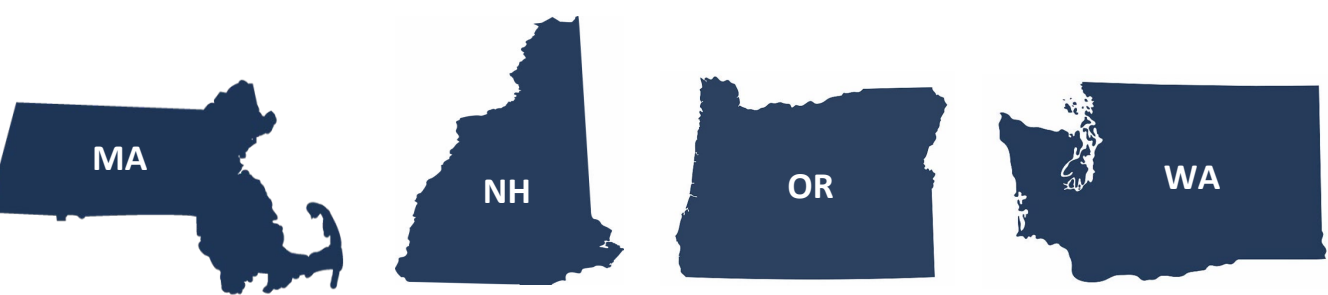


A Qualitative Review of Policy Landscape: Facilitators and Barriers to Pharmacy-based Naloxone, Buprenorphine and Syringe access across four-states

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Background

Respond to Prevent (R2P) is a multi-component, randomized control trial implemented in four states (Massachusetts, New Hampshire, Oregon and Washington), in two large pharmacy chains with the aim of improving naloxone dispensing, buprenorphine prescribing, and non-prescription syringe sales.



Objective

The goal of this study was to identify facilitators and barriers (e.g. state-specific policies, store policies, regional characteristics) to R2P intervention implementation and effectiveness.

Methods

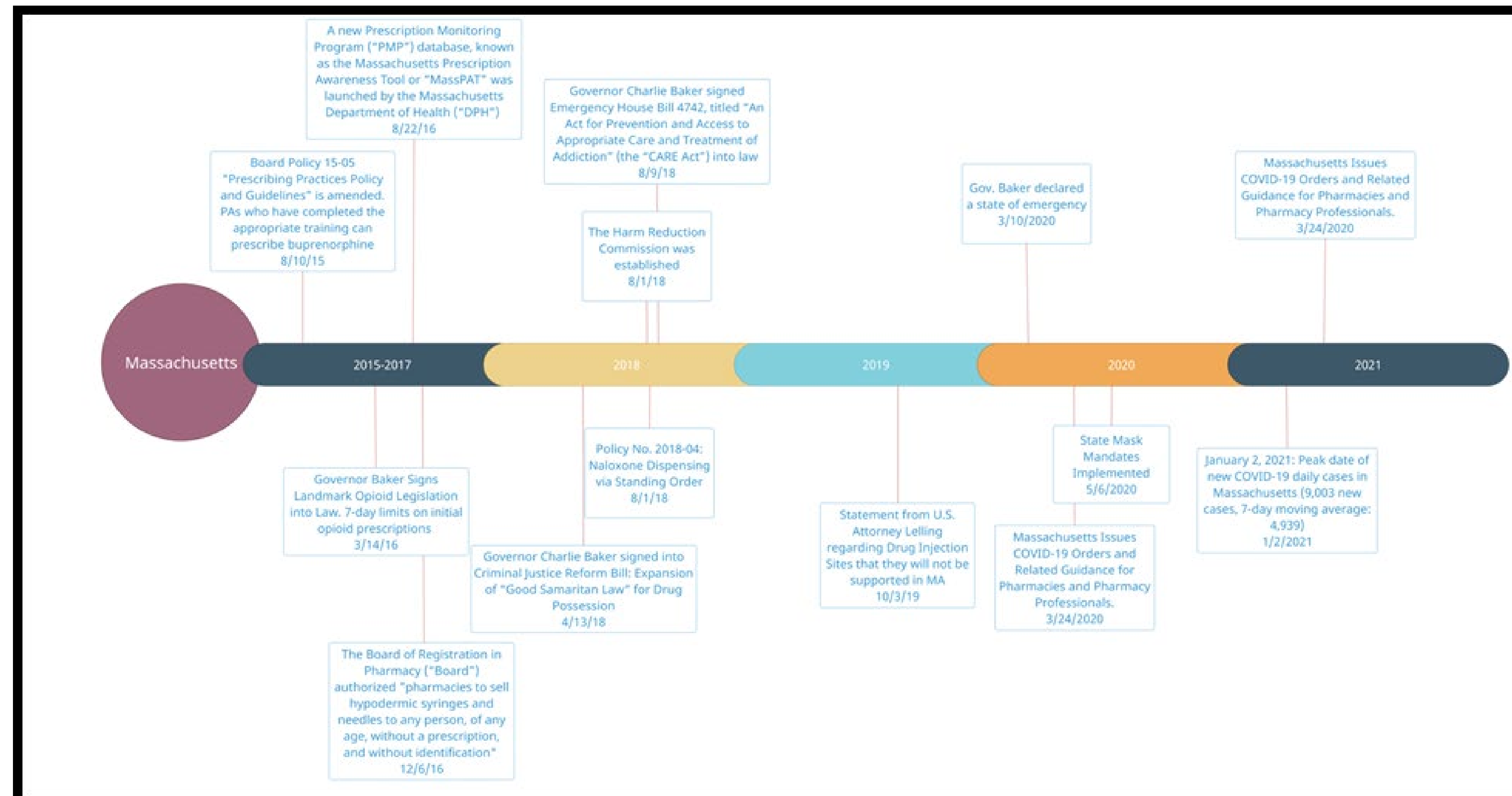
Methods: A mixed-methods approach consisting of:

