

Pharmacies should proactively offer naloxone to all patients who meet evidence-based criteria

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Pharmacies should proactively offer naloxone, a drug that blocks or reverses the effects of overdose, to patients taking opioid medications through universal opt-out strategies in an effort to get the life-saving drug into the hands of more people who need it, according to a new study out of Boston Medical Center (BMC).

The US Department of Health and Human Services named expanding access to the rescue medication naloxone (known also by the brand name Narcan) one of three main strategies to address the opioid crisis.

Research has found educating and providing naloxone to people who are at risk of witnessing or experiencing an overdose leads to a 30-50 percent decrease in opioid death rates.

Currently, pharmacists in Massachusetts and Rhode Island can provide naloxone without a prescription. However, the study found that many [patients](#) are reluctant to ask for naloxone or they are unaware of its availability, while pharmacists are concerned about the implications of offering it without being asked.

"There's this tension between patients who are afraid of the stigma associated with asking for naloxone, and pharmacists who worry about damaging relationships or breaking trust with patients by offering it," said Traci Green, PhD, MSc, epidemiologist and associate director of the Injury Prevention Center at BMC who served as lead author of the

study. "It's these fears that hold pharmacists back from offering naloxone to people who may need it for themselves or their family".

After conducting a series of eight focus groups in two states with over 60 pharmacists, pain patients, current and former drug users, and [family members](#) of people who use opioids, researchers found consistent support for an "opt-out" model of offering naloxone in the pharmacy, rather than the current model that has people asking for it at the pharmacy counter—where too few do. The opt-out model universally offers naloxone to those obtaining opioid prescriptions or those with identifiable medication-related risks, such as patients taking high doses of opioids for pain or for [opioid](#) use disorder, or those who are co-prescribed opioids and sleep aids or anxiety drugs. It would also target those who pick up such prescriptions for their family members.

"Most overdoses occur at home or with a loved one close by. With expanded naloxone access in the pharmacy setting, we have the opportunity to give people the choice to keep themselves and their family safe, and reduce the stigma of getting naloxone and of addiction. Our study suggests that by giving pharmacists the model and language to do so, they have the power to save a life with naloxone" said Green, who is also an associate professor of emergency medicine at Boston University School of Medicine.

The study is published in the *Journal of American Pharmacists Association* and is part of the larger MOON study, led by Dr. Green and others at BMC and in collaboration with researchers at Boston University, Lifespan Hospitals of Rhode Island and the University of Rhode Island. The three-year project is funded by the Agency for Healthcare Research & Quality, which is working with local pharmacies in Massachusetts and Rhode Island to determine the best way to provide [naloxone](#) in the [pharmacy](#) setting.

More information: *Journal of American Pharmacists Association*,
[www.japha.org/article/S1544-3191\(17\)30013-4/pdf](http://www.japha.org/article/S1544-3191(17)30013-4/pdf)

Provided by Boston University Medical Center

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