

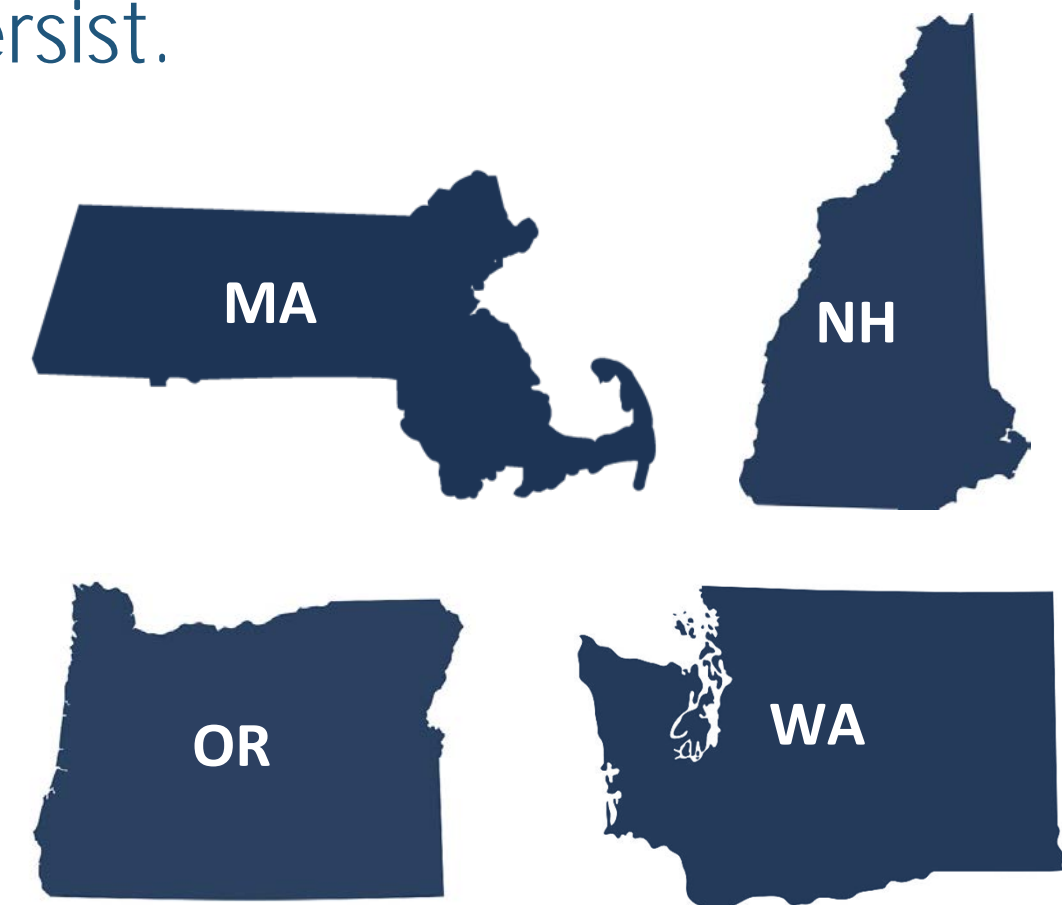
Systemic Barriers to Dispensing Naloxone in Community Pharmacies Across Massachusetts, New Hampshire, Oregon, and Washington

