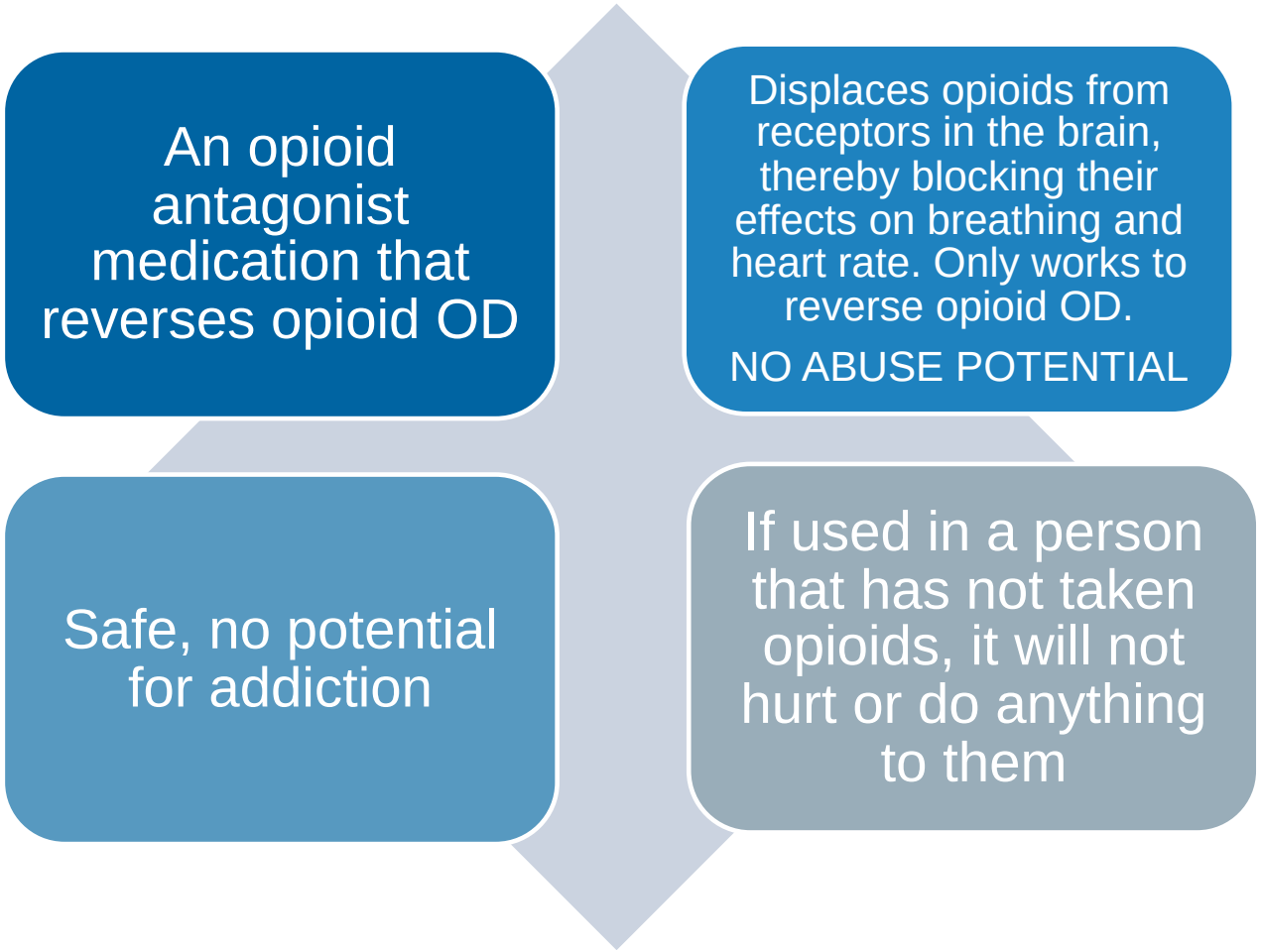
- **We get agreement with them that if ever there is a concern, they should call for help.** Patients and their families also need to know that giving naloxone is only one part of reversing an overdose, and that 911 must be called because the person who had the OD still needs medical attention.
- **We discuss** with patient and caregiver that whenever naloxone is used to reverse an overdose:
  - Call 911
  - As soon as able, get a refill of the naloxone
  - After OD, connect victim with treatment, and if not ready for treatment, with harm reduction information
  - Be sure loved ones/caregivers have good support too—Al-Anon, therapy referrals available

Robeznieks A. Naloxone: 5 tips on talking with patients, families. August 31, 2018. Accessed August 6, 2021. www.ama-assn.org/delivering-care/opioids/naloxone-5-tips-talking-patients-families

Talking to Patients and Caregivers About Recognizing Patients at Risk for Opioid Overdose

