

Modeling the impact of naloxone distribution for overdose prevention through community programs, prescriptions, and pharmacy-facilitated channels in the US:

Results from a 10-state analysis

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Background

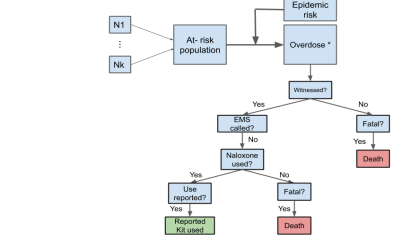
- The opioid crisis claimed the lives of >47,000 Americans in 2017.
- Equipping people with the opioid overdose antidote naloxone can reduce the rate of fatal overdose.
- Naloxone is available as take-home kits (THN) from community programs, by prescription (RX), and through pharmacy standing orders.

Objective

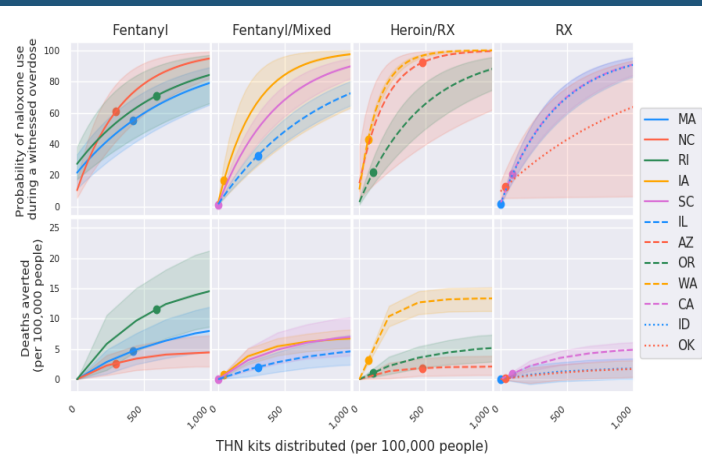
- This study aimed to estimate the number of naloxone kits needed to reduce overdose risk in a sample of 10 US states across a range of access points.

Methods

- We constructed a Bayesian model of people at risk of opioid overdose and fitted to prescription, heroin, and fentanyl-dominant state-specific epidemic types using 2017 data.
- We performed a literature review and modified-Delphi panel to estimate parameters linked to naloxone need.
- Overdose death, paramedic-attended overdose, and at-risk population data were used to calibrate the model for 10 states: **Massachusetts, Rhode Island, North Carolina, South Carolina, Oklahoma, Arizona, California, Idaho, Oregon, and Washington.**
- We measured naloxone saturation using the outcomes of potentially fatal overdose deaths averted and probability of witnessed overdose reversed.
- We explored the impact on mortality if naloxone kits were distributed across 9 states at the same rate as Massachusetts.

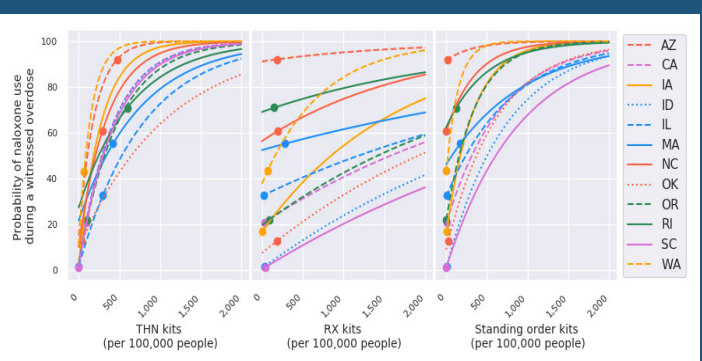


Probability of naloxone use in the event of a witnessed overdose and deaths averted with respect to amount of naloxone distributed, by type of opioid epidemic



RX=prescription opioid; THN kits=community take-home naloxone kits

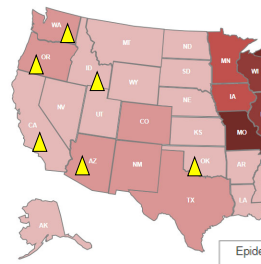
Probability of naloxone use in the event of a witnessed overdose with respect to amount of naloxone distributed, per naloxone distribution source



Rx kits=prescription naloxone kit; THN kits=community take-home naloxone kits



Results



- In 2017, there were 12,086 overdose deaths across the 10 states.
- We estimated 27,199 overdoses averted by naloxone, resulting in 3,350 deaths averted.
- Community program and pharmacy-facilitated distribution were more available than dispensed prescription, however, prescription attainment saturation.
- The highest probability of naloxone use during a witnessed overdose was in Rhode Island (60.3%; 95% CI 43.2% - 85.1%).
- If Massachusetts community program distribution had been applied at the same rate as Rhode Island, 12,958 deaths could have been averted.
- Within Massachusetts, naloxone use was attributed to community program distribution (22.7%), pharmacy-facilitation (22.7%), and prescriptions (9.3%).

Conclusion

- Naloxone distribution efforts in the 10 states are far from attaining maximum reach.
- Community program and pharmacy-facilitation can avert more overdose deaths than prescriptions. A greater likelihood that naloxone was used during a witnessed overdose.

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