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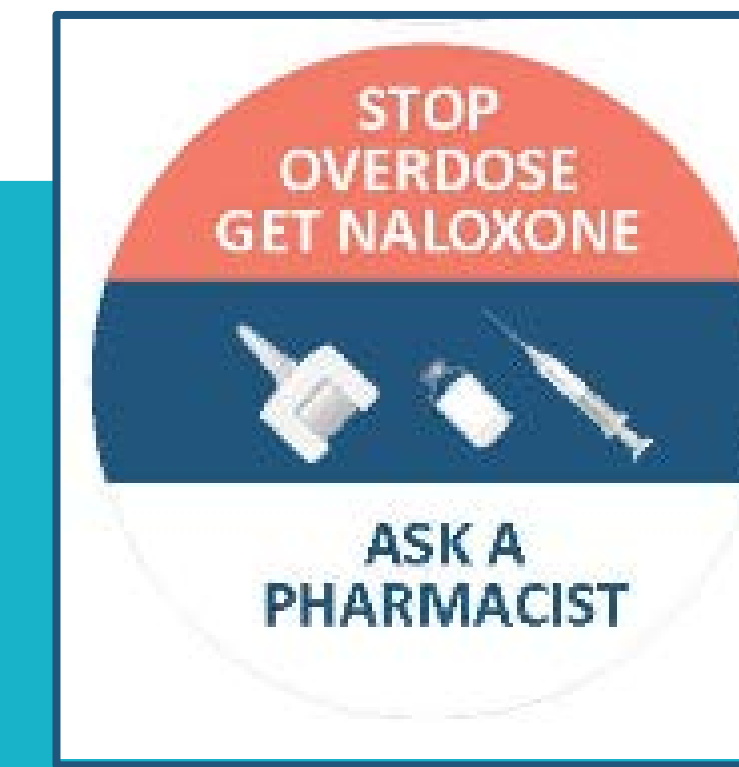
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Background

Despite legislation that allows pharmacists to directly provide the opioid overdose antidote naloxone, barriers to access persist.



The **RESPOND TO PREVENT (R2P)** program is an educational intervention that combines pharmacy-based materials, academic detailing, and an online continuing education course to empower pharmacists to engage with patients at increased risk for opioid overdose, and to encourage patients to interact with pharmacists for naloxone



Research Objective

This study aims to describe perceived barriers to providing naloxone at **96 community pharmacies** across four states prior to participating in R2P.

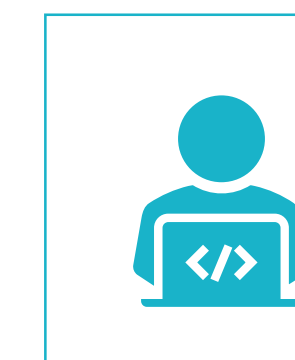
Methods

We conducted a mixed-method analysis of:

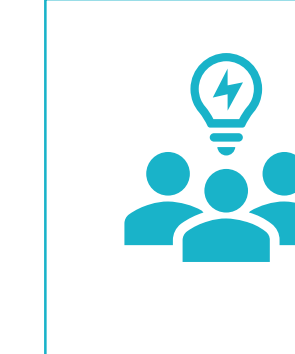
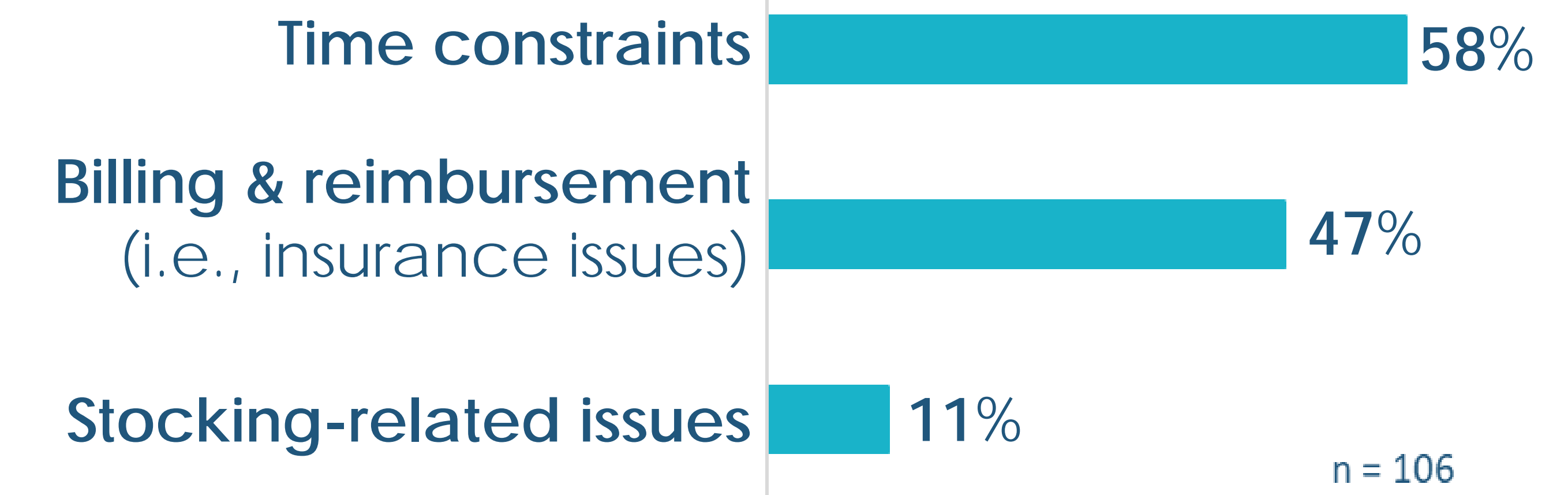
- Pharmacist self-report **surveys** completed at baseline (n = 106)
- Two post-R2P **focus groups** with pharmacists (n = 32)
- Logs** of (n = 1,133) pharmacist-patient naloxone encounters during the first month of the R2P intervention period.