Opioid Overdose Treatment

Opioid Overdose Treatment: Naloxone



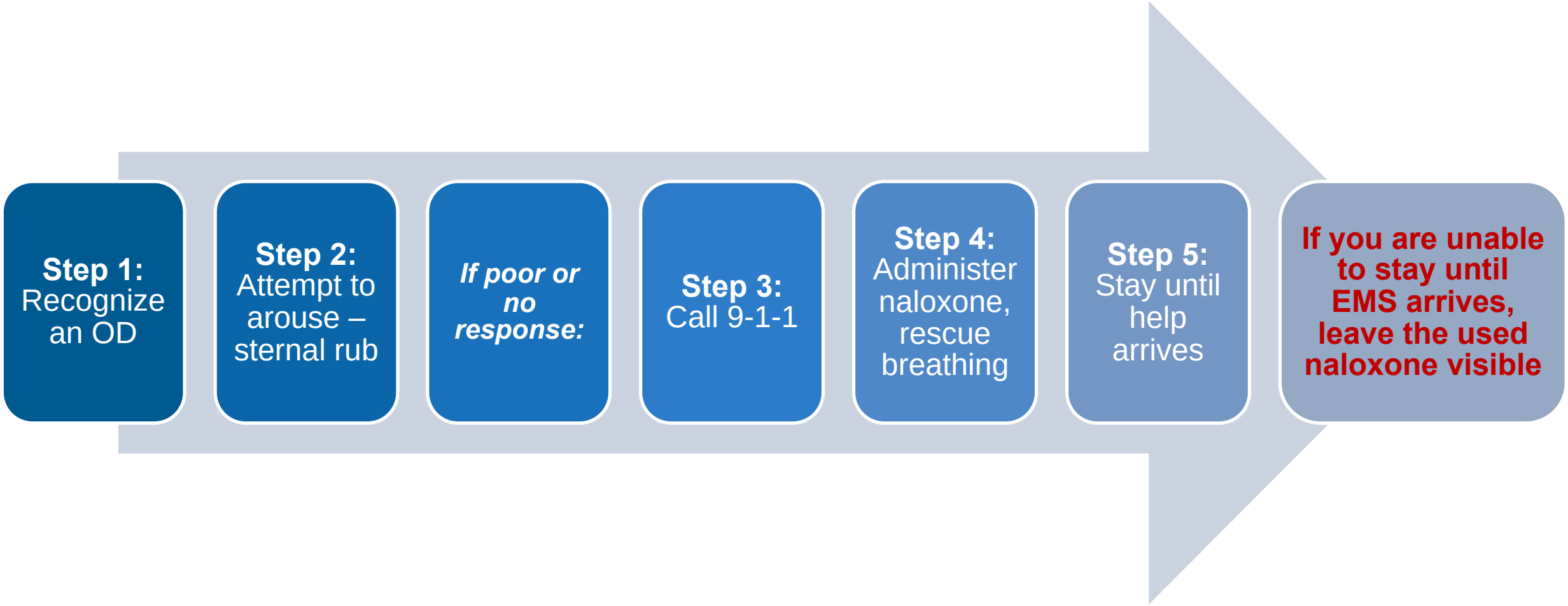
SAMHSA. Naloxone. Updated July 8, 2021. Accessed August 11, 2021. www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone

Naloxone Facts

- Onset of action about 2–3 minutes
- Duration 30–120 minutes depending on method of administration
- May be used in children and pregnant women
- Naloxone should be stored in its original packaging, while avoiding light, at room temperature
- It can be left in the car glove box overnight, but not as a permanent storage option
- Most have expiration date 12–18 months after acquired
- Expired naloxone can still be administered ***if there is no other alternative available*** (may not be as effective and a second dose may be required).

Connecticut State Department of Consumer Protection [Website]. Accessed March 31, 2022. https://portal.ct.gov/DCP/Drug-Control-Division/Drug-Control/Opioid-Overdose-PreventionNaloxone-Frequently-Asked-Questions

Overdose Treatment



American Medical Association. How to administer Naloxone. Accessed August 11, 2021. www.ama-assn.org/delivering-care/opioids/how-administer-naloxone

A Comparison of Naloxone Products

Category	Injectable Generic (atomizer adapter) (improvised device)	Injectable Generic (vial)	Intranasal	Pre-filled injector (FDA approved Oct 2021, to be released 1st quarter 2022)	Auto-Injector (discontinued September 2020)
Brand Name	N/A	N/A	Narcan® Nasal Spray (4 mg) Generic (4 mg) Kloxxado™ (8 mg)	Zimhi (naloxone hydrochloride)	Evzio® Auto Injector
FDA Approval	Yes (IV/IM/SC only)	Yes	Yes	Yes	Yes
Assembly Required	Yes	Yes	No	No	No
Strength	2 mg/2 mL	0.4 mg/mL 1 mg/mL 4 mg/10 mL	2 mg 4 mg (FDA approved in 1971) Generic (approved April 2019) 8 mg (FDA approved April 2021)	prefilled syringe, delivering 5 mg of naloxone hydrochloride solution through intramuscular or subcutaneous injection	2 mg/0.4 mL
# in package	1 syringe (2 mL)	1 vial (1 mL)	2 devices	TBD	2 devices
Cost	$10–20	$3–5	$122 (Narcan®) $132 (Kloxxado™)	TBD	$4000
Insurance coverage	Yes	N/A ordered in bulk by HCPs/1st Responders	Yes (97%)	TBD	NA

Which is the preferred type of Naloxone? How to Choose

2011 randomized study in Iran

Compared Intranasal (IN) vs Intravenous (IV) administration of naloxone to 100 patients that were brought to the Poisoning Department

IN was as effective as IV at reversing OD

IN group had higher level of consciousness by GCS

IV group had higher rates of agitation

GCS = Glasgow Coma Scale.

Sabzghabaee AM, et al. *Arch Med Sci*. 2014;10(2):309-314.

Which is the preferred type of Naloxone? How to Choose

2019 study

FDA-approved naloxone devices produce substantially higher blood levels of naloxone than improvised nasal spray (vial with atomizer)

90% of participants correctly used the FDA-approved nasal spray devices without training

<50% correctly used the improvised nasal spray device (vial with atomizer) even with training

"The ease of use and higher plasma concentrations achieved using the 4 mg FDA-approved spray, compared with the INND, should be considered when deciding which naloxone device to use."

INND = improvised nasal naloxone device.

Krieter PA, et al. *J Clin Pharmacol*. 2019;59(8):1078-1084.

Which is the preferred type of Naloxone? How to Choose

For OD victim

- Whatever is on hand and available is preferred
- EMS/First Responder will have subcutaneous injectable
- Caregiver/layperson will have whatever is available
- Nasal spray
- Prefilled syringe with atomizer

For patient

- Prescription from provider
- Access without a prescription
- From participating pharmacies
- From city and state health departments
- Download prescription request aid from **www.Narcan.Com**
- Whatever insurance covered or is economically preferred

For layperson

- Access without a prescription
- Cost considerations
- If using insurance, what *ICD-10* code? Is the loved one/layperson trying to acquire naloxone through insurance, does he/she now have a diagnosis of OUD?

