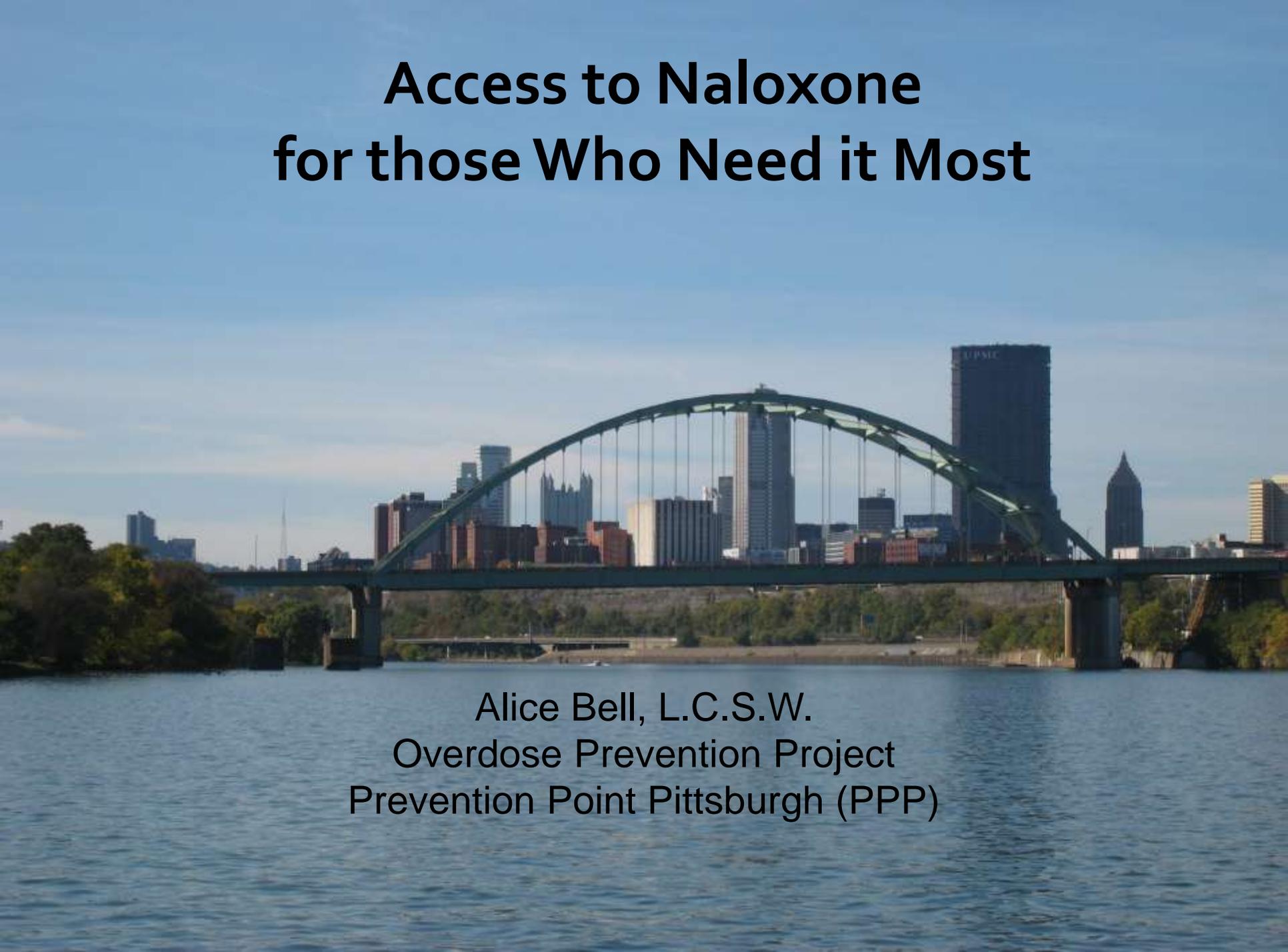


Access to Naloxone for those Who Need it Most



Alice Bell, L.C.S.W.
Overdose Prevention Project
Prevention Point Pittsburgh (PPP)

ACCESS TO NALOXONE

Who is most likely to use it?

How best to make sure those individuals have access?

Is Over the Counter our best strategy?

What problems need to be addressed to make OTC viable strategy.

