INTRODUCTION

According to the Centers for Disease Control, an average of 115 Americans die each day from an opioid overdose. The state of South Carolina has recognized this public health crisis and, in June 2016, implemented S.C. Code Ann. § 44-130-40 which allows a person at risk of overdose or a caregiver for such person to obtain Naloxone from a pharmacy without a prescription. Our group chose to address the growing opioid epidemic in the Charleston area specifically by encouraging pharmacies in the Charleston area to carry Naloxone and educating healthcare professionals and pharmacies on their rights to distribute the life-saving reversal drug without a prescription. Participating pharmacies were provided “We proudly carry Naloxone” stickers to further increase public awareness. We also partnered with the MUSC College of Pharmacy and the American Pharmacists Association - Academy of Student Pharmacists (APhA-ASP) to host an interactive Naloxone education seminar. We hope that our project will bring awareness to the policies surrounding Naloxone distribution in South Carolina, and further combat the growing opioid crisis.

PHARMACY VISITS

We visited several national and local pharmacies in the greater Charleston area with mixed results. About half of the pharmacies were aware of the policy and had implemented it. The pharmacists who were not aware of the policy change were amenable to implementing it as long as they received approval from their parent company. Some pharmacists who were aware of the new policy offer Naloxone to patients with high dose opioid prescriptions. Other pharmacists still require that their patients have a written prescription for Naloxone from their physician.

NALOXONE EDUCATION SEMINAR

Our Presidential Scholars group, in partnership with MUSC’s College of Pharmacy and the MUSC chapter of APhA-ASP, hosted Dr. Clint Ross for an interactive seminar focused on the Opioid Epidemic and how we, as future healthcare providers, can help. This seminar was open to all MUSC students and had a strong attendance by members of the Colleges of Pharmacy, Dental Medicine, and Medicine. During the talk given by Dr. Ross, students were educated on how to recognize the signs of opioid overdose, current policies surrounding Naloxone dispensing and administration, as well as how to administer Naloxone to a suspected opioid overdose patient. Sample Naloxone kits were provided for displaying how to administer the drug. This talk highlighted how members from different parts of the healthcare field can take a united approach to address a problem plaguing our country.

Figure 1. Pharmacy Visits

Figure 2. Naloxone Education Seminar

Figure 3. Naloxone Education Survey

Key

1. Very uncomfortable/not at all knowledgeable
2. Uncomfortable/not very knowledgeable
3. Neutral
4. Comfortable/knowledgable
5. Very comfortable/very knowledgeable

Question 1: How comfortable are you recognizing signs and symptoms of opioid overdose?

Question 2: How knowledgeable are you concerning state laws and policies regarding Naloxone administration, e.g. Overdose Prevention Act, Good Samaritan Act and Joint Protocol?

Question 3: How comfortable are you administering Narcan (Naloxone)?

OUTCOMES AND RESULTS

Naloxone Education Seminar:
Anonymous surveys were provided to course attendees prior to and following the education course. Analysis of the results indicate the seminar effectively increased provider recognition of opioid overdose, provider knowledge of state laws and policies regarding Naloxone administration, and provider administration of Naloxone. A p-value of <0.0001 was observed for each question in the survey.

Pharmacy Visits:
A majority of Charleston area pharmacies studied already carry and dispense Naloxone. However, less than half of the pharmacies studied were aware of new South Carolina legislation that allows pharmacists to provide Naloxone to patients and families without a written prescription. Pharmacists that do provide Naloxone to patients often do so when the patient is prescribed high dose opioids or has recurring opioid prescriptions. Busier pharmacies were less likely to provide Naloxone to patients and families.

DISCUSSION

We discovered during our pharmacy visits that Naloxone is readily available in many Charleston pharmacies, however, significant barriers continue to exist for patients and families seeking the drug.

Barriers for patients and families purchasing Naloxone include:
• Cost: One prescription of Naloxone costs approximately $100
• Patients and families are unaware of their ability to access Naloxone and do not understand the need or purpose of the drug
• Patients and families deny their need for obtaining Naloxone
• Pharmacy staff are unaware of South Carolina legislation that allows them to provide Naloxone without a prescription
• Pharmacists are hesitant to offer Naloxone due to fear of purposeful abuse by opioid addicts

Recommendations for improvement include:
• Ongoing community education to increase awareness of and confidence in Naloxone administration for patients and families
• Recurrent educational seminars for medical and non-medical personnel to ensure up-to-date information regarding best practice administration and distribution
• Establish assistance programs to reduce or eliminate cost of Naloxone prescriptions to patients

REFERENCES