ASAM National Guidelines (2020) Summary of Recommendations, Revised

- Naloxone should be administered in the event of a suspected opioid OD
- Naloxone may be administered to pregnant women in cases of OD
- Patients who are being treated for OUD as well as people with a history of OUD, for those leaving incarceration, and their family members/significant others should be given naloxone kits or prescriptions for naloxone
- Patients and family members/significant others should be trained in the use of naloxone in OD
- The Guideline Committee, based on consensus opinion, recommends that first responders such as EMS personnel, police officers, and fire fighters be trained in and authorized to carry and administer naloxone

American Society of Addiction Medicine. Practice Guideline for the Treatment of Opioid Use Disorder - 2020 Focused Update. Accessed March 31, 2022. www.asam.org/Quality-Science/quality/2020-national-practice-guideline

Talking to Patients and Caregivers About Opioid Overdose Treatment

Increasing Availability/Access

Naloxone Access

All 50 states and DC have laws to increase public access to naloxone

Yet, it is still often not available where and when it’s needed

Fentanyls act more quickly than heroin, meaning time to intervene is lower

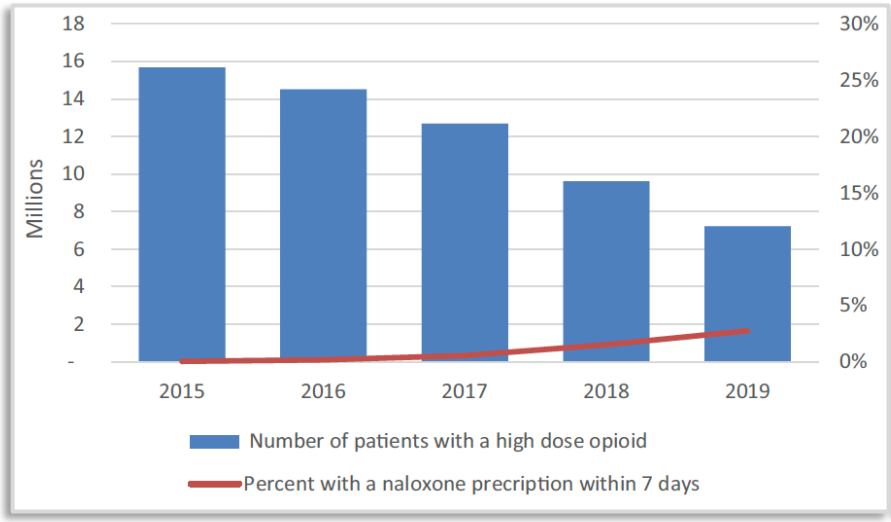
Naloxone access laws vary significantly from state to state

Naloxone Prescriptions Among Commercially Insured Individuals at High Risk of Opioid Overdose

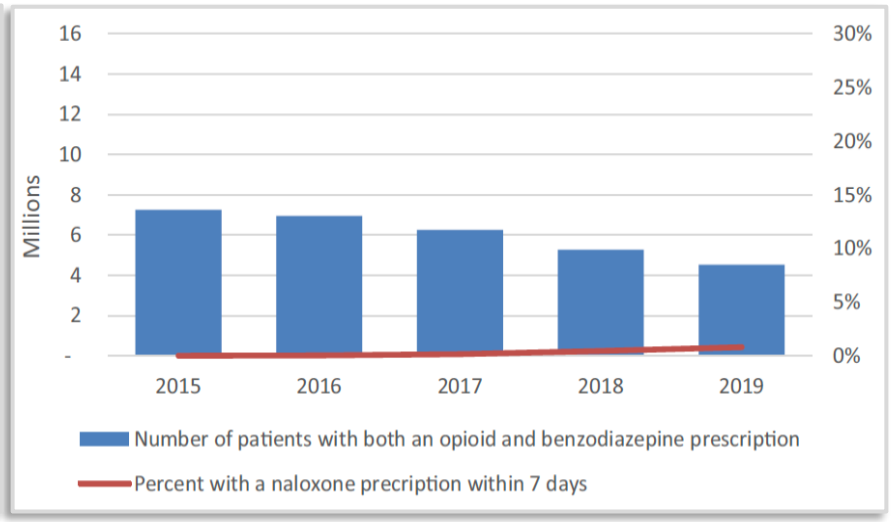
“In this cohort study using administrative data including 138,108 individuals, only 1.5% of high-risk patients, including individuals with prior opioid overdose or opioid misuse or dependence, were prescribed naloxone”

Follman S, et al. Naloxone Prescriptions Among Commercially Insured Individuals at High Risk of Opioid Overdose. *JAMA Network Open.* 2019;2(5):e193209.

Percent of People at High Risk of Opioid Overdose Receiving Naloxone Within a Week



High-dose Opioid
(≥ 50 morphine milligram equivalents/day)



Opioid + Benzodiazepine Prescription
(dispensed both an opioid and benzodiazepine prescription within 7 days)

Guy, GP et al. Concurrent Naloxone Dispensing Among Individuals with High-Risk Opioid Prescriptions, USA, 2015-2019.
***Journal of General Internal Medicine* 36.10 (2021): 3254-3256**

Importance of Naloxone in the Community

- In order for naloxone to save lives, it has to be available where ODs occur (think Automated External Defibrillators [AED])
- Community and caregivers must have access
- Many community, city, and state programs make contacts with opioid OD survivors and provide naloxone education and administration training, and other recovery-oriented and harm reduction supports
- Know your local agencies supporting this, give information in your naloxone training take home material

Hawk KF, et al. Reducing Fatal Opioid Overdose: Prevention, Treatment and Harm Reduction Strategies. Yale Journal of Biology and Medicin 2015;88(3):235-245.

