

# Naloxone access law in Pennsylvania falls short

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A new study from researchers at the University of Illinois at Chicago finds that only one-third of pharmacies in Philadelphia carry naloxone nasal spray, a medication used to rapidly counter the effects of opioid

overdose, and that many of the pharmacies that do carry the drug require patients to have a physician's prescription for it.

Pennsylvania has one of the highest rates of death by opioid overdose in the U.S. and was the first state to implement a statewide standing order for the drug, which is commonly known as Narcan. The law was intended to increase the availability of the potentially life-saving opioid antidote by allowing pharmacists to dispense the drug to anyone.

However, findings from this study suggest that Pennsylvania's [naloxone](#) access law, which was enacted in 2015, is not fully implemented—putting many communities at risk.

The study, which is published in *JAMA Network Open*, relied on primary data collected by phone from nearly all of Philadelphia's community pharmacies in 2017.

Senior author Dima Qato, associate professor of [pharmacy](#) systems, outcomes and policy at UIC's College of Pharmacy, says that these findings provide evidence that despite statewide efforts to improve community access to naloxone, unnecessary barriers remain—including for people who may benefit most from the drug.

"Efforts to strengthen the implementation of naloxone access laws, including statewide standing orders, which are considered the least restrictive, are warranted," Qato said. "Particularly for pharmacies located in communities with the highest rates of death due to opioid overdose."

Of the 418 pharmacies included in the study, only 34.2% had naloxone [nasal spray](#) in stock. Qato and her colleagues found that the drug was more likely to be available in chain stores, compared with independent stores; it was less likely to be available in stores located in predominately

minority neighborhoods, compared with predominately white neighborhoods; and, most significantly, it was less likely to be available in areas with high rates of opioid [overdose](#) deaths, or OODs, compared with areas of low OODs.

Nearly 40% of the pharmacies that did stock the [drug](#) asked people to provide a prescription before making it available and many also required people to be older than 18.

"Despite the potential for naloxone access laws to prevent fatal [opioid](#) overdoses, our data shows that the laws are not enough. Policies need to be enforced and pharmacies need to be aware of and held accountable for implementing them," Qato said.

"Recent developments in Philadelphia are heartening—including new legislation requiring pharmacies to stock naloxone and to post a sign notifying shoppers that it is stocked," said Jenny Guadamuz, a UIC Ph.D. candidate who collaborated on the study. "Our study provides an important baseline to evaluate continued efforts to improve naloxone access and address OODs. Pharmacies can be fined \$250 for each day they are not in compliance of the law. Now, the question is, will the city enforce the law?"

"While mandating pharmacies to stock naloxone is important, our findings suggest policies that ensure pharmacies are not imposing unnecessary dispensing restrictions, including individual prescription or age requirements, are also critical," Qato said. "Naloxone access laws may fail to prevent [opioid overdose](#) deaths if they are not enforced."

**More information:** *JAMA Network Open* (2019). [DOI: 10.1001/jamanetworkopen.2019.5388](#)

Provided by University of Illinois at Chicago

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