



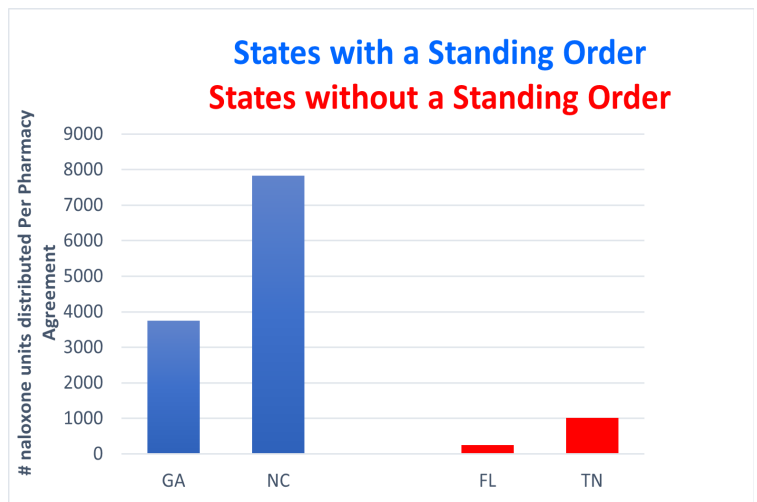
# Naloxone Access

## Support SB2572/HB2465 - Access to Naloxone Act

Opioid overdose deaths, fueled by fentanyl, have hit a record high in the United States. According to the Centers for Disease Control and Prevention, the nation has recorded more than 100,000 deaths over a twelve month period. Naloxone has been approved by the US Food and Drug Administration for the treatment of a Opioid overdose. The passage of Public Chapter 596 in 2012 allowed authorized pharmacists to dispense naloxone to people at risk of opioid overdose. Although the current law addresses access to naloxone, recent increases in fatal overdoses due to the introduction of fentanyl and fentanyl analogues require new strategies. An open standing order rather than ONLY the existing pharmacy practice agreements will allow for purchase and distribution by community agencies, municipalities, drug treatment sites, faith leaders and others. A standing order allows a physician—or any medical professional with prescription authority—to write an order for a medication that can be dispensed by designated individuals under certain conditions. They are commonly used in circumstances where contacting a physician would not be feasible or impractical, such as pre-hospital emergency care. Access to this overdose reversal agent saves lives. TDMHSAS has documented at least 26,000 lives saved because of their naloxone distribution.

A standing order will grant access to community organizations, some of which do not have a pharmacy in their area willing to enter into a practice agreement, to purchase or obtain naloxone directly from a manufacturer or grant program. It will also allow groups that apply for naloxone donations to distribute directly to people at high risk of an overdose and their loved ones who can administer the lifesaving medication. TDMHSAS and others have distributed naloxone through programs like the Regional Overdose Prevention Specialists (ROPS), but their ability to distribute is affected by an in-person training requirement, availability from the state, adequate staffing, and the ability to reach all sites that have increased overdose events, especially rural areas.

Studies of naloxone distribution across the United States have shown that distribution solely through practice agreements is markedly lower than through an open standing order. Forty states, including GA, NC, OH, VA and KY have a Standing Order or similar protocol that clearly and legally allow distribution of opioid overdose reversal medications via a medical directive. States with open standing orders have been able to distribute more naloxone. (See chart right). There are two studies of the benefit of needs based distribution through standing orders: the Walley study and the Keane modeling study.



Treatment programs and other community entities cannot access adequate naloxone supplies to address

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emergent needs such as a person who has just overdosed or someone they cannot immediately admit to treatment. Even though naloxone can be purchased at pharmacies with a practice agreement, this can still be costly and many families are not aware of the need to have this overdose reversal drug at hand. Open community distribution will allow for more avenues for community education and access to free naloxone. Giving naloxone freely to people who have family members in recovery or to community businesses or faith congregations will provide opportunities for people at risk of overdose to access naloxone in a supported environment. Very often distribution through a pharmacy practice agreement requires a person to self-identify as in need and/or have the resources to acquire the opioid overdose reversal medication at a community pharmacy. Self-identifying as someone in need of an overdose reversal agent in someone’s home community can be a barrier.

Grant programs do not typically distribute naloxone through pharmacies and as a result, Tennessee has not had access to naloxone through most grants or other distribution programs. A standing order will allow community agencies to qualify for these grants and other programs and enable these community agencies and faith congregations to give naloxone directly to Tennesseans. This will increase the amount of free or low-cost naloxone available to Tennessee communities.

Naloxone overdose is not possible and giving it freely to people at risk of overdose does not increase any probability of harm according to peer reviewed research. Naloxone is intuitively easy to administer.

### Supporters:

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| <b>Behavioral Health Foundation</b>                      | <b>TN Coalition for MH and SAS</b>          |
| <b>Mental Health Am. of the MidSouth</b>                 | <b>TN Charitable Care Network</b>           |
| <b>NAMI—Davidson Co.</b>                                 | <b>TN Medical Association</b>               |
| <b>NAMI—TN</b>   | <b>TN MH Consumers Association</b>          |
| <b>National Assn. of Social Workers –TN Chapter</b>      | <b>TN Primary Care Association</b>          |
| <b>Romello A. Marchman Foundation</b>                    | <b>TN Public Health Association</b>         |
| <b>Rural Healthcare Assoc. of TN</b>                     | <b>TN Hospital Association</b>              |
| <b>TN Assoc. of Mental Health Organizations</b>          | <b>Vanderbilt University Medical Center</b> |
| <b>TN Ch. of the Am. College of Emergency Physicians</b> |   |

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