RESOLUTION

Subject: Increasing Naloxone Availability

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Referred to: Reference Committee

WHEREAS, opioid injury and death have become a rapidly growing problem in Kentucky, particularly in rural populations; and

WHEREAS, toxicology reports and autopsies showed that heroin was involved in 34% of overdose deaths in 2016, up from 24% in 2015, while morphine was the most commonly detected controlled substance in autopsy reports, present in 45% of all cases in 2016; and

WHEREAS, data reveals that opioid related overdose deaths from 2014 to 2015 have increased at a statistically significant rate in the state of Kentucky, and the death rate (29.9 per 100,000) is one of the highest in the country according to the Centers for Disease Control and Prevention; and,

WHEREAS, evidence indicates that from 2004 to 2013, use of treatments by those with opioid use disorders has remained low; and

WHEREAS, opioid overdose is 45% higher in rural versus urban areas but naloxone administration is only 23% higher in rural areas due to restrictions on basic EMTs; and

WHEREAS, in a nonrandomized intervention study, patients who received a naloxone prescription had 47% fewer opioid-related ED visits per month in the 6 months after receipt of the prescription; and

WHEREAS, expanded provisioning of naloxone kits to laypersons has been associated with a significant increase in reports of overdose reversal; and

WHEREAS, a study of 48 community-based opioid overdose prevention programs across the United States focusing on increased accessibility of naloxone concluded that providing access to 53,032 persons resulted in 10,171 overdose reversals; and

WHEREAS, studies have shown that physicians are not informed well enough about the benefits of naloxone, preventing adequate patient screening and prescription of naloxone to those in need; and

WHEREAS, as many as 53% of opioid overdose emergency room visits result in hospitalization and high expenses, which could be preventable with more readily available naloxone; and
WHEREAS, current preferred dispensing methods of naloxone of 0.4-mg/0.4-mL auto-injector remains to be costly at $345 per unit and in Kentucky is only covered by some third-party plans, and often does not cover pharmacy counseling services necessary for take-home prescriptions\textsuperscript{11-12}; and

WHEREAS, there has been a decline in the rates of drug overdose in states like Washington, California, North Carolina, and New York, after the expansion of Medicaid to reimburse take-home naloxone from the pharmacy\textsuperscript{12}; and

WHEREAS, Senate Bill 192, signed into law by Gov. Steve Beshear in 2015, aimed to increase the use and ease of access of naloxone by allowing “the opiate overdose rescue medication naloxone to be prescribed to persons, agencies, or school employees capable of administering the medication in emergency situations; allow[ing] first responders to access and utilize the medication; allow[ing] pharmacists certified to do so to prescribe and dispense the medication”\textsuperscript{13}; and

WHEREAS, in states with high levels of drug overdose deaths, the greatest barriers to the efficacy of naloxone distribution in preventing opioid overdose are resistance by the law enforcement community, public belief that naloxone access only enables further opioid abuse, and the overall cost of naloxone and the salary of the healthcare provider distributing the naloxone kits\textsuperscript{14}, and

WHEREAS, AMA policy states that “our AMA supports legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community based organization, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone delivery”, that “our AMA supports efforts that enable law enforcement agencies to carry and administer naloxone”, and that “our AMA encourages physicians to co-prescribe naloxone to patients at risk of overdose and, where permitted by law, to the friends and family members of such patients”; now, therefore be it

RESOLVED, that the Kentucky Medical Association supports increasing the availability of naloxone through 1) collaborative practices to create standing orders at pharmacies, schools, business, and other community organizations 2) by encouraging law enforcement agencies to carry naloxone and 3) by encouraging physicians to reconsider opioid management for at-risk populations and when absolutely unavoidable to co-prescribe naloxone.
References


11. Advancing Pharmacy Practice in Kentucky Coalition. Increasing naloxone access in Kentucky: implementation of SB 192 by pharmacists. Presented at: 137th Kentucky Pharmacists Association Annual Meeting; June 28, 2015; Bowling Green, KY.

