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MEDIA RELEASE

OPIOID-RELATED MORTALITY: OVER-THE-COUNTER NALOXONE NOT BEING TAKEN UP

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DESPITE now being available over the counter, take-home naloxone programs designed to be used by potential overdose witnesses to prevent opioid-related harms, are not being bought in increased numbers, according to the authors of research published online today by the Medical Journal of Australia.

“In Australia, take home naloxone was first available in the Australian Capital Territory, in 2012; other states and territories soon followed, but their programs are smaller in scale and targeted at people who inject drugs or attend drug treatment services,” wrote Professor Suzanne Nielsen, Deputy Director of the Monash Addiction Research Centre, and colleagues.

“The Pharmaceutical Benefits Scheme (PBS) has subsidised take home naloxone since 2013, but few programs have focused on broader community supply, including to people receiving prescribed opioids. This gap in coverage is important, as 70% of opioid-related deaths in Australia are caused by pharmaceutical opioids.

“Impediments to broader naloxone supply have included its cost, its’ requiring a prescription, and the stigma attached to substance use.”

Nielsen and colleagues analysed data from monthly naloxone prescriptions from the PBS and sales data from IQVIA, from the period 2014–2018, for Australia and by state and territory.

During 2014–2018, 372 351 400µg units of naloxone were sold to community pharmacies: non-dispensed naloxone accounted for 205 866.5 units (55.3%), prescriber bags for 155 841 units (41.8%), and individual prescriptions for 10 643.5 units (2.9%). National naloxone sales to community pharmacies increased between 2014 and 2018 (incidence rate ratio (per year) [IRR], 1.15). This increase was primarily attributable to increased volumes of prescriber bag naloxone (IRR, 1.63) and, to a lesser extent, increased individual prescription supply (IRR, 2.04). Non-dispensed naloxone supply volume was unchanged at the national level (IRR, 0.93); changes in non-dispensed supply immediately following rescheduling and subsequently were not statistically significant.

“Total naloxone supply to community pharmacies in Australia increased between 2014 and 2018, but rescheduling that enabled over-the-counter access did not significantly influence the volume of non-dispensed naloxone,” Nielsen and colleagues found.

“Individually prescribed naloxone accounts for only 2.9% of all community naloxone, which suggests that take home naloxone coverage is limited. The lack of change in the non-dispensed volume of naloxone after rescheduling suggests that only a small volume of naloxone is sold over the counter.

“Our findings indicate that requiring a prescription was not the only barrier to expanding naloxone supply, and removing this requirement is only one step towards improving naloxone access in Australia,” they wrote.

“Providing subsidised over-the-counter naloxone through pharmacies should be considered; in the USA, opioid overdose-related mortality declined substantially following a change in legislation that allowed pharmacists to supply insurance-subsidised naloxone.

“User-friendly naloxone preparations, such as intranasal naloxone, have also been marketed in the USA, but some are prohibitively expensive and unlikely to become widely available in Australia.

“Despite rescheduling in Australia, increased over-the-counter naloxone supply did not ensue, suggesting that it takes more than a change in legislation to increase naloxone access. In February 2019, the Federal Health Minister announced a naloxone pilot program in South Australia and New South Wales (and subsequently in Western

Australia), under which naloxone will be available at no cost to the public. The effects this pilot program on naloxone supply and, more importantly, on opioid-related mortality should be monitored.”

Nielsen and colleagues concluded that “barriers such as cost, provider training, and consumer awareness warrant further examination”.

“It is critical that programs bolster community access in order to improve naloxone coverage in Australia.”

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