Naloxone Legal Overview

Prescribing to own patient is fully consistent with state and federal laws regulating prescription drugs

Risk of liability is no higher than with other medications, and likely lower than many

All states have passed laws further limiting naloxone-related liability

Most states permit naloxone to be distributed by individuals not otherwise permitted to distribute prescription medications

Most states permit naloxone prescription to third parties – that is, people who are not themselves at risk

Most states permit naloxone to be distributed via standing orders and similar mechanisms

Davis CS, et al. Engaging Law Enforcement in Overdose Reversal Initiatives: Authorization and Liability for Naloxone Administration. *American Journal of Public Health.* 2015; 105(8):1530-7.

Third Party Prescribing

Third party prescribing is the prescription of a medication to someone other than the person to whom it's likely to be administered.

Usually, the clinician must examine the patient, diagnose the patient, and then prescribe the appropriate medication. Third party prescribing lets the prescriber jump directly to the third step.

Every state now permits the 3rd party prescription of naloxone. Legal risk is generally no different than prescribing to the patient.

The Network for Public Law [Website]. Naloxone Prescription Mandates. Accessed March 31, 2022. https://www.networkforphl.org/wp-content/uploads/2021/04/NAL-FINAL-4-12.pdf

Third Party Prescribing

Why is this important?

- Many patients at risk of overdose are not seen by a clinician due to:
  - Expense, particularly for uninsured/underinsured individuals
  - Stigma, shame
  - Lack of knowledge

- Often, a family member or friend will seek assistance from a trusted practitioner. Third party prescribing permits those practitioners to prescribe naloxone to that individual, even though they aren’t the person at risk.

Third Party Prescribing

Sample legal language

(A) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to:

(i) a person at risk of experiencing an opiate-related overdose or

(ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

(B) Such practitioner shall not, as a result of the professional's acts or omissions, be subject to any civil or criminal liability, or any professional disciplinary action.

Naloxone prescription requirements

- Ten states mandate that naloxone be prescribed or offered in certain situations
- In two states (CA and OH) prescribers are only required to offer a prescription, while in eight (AZ, FL, NJ, NM, RI, VA, VT, WA) they are required to provide a prescription for the medication
- Circumstances that trigger these requirements vary from state to state, but most are related to co-prescribing of opioids or where the patient is at increased risk of overdose

The Network for Public Law [Website]. Naloxone Prescription Mandates. Accessed March 31, 2022. https://www.networkforphl.org/wp-content/uploads/2021/04/NAL-FINAL-4-12.pdf

Non-patient-specific prescriptions

- Every state now permits pharmacists to dispense naloxone w/o patient first seeing another prescriber via one or more mechanisms:
- Pharmacist prescribing

  Permitted in at least 8 states (CT, ID, ME, ND, NM, OK, OR, WY)
- Statewide protocols

  Permitted in at least 17 states
- Standing orders for naloxone dispensing

  Permitted in at least 44 states

The Network for Public Law [Website]. Characteristics of Statewide Naloxone Distribution Mechanisms**. Accessed March 31, 2022. https://www.networkforphl.org/wp-content/uploads/2020/08/50-State-Survey-Characteristics-of-Statewide-Naloxone-Distribution-Mechanisms.pdf**

Standing Orders

- Authorize naloxone to be dispensed to any person who meets specified criteria, as opposed to a named patient
- 44 states explicitly permit prescription and dispensing of naloxone via standing order
- In at least 23 states standing orders for naloxone distribution have been issued by a state official, and many pharmacy chains have issued them for their pharmacies

The Network for Public Law [Website]. Characteristics of Statewide Naloxone Distribution Mechanisms**. Accessed March 31, 2022. https://www.networkforphl.org/wp-content/uploads/2020/08/50-State-Survey-Characteristics-of-Statewide-Naloxone-Distribution-Mechanisms.pdf**

Community-Based Distribution

Thirty-eight states permit naloxone to be distributed by laypeople

Liability protections generally apply to community distribution just as traditional dispensing

In most states, naloxone can be distributed outside of medical settings via standing orders

As with all naloxone distribution, a physician or other prescriber must set the terms of dispensing

Liability protection

Naloxone prescribing and dispensing is no more legally risky than any other medication. However, to encourage prescribing and dispensing, nearly every state has provided civil and/or criminal immunity to naloxone prescribers, dispensers, and administrators

- Prescriber civil immunity: 44 states
- Dispenser civil immunity: 43 states
- Lay administrator civil immunity: 45 states

Quick Case Studies

Many communities have taken steps to increase access to naloxone outside of the traditional healthcare context.

These include:

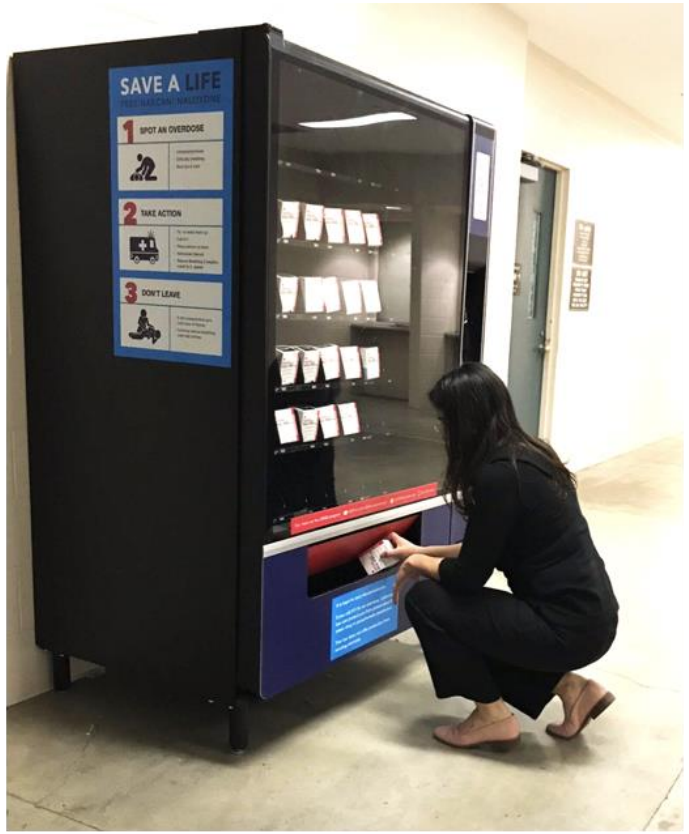
- Ensuring that people leaving high-risk settings such as jails and emergency departments have access to naloxone
- Ensuring that naloxone is available to all at any time of the day or night via free vending machines

