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EXPERIENCE

The pharmacist role in the development and implementation of a naloxone prescription program in Alabama

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ABSTRACT

Objective: The purpose of this report is to describe the development and implementation of a pharmacist-led naloxone-training and prescription service at a county health department.

Setting: Jefferson County Department of Health, Birmingham, Alabama.

Practice description: This service was developed in response to the overwhelming heroin and opioid epidemic that is currently affecting the entire nation and which is highly prevalent in the state of Alabama. Because of this epidemic, new state laws have been established regarding prescriptive authority, liability, and possession of naloxone.

Practice innovation: Through a collaborative protocol, pharmacists at the Jefferson County Department of Health were responsible for prescribing and educating the public about naloxone.

Evaluation: Between 2014 and 2015 the Jefferson County Coroner reported a 131% increase in opioid prescription-related deaths indicating the continued need for the naloxone prescription program.

Results: In total, 83 clients were trained and 150 naloxone kits were distributed among heroin and opioid users, concerned family members or friends, and those who work closely with users.

Conclusion: This service and its extending arms were developed in response to the need for naloxone education among heroin and opioid users, their family members, civil servants who work with users, and family practice physicians who prescribe opioids.

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The case for naloxone legislation

Opioid overdose in the United States has seen a steep incline between 1993 and 2010.¹ Between 2010 and 2013, heroin overdose deaths increased by 37%.^{2,3} The increase in opioid-related overdoses has led to an acute, nationwide awareness of the current epidemic that has taken hold of the United States. As early as 1996, individual states developed and enacted various laws regarding opioid antagonist prescribing and subsequent liability. These bills are aimed at providing greater access to the opioid antagonist naloxone for individual opioid users or for individuals who are in the best position to assist others in case of an opioid-related overdose.

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From 2013 to 2014, the rate of death from drug overdose in Alabama rose approximately 20%.⁴ This increase was statistically significant, placing Alabama among the top 5 states with the highest increase of death from drug overdose.⁴ Alabamians are also prescribed more opioid prescriptions per person than in any other U.S. state.^{4,5}

On June 3, 2015, Alabama HB 208 was passed into law.⁶ This law indicates that a physician, dentist, or pharmacist acting in good faith can dispense the opioid antagonist to an individual at risk of experiencing an opioid-related overdose or a family member, friend, or other individual including law enforcement in position to assist an individual at risk of experiencing an opioid-related overdose. Of great importance, this bill provides legal protection to the prescriber and to those who administer the opioid antagonist. It also calls for law enforcement officers to obtain relevant opioid antagonist administration training.

The bill also requires the physician or dentist to document whether the individual is seeking the opioid antagonist for him or herself or someone else at risk of an opioid-related overdose. Individuals administering an opioid antagonist to

Key Points**Background:**

- Opioid overdose in the United States saw a steep incline between 1993 and 2010.¹
- Between 2010 and 2013, heroin overdose deaths increased by 37 percent.^{2,3}
- The increase in opioid-related overdoses has led to an acute, nationwide awareness of the current opioid epidemic that has taken hold of the United States.

Findings:

- Alabama HB 208, a law aimed at increasing access to naloxone and reducing death from opioid overdose, was signed into law on June 3, 2015.
- Under the JCDH physician-pharmacist naloxone prescription program protocol (Figure 2), pharmacists provided clients with naloxone prescriptions, naloxone hydrochloride (Evzio) samples, and education on heroin and opioid overdose and naloxone administration.

another individual during an opioid-related overdose are considered to be acting in good faith and exercising reasonable care if they have receipt of basic instruction and information on how to administer the opioid antagonist.

Approximately 1 year after the passage of Alabama HB 208, the Alabama Department of Public Health released a statewide standing order pursuant to the passage of Alabama HB 379, authorizing all pharmacists to dispense naloxone without a prescription, further expanding access to patients in the state.^{7,8}

Program development*Pills to needles initiative*

In the fall of 2013, the U.S. District Attorney for the Northern District of Alabama contacted the Jefferson County Department of Health (JCDH) Health Officer to express concerns regarding the opioid and heroin epidemic affecting the state of Alabama. After examining the Jefferson County Coroner's Report, the U.S. Attorney's Office of Northern Alabama, the University of Alabama-Birmingham (UAB) School of Public Health, and JCDH partnered to create the Pills to Needles Initiative. The purpose of the Pills to Needles Initiative is to "increase awareness about the path from pills to needles, teach people about prevention, and...destigmatize addiction to encourage people to seek treatment."⁹ In June 2014, the Pills to Needles Initiative held a community awareness summit on the rising abuse of prescription opioids and heroin and the epidemic of overdose deaths in the community. Three hundred participants from various community stakeholders including parents, educators, doctors, health practitioners and pharmacists, community leaders and organizers, state and federal judges and prosecutors, faith-based organization leaders, and law enforcement

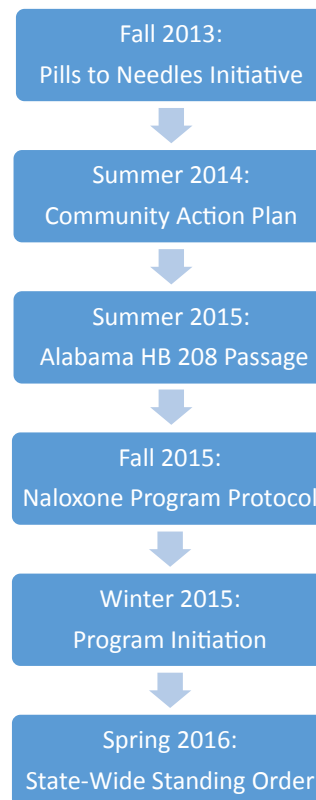


Figure 1. Sequence of events.

officials committed to the initiative. The summit concluded with a discussion and audience input on developing and implementing a community action plan to address the dangerous and deadly heroin and opioid epidemic. In August 2014, 50 key community stakeholders developed a community action plan, identifying 5 broad categories of strategic initiatives including public awareness, access to treatment, law enforcement, patient and provider education, and research and policy change. The research and policy change initiative that came out of the Pills to Needles Initiative sparked the development of naloxone legislation efforts in Alabama.

Implementation of Alabama HB 208

The Jefferson County Board of Health reviewed a proposal to increase access to naloxone in order to reduce overdose deaths; this included a naloxone prescription program, which involved providing basic instruction and information on how to administer naloxone. Additional objectives included determining a process for documenting the encounter, ensuring that local pharmacists are prepared to prescribe and dispense naloxone kits, and collecting and evaluating data obtained from the program.

The JCDH Deputy Health Officer met with legal counsel to ensure that the law was interpreted correctly and to determine how to implement the law in the clinic. Concurrently, the JCDH Director of Emergency Preparedness and Response consulted the Alabama Board of Pharmacy and a group of community

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