Skyrocketing deaths from opioid overdose, high potency/fast-acting fentanyl in heroin supply, make it essential that naloxone is immediately available at the scene of an opioid overdose.

Individuals who use illicit drugs most likely to be already present at the scene when opioid overdose occurs.

*January/February 2014 introduction of illicit fentanyl into the heroin supply in Southwestern Pennsylvania resulted in 22 fatalities within a 2 week period.

NALOXONE FOR THOSE WHO NEED IT MOST

- Ideally naloxone should be in the first aid kit of every lay and professional first responder: in police cars, ambulances, homeless shelters, substance use treatment programs, schools, community centers and home first aid kits.
- NUMBER ONE priority: Put naloxone in the hands of those most likely to be on the scene and first to respond, individuals who use opioids, themselves.
 - How best to reach this population? By making naloxone available, free of charge in these settings:
 - Syringe Exchange Programs
 - Jails
 - Methadone, Suboxone and Other Treatment Programs
 - Hospital Emergency Departments
 - Free Clinics

INDIVIDUALS WHO WITNESS AN OVERDOSE ARE THE FIRST RESPONDERS

Prevention Point Pittsburgh Program Data 2005-2014*:

- SEP-based program, distributing IM naloxone
- 1,175 SEP participants witnessed 4,981 overdoses.
- 72% reported having witnessed one or more overdoses in their lifetime, prior to receiving naloxone.
- 57% reported witnessing two or more overdoses.
- Consistent with data from New York City Study**:

*Alex Bennett, National Development and Research Institute (NDRI); Gerald Cochran, University of Pittsburgh, unpublished data 2005-2014.

**Anne Siegler, NYC DOH, unpublished.

IMPLEMENTATION OF THIRD PARTY/STANDING ORDER PRESCRIBING IN 2015:

- In 2015, implementation of Pennsylvania Act 139 allows “third party prescribing”: Allows naloxone to be prescribed to potential witnesses, including friends and family, police, firefighters, SUD Treatment staff.
- Allows physician to prescribe by standing order, physician doesn't have to be present for training and dispensing.
- Provides broad immunity from liability for prescribers and for those administering naloxone.
- This has allowed much broader distribution of naloxone.

MOST LIKELY TO BE PRESENT AT THE SCENE OF AN OVERDOSE/MOST LIKELY TO USE NALOXONE

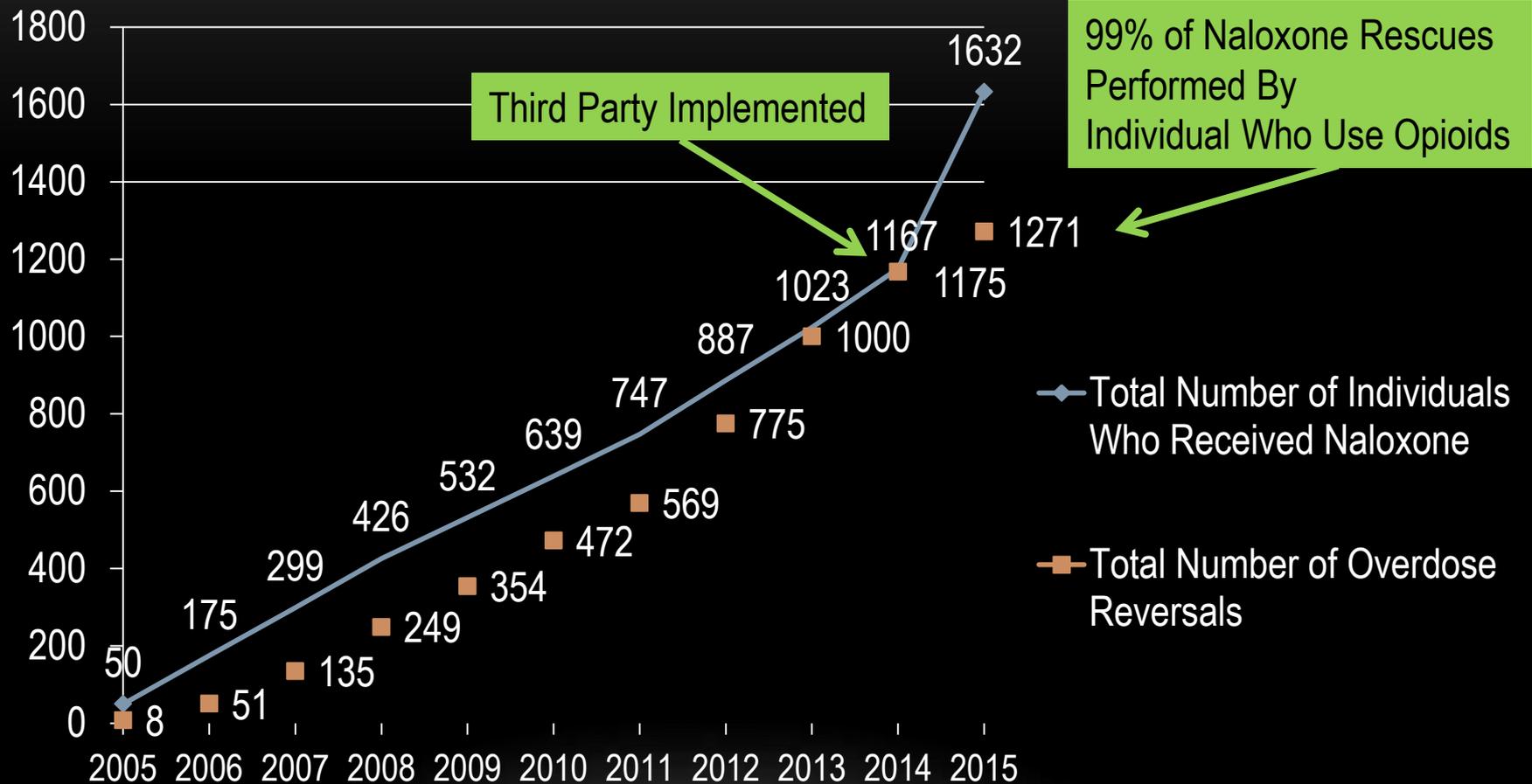
Prevention Point Pittsburgh*:

- Jan-May 2015, third party/standing order, much more naloxone distributed.
 - 457 individuals received naloxone for the first time, compared to 157 in 2014.
 - 75% (345) reported no opioid use themselves, friends, family, or professionals who anticipated they would be likely to witness and overdose and received training and naloxone from PPP.
 - Among friends/family/professionals, 35% reported having witnessed one or more overdoses in their lifetime, compared to 72% of those who use opioids themselves.
 - Of 104 reversals reported so far in 2015, 102 were accomplished by individuals who use opioids themselves, compared to 2 reports from others.
 - Consistent with data from NYC and Massachusetts programs**.

*Alex Bennett, National Development and Research Institute (NDRI); Gerald Cochran, University of Pittsburgh

Anne Siegler, NYC DOH ; *Walley et al. BJM 2013

Prevention Point Pittsburgh Naloxone CUMULATIVE DATA - July 2005- May 2015



2005 - 2014 100% of rescues were by individuals who use opioids themselves,
In 2015 99% of rescues were by individuals who use opioids themselves.

National group praises Wolf's overdose antidote plan

By PETER JACKSON, Associated Press

Updated 7:01 pm, Monday, April 6, 2015

“Gov. Tom Wolf said Monday he plans to expand access to a prescription drug that can prevent overdose fatalities by having the state's physician general in effect issue a statewide prescription that would allow any Pennsylvanian to obtain the antidote directly from pharmacies.”

“....Pennsylvania plan as a model for the nearly 30 states that have naloxone programs.”

“In Pennsylvania.....they are removing a lot of bureaucratic barriers.”

HOW WOULD OTC INCREASE ACCESS FOR THOSE WHO NEED IT MOST?

RISKS

- Might replace free, community distribution programs, reducing access to those who need it most.
- If insurance no longer pays, cost to individual goes up.
- Individual may face stigma and obstacles to purchase as we see with syringe purchase.