Jail-Based Distribution Example

- Los Angeles has the largest jail system in the US, with a daily population around 17,000
- Many people in jail have substance use disorders or know someone who does
- LA has introduced free naloxone vending machines, which are available to people leaving LA County jails
- A training video plays on a loop in the out-processing area, and people leaving jail can receive naloxone literally on their way out the door

LA County Department of Health Services. Overdose Prevention Training Video [website]. Accessed March 31, 2022. https://www.youtube.com/watch?v=rvxIoulSlVE

Jail-Based Distribution Example



No-cost naloxone vending machine at Los Angeles County Jail Release Center. December 2019.

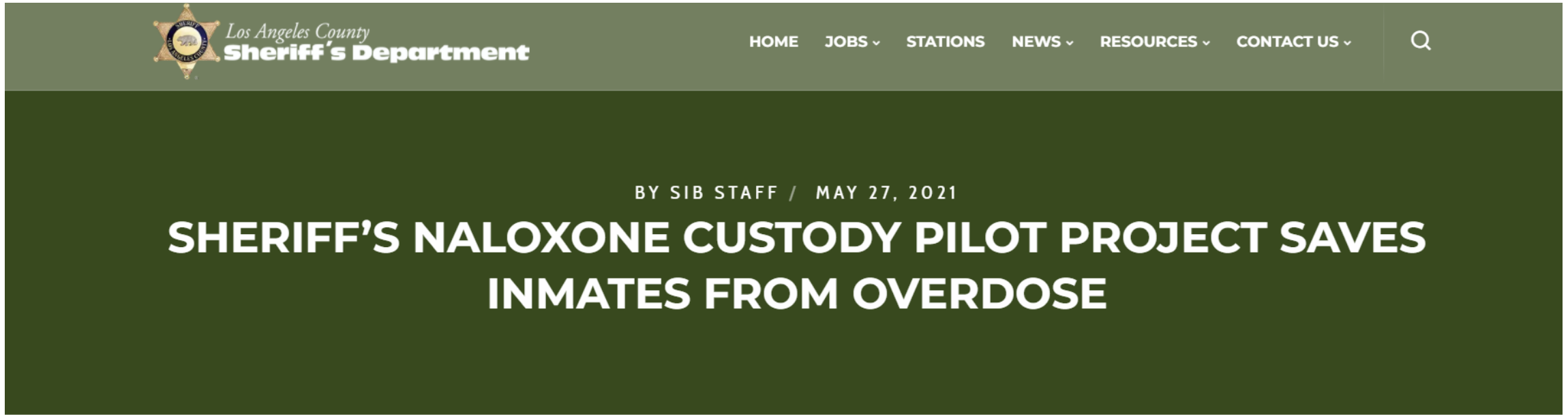
In the first 9 months of 2020, these machines distributed over 20,000 doses (!) of naloxone

This is likely the largest single source of community-based naloxone distribution in the country

Davidson, PJ et al. Documenting need for naloxone distribution in the Los Angeles County jail system. *National Library of Medicine* [website]. Accessed March31, 2022. https://pubmed.ncbi.nlm.nih.gov/30576883/

Jail-Based Availability

Naloxone is also available in the jail itself, accessible to inmates and guards



SIB Staff. Sherrif's Naloxone Custody Pilot Project Saves Inmates from Overdose. Los Angeles County Sheriff's Department [Website]. Accessed March 31, 2022. https://lasd.org/sheriffs-naloxone-custody-pilot-project-saves-inmates-from-overdose/

Naloxone Vending Machines

- Increased pharmacy access is great, but some people, particularly people who use illegal drugs, do not access naloxone from the pharmacy
- Community-based distribution is also great, but most community-based organizations are open only during regular business hours or at other defined times
- A way for people to access naloxone anonymously and at a time that works for them can further increase access
- The specifics differ, but in many states if the law permits community workers to distribute naloxone it also permits people to access it from a vending machine

