

Direct dispensing of naloxone by pharmacists can cut opioid overdose deaths, study finds

6 May 2019

Allowing pharmacists to dispense the opioid antidote naloxone without a physician's prescription can sharply reduce the incidence of fatal opioid-related overdoses, according to a new RAND Corporation study.

States that adopted such laws saw fatal [opioid](#) overdoses fall by an average of 27 percent during the second year following passage and 34 percent in subsequent years, according to the study published in the journal *JAMA Internal Medicine*.

Researchers found that laws that encourage the distribution of naloxone—but stop short of allowing direct dispensing by pharmacists—did little to reduce opioid-related overdose deaths.

"This is strong evidence that greater use of naloxone can help reduce [opioid-related deaths](#)," said David Powell, a study co-author and a senior economist at RAND, a nonprofit research organization. "But how laws are structured to increase naloxone use is important. Weaker laws that do not give pharmacists direct dispensing authority did not curb opioid deaths."

While previous research has examined associations between expanded naloxone use and opioid-related deaths, the RAND study is the first to look at the impact of giving pharmacists direct authority to prescribe the drug.

The study also found that direct dispensing laws were associated with increased visits to hospital emergency departments for nonfatal opioid overdoses. Researchers say it was not clear if the increase was caused by fewer patients dying from opioid overdoses or whether other factors triggered an increase.

Overdose deaths from both prescription and

recreational opioid use far exceed those from any prior U.S. drug epidemic. The number of opioid-related deaths each year since 2014 has surpassed the number of deaths associated with the peak of the HIV epidemic of the 1980s, as well as surpassing the number of deaths caused by auto accidents or gun violence.

Among the strategies adopted by state governments to combat the opioid crisis is increasing the distribution of naloxone, which can reverse the effects of an opioid overdose if given to a person promptly. In the case of an [overdose](#), it usually is either injected or delivered as a nasal spray.

Most jurisdictions require naloxone to be dispensed only with a physician's prescription. Others have given pharmacists indirect authority to independently dispense the drug, such as allowing sales to people who meet certain criteria such as being enrolled in certain treatment programs. A growing number of states now allow naloxone to be sold directly to the public by pharmacists without a prescription.

The RAND study examined the policies across all states and the District of Columbia from 2005 to 2016, examining whether the adoption of different policies were associated with changes in [opioid-related overdose deaths](#) and the dispensing of naloxone.

While few states had naloxone access laws prior to 2010, rules encouraging dispensing of naloxone have grown quickly since then. By 2014, 15 states had laws that provide pharmacists with indirect authority to dispense naloxone. By 2016, nine states had laws allowing the direct dispensing of naloxone by pharmacists.

Researchers found that laws providing only indirect authority to pharmacists to dispense naloxone had little effect on increasing purchases of the drug. In contrast, states that adopted laws providing direct authority for pharmacists to dispense naloxone saw large increases in dispensing of the medication.

While stronger naloxone access laws significantly reduced deaths from opioid overdoses, the laws were not associated with fewer opioid overdoses overall. States with the direct dispensing laws saw an average 15 percent increase in nonfatal opioid-related emergency department visits relative to states that did not allow direct dispensing by pharmacists.

"These findings highlight the importance of coupling [naloxone](#) access laws with effective interventions and connections to treatment for patients seen in emergency departments for overdoses," said Rahi Abouk, the study's lead author and an economist at William Paterson University. "This is the location where such programs may be the most effective."

Provided by RAND Corporation

APA citation: Direct dispensing of naloxone by pharmacists can cut opioid overdose deaths, study finds (2019, May 6) retrieved 26 May 2022 from <https://medicalxpress.com/news/2019-05-naloxone-pharmacists-opioid-overdose-deaths.html>

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