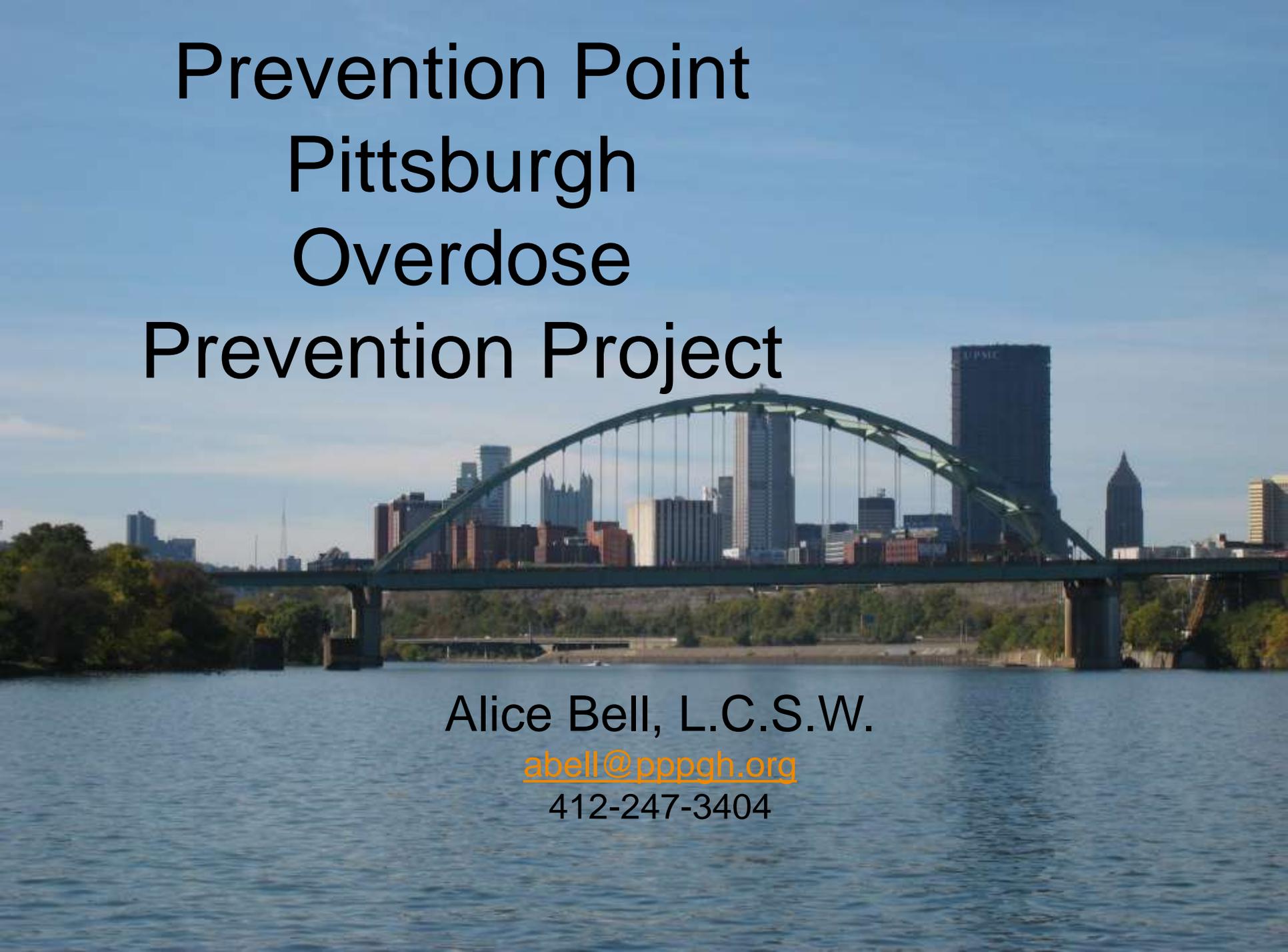
OPPORTUNITIES

- Increase access in rural areas.
- Easier access for those not comfortable accessing SEP's and those able to pay.
- Removes need for standing orders facilitating access by police departments, SUD programs.
- May reduce stigma as anyone can purchase.

PUBLIC HEALTH STRATEGY: VACCINE MODEL

- We know how to develop broad access to essential medications by using a variety of mechanisms for distribution.
 - Pharmacies, doctors offices.
 - Paid out of pocket or billed to insurance.
 - Schools, Community Clinics, SE programs, SU Tx Programs, Jails, Homeless Services.
 - Offered free of charge, reach vulnerable populations with limited resources.
- Over the Counter access to naloxone can be an extremely important avenue to augment access
- But should not supplant existing channels that are effectively reaching those most in need.
- Rather these programs should be increased and expanded.

Prevention Point Pittsburgh Overdose Prevention Project



Alice Bell, L.C.S.W.

abell@pppgh.org

412-247-3404