Naloxone Vending Machines

HealthWest, Muskegon MI

County Jail, South Bend IN

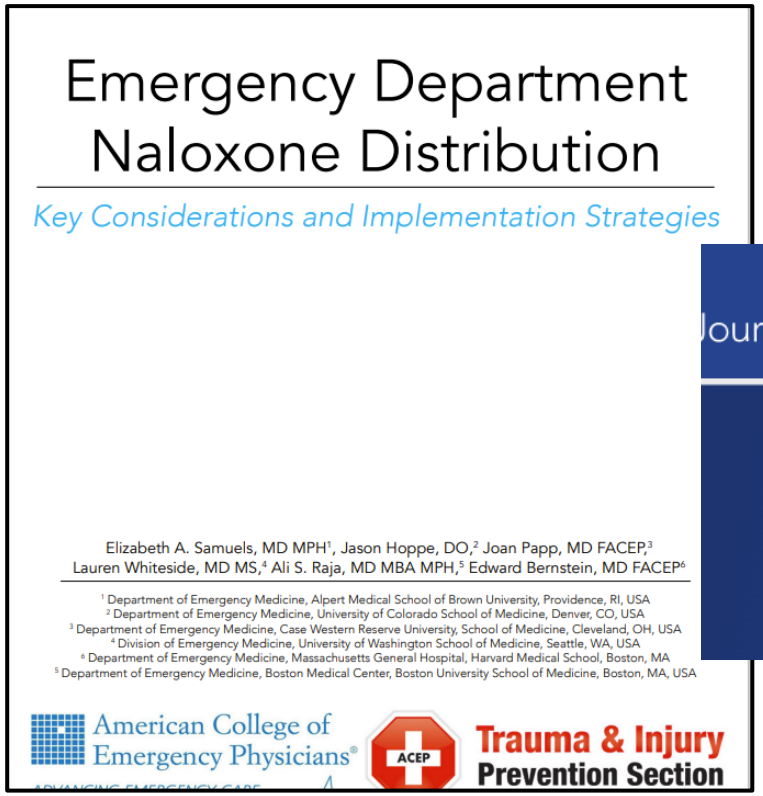
Naloxone Vending Machines

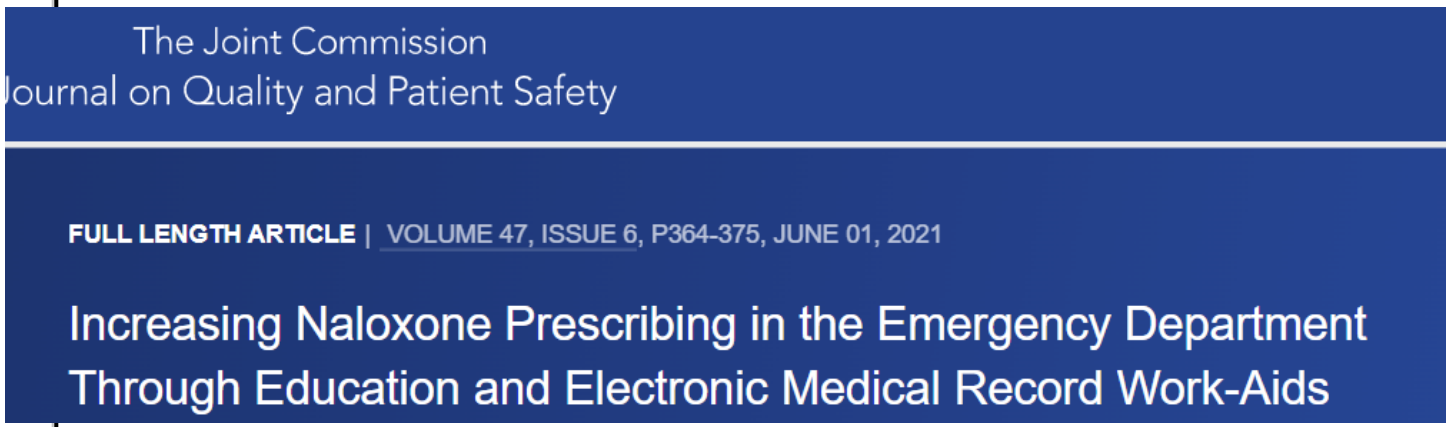
Trac B, Los Vegas NV

West Philadelphia Library, Philadelphia PA

Emergency Department Availability

Emergency departments are also an excellent place to reach people who may be at risk of overdose

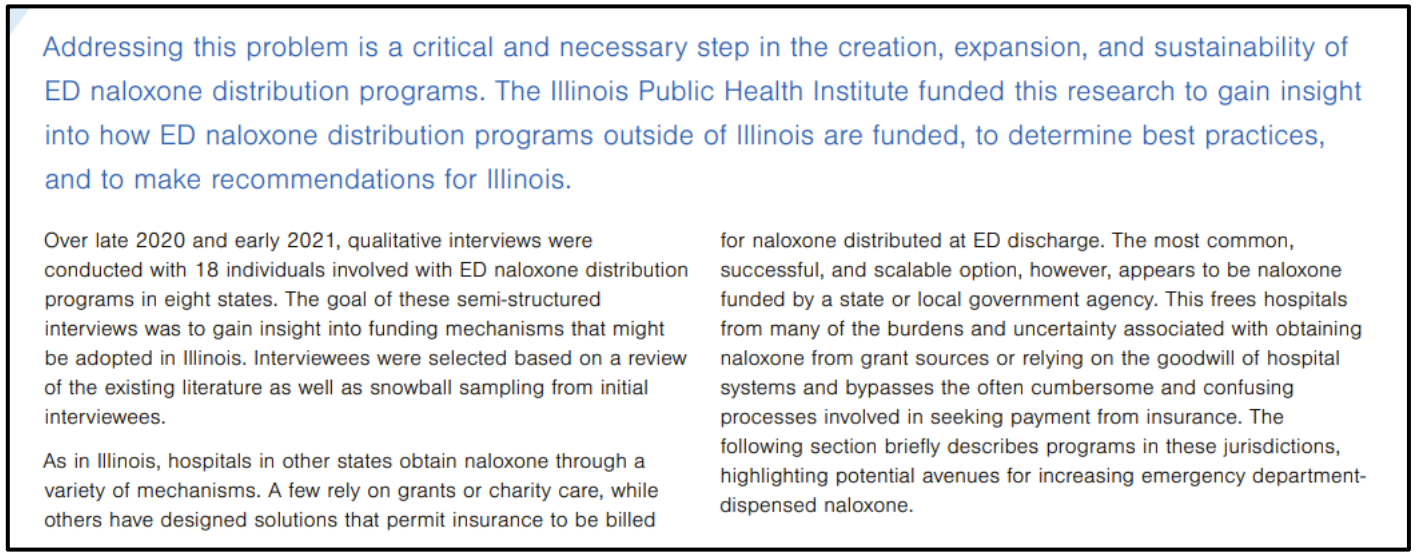




Emergency Department Availability

My research found a number of barriers to providing naloxone to people leaving the ED, from payment issues to pharmacy regulations to workflow inertia

All are addressable, but they require dedicated champions and a desire to address the problem



Addressing this problem is a critical and necessary step in the creation, expansion, and sustainability of ED naloxone distribution programs. The Illinois Public Health Institute funded this research to gain insight into how ED naloxone distribution programs outside of Illinois are funded, to determine best practices, and to make recommendations for Illinois.

