Patients can get—and pharmacists can provide—naloxone at the pharmacy. Why don't they?

Several major chains have trained all their pharmacists on naloxone. Forty-eight states and Washington, DC, allow pharmacists to dispense naloxone without a physician's prescription. Access to naloxone through pharmacists is a win for the pharmacy profession—the role pharmacists could play in resolving the opioid epidemic is a major plank in the argument for provider status. So why hasn't access to naloxone at pharmacies brought more patients in to get it? And why are many pharmacists reluctant to provide it?

Barriers

"I would say the biggest barrier is cost," said Anita Jacobson, PharmD, clinical assistant professor at University of Rhode Island School of Pharmacy. "People who use opioids recreationally or illicitly are the most likely to be in the position to use naloxone, but if they are coming into a pharmacy and there is a cost associated with it, unfortunately that is a big deterrent."

There are also practical barriers. Policies governing pharmacists' latitude to furnish naloxone without a prescription vary widely. Some states require pharmacists to undergo training, which may cost a few hundred dollars, or require patient screening, which can throw a wrench in a busy pharmacy's workflow. Counseling patients on how to use naloxone may not be reimbursed. In some states, pharmacists must enter into collaborative practice agreements to provide naloxone. And while some states, like Rhode Island, require third-party insurers to cover naloxone, many don't.

States also vary in their "Good Samaritan" laws. Those who report overdoses to 911 may be exempt from liability for naloxone but are not necessarily exempt from criminal prosecution for drug-related activities. "Like I said, people who use drugs themselves are most likely to witness an overdose, but less than half of the time do people actually call 911," Jacobson said.

Navigating stigma and pushback

"Pharmacists could be proactive and say, 'This person meets these criteria, I'm going to recommend naloxone,'" Jacobson said. "But that person may be offended, quite frankly, because they think you're accusing them of misusing their medication, or, in the case of patients who've been taking the medications for a while, they wonder, 'Why now?'"

The words pharmacists use to recommend naloxone help destigmatize it. Jacobson encourages use of the term "breathing emergency" in lieu of "overdose."

"You say, 'We're not suggesting you're misusing your medications. However, we are finding that even at prescribed doses there is a risk of you developing slowed breathing and a breathing emergency. We want you to have this just like someone would have a fire extinguisher. We hope you never use it, but it is important to have just in case.'"

> Many pharmacists who otherwise could dispense naloxone aren't doing it.

Jacobson urges pharmacists to remind patients that there are occasions to use naloxone that don't involve misuse of the drug—accidents can happen. "People could forget they took a dose already and double-up; also there is risk of accidental or recreational exposure among children and adolescents, [and] even a pet potentially could get into unsecured medication." Patients also may have loved ones who could require naloxone.

It's a matter of being prepared. "If you have an allergy, you have an EpiPen. If you have opioids, you have naloxone."

Limited awareness

Many patients may not know that they can get naloxone from pharmacies.

"I think you have to use a combination of passive and active strategies [to raise awareness]," Jacobson said. "Passive strategies would be posters or putting a sticker on the prescription bags of all opioids and syringe purchases," Jacobson said. Jacobson recommends pharmacists interested in using stickers or signage visit www.preventandprotect.org, where such materials are available to download at no cost.

"The active way is to be knowledgeable as pharmacists and educate pharmacy technicians about who is at risk," she said. Pharmacies could recommend naloxone with every opioid prescription, or they could target those at higher risk for breathing emergencies—for example, those taking opioids in combination with sedating drugs like benzos, gabapentin, or certain antidepressants, or who are taking higher opioid doses, or for longer durations. Or maybe the state prescription drug monitoring program (PDMP) shows the patient is get-

ting opioids from multiple prescribers at multiple pharmacies.

Patients with sleep apnea, COPD, or other respiratory conditions should also be offered naloxone. "And certainly, anyone who has what we call 'patient-related factors.' Maybe a patient has been in a rehabilitation facility or even a correctional setting and is now transitioning back to the home setting where there isn't as much constant support." Patients are at a high risk for relapse during these transitions, and they may overdose due to reduced tolerance.

Prescription opioids are associated with 40% of overdoses, while 60% of opioid overdoses are the result of illicit opioids like fentanyl. For at-risk patients whom pharmacists may not be able to identify by their prescriptions, "syringe purchases are an avenue for that intervention," Jacobson said.

'Get over it'

Many pharmacists who otherwise could dispense naloxone—either as part of a collaborative practice agreement, state law, or company policy—aren't doing it. "I suspect they think it's somehow enabling people to use drugs," Jacobson said. The data doesn't back up their concerns. "When you get naloxone into a community, there is not a compensatory increase in heroin usage."

Lucas Hill, PharmD, BCPS, BCACP, is clinical assistant professor at University of Texas at Austin (UT Austin) College of Pharmacy and clinical pharmacist at CommUnityCare Federally Qualified Health Centers. Hill also leads Operation Naloxone, an opioid overdose education and naloxone distribution program led by UT Austin College of Pharmacy in collaboration with the School of Social Work and Texas Overdose Naloxone Initiative.

Hill has some blunt words for pharmacists who are hesitant to provide naloxone. "Get over it," he said.

He's kidding. Or is he? "Pharmacists have a key role to play in public health and harm reduction. Nowhere is that more evident than in our current opioid crisis. However, moralistic humbuggery and a general lack of willingness to push past traditional boundaries may well bungle this unique opportunity to advance the role of the community pharmacist," he said.

"Many pharmacists worry that naloxone will be a safety net, promoting more extreme drug misuse. This is not supported by a shred of evidence. Several analyses have demonstrated that increasing naloxone access leads to fewer overdose deaths and promotes entry into addiction treatment programs," Hill added.

Cast worries aside

Jacobson also cites "a myth that when people are reversed on naloxone, they become violent and combative."

"People may experience agitation and withdrawal symptoms—sweating, nausea, vomiting—but first responder data is overwhelming that less than 1% become in any way combative. Fear of danger to the person who administers naloxone should not deter helping someone who's in an overdose situation," she said.

"Providing naloxone to people who misuse drugs, or providing any services to these patients whatsoever, is a very controversial topic among pharmacists," Hill said. "This is unfortunate, as these are some of the most severely ill patients that pharmacists encounter, and we have an important role to play in their recovery from substance use disorder."

Hill doesn't think providing naloxone to high-risk patients is enough. "Pharmacists need to be providing access to sterile injection equipment to prevent HCV and HIV infections. We need to be ensuring that buprenorphine is readily accessible for our patients with opioid use disorder, maintaining a significant stock, and helping to troubleshoot insurance coverage issues. We need to be referring patients to evidence-based addiction treatment in our communities," he said.

"Now is the time for pharmacists to lead on issues related to the health of people who use drugs, regardless of whether that drug is prescribed or illicit."

Rachel Balick, reporter