1) An environmental scan of published academic literature and online materials from June 2021-October 2021

2) State specific timelines of key events pertaining to those policies and practices and

3) Semi-structured interviews with stakeholders (key informants) at the state and local levels (N=36) to provide further context for the policies and practices we discovered.

Environmental Scan Timeline



Facilitators and Barrier Commonality By State As Reported By Key Informants

	Massachusetts	New Hampshire	Oregon	Washington
Facilitators				
A. Naloxone standing orders	✓	✓	✓	✓
B. Community-based harm reduction organizations	✓	✓	✓	✓
C. Health insurance coverage and state policies	✓		✓	✓
D. Increased availability of telehealth		✓	✓	
E. Buprenorphine prescribing			✓	✓
F. Drug decriminalization			✓	✓
Barriers				
A. Stigma	✓	✓	✓	✓
B. Rurality	✓	✓	✓	✓
C. High medication costs	✓	✓	✓	✓
D. Limitations on MOUD prescribing	✓		✓	✓
E. Zoning and funding restrictions on SSPs		✓	✓	✓

Summary of legislative findings from literature searches across states

Components	Specific laws	Massachusetts	New Hampshire	Oregon	Washington
Naloxone	Naloxone co-prescription mandate				✓
	Pharmacist's dispense naloxone without prescription	✓	✓	✓	✓
	Statewide standing order	✓	✓		✓
	Prescriptive authority for naloxone (PA/APRN)			✓	
	Recipient educational requirement	✓			
	Civil/criminal immunity for person administering naloxone	✓	✓	✓	✓
Possession of drugs/drug paraphernalia	Decriminalization of possession of personal drug possession			✓	✓*
	Decriminalization of possession of fentanyl test strips/drug checking equipment	✓		✓	
	Decriminalization of nonprescription syringe possession	✓	✓	✓	✓
Buprenorphine	Buprenorphine prescription authority of PA/APRN	✓	✓	✓	✓
	Buprenorphine dispensing model	Nurse case manager model	Doorways model	Outpatient office model (OEM)	Hub-and-spoke model
	Telehealth for buprenorphine	✓	✓	✓	✓

"We heard a lot about syringes left in [pharmacy] bathrooms and parking lots. We also heard straight up stigma of, "these people cost us more money than they're worth, they steal everything from our [pharmacy] stores, we got to watch them like a hawk", that kind of thing" -- New Hampshire Key Informant

"There are counties where you have to drive several hours to access any kind of harm reduction services or primary care services or dental services, it's not just these kind of services, right, like these are challenges the state faces and access to all kinds of healthcare" -- Oregon Key Informant

"[High prices, even with health insurance] are a major factor when most patients refuse naloxone; as much as 10% [of refusals] were due to the cost of the copay" -- Massachusetts Key Informant

Results

Key informants (KIs) discussed **state policies, pharmacy policies and local practices** that facilitated access to naloxone, buprenorphine and syringes.

Interviewees from all states spoke about the impact of naloxone standing orders, active partnerships with community-based harm reduction organizations, and some federal and state policies like Medicaid coverage for these medications and buprenorphine telehealth permissions as key facilitators.

KI's also discussed barriers like:

- Stigma
- Rurality
- Restrictive pharmacy policies
- High costs

Conclusion

Findings from this study highlight facilitators and barriers across four states with respect to naloxone, buprenorphine and syringes access. Our results demonstrate the important role that harm reduction-related policies play in institutionalizing these essential services in communities and pharmacies while also identifying structural barriers where more focused state and local attention is needed.



RESPOND TO PREVENT (R2P) is an intervention dedicated to expanding harm reduction services in community pharmacies A four-state randomized trial funded by the National Institute on Drug Abuse (NIDA)