Systemic barriers to dispensing naloxone in community pharmacies were prominent including concerns related to price and insurance co-pay amount, stocking-related issues, and time constraints.

Results



The proportion of pharmacists that said the following represent a significant **challenge to providing naloxone directly to patients from the pharmacy** at baseline (pre-R2P):



Several focus group participants described **barriers to naloxone provision related to cost concerns and insurance copay and stocking-related issues.**

"Price is a major factor why most patients refuse [naloxone] even explaining the importance of having it on-hand."

-WA Pharmacist

"Insurance coverage is hit or miss, which can be a huge barrier."

-OR Pharmacist

"Stocking was sometimes an issue. Some days we would [dispense] 3-4 and not have any residual stock on the shelf for the next morning."

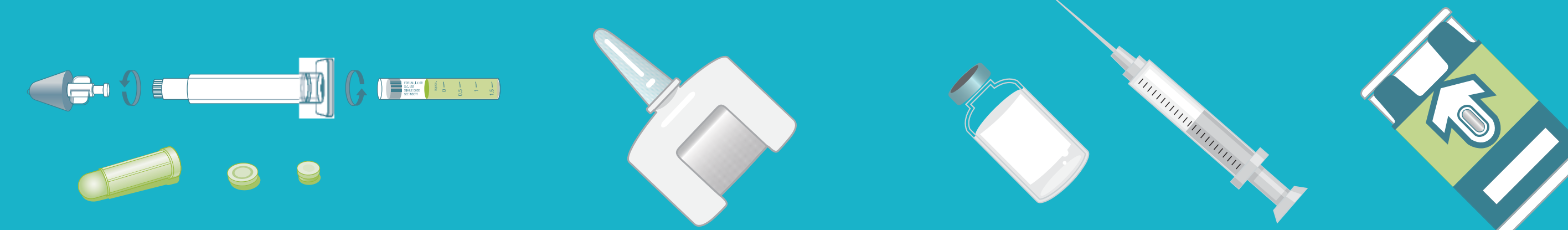
-WA Pharmacist



Of the 345 naloxone encounters that reported the **patient declined naloxone 10% were due to cost or co-pay.**

Discussion

In addition to individual and interpersonal level interventions, policy and organizational level interventions that address cost and insurance coverage are needed to increase naloxone distribution at community pharmacies.



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