Over late 2020 and early 2021, qualitative interviews were conducted with 18 individuals involved with ED naloxone distribution programs in eight states. The goal of these semi-structured interviews was to gain insight into funding mechanisms that might be adopted in Illinois. Interviewees were selected based on a review of the existing literature as well as snowball sampling from initial interviewees.

As in Illinois, hospitals in other states obtain naloxone through a variety of mechanisms. A few rely on grants or charity care, while others have designed solutions that permit insurance to be billed for naloxone distributed at ED discharge. The most common, successful, and scalable option, however, appears to be naloxone funded by a state or local government agency. This frees hospitals from many of the burdens and uncertainty associated with obtaining naloxone from grant sources or relying on the goodwill of hospital systems and bypasses the often cumbersome and confusing processes involved in seeking payment from insurance. The following section briefly describes programs in these jurisdictions, highlighting potential avenues for increasing emergency department-dispensed naloxone.

Illinois Public Health Institute. Financing Naloxone Dispensed from Illinois Emergency Departments [Website]. Accessed March 31, 2022. https://iphionline.org/wp-content/uploads/2021/06/IPHI_ED-Naloxone-Report.pdf

Next Steps

Naloxone is Still Often Not Available When and Where it's Needed

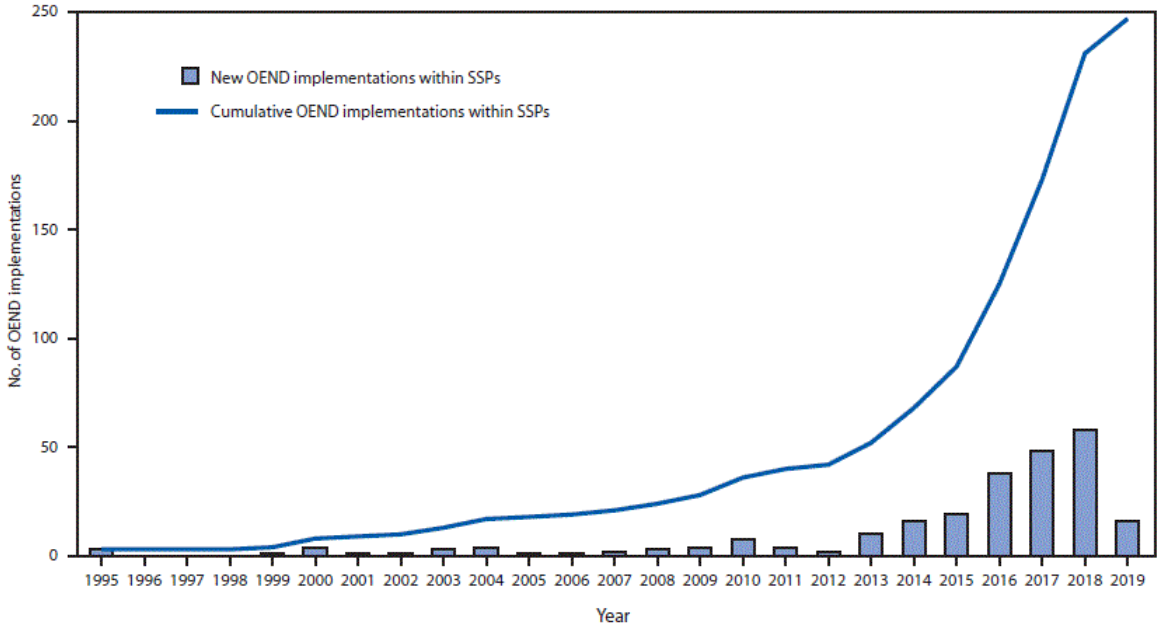
- Naloxone access has increased dramatically in the past decade, both in traditional healthcare settings such as pharmacies as well as harm reduction programs and other non-clinical settings.

- Pharmacy distribution has increased substantially, and a single organization distributed over one million doses of naloxone across the country in 2019

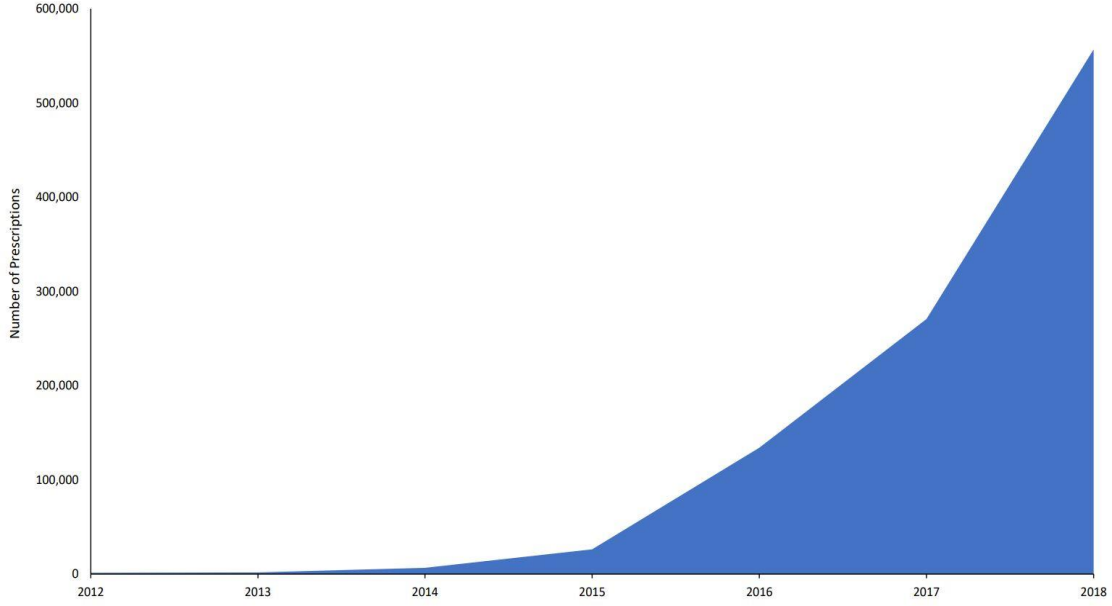
- However, the need far outstrips the supply in every US state – and is likely increasing as fentanyl continues to infiltrate the illicit drug supply

https://medium.com/@ejwharmreduction/harm-reduction-programs-distribute-one-million-doses-of-naloxone-in-2019-4884d3535256

Naloxone is Still Often Not Available When and Where it's Needed



Syringe services programs providing naloxone[1]



Naloxone dispensed from retail pharmacies, 2012-2018[2]

[1.] Lambdin BH et al. Overdose Education and Naloxone Distribution Within Syringe Service Programs — United States, 2019. Centers for Disease Control and Prevention, *MMWR Morb Mortal Wkly Rep* 2020;69:1117–1121 [Website]. Reviewed August 20, 2020. Accessed March 31, 2022. https://www.cdc.gov/mmwr/volumes/69/wr/mm6933a2.htm

[2.] Centers for Disease Control and Prevention. HHS and CDC Recommendations to Expand the Use of Naloxone—A Lifesaving, yet Underutilized Drug for Reversing Opioid Overdose [Website]. Accessed March31, 2022. https://emergency.cdc.gov/coca/ppt/2019/Naloxone-Prescribing-COCA-Call-Slides-Final-09.17.19.pdf

Naloxone is Still Often Not Available When and Where it's Needed

A recent study reported that naloxone access was sufficient to meet the need in only a single US state. And that was in 2017 – it might not still be the case now.

Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study

Michael A Irvine, Declan Oller, Jesse Boggis, Brian Bishop, Daniel Coombs, Eliza Wheeler, Maya Doe-Simkins, Alexander Y Walley, Brandon D L Marshall, Jeffrey Bratberg, Traci C Green

Interpretation Opioid epidemic type and how naloxone is accessed have large effects on the number of naloxone kits that need to be distributed, the probability of naloxone use, and the number of deaths due to overdose averted. The extent of naloxone distribution, especially through community-based programmes and pharmacy-initiated access points, warrants substantial expansion in nearly every US state.

Irvine MA et al. Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. *Lancet Public Health 2022*. 7: e210–18 [Website]. Published online February 10, 2022. https://www.thelancet.com/action/showPdf?pii=S2468-2667%2821%2900304-2

What To Do?

Additional policy change is both needed and possible

- Some state laws do not permit community organizations to distribute naloxone. This should change.
- Most state-issued standing orders do not permit community distribution, even though it is legally permitted. This should change.
- Many federal grant funds go to state agencies, instead of directly to community organizations. This should change.
- Most jails do not provide naloxone to individuals leaving those facilities. Both federal and state governments can encourage or mandate them to do so.

What To Do?

Additional policy change is both needed and possible

- Likewise, most emergency departments do not have a formal program to ensure that individuals who overdosed or who have opioid use disorder (OUD) are prescribed or (preferably) dispensed naloxone when leaving. A variety of options are available to increase access from this important setting.
- Naloxone co-prescribing laws do improve naloxone dispensing, but it appears that most patients who should be prescribed naloxone do not receive a prescription. States can and should do more to educate prescribers and dispensers about these mandates, and the reasons for them.

Green TC et al. Laws Mandating Coprescription of Naloxone and Their Impact on Naloxone Prescription in Five US States, 2014–2018. AJPH [Website]. Published online May 6, 2020. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305620

What To Do?

Additional policy change is both needed and possible

- Many providers are not aware of the laws in their states, or do not feel comfortable having conversations about SUD and naloxone. Continuing education and training is needed to address this.
    - States increasingly require opioid-related CME, but it generally addresses issues such as opioid prescribing (sometimes in stigmatizing terms) and does not address naloxone prescribing or how to have discussions with patients
- Similarly, in states where naloxone can be accessed at a pharmacy without a patient-specific order, training and education can improve outreach to patients at risk of overdose and their friends/family.

What To Do?

Additional policy change is both needed and possible

- While nearly all states have passed overdose Good Samaritan laws, they are often limited in nature, and individuals who use drugs often do not trust law enforcement to follow them.
    - These laws can be strengthened, and government at all levels can do much more to embrace a public-health-oriented approach to opioid use disorder
- Similarly, some people are concerned that a prescription for naloxone may impact their ability to obtain life insurance or health insurance, even if they are not themselves misusing opioids. State laws can address this barrier

Bottom Line

- Naloxone reduces opioid-related morbidity and mortality, but only if it's readily available at the scene of the overdose
- Law can act as both barrier and facilitator to naloxone access
- Important to identify and change laws that reduce naloxone access
- Also extremely important to change the culture to reduce stigma and normalize naloxone availability, similar to how automated external defibrillators (AEDs) are now often available in public spaces
    - This is in some ways more difficult than changing laws, but very important

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Room A412

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app.meet.ps/attendee/mp_april

We